

entry into ORR’s secure, electronic data repository. Data will be used to monitor the health of unaccompanied children while in ORR care and for case management of any identified conditions.

Children may be exposed to nationally reportable infectious diseases during the journey to the U.S., while in the custody of the Customs and Border Protection after crossing the border, or during their stay in ORR custody. Public health interventions such as quarantine, vaccination or lab testing may be initiated to reduce possible disease transmission. Following an exposure, children will be assessed onsite by care provider program staff and if found to

be symptomatic, referred to a healthcare provider for evaluation.

The Public Health Investigation Forms are to be used as worksheets by care provider program staff to record their findings when an exposure has been reported. Once completed, they will enter the data into ORR’s secure data repository. Data will be used to track disease transmission and health outcomes of children in ORR care.

ORR has repurposed the former Health Assessment Form from a medical and mental health information collection to a mental health collection only, and renamed it the Mental Health Assessment Form. 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 Health Assessment Form to explain the purpose of the forms and provide general guidance on completion to healthcare providers.

Respondents: Mental health professionals (psychiatrists, psychiatric nurse practitioners or physician’s assistants, licensed psychologist or any other community based licensed mental health provider (e.g., social worker)), care provider program staff.

Annual Burden Estimates:

ESTIMATED OPPORTUNITY TIME FOR RESPONDENTS

Instrument	Respondent	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
Mental Health Assessment Form.	Mental health professionals	500	6.8	0.18	1,836	612
Public Health Investigation Form: Active TB.	Care provider program staff	500	1	0.08	1,200	400
Public Health Investigation Form: Non-TB Illness.	.....	500	200	0.08	24,000	8,000
Estimated Total Annual Burden Hours.	.....	.....	.....	.....	.....	9,012

ESTIMATED RECORDKEEPING TIME

Instrument	Respondent	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
Mental Health Assessment Form.	Care provider program staff	500	6.8	0.21	2,142	714
Public Health Investigation Form: Active TB.		500	1	0.08	1200	400
Public Health Investigation Form: Non-TB Illness.		500	200	0.08	24,000	8,000
Estimated Total Annual Burden Hours.	.....	.....	.....	.....	.....	9,114

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; Exhibit 1, part A.2 of the Flores Settlement Agreement (*Jenny Lisette Flores, et al., v. Janet Reno, Attorney General of the United States, et al.*, Case No. CV 85–4544–RJK [C.D. Cal. 1996])

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; Office of Refugee Resettlement Annual Survey of Refugees (Office of Management and Budget #0970–0033)

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) within the U.S. Department of Health and Human Services seeks an update to the existing data collection for the Annual Survey of Refugees. The Annual Survey of Refugees is a yearly sample survey of refugee households entering the U.S. in the previous 5 fiscal years. The requested update is based upon results of a multi-year effort in instrument redesign and field testing. ACF estimates the proposed changes will increase response burden from 48 to 50 minutes per respondent.

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: Data from the Annual Survey of Refugees are used to meet the Office of Refugee Resettlement’s (ORR) Congressional reporting requirements, as set forth in the Refugee Act of 1980

(section 413(a) of the Immigration and Nationality Act). ORR makes survey findings available to the general public and uses findings for the purposes of program planning, policy-making, and budgeting. The requested update reflects changes to the survey instrument to: enhance ORR’s understanding of refugees’ resettlement experiences; streamline the collection of household-level information; and improve data reliability and validity.

Respondents: The Annual Survey of Refugees secures a nationally representative sample of refugee households arriving in the U.S. in the previous 5 fiscal years.

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
Introduction Letter and Postcard	4,500	1	.05	225	75
ORR–9 Annual Survey of Refugees	4,500	1	.80	3,600	1,200
Estimated Total Annual Burden Hours					1,275

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: Sec. 413. [8 U.S.C. 1523]

Mary B. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Request for Public Comment; National Human Trafficking Prevention Framework

AGENCY: Office on Trafficking in Persons, Administration for Children

and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: This notice informs the public of the opportunity to provide input on the U.S. Department of Health and Human Services’ (HHS) National Human Trafficking Prevention Framework (Framework), which contains strategies and approaches to prevent human trafficking and its recurrence while increasing capacity to identify and reduce harm caused by human trafficking. HHS will consider this input as it updates the Framework. The draft Framework is available at <https://www.acf.hhs.gov/otip>.

DATES: Submissions must be received by 5 p.m. EDT on June 9, 2023.

ADDRESSES: Please submit all responses via email to EndTrafficking@acf.hhs.gov with “Public Comment: Prevention Framework” in the subject. Submissions can include attachments of or links to any supporting documentation. Please provide your contact information for possible follow-up from the Office on Trafficking in Persons.

FOR FURTHER INFORMATION CONTACT: Kimberly Casey, Communications and Prevention Specialist, Office on Trafficking in Persons, Email: Kimberly.Casey@acf.hhs.gov, Phone: 202–594–7026.

SUPPLEMENTARY INFORMATION:

Background

The International Labor Organization estimates 27.6 million people were experiencing forced labor and/or commercial sexual exploitation globally on any given day in 2021. The global prevalence of human trafficking increased from 3.4 to 3.5 per thousand people between 2016 and 2021, driven entirely by the private economy. Although there is still no rigorous prevalence estimate of human trafficking within the United States, cases of human trafficking have been reported in all 50 states and the District of Columbia, on tribal land, and within U.S. territories.

Human trafficking is a public health issue and crime with adverse physical and mental health, developmental, financial, and social effects, which often reach beyond the individual directly impacted to affect families, communities, industries, and society at large. In response to the U.S. Government’s recognition that human trafficking is both a transnational and national issue of significant concern, the Trafficking Victims Protection Act of 2000 (TVPA) and its subsequent reauthorizations created a three-pronged (“3P”) federal framework to address human trafficking—prevention, protection, and prosecution. A fourth “P”—for partnership—serves as a complementary means to achieve progress across the 3Ps and engage multiple sectors of society in the work