

fields the respondent will need to complete. The annual number of respondents increased from 216 to 300, the annual number of responses per respondent increased from 46 to 327.3 and the average burden hours per response increased from 0.33 hours to 0.5 hours.

- *Virtual Check-In Questionnaire (Form R-6)*: ORR currently has two approved versions of this form—one in Excel and one that was designed for a web-based application. ORR proposes discontinuing the Excel version and

plans to incorporate the other version into its new interactive, web-based application for PRS with some minor modifications as follows:

- Change manual entry fields to auto-populate wherever possible.
- Reword field labels for clarity where needed.
- Add instructional text to help the user navigate the form.
- Adjust the burden estimate to account for an increase in the number of PRS providers completing the form and to better estimate the number of

children and sponsors responding to the questionnaire. The annual number of respondents decreased from 128,487 to 98,195 for children and sponsors and increased from 40 to 60 for PRS providers, and the annual number of responses per respondent decreased from 19,273 to 9,820 for PRS providers.

*Respondents*: ORR grantee and contractor staff, released children, and their sponsors.

Annual Burden Estimates:

ANNUAL BURDEN ESTIMATE FOR RESPONDENTS

Form	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Annual total burden hours
Notification of Concern (Form A-7)-HSPRS Caseworker .....	60	41	0.33	812
Notification of Concern (Form A-7)-Care Provider Case Manager .....	300	8.2	0.33	812
Notification of Concern (Form A-7)-ORR NCC Staff .....	78	31.5	0.33	811
Home Study Assessment (Form S-6) .....	60	124.4	1.00	7,464
Post-Release Services Referral (Form S-19) .....	300	327.3	0.50	49,095
Post-Release Services Report (Form S-22) .....	60	4,112.4	1.08	266,484
Home Study Referral (Form S-26) .....	300	327.3	0.50	49,095
Virtual Check-in Questionnaire (Form R-6)-Sponsor .....	98,195	3.0	0.25	73,646
Virtual Check-in Questionnaire (Form R-6)-Child .....	98,195	3.0	0.25	73,646
Virtual Check-in Questionnaire (Form R-6)-Provider .....	60	9,820.0	0.58	341,736
Estimated Annual Burden Hours Total: .....	.....	.....	.....	863,601

*Comments*: The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency’s estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

(Authority: 6 U.S.C. 279; 8 U.S.C. 1232)

Mary C. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for Office of Management and Budget Review; Diaper Distribution Demonstration and Research Pilot Beneficiary Information

**AGENCY**: Office of Community Services, Administration for Children and Families, U.S. Department of Health and Human Services.

**ACTION**: Request for public comments.

**SUMMARY**: The Office of Community Services (OCS), Administration for Children and Families (ACF), U.S. Department of Health and Human Services, is proposing to continue to collect data to understand diaper need and outcomes for beneficiaries of the Diaper Distribution Demonstration and Research Pilot (DDDRP).

**DATES**: *Comments due* January 21, 2025. The Office of Management and Budget (OMB) must decide about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

**ADDRESSES**: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. You can also obtain copies of the proposed collection of information by emailing [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). Identify all emailed requests by the title of the information collection.

**SUPPLEMENTARY INFORMATION**:

*Description*: The DDDRP Beneficiary Information collection includes a beneficiary survey to be used by the first three cohorts of grant recipients and a beneficiary report to be used by cohort 4 and grant recipients receiving future awards. The DDDRP beneficiary survey was developed to examine diaper need and outcomes for beneficiaries served by DDDRP. It was piloted under the Formative Data Collections for ACF Program Support information collection (OMB #0970-0531) with the first three cohorts of DDDRP grant recipients. The survey is administered at enrollment and collects demographic data on the children served and caregivers enrolling the program, along with information about employment, education, and

income as well as indicators of diaper need. The DDDRP beneficiary report is a report submitted by grant recipients every six months that includes information on beneficiary characteristics and outcomes collected by grant recipient partners.

*Respondents:* Respondents for the beneficiary survey are the caregivers enrolling their family members with diaper needs in DDDRP services. Respondents for the beneficiary report are the grant recipients and their partners who collect and compile the

data, as well as the beneficiaries who provide information on their characteristics and outcomes.

