

DELICENSED FACILITY MONITOR CONTRACTORS

Information collection title	Annual number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual total burden hours
Corrective Action Report (Form M-1)	19	9.47	5.00	899.65
Site Visit Guide Tool (Form M-7A)	19	3.89	29.00	2,143.39
Foster Care Site Visit Guide (Form M-7C)	19	0.84	21.00	335.16
Program Staff Questionnaires (Forms M-11A to M-11K)	19	1.47	1.00	27.93
Interpreter Questionnaire (Form M-11P)	19	0.21	0.50	2.00
Unaccompanied Child Questionnaires (Forms M-12A to M-12B & M-12E)	19	1.05	0.50	9.98
Legal Service Provider Questionnaire (Form M-13C)	19	0.21	1.00	3.99
Case Coordinator Questionnaire (Form M-13E)	19	0.21	1.00	3.99
Monitoring Site Assessment (Form M-22)	19	2.26	8.00	343.52
Monitoring Interview (Form M-21)—Child	19	27.89	1.00	529.91
Monitoring Interview (Form M-21)—Staff	19	50.21	1.00	953.99
Monitoring Interview (Form M-21)—Foster Parent	19	4.00	1.00	76.00
Monitoring Interview (Form M-21)—Stakeholder	19	22.32	0.75	318.06
Monitoring File Checklist (Form M-20)—Child	19	13.58	6.00	1,548.00
Monitoring File Checklist (Form M-20)—Staff	19	13.58	1.00	258.00
Monitoring File Checklist (Form M-20)—Foster Parent	19	2.84	1.00	54.00
Estimated Annual Burden Hours Total				7,507.57

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; 45 CFR part 410; 45 CFR part 411; *Flores v. Reno* Settlement Agreement, No. CV85-4544-RJK (C.D. Cal. 1996)

Mary C. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #: 0970-0466]

Proposed Information Collection Activity; Office of Refugee Resettlement (ORR) Unaccompanied Alien Child Health Forms

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 Administration for Children and Families (ACF) Office of Refugee Resettlement (ORR) is requesting to move the Serious Medical Procedure Request (SMR) Form (Office of Management and Budget (OMB) #: 0970-0561, expiration date December 31, 2026) under the Medical Assessment Form and Dental Assessment Form (OMB #: 0970-0466, expiration October 31, 2026) information collection and update the title of OMB # 0970-0466 to *Office of Refugee Resettlement (ORR) Unaccompanied Alien Child Health Forms*. Revisions are proposed to the forms. The proposed restructuring and revisions will improve transparency, lessen burden, improve data quality, and ensure alignment with ORR requirements. In addition, to ensure continuity of care, the request has been revised to include the sharing of health information with the Department of Homeland Security (DHS) in specific circumstances.

DATES: Comments due October 5, 2026.

ADDRESSES: 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. 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: Unaccompanied alien children in ORR custody are placed in care provider programs until unification with a qualified sponsor. Care providers ensure children receive a range of services including routine and emergency medical, dental, and mental health care. Children must also receive medical and dental baseline exams, routine well-child checks, preventive dental care, and counseling services. Care provider staff are expected to implement all recommended treatment plans (e.g., referrals to specialists, procedures, accommodation for physical or mental impairments that impact daily living activities) as directed by the evaluating healthcare provider. All non-emergent procedures performed under anesthesia or IV sedation require ORR approval via the SMR form. Before a decision can be made by ORR, the SMR form must be completed by the treating healthcare provider (e.g., surgeon) and submitted to ORR via the care provider program. ORR will waive the completion of the SMR form requirement if it is deemed to be in the best interest of the child (e.g., during a hospitalization or emergency

department visit, related to a medical emergency). If a child with a health condition that requires daily management or accommodation (e.g., medication, durable medical equipment) is identified for repatriation by DHS, relevant information from their established treatment plan must be shared with DHS to ensure continuity of care. See Proposed Changes for more information.

Data from medical and dental assessments is captured through the following forms that are currently under two ORR information collections (OMB #s: 0970–0466 and 0970–0561):

- Medical Assessment Form (MAF)
- Dental Assessment Form (DAF)
- SMR Form

Each Assessment form has a corresponding instructional Dear Colleague Letter that healthcare providers are expected to read at the initial visit with the child. The forms are used as worksheets by healthcare providers and care provider staff to compile information that would otherwise have been collected during the health assessment. Once completed, care provider staff transcribe the information from the form into ORR's secure, electronic system of record. Although the MAF is not completed during emergency or urgent care visits, hospitalizations, admission to an out-of-network facility (e.g., medical rehab facility), or follow-up immunization visits in the absence of a healthcare provider evaluation, care providers are required to complete the respective form in ORR's electronic system of record by extracting relevant data from health records.

Data is used by ORR to monitor and support the health of unaccompanied alien children while in care, for case management of identified illnesses/conditions, and to ensure care provider compliance with ORR requirements.

Finally, ORR has updated the stated uses of data sharing to include providing relevant health information to DHS when a child with healthcare needs is identified by DHS for repatriation.

Summary of Proposed Changes

ORR is proposing the incorporation of the SMR Form currently approved under OMB #: 0970–0561 into the OMB #: 0970–0466 information collection and changing the title to *Office of Refugee Resettlement (ORR) Unaccompanied Alien Child Health Forms* to group forms with a similar purpose together. Other changes to the SMR form include the removal of the first page that was completed by care provider staff, clarifying the purpose of the form in the instructions, and revising fields to reduce redundancy and enhance data quality and healthcare provider response.

