ANNUAL BURDEN ESTIMATES

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Average burden hours per response</th>
<th>Total burden hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sampling Decisions and Fieldwork Preparation Plan</td>
<td>17</td>
<td>1</td>
<td>106</td>
<td>1,802</td>
</tr>
<tr>
<td>Record Review Worksheet</td>
<td>17</td>
<td>276</td>
<td>6.33</td>
<td>29,700.36</td>
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<tr>
<td>State Improper Authorizations for Payment Report</td>
<td>17</td>
<td>1</td>
<td>639</td>
<td>10,863</td>
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<tr>
<td>Corrective Action Plan</td>
<td>8</td>
<td>1</td>
<td>156</td>
<td>1,248</td>
</tr>
</tbody>
</table>

Estimated Total Annual Burden Hours: 43,613.36.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L’Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: infocollection@acf.hhs.gov.

OMB Comment: OMB is required to make a decision concerning 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. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: OIRA_SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for the Administration for Children and Families.

Robert Sargis,
Reports Clearance Officer.
[FR Doc. 2015–14621 Filed 6–12–15; 8:45 am]
BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Head Start Collaboration Office Annual Report.

OMB No.: New.

Description: The Office of Head Start within the Administration for Children and Families, United States Department of Health and Human Services, is proposing to collect information on the goals, work completed, and
accomplishments of the Head Start Collaboration Offices (HSCOs). HSCOs facilitate partnerships between Head Start agencies and other state entities that provide services to benefit low income children and their families. HSCOs are awarded funds under Section 642B of the 2007 Head Start Act. The HSCO Annual Report is to be reported annually by all HSCO to ascertain progress and measurable results for the previous year. The results will also be used to populate the Collaboration Office profile Web pages on Early Childhood Learning & Knowledge Center (ECLKC) to promote the accomplishments of HSCO.

**Respondents:** Head Start State and National Collaboration Offices.

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</tr>
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<tbody>
<tr>
<td>HSCO Annual Report</td>
<td>54</td>
<td>1</td>
<td>4</td>
<td>216</td>
</tr>
</tbody>
</table>

**Estimated Total Annual Burden Hours:** 216.

In compliance with the requirements of Section 506(c)(3)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L’Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. Email address: infocollect@acf.hhs.gov. All requests should be identified by the title of the information collection.

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 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.

**Robert Sargis,**
Reports Clearance Officer.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

**Proposed Information Collection Activity; Comment Request**

**Proposed Projects**

**Title:** U.S. Repatriation Program Forms.

**OMB No.:** 0970—NEW (two of the forms have prior OMB No: [SSA–3955 & SSA–2061]).

**Description:** The United States (U.S.) Repatriation Program was established by Title XI, Section 1113 of the Social Security Act (Assistance for U.S. Citizens Returned from Foreign Countries) to provide temporary assistance to U.S. citizens and their dependents who have been identified by the Department of State (DOS) as having returned, or been brought from a foreign country to the U.S. because of destitution, illness, war, threat of war, or a similar crisis, and are without available resources immediately accessible to meet their needs. The Secretary of the Department of Health and Human Services (HHS) was provided with the authority to administer this Program. On or about 1994, this authority was delegated by the HHS Secretary to the Administration for Children and Families (ACF) and later re-delegated by ACF to the Office of Refugee Resettlement. The Repatriation Program works with States, Federal agencies, and non-governmental organizations to provide eligible individuals with temporary assistance for up to 90-days. This assistance is in the form of a loan and must be repaid to the Federal Government.

The Program was later expanded in response to legislation enacted by Congress to address the particular needs of persons with mental illness (24 U.S.C. Sections 321 through 329). Further refinements occurred in response to Executive Order (E.O.) 11490 (as amended) where HHS was given the responsibility to “develop plans and procedures for assistance at ports of entry to U.S. personnel evacuated from overseas areas, their onward movement to final destination, and follow-up assistance after arrival at final destination.” In addition, under E.O. 12656 (53 CFR 47491), “Assignment of emergency preparedness responsibilities,” HHS was given the lead responsibility to develop plans and procedures in order to provide assistance to U.S. citizens and others evacuated from overseas areas.

In order to effectively and efficiently manage these legislative authorities, the Program has been divided into two major activities, Emergencies and Non-Emergencies Repatriation Activities. Operationally, these two Program activities involve different kinds of preparation, resources, and implementation. However, the core Program statute, regulations, policies and administrative procedures for these two Programs are essentially the same. The ongoing routine arrivals of individual repatriates and the repatriation of individuals with mental illness constitute the Program Non-emergency activities. Emergency Activities are characterized by contingency events such as civil unrest, war, threat of war or similar crisis, among other incidents. Depending on the type of event, number of evacuees and resources available, ACF will provide assistance utilizing two scalable mechanisms, emergency repatriations or group repatriations. Emergency repatriations assume the evacuation of 500 or more individuals, while group repatriations assume the evacuation of 50–500 individuals.

The Program provides services through agreements with the States, U.S. Territories, Federal agencies, and Non-governmental agencies. The list of Repatriation Form is as follows: