○ Add the following fields to both the PRS–TVPRA section and PRS sections under Sponsor Information:
- Sponsor Phone Number;
- Sponsor relationship to Child;
- Sponsor email.

○ Add the following fields under both the PRS–TVPRA section and PRS sections under the Referring Facility Information section:
- Case Manager Name;
- Unification Specialist Name;
- Unification Specialist email.

○ Add a new section header called ''Referral Information'' and group the following fields under the new header:
- What Provider Conducted the Home Study;
- Reason for Referral;
- Special Instructions.

○ Add ''Additional Details'' field with open text next to the ''Special Instructions'' field.

○ For the ''Reason for Referral'' field:
- Rephrase the ''Non-relative Sponsor, Multiple Sponsorship (ORR Mandated)'' field to ''Multiple concurrent sponsorships with at least one unrelated child (ORR Mandated)''.
- Add an option for ''Previously sponsored two or more children (ORR Mandated)''.
- Rephrase the ''UC Going to Non-Relative Sponsor (ORR Mandated No Home Study)'' field to ''Child Going to Non-Relative Sponsor (No Home Study)''.

○ Adjust the burden estimate to account for an increase in the number of care provider facilities completing the form and a projected decrease in the number of children placed in ORR care. These changes also reflect a slight increase in the overall number of 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 217 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 65,000 for both children and sponsors and increased from 40 to 60 for PRS providers. The annual number of responses per respondent decreased from 19,273 to 3,250 for PRS providers, and remains unchanged at 3 each for sponsors and children completing all three of the scheduled check-ins.

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	811.80
Notification of Concern (Form A–7)—Care Provider Case Manager	300	8	0.33	792.00
Notification of Concern (Form A–7)—ORR NCC Staff	78	31	0.33	797.94
Home Study Assessment (Form S–6)	60	82	1.00	4,920.00
Post-Release Services Referral (Form S–19)	300	217	0.50	32,550.00
Post-Release Services Report (Form S–22)	60	2,722	1.08	176,385.60
Home Study Referral (Form S–26)	300	217	0.50	32,550.00
Virtual Check-in Questionnaire (Form R–6)—Sponsor	65,000	3.0	0.25	48,750.00
Virtual Check-in Questionnaire (Form R–6)—Child	65,000	3.0	0.25	48,750.00
Virtual Check-in Questionnaire (Form R–6)—Provider	60	3,250	0.58	113,100.00
Estimated Annual Burden Hours Total				459,407.34

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

Mary C. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2025–09372 Filed 5–23–25; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for Office of Management and Budget Review; American Relief Act 2025 Disaster Supplemental Funds for Child Care (New Collection)

AGENCY: The Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Office of Child Care (OCC), Administration for Children and Families (ACF) is requesting applications for disaster relief funding. OCC will be requesting information from eligible Lead Agencies who are interested in receiving these funds.

DATES: *Comments due* June 26, 2025. 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.* Find this 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.* Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The American Relief Act, 2025 provided $250,000,000 in disaster relief funding to OCC to distribute to eligible states, territories, and tribes in response to the consequences of major disasters and emergencies declared pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 *et seq.*) occurring in 2023 and 2024.

OCC will be requesting information from eligible Child Care and Development Fund (CCDF) Lead Agencies who are interested in receiving these funds. The information requested includes the relevant major disaster or emergency declaration; a detailed description of the affected area; a detailed description of the impact on children, families, staff, and child care services; a description of each proposed activity; information on previous expenses incurred related to the disaster or emergency; and the total amount of funds requested. OCC will use the information received to inform decisions about distribution of funds.

Respondents: State, territory, and Tribal Lead Agencies.

Annual Burden Estimates

Respondents would provide one response to this request and information. The following burden estimates reflect the total estimated burden, which is expected within the first year of approval.

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours
ACF–OCC–CCDF–PI–2025–X (Disaster Supplemental Funds for Child Care–2023 and 2024 major disasters and emergencies)	70	1	80	5,600

Authority: Public Law 118–158.

Mary C. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2025–09381 Filed 5–23–25; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Children's Hospitals Graduate Medical Education Payment Program: Updated Methodology To Determine Full-Time Equivalent Resident Count

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Final response.

SUMMARY: HRSA published a notice in the **Federal Register** on December 30, 2024, soliciting feedback for a proposed update to the Children's Hospitals Graduate Medical Education (CHGME) Payment Program's method of determining an eligible children's hospital's (as defined within the Public Health Service Act) weighted allopathic and osteopathic full-time equivalent (FTE) resident count when this count exceeds its direct graduate medical education (GME) FTE resident cap. This proposed change is being made to be consistent with the methodology used by the Centers for Medicare & Medicaid Services (CMS) consistent with CHGME Payment Program's long-standing practice of using the same methodology in calculating FTE counts as CMS does in Medicare GME and to minimize administrative burden on hospital who participate in both programs. This notice summarizes and responds to the comments received during the 30-day comment period.

DATES: The proposed update to the CHGME direct GME methodology will be implemented beginning in the fiscal year (FY) 2026 application cycle.

FOR FURTHER INFORMATION CONTACT: Robyn Duarte, Public Health Analyst, Bureau of Health Workforce, Division of Medicine and Dentistry, HRSA, 5600 Fishers Lane, Rockville, MD 20857, *RDuarte1@hrsa.gov.*

SUPPLEMENTARY INFORMATION: On December 30, 2024, through a **Federal Register** Notice, HRSA announced a 30-day public comment period to solicit input on the proposed updated direct GME methodology. Starting in FY 2026, where both a CHGME participating hospital's unweighted and weighted allopathic and osteopathic FTE resident counts exceed the FTE resident cap, the respective weighted allopathic and osteopathic FTE resident count is adjusted to equal the FTE resident cap. Where the weighted allopathic and osteopathic FTE resident count does not exceed the FTE resident cap, then the adjusted weighted allopathic and osteopathic FTE resident count is the actual weighted allopathic and osteopathic FTE resident count.

This proposed update to the methodology is intended to reconcile weighted FTE resident counts reported in Lines 4.13 (both Hospital Data columns), 5.13, and 6.13 of the HRSA Form 99–1 with Lines 9 and 22 of the CMS Form 2552–10, Worksheet E–4, respectively. Entries in Lines 4.13 (both Hospital Data columns), 5.13, and 6.13 report the weighted resident FTE count for allopathic and osteopathic programs following application of the direct GME FTE resident cap.

This updated methodology may result in adjustments to the weighted FTE resident 3-year rolling average used to determine direct medical education payment amounts for the eligible children's hospitals participating in the CHGME Payment Program.

HRSA received seven comments in response to the **Federal Register** notice. HRSA carefully reviewed and considered the comments it received and has synthesized and summarized the comments below.

Alignment of CHGME and CMS Direct GME Policy

Summary of Comments

Commenters supported the adoption of CMS' finalized new methodology for applying the direct GME FTE resident cap when a hospital's weighted allopathic and osteopathic FTE resident count is greater than its direct GME FTE resident cap because the proposed updated CHGME methodology provides an opportunity for CHGME participating children's hospitals to determine an increased number of weighted allopathic and osteopathic FTE residents and mirrors CMS' newly finalized methodology.

Response

HRSA agrees the adoption of CMS' modified direct GME payment methodology with respect to determining the number of weighted allopathic and osteopathic FTE residents (*i.e.,* fellows) for all eligible children's hospitals participating in the CHGME Payment Program beginning in