

information for the Early Head Start Family and Child Experiences Survey 2022 (Baby FACES 2022). This information collection is to provide nationally representative data on Early Head Start (EHS) programs, centers, classrooms, staff, and families to guide program planning, technical assistance, and research. This data collection will complete the previously approved second round of data collection originally planned to take place in 2020 (OMB 0970–0354). The work began in early 2020 but had to be postponed after only 3 weeks due to the COVID–19 pandemic. No changes are proposed to the currently approved information collection materials.

DATES: *Comments due within 30 days of publication.* OMB must make a decision 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 particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function.

SUPPLEMENTARY INFORMATION:
Description: Baby FACES 2018 and 2022 build upon a prior study (Baby FACES 2009; OMB 0970–0354) that longitudinally followed two cohorts of children through their experience in the program. While the 2009 study provided a great deal of information about program participation over time and about services received by children and families, it did not allow for national level estimates of service quality or inferences about children who enter the program after 15 months of age. To fill these knowledge gaps and to answer additional questions about how programs function, the design for the

information collection in 2022 will refresh the nationally representative cross-sectional sample of programs, centers, home visitors, teachers, classrooms, children, and families that was used in Baby FACES 2018. Freshening the sample will allow new programs that came into being since 2018 a chance to enter the study. This design allows for nationally representative estimates at all levels at a point in time and includes the entire age span of enrolled children.

The goal of this work is to obtain updated information on EHS programs and understand better how program processes support relationships (*e.g.*, between home visitors and parents, between parents and children, and between teachers and children) that are hypothesized to lead to improved child and family outcomes.

Respondents: EHS program directors, child care center directors, teachers and home visitors, and parents of enrolled children.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Avg. burden per response (in hours)	Total burden (in hours)	Annual burden (in hours)
Classroom/home visitor sampling form (from EHS staff)	407	1	0.17	69	35
Child roster form (from EHS staff)	252	1	0.33	83	42
Parent consent form	2,495	1	0.17	424	212
Parent survey	2,084	1	0.53	1105	553
Parent Child Report	2,008	1	0.33	663	332
Staff survey (Teacher survey and Home Visitor survey)	1,317	1	0.5	659	330
Staff Child Report	1,046	2.13	0.25	557	279
Program director survey	120	1	0.5	60	30
Center director survey	294	1	0.5	147	74
Parent-child interaction	996	1	0.17	169	85

Estimated Total Annual Burden Hours: 1,972.

Note: In the **Federal Register** Notice providing a 60-day comment period on this information collection (86 FR 38490), while number of respondents, number of responses per respondent, and estimated response time were provided correctly for the Staff Child Report, there was a calculation error for total and annual estimated burden. The burden estimates in this current notice reflect accurate calculations.

Authority: Sec. 645A and 649 of the Improving Head Start for School Readiness Act of 2007.

Mary B. Jones,
ACF/OPRE Certifying Officer.

[FR Doc. 2021–20572 Filed 9–22–21; 8:45 am]

BILLING CODE 4184–22–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Understanding the Value of Centralized Services Study (New Collection)

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, HHS.

ACTION: Request for public comment.

SUMMARY: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS) is proposing a new data collection activity as part of the Understanding the Value of Centralized

Services study. The objective of this descriptive study is to understand the advantages, disadvantages, and costs of centralizing social services for individuals and families with low incomes.

DATES: *Comments due within 60 days of publication.* 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.

ADDRESSES: Copies of the proposed collection of information can be obtained and comments may be submitted by emailing OPREinfocollection@acf.hhs.gov. All requests should be identified by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: This descriptive study aims to provide insight into the models that have been used to centralize services; organizations’ history of and impetus for centralizing services; the benefits, challenges, and costs of centralizing services from the perspectives of staff and clients; and how organizations have coordinated their centralized services virtually. This

project will include site visits to three centralized community resource centers (CCRCs). The proposed information collection activities include interviews with staff, including leadership and administrative staff, frontline staff, finance staff, and IT/data staff, and focus groups with clients. The research team will also conduct observations of program activities.

Respondents: Respondents will include leadership and administrative staff at the CCRC, staff who manage finances at the CCRC, staff who manage data and/or technology at the CCRC, staff who provide services directly to clients at the CCRC, and clients who have accessed services at the CCRC.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Avg. burden per response (in hours)	Total/annual burden (in hours)
Interview guide for administrative/leadership staff	18	1	1.25	23
Interview guide for frontline staff	48	1	1.25	60
Interview guide for finance staff	9	1	1	9
Interview guide for IT/data staff	9	1	1	9
Focus group guide for clients	30	1	1.5	45

Estimated Total Annual Burden Hours: 146.

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: Authorized by the Social Security Act 1110 [42 U.S.C. 1310], appropriated by the Continuing Appropriations Act of 2019.

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2021–20556 Filed 9–22–21; 8:45 am]

BILLING CODE 4184–07–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[OMB #0970–0391]

Proposed Information Collection Activity; National Survey of Early Care and Education COVID–19 Follow-Up

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, HHS.

ACTION: Request for public comment.

SUMMARY: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), plans to request from the Office of Management and Budget (OMB) an extension to complete data collection for a two-wave COVID–19 Follow-up data collection currently underway as part of the National Survey of Early Care and Education (NSECE). The objective of the NSECE COVID–19 Follow-up 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). There are no changes proposed.

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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 particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function.

SUPPLEMENTARY INFORMATION:

Description: In the context of the COVID–19 pandemic, the NSECE COVID–19 Follow-up will deepen our understanding of the state of ECE supply and the ECE workforce following the initial period of crisis, including changes in supply or departures from and re-entries to the workforce. The NSECE COVID–19 Follow-up is collecting information from center-based ECE providers to children birth through age 5 years, not yet in kindergarten, home-based ECE providers that serve children under age 13, as well as the ECE workforce providing these services. The collection consists of three coordinated nationally representative surveys:

1. A two-wave survey of individuals who provided paid care for children under the age of 13 in a residential setting as of 2019 and participated in the 2019 NSECE (Home-based Provider Interview),
2. a two-wave 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) as of 2019 and that participated in the 2019 NSECE, and
3. a two-wave survey conducted with individuals employed in center-based