*Annual Burden Estimates*

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
Beneficiary Survey—Enrollment Version .....	13,500	1	.167	2,250	750
Beneficiary Report—Grant Recipients .....	35	4	3	420	140
Beneficiary Report—Partners .....	280	4	10	11,200	3,733.33
Beneficiary Report—Beneficiaries .....	64,000	2	0.083	10,666.67	3,555.56

*Estimated Total Annual Burden*

*Hours:* 8,178.89.

*Authority:* Section 1110, Social Security Act, 42 U.S.C. 1310.

**Mary C. Jones,**

*ACF/OPRE Certifying Officer.*

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**BILLING CODE 4184-24-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Unaccompanied Children Bureau Administrative Activities (Office of Management and Budget #: 0970-0547)**

**AGENCY:** Office of Refugee Resettlement, Administration for Children and Families, U.S. Department of Health and Human Services.

**ACTION:** Request for public comments.

**SUMMARY:** The Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), U.S.

Department of Health and Human Services (HHS) is inviting public comment on revisions to an approved information collection, Office of Management and Budget (OMB) #0970-0547. The request consists of several forms that allow ORR to perform Unaccompanied Children Bureau (UCB)-related administrative activities, such as facilitating stakeholder visits to care provider facilities; obtaining consent from children to share their case file information; and processing requests and waivers for the hiring of key and non-key personnel at care provider facilities.

**DATES:** *Comments due* February 18, 2025. In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting

public comment on the specific aspects of the information collection described above.

**ADDRESSES:** You can obtain copies of the proposed collection of information and submit comments by emailing [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). Identify all requests by the title of the information collection.

**SUPPLEMENTARY INFORMATION:**

*Description:* This request is to remove six forms, which will be transferred into a new information collection, and revise four existing forms in this collection. ORR also proposes retitling this information collection from “Administration and Oversight for the Unaccompanied Children Program” to “Unaccompanied Children Bureau Administrative Activities” to better describe the types of forms in the information collection and to reflect with a recent name change for the program.

**Forms Being Removed and Transferred into a New Information Collection**

ORR UCB is in the process of reorganizing its information collections to create more unique information collections that will contain fewer forms under each OMB control number. This will promote operational efficiency for UCB by decreasing the burden associated with renewing large collections and enabling UCB to create more purpose-specific information collections. In addition, this will facilitate OMB review by ensuring the scope of the collection is targeted and narrower than existing collections, resulting in clearer requests. As part of that reorganization effort, ORR plans to move the following forms into a new information collection titled “Incident Reporting for the Unaccompanied Children Bureau.” This request and the request for the new Incident Reporting information collection will be submitted to OMB concurrently.

- Child-Level Event (Form A-9A)
- Emergency Significant Incident Report (Form A-9B)
- Significant Incident Report (Form A-9C)
- Historical Disclosure (Form A-9D)
- Behavioral Note (Form A-9E)
- Program-Level Event Report (Form A-10)

**Revisions to Existing Forms**

ORR plans to make the following revisions to existing forms in this information collection:

- Notice to Unaccompanied Children for Flores Visits (Forms A-4)
  - Change the title of the form from “Notice to UC for Flores Counsel Visits” to “Notice to Unaccompanied Children for Flores Counsel Visits”
  - Care Provider Facility Tour Request (Form A-1A)
    - Retitle the form from “Care Provider Facility Tour Request” to “Care Provider Facility Tour and Visit Request” to better represent the purpose of the form. In addition to tours, the form may also be used to request visits (requests to come onsite that do not involve a formal tour of the facility).
    - Update the words “tour” or “visit” to read “tour or visit” wherever they appear by themselves in the form (as applicable).
    - Reword parts of the introductory text at the top of the form and instructions throughout the form for clarity.
    - Add “including HHS, ACF, ORR employees, and ORR contractors” in parentheses after the “Federal Agency” option for the “Type of Visitor” field to clarify which federal agencies must complete the form.
    - Revise the burden estimate to account for an increase in the number of requests submitted and more accurately reflect how long it takes to complete the form. The annual number of respondents increased from 200 to