The MAF and DAF would also be revised to:

- *reduce duplicate documentation and encourage form completion* by only requiring completion of the History section on the DAF for the initial dental exam and allowing healthcare providers the option of summarizing critical health information in the first two pages of the MAF instead of completing a third page for all scheduled visits except the initial medical exam and routine well-child visits.
- *improve compliance and care tracking* by strengthening the disabilities and accommodations field and adding a field for all ordered or completed labs and imaging on the MAF, and
- *improve data quality* through clearer instructions by visit type, a healthcare provider acknowledgement and signature section authorizing record sharing with ORR, replacement of fixed diagnosis choices with free-text fields, and broader field reformatting.

The related Dear Colleague Letter would also be updated to reflect these Mental Health Assessment Form (MHAF) changes (see Tab I for a summary of updates).

In addition, language was updated to expand the purposes of data to include sharing relevant health data captured on the MHAF with DHS when a child in ORR custody has healthcare needs and is identified by DHS for repatriation. Shared information includes:

- Child's identifying information (name, alien number, date of birth)
- Active diagnoses or concerns that require management
- Allergies
- Current medications and dosages
- Isolation/Quarantine requirements
- Health-related accommodations (including durable medical equipment needs)
- Health-related travel restrictions

The purpose of sharing this data is to ensure children receive healthcare services and accommodation as recommended by their treating healthcare providers.

Respondents: Healthcare providers (primary care providers, medical specialists, dentists, and surgeons).

Annual Burden Estimates

The overall annual burden of response and recordkeeping time decreased by 91.5 percent and 88 percent, respectively. The decrease is attributed to a significantly lower census of unaccompanied alien children in ORR care which reduced the number of respondents and responses per respondent. In addition, the average burden hours per response was decreased for each form by removing unnecessary fields and introducing skip patterns for fields that are only needed for specific types of visits.

ESTIMATED RESPONSE TIME FOR RESPONDENTS

Instrument	Respondent	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
Medical Assessment Form	Pediatricians, General	150	130	0.134	2,613
	Medical Specialist, General	300	34.2	0.137	1,405.6
Dental Assessment Form	Dentists	150	155.5	0.05	1,166.3
SMR Form	Surgeons	150	0.67	0.17	17.1
Estimated Total Annual Burden Hours.					5,202

ESTIMATED RECORDKEEPING TIME FOR RESPONDENTS

Instrument	Respondent	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
Medical Assessment Form completed by a medical provider.	Care Provider Staff	150	198.4	0.24	7,142.4
Medical Assessment Form not completed by a medical provider (information obtained via health records).		150	27.6	0.33	1,366.2
Dental Assessment Form		150	155.5	0.15	3,498.8
SMR Form		150	0.67	0.08	8
Estimated Total Annual Burden Hours.					12,015.4

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: These information collections are related to and funded by the ORR Unaccompanied Alien Children Bureau (UACB), are authorized by the statutes and regulations listed below, and are being conducted by ORR UACB.

- *Homeland Security Act, 6 U.S.C. 279*—Transferred responsibilities for the care and placement of unaccompanied alien children from the Commissioner of the former Immigration and Naturalization Service to the Director of ORR.

- *Unaccompanied Children Program Foundational Rule, 45 CFR part 410*—Establishes a uniform set of standards and procedures concerning the placement, care, and services provided to unaccompanied alien children in ORR care that is consistent with ORR's statutory duties. Sections 410.1306(g) and 410.1307 require care provider programs to ensure children are provided with routine and emergency healthcare services while in care.

- *Lucas R. et al. v. Becerra et al. (Case No. 2:18-CV-05741-DMG-PLA) Psychotropic Medication Settlement Agreement*—Establishes standards for

monitoring the administration of psychotropic medication to children in ORR custody and care.

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ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #: 0970-0034]

Proposed Information Collection Activity; Unaccompanied Refugee Minors Program ORR-3 Report and ORR-4 Report

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) is requesting a 3-year extension with revisions of the Unaccompanied Refugee Minors (URM) Program ORR-3 Report and ORR-4 Report (Office of Management and Budget #: 0970-0034, expiration November 30, 2026). Revisions were made to reduce burden and streamline information collection.

DATES: Comments due October 5, 2026.

ADDRESSES: 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. 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 ORR-3 Report is submitted to report a youth's initial placement in the URM Program, termination from the program, or re-entry into the program. The ORR-3 is also submitted to report changes to the youth's case (e.g., change in legal responsibility, change in foster home placement, etc.). The ORR-4 Report is submitted annually and at termination to report on the youth's receipt of services and outcomes. Proposed revisions to the forms include replacing multiple follow-up outcome reports with a single termination outcome report, replacing self-reported outcome measures from youth with provider-reported measures, eliminating select sub-types of ORR-3 reports, replacing or streamlining unclear questions and response options, removing unnecessary questions, and streamlining supplemental report instructions to integrate more guidance directly into the forms.

Respondents: URM state/replacement designee agencies and URM provider agencies.

Annual Burden Estimates

The edits describe above will result in a reduction in annual burden estimates of approximately 41 percent once implemented. Additionally, youth have been removed as a respondent to the ORR-4 Report; youth outcome measures will no longer be self-reported, instead providers will report youth outcomes. Revisions will be implemented after a 12-month implementation timeframe; the following burden estimates are specific to the revised versions following the 12-month implementation period.