

**Jeffrey M. Zirger,**

*Lead, Information Collection Review Office,  
Office of Scientific Integrity, Office of Science,  
Centers for Disease Control and Prevention.*

[FR Doc. 2021-00003 Filed 1-6-21; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity; Child Care and Development Fund (CCDF) ACF-696T Financial Report (OMB #0970-0195)

**AGENCY:** Office of Child Care, Administration for Children and Families, HHS.

**ACTION:** Request for public comment.

**SUMMARY:** The Administration for Children and Families (ACF) is

requesting a 3-year extension of the form ACF-696T: Child Care and Development Fund Annual Financial Report. This form is currently approved under the ACF Generic Clearance for Financial Reports (OMB #0970-0510; expiration May 31, 2021), and ACF is proposing to reinstate the previous OMB number under which this form had been approved. There are no changes requested to the form.

**DATES:** *Comments due within 60 days of publication.* In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

**ADDRESSES:** Copies of the proposed collection of information can be obtained and comments may be forwarded by emailing [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). Alternatively, copies can also be obtained by writing to the

Administration for Children and Families, Office of Planning, Research, and Evaluation (OPRE), 330 C Street SW, Washington, DC 20201, Attn: ACF Reports Clearance Officer. All requests, emailed or written, should be identified by the title of the information collection.

#### SUPPLEMENTARY INFORMATION:

**Description:** The ACF-696T Financial Report along with the instruction for completion of Form ACF-696T Financial Reporting Form for the Child Care and Development Fund (CCDF) are being submitted for renewal with no changes. The form collects CCDF financial expenditures data for the 221 Tribal Lead Agencies that receive CCDF funding. This report form is submitted annually by the referenced CCDF grant recipients. The form collects expenditures data for all respondents that receive CCDF funding.

**Respondents:** The 221 Tribal Lead Agencies that receive CCDF funding.

#### ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
Child Care and Development Fund ACF-696T Financial Report .....	221	1	5	1,105

*Estimated Total Annual Burden Hours:* 1,105.

**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:** Section 658G(d), Pub. L. 113-186, 128 Stat. 1971.

**Mary B. Jones,**

*ACF/OPRE Certifying Officer.*

[FR Doc. 2021-00017 Filed 1-6-21; 8:45 am]

**BILLING CODE 4184-43-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity; Mental Health Care Services for Unaccompanied Alien Children (New Collection)

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

**ACTION:** Request for public comment.

**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 comments on the proposed collection. The request consists of several forms that allow the Unaccompanied Alien Children (UAC) Program to provide mental health care services to UAC.

**DATES:** *Comments due within 60 days of publication.* In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

**ADDRESSES:** Copies of the proposed collection of information can be obtained and comments may be forwarded by emailing [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). Alternatively, copies can also be obtained by writing to the Administration for Children and Families, Office of Planning, Research, and Evaluation (OPRE), 330 C Street SW, Washington, DC 20201, Attn: ACF Reports Clearance Officer. All requests, emailed or written, should be identified by the title of the information collection.

#### SUPPLEMENTARY INFORMATION:

##### Description

1. Initial Mental Health Evaluation (Form MH-1): This instrument is used by clinicians to document the UAC's mental state upon arrival to the care provider facility. It includes an assessment of the UAC's current mental state, psychiatric history, and substance use history.

2. Columbia Suicide Severity Rating Scale (SSRS) Risk Assessment (Form MH-2): This instrument is used by clinicians to assess suicide risk for UAC who verbalize or demonstrate suicidal thoughts or behavior. It is a shorter version of the standard Columbia SSRS used to triage mental health care for UAC, a tool designed to support suicide

risk assessment through a series of simple, plain-language questions that anyone can ask. The Columbia SSRS includes the most essential, evidence-supported questions required for a thorough assessment. Further information about the Columbia SSRS can be found at <https://cssrs.columbia.edu/the-columbia-scale-csrs/about-the-scale/>.

3. Mental Health Group Event (Form MH-3): This instrument is used by clinicians to document group counseling or community meetings held at the care provider program.

