

to address human trafficking. Steady progress has been made since the TVPA was first authorized; however, efforts to assemble a focused array of prevention strategies addressing both victimization and perpetration, while essential, are largely absent.

Establishing the Prevention Framework

HHS plays a critical role in the U.S. Government's efforts to prevent and respond to human trafficking. The HHS Task Force to Prevent Human Trafficking, comprised of 21 divisions and offices across HHS, helps implement HHS's priority actions in the National Action Plan to Combat Human Trafficking and related national strategies. The Framework contributes to the implementation of National Action Plan Priority Action 1.1.2 to increase the scale and quality of human trafficking prevention efforts utilizing a collective impact strategy.

The Framework is informed by a public health approach to violence prevention, recognizing human trafficking is not an isolated incident but a widespread issue impacting the health and well-being of individuals, families, and communities across generations. Human trafficking is a dynamic form of violence, shifting and adapting as traffickers refine recruitment schemes, methods of control, and modes of exploitation. As understanding and knowledge of human trafficking grow, strategies to address it must evolve as well. Treating human trafficking as a public health concern grants a renewed sense of urgency and fundamentally alters how collaborators prevent and respond to it.

A public health approach to human trafficking is proactive rather than reactionary, moving upstream to identify prevention measures that, combined with downstream interventions, can decrease the number of people who experience trafficking. Focusing on three levels of prevention—primary, secondary, and tertiary—a public health approach seeks to stop human trafficking before it occurs, reduce its impact or duration, mitigate lasting effects, and prevent it from recurring.

The Framework harnesses established concepts of violence prevention to strengthen efforts to prevent human trafficking, outlining strategies and approaches that diverse sectors of society can use to prevent human trafficking and its recurrence while increasing their capacity to identify and reduce harm caused by human trafficking. The Framework encourages collaboration, coordination, and integration to enhance human

trafficking prevention, inviting partnerships with federal, state, tribal, territorial, and local governments; business, industry, and other private sector entities; nonprofits and non-governmental organizations; educational institutions; and philanthropic, faith-based, and research organizations; and more. Through this collective effort, HHS and its partners will be prepared to test and scale solutions that will prevent human trafficking and improve the lives of people affected by human trafficking across the United States.

Comments: HHS is seeking public feedback on the Framework, including comments on understandability and suggested changes. HHS will use comments to make updates to the Framework as needed.

Dated: May 25, 2023.

Linda Hitt,

Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Administration for Children and Families Generic for Information Collections Related to Gatherings (New Collection)

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, United States Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services intends to request approval from the Office of Management and Budget (OMB) for a generic clearance to request information from potential participants at ACF gatherings, such as meetings or conferences. The planning for these gatherings is most often on a quick timeline and the standard timeline to comply with a full request under the Paperwork Reduction Act (PRA) would inhibit the ability to collect information to inform these activities. Therefore, an umbrella generic is requested to allow for quick turnaround requests for similar information collections related to these activities.

DATES: *Comments due within 60 days of publication.* In compliance with the requirements of the PRA, 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 OPREinfocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: ACF hosts a variety of gatherings for many different purposes. This may include large scale conferences, meetings for grantees or contractors, workshops, trainings, poster sessions, and other in-person and virtual gatherings for individuals with interest in ACF programs (clients, researchers, policymakers, etc.), among others. To ensure ACF has adequate information to plan these activities, the Agency must often collect information from potential participants such as basic contact information, preferences for attendance (mode, special requests, etc.), organizational affiliation, feedback about meeting content, etc.

Additionally, some activities require ACF to have additional information to have the means to select the most appropriate participants for attendance according to the type or purpose of a given activity, or to group participants into the most appropriate category or activity during an event. This may include information about poster presentations, speaking panels, training courses, professional perspectives, or experiences, etc. In addition, attendees may be asked to submit an application or abstract for prescreening to be selected for attendance.

