

Primary data for the evaluation will be collected via surveys with project directors, case managers, and key community partners; and semi-structured qualitative interviews, including telephone interviews with project directors, in-person interviews with select project staff, survivor leaders, and program partners, and individual interviews with program clients. Interviews from multiple perspectives will enhance the government’s understanding of appropriate service models and practice strategies for identifying, engaging, and

meeting the needs of diverse populations of victims of severe forms of human trafficking. Data collection will take place after receiving OMB approval through March 2020.

Data collection for an exploratory evaluation of the DVHT FY15 grantees (“Domestic Human Trafficking Demonstration Projects”) is being conducted under a prior Information Collection Request under 0970–0487. The data have provided insight into approaches grantees used to enhance organizational and community capacity, identify domestic victims, and deliver

case management and direct services in collaboration with their community partners. The currently proposed data collection for DVHT FY16 will build on this earlier data collection for the DVHT FY15 study to understand strategies and program models implemented by the grantees in various program contexts. All data collection approved for DVHT FY15 is complete.

Respondents: Project directors, case managers, survivor leaders, other select project staff, key community partners, and clients.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Annual burden hours
Project Director Survey	13	7	1	.5	4
Partner Survey	260	130	1	.25	33
Case Manager Survey	130	65	1	.33	21
Project Director Interview #1	13	7	1	2	14
Project Director Interview #2	13	7	1	1.5	11
Site Visit Interview Guide	136	68	1	1.5	102
Client Interview Guide	40	20	1	1	20

Estimated Total Annual Burden Hours: 205.

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, 330 C Street SW, Washington, DC 20201, Attn: OPRE Reports Clearance Officer. All requests should be identified by the title of the information collection. *Email address:* OPREinfocollection@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.

Emily B. Jabbour,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: 2019 National Survey of Early Care and Education

OMB No.: 0970–0391

Description: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is proposing a data collection activity as part of the National Survey of Early Care and Education (NSECE) which will be conducted October 2018 through August 2019. The objective of the NSECE is to document the nation’s current supply of early care and education services (that is, home-based providers, center-based providers, and the center-based provider workforce). The 2019 NSECE will collect information on child care and early education providers that serve families with children from birth to 13 years in the country, as well as the early care and education (ECE) workforce providing these services. The proposed collection will consist of three coordinated nationally representative surveys:

1. A survey of individuals providing care for children under the age of 13 in a residential setting (Home-based Provider Interview),

2. a survey of providers of care to children ages 0 through 5 years of age (not yet in kindergarten) in a non-residential setting (Center-based Provider Interview), and

3. a survey conducted with individuals employed in center-based child care programs working directly with children in classrooms (Workforce Interview).

Both the home-based and center-based provider surveys will require a screener to determine eligibility for the main survey.

The 2019 NSECE data collection efforts will provide urgently needed information about the supply of child care and early education available to families across all income levels, including providers serving low-income families of various racial, ethnic, language, and cultural backgrounds, in diverse geographic areas. The provider data will include programs that do or do not participate in the child care subsidy program, are regulated, registered, or otherwise appear in state or national lists and are home-based providers or center-based programs (e.g., private, community-based child care, Head Start, and state or local Pre-K). Accurate data on the availability and characteristics of early care and education programs are essential to assess the current and changing landscape of child care and early education programs since the 2012 NSECE data collection, and to provide

insights to advance policy and initiatives in the ECE field.

Respondents: Home-based providers serving children under 13 years, center-

based child care providers (including public schools) serving children ages 0 through 5 years of age (not yet in

kindergarten), and selected instructional staff members from these center-based child care providers.

ANNUAL BURDEN HOURS

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Estimated annual burden hours
Home-Based Provider Interview, including Screener	4,000	1	.67	2,680
Home-based Provider Screener, no interview	2,015	1	.03	60
Center-Based Provider Interview, including Screener	7,800	1	.8	6,240
Center-based Provider Screener, no interview	7,640	1	.1	764
Workforce Provider Interview	5,600	1	.33	1,848
Estimated Total Annual Burden Hours				11,592

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, Switzer Building, 330 C Street, SW, Washington, DC 20201, Attn: OPRE Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: OPREinfocollection@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.