4. Clinical Contact Log (Form MH-4): This instrument is used by clinicians to document the following mental health services: Individual counseling, group counseling, community meetings, family counseling sessions, screenings/

evaluations, and collateral contact with services providers involved in the UAC's case. Mental Health Group Events (Form MH-3) may be linked to a Clinical Contact Log entry.

5. Mental Health Referral (Form MH-5): This instrument is used by clinicians and/or medical coordinators to refer a UAC for community-based mental health care services (assessments/evaluations, psychotherapy, medical referrals, and treatment), acute and long-term psychiatric hospitalizations, and referrals to out-of-network residential treatment centers.

6. Mental Health Service Report (Form MH-6): This instrument is used by clinicians and/or medical coordinators to document the provision of community-based mental health care services (assessments/evaluations,

psychotherapy, medical referrals, and treatment), acute and long-term psychiatric hospitalizations, and referrals to out-of-network residential treatment centers. In addition, the UAC interview portion of the Out-of-Network Site Visit Report (Form M-3B), which is part of a different information collection request, is accessible from within this instrument.

7. Mental Health Task (Form MH-7): This instrument is auto-generated to create reminders for clinicians and/or medical coordinators of tasks that must be completed. Clinicians and/or medical coordinators may edit the instrument after it is generated.

*Respondents:* ORR grantee and contractor staff, and UAC.

#### ANNUAL BURDEN ESTIMATES

Instrument	Annual total number of respondents	Annual total number of responses per respondent	Average burden minutes per response	Annual total burden hours
Initial Mental Health Evaluation (Form MH-1) .....	216	241	60	52,056
Columbia SSRS Risk Assessment (Form MH-2) .....	216	5	45	810
Mental Health Group Event (Form MH-3) .....	216	156	10	5,616
Clinical Contact Log (Form MH-4) .....	216	11,194	10	402,984
Mental Health Referral (Form MH-5) .....	216	24	45	3,888
Mental Health Service Report (Form MH-6) .....	216	31	45	5,022
Mental Health Task (Form MH-7) .....	216	55	5	990
Estimated Annual Burden Hours Total: .....	.....	.....	.....	471,366

*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; *Flores v. Reno Settlement Agreement*, No. CV85-4544-RJK (C.D. Cal. 1996).

**Mary B. Jones,**

*ACF/OPRE Certifying Officer.*

[FR Doc. 2021-00001 Filed 1-6-21; 8:45 am]

**BILLING CODE 4184-45-P**

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Administration for Children and Families

##### Proposed Information Collection Activity; Child Care and Development Fund (CCDF) ACF-696 Financial Report (OMB #0970-0163)

**AGENCY:** Office of Child Care, Administration for Children and Families, HHS.

**ACTION:** Request for public comment.

**SUMMARY:** The Administration for Children and Families (ACF) is requesting a 3-year extension of the form ACF-696: Child Care and Development Fund (CCDF) Quarterly Financial Report. This form is currently approved under the ACF Generic Clearance for Financial Reports (OMB #0970-0510; expiration May 31, 2021), and ACF is proposing to reinstate the previous OMB number under which this form had been approved. There are no changes requested to the form.

**DATES:** *Comments due within 60 days of publication.* In compliance with the

requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

**ADDRESSES:** Copies of the proposed collection of information can be obtained and comments may be forwarded by emailing [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). Alternatively, copies can also be obtained by writing to the Administration for Children and Families, Office of Planning, Research, and Evaluation (OPRE), 330 C Street SW, Washington, DC 20201, Attn: ACF Reports Clearance Officer. All requests, emailed or written, should be identified by the title of the information collection.

##### SUPPLEMENTARY INFORMATION:

*Description:* The ACF-696 Financial Report along with the instructions for completion of Form ACF-696, Financial Reporting Form for CCDF are being submitted for renewal with no changes under a previous OMB number. The form collects CCDF financial expenditures data for the 50 States, the District of Columbia, and five U.S. Territories that receive CCDF funding (American Samoa, Commonwealth of