The purposes of the collections under this umbrella generic information collection are to gather appropriate information to plan ACF gatherings. Example information collection activities could include:

- Registration forms:
 - Information collected on these types of forms could include name, contact information, organization/affiliation, basic demographics, attendance needs, etc.
 - Applications for panels, posters, or other presentation formats:
 - Information collected on these types of applications could include title, author(s), institution/organization, abstract describing presentation or poster, instructions, etc.
 - Pre-meeting surveys:
 - Information collected on these types of surveys could include content preferences, scheduling needs and preferences, pre-meeting knowledge, etc.
 - Post-Meeting/-Workshop/-Training Evaluation Surveys:

○ Information collected on these types of surveys could include requests for feedback on the overall activity, feedback on content, post-meeting knowledge, post-meeting uses of content, preferences for future activities, etc.

As part of this generic, ACF requests OMB provide a response on individual

generic information collections within 5 business days.

Note that this generic is primarily for information collected in connection with closed ACF meetings, as information collected in connection with public ACF meetings are not considered “information” under PRA per 44 U.S.C., 5 CFR Ch. 11 (1–1–99 Edition), 1320.3: Definitions.

Respondents: Potential respondents may include researchers, individuals with expertise in ACF program areas, individuals with interest in ACF program areas, those receiving ACF services, ACF grantees or contractors, among others with involvement or interest in ACF activities.

TOTAL BURDEN ESTIMATES

Example types of information collections	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Average hourly wage	Total annual cost
Registration Forms	30,000	1	.167	5010	\$64	\$320,640
Applications	5000	1	1.5	7500	64	480,000
Pre- and Post-activity Surveys	20,000	1	.5	10000	64	640,000
Other Activities	14,000	1	.5	7000	64	448,000
Estimated Totals	69,000		.428 (average)	29,510		1,888,640

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.

Mary B. Jones,
ACF/OPRE Certifying Officer.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Medical Assessment Form and Dental Assessment Form (Office of Management and Budget 0970–0466)

AGENCY: Office of Refugee Resettlement, Administration for Children and Families, United States Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) is requesting a 3-year extension of the

forms Medical Assessment Form (formerly, the Initial Medical Exam (IME) Form and Supplemental Tuberculosis (TB) Screening Form) and Dental Assessment Form (formerly, the Dental Exam Form) (Office of Management and Budget (OMB) #0970–0466, expiration December 31, 2023). Changes are proposed to the currently approved forms.

DATES: *Comments due within 60 days of publication.* 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. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:
Description: The ACF Office of Refugee Resettlement (ORR) places unaccompanied children in their custody in care provider facilities until unification with a qualified sponsor. Care provider facilities are required to provide children with services such as mental health services and health care. Each child must receive an IME within 2 business days of admission to an ORR care provider program or temporary influx care facility. The IME satisfies *Flores* requirements which require a “complete medical examination, including a screening for infectious disease. The purposes of the IME are to assess general health, administer vaccinations in keeping with U.S. standards (also required by *Flores*), identify health conditions that require further attention, and detect contagious

diseases of public health importance, such as influenza or TB. The IME is performed by a licensed health care provider and comprised of a complete medical history and physical exam, risk, and age-based laboratory screenings, TB screenings and immunizations. In addition, children may be referred to a medical specialist by their healthcare provider for acute or chronic conditions that require additional evaluation. Children who are in ORR care for an extended length of time may require routine well-child evaluations.

The forms are to be used as worksheets for generalist healthcare providers and pediatric and other medical specialty healthcare providers to compile information that would otherwise have been collected during the health evaluation. Once completed, the forms will be given to care provider program staff for data entry into ORR’s secure, electronic data repository. Data will be used to monitor the health of unaccompanied children while in ORR care, for case management of any identified illnesses/conditions and ensure care provider program compliance with ORR requirements.

ORR has merged the former IME Form and Supplemental TB Screening Form into one form, the Medical Assessment Form which will be used during all medical evaluations with a mid-level or higher medical professional. ORR has incorporated other changes to the forms to streamline the flow of data collection, clarify the intent of certain fields, improve data quality, and ensure alignment with ORR program guidance. In addition, ORR has written instructional letters for the Medical Assessment Form and Dental Assessment Form to explain the