Emily Jabbour,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Statement of Organization, Functions, and Delegations of Authority

AGENCY: Administration for Children and Families, HHS.

ACTION: Notice.

SUMMARY: Statement of Organizations, Functions, and Delegations of Authority The Administration for Children and Families (ACF) has realigned the Office

of Human Services Emergency Preparedness and Response (OHSEPR). OHSEPR will be a direct report to the Deputy Assistant Secretary for External Affairs. ACF will transfer the U.S. Repatriation Program from the Office of Refugee Resettlement (ORR) to OHSEPR. The OHSEPR mission statement has been revised to include the Repatriation Program and responsibility for business continuity planning. It renames the Division of Disaster Case Management to the Division of Response and Recovery Operations and the Division of Emergency Planning, Policy and Operations to the Division of Emergency Policy and Planning. Lastly, it changes the reporting relationship of the Office of Communications from a direct report to the Deputy Assistant Secretary for External Affairs to a direct report to the Assistant Secretary for Children and Families.

FOR FURTHER INFORMATION CONTACT:

Carolyn Meier, Acting Director for OHSEPR, (202) 401-9306, 330 C Street SW, Washington, DC 20201.

This notice amends Part K of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (HHS), Administration for Children and Families (ACF), as follows: Chapter KA, Immediate Office of the Assistant Secretary as last amended in 80 FR 63555-63558, October 20, 2015; Chapter KW, Office of Human Services Emergency Preparedness and Response as last amended in 80 FR 63555-63558, October 20, 2015; Chapter KN, Office of Communications as last amended in 80 FR 63555-63558, October 20, 2015, and most recently in 81 FR 49223-49224, July 27, 2016; and Chapter KR, Office of Refugee Resettlement as last amended in 82 FR 6588-6590, January 19, 2017.

I. Under Chapter KW, Office of Human Services Emergency

Preparedness and Response, delete KW in its entirety and replace with:

KW.00 MISSION. The Office of Human Services Emergency Preparedness and Response (OHSEPR) promotes resilience of vulnerable individuals, children, families, and communities impacted by disasters and public health emergencies. OHSEPR provides human services expertise to ACF grantees, partners, and stakeholders during preparedness, response, and recovery operations for emergency and disaster events. Working closely with ACF Program Offices and the Office of Regional Operations (ORO), OHSEPR coordinates ACF's planning, policy, and operations for emergency and disaster preparedness, response, and recovery. OHSEPR supports fulfillment of disaster human services within the integrated response and recovery operations of the HHS. OHSEPR administers the Human Services Immediate Disaster Case Management Program and the U.S. Repatriation Program. OHSEPR manages the ACF Continuity of Operation Plan (COOP), which directs how ACF's mission essential functions are performed during a wide range of disruptions or emergencies.

KW.10 ORGANIZATION. OHSEPR is headed by a Director, who reports to the Assistant Secretary through the Deputy Assistant Secretary of External Affairs (DASEA), and consists of:

- Office of the Director (KW1)
- Division of Response and Recovery Operations (KW2)
- Division of Emergency Policy and Planning (KW3)

KW.20 FUNCTIONS. A. The Office of the Director is responsible for the administrative oversight and strategic direction of all OHSEPR programs, projects, and activities. The Director implements the strategic vision of the DASEA, manages budgetary and legal matters affecting OHSEPR, administers human resources and program evaluation functions, and ensures alignment of activities by all OHSEPR divisions with the Director's strategy and applicable laws, policies, doctrines, and frameworks related to the provision of HHS ACF disaster human services and business continuity operations. The Deputy Director assists the Director in an alter-ego capacity to carry out the responsibilities and oversight of the