number of rounds per year as needed up to a maximum of 28,000 responses per year per contractor or 56,000 total responses per year. Additionally, each data collection may include up to 2,000 additional responses per quarter (8,000 for the year) to improve representativeness. This increases the maximum burden by up to 16,000 responses per year. The RSS may also target individual surveys to collect data only from specific subgroups within existing survey panels and may supplement data collection for such groups with additional respondents from other probability or nonprobability samples. An additional 12,000 responses per year may be used for these developmental activities. Survey questions being asked of the panelists will be cognitively tested. This cognitive testing will help survey users interpret the findings by understanding how respondents answer each question.

Each round's questionnaire will consist of four main components: (1) basic demographic information on respondents to be used as covariates in analyses; (2) new, emerging, or supplemental content proposed by NCHS, other CDC Centers, Institute, and Offices, and other HHS agencies; (3) questions used for calibrating the survey weights; and (4) additional content selected by NCHS to evaluate against relevant benchmarks. NCHS will use questions from Components 1 and 2 to provide relevant, timely data on new, emerging, and priority health topics to be used for decision making. NCHS will use questions from Components 3 and 4 to weight and evaluate the quality of the estimates coming from questions in Components 1 and 2. Components 1 and 2 will contain different topics in each round of the survey. NCHS submits a 30-day **Federal Register** Notice with information on the contents of each round of data collection.

NCHS calibrates survey weights from the RSS to gold standard surveys. Questions used for calibration in this round of RSS will include marital status and employment, social and work limitations, use of the internet in general and for medical reasons, telephone use, civic engagement, and language used at home and in other settings. All these questions have been on the National Health Interview Survey (NHIS) in prior years allowing calibration to these data. Finally, all RSS rounds will include several questions that were previously on NHIS that will be used for benchmarking to evaluate data quality. Panelists in the RSS will be asked about health status; chronic conditions; social determinants of health; healthcare access and utilization; and health behaviors will be used to benchmark the RSS to NCHS survey.

The estimated total annual burden hours for the three-year approval period remains at 28,079 burden hours. There are no costs to respondents other than their time. For RSS Round 2, the following hours will be used. The NCHS RSS Round 2 (2023) data collection is based on 13,100 complete surveys (4,367 hours) and 20 cognitive interviews (20 hours) using the same survey instrument. The total number of responses is 13,120 and the total burden is 4,387 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Adults 18+	Survey: NCHS RSS Round 2 (2023) Cognitive Interviews	13,100	1	20/60
Adult 18+	Cognitive Interviews	20	1	1

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Child Abuse and Neglect Background Checks for Child Care and Early Education Project (New Collection)

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Office of Planning, Research, and Evaluation (OPRE), Administration for Children and Families (ACF) is proposing an information collection activity for the Child Abuse and Neglect Background Checks for Child Care and Early Education (CAN Checks for CCEE) Project. The goal of the project is to better understand how states and territories use findings from CAN registry checks, as required by the Child Care and Development Block Grant Act of 2014 (CCDBG), to make child care employment eligibility determinations. The study will also be used to understand state and territory variation, facilitators, and challenges in implementing CAN registries; and any resulting within- or across-state/territory equity implications.

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: You can obtain copies of the proposed collection of information and submit comments by emailing *OPREinfocollection@acf.hhs.gov.* All requests should be identified by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The proposed information collections for the CAN Checks for CCEE Project is designed to explore how states and territories implement CAN background checks for child care employment eligibility decisions. While the CCDBG Act of 2014 clearly describes procedures and exclusionary criteria pertaining to the use of criminal and sexual offender background checks to inform child care employment eligibility decisions, requirements for the use of CAN background checks are less clear. The findings will be of interest to ACF, and in particular to OPRE and the Office of Child Care, who are interested in the effective and equitable implementation of CAN registry background checks of prospective and current child care staff. Findings will also be of interest to Child Care and Development Fund (CCDF) state/territory lead agencies that oversee the CCDF program in their states/

territories and the state/territory offices that oversee early care and education. The results of this study also have implications for child care programs and staff. Further, given the U.S. Congress' interest in prior exploratory work on this topic, it may be informative for federal lawmakers, as well.

CCDF lead agency staff and CAN registry custodians that participate in this information collection will be asked to complete a voluntary, one-time web-based survey. The survey for CCDF lead agency staff will focus on the practices and policies related both to in-state/territory and interstate CAN registry checks, including what data they request and receive, as well as how they use it in making child care employment eligibility decisions. The survey for CAN registry custodians will focus on the contents of CAN registries, policies around inclusion in/expunction from the registries, and policies regarding sharing data.

Approximately half of CCDF lead agency survey respondents (up to 28) will be invited to participate in voluntary follow-up interviews. This open-ended data collection format will allow for exploration of key themes that emerge from the surveys; facilitators and barriers in, and respondent recommendations around, implementing the CAN registry checks; how practice may vary from policy; and, in some cases, to obtain answers to questions not answered in the survey.

Respondents: Each state, territory, and the District of Columbia will be invited to complete two web-based surveys: one CCDF lead agency survey and one CAN registry custodian survey. Given that each agency may have multiple staff members with relevant knowledge of different survey topics and no one staff member may possess all of the knowledge to complete the survey, we are allowing for up to 3 respondents per state/territory for the CCDF lead agency staff and 2 respondents per state/territory for the CAN registry custodian surveys (up to 280 total individuals). Once survey administration is complete, one CCDF lead agency staff person from half of the states, territories, and the District of Columbia (up to 28) will be invited to participate in a follow-up interview. For the interviews, we will select a sample of CCDF lead agency staff that represents diversity across state and territory approaches toward the CAN registry background checks.

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)
Instrument 1: CCDF Lead Agency Survey	168	1	*0.75	126
Instrument 2: CAN Custodian Survey	112	1	*0.75	84
Instrument 3: CCDF Lead Agency Interview	28	1	1.50	42
Estimated Total Annual Burden Hours:				252

*Note that this is the estimated time to complete the full survey, which could be completed by one individual or multiple individuals. Surveys completed by multiple individuals will take less time for each individual to provide a response.

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: Research funding set-aside authorized by the CCDBG Act of 2014 and funded by CCDF. Section 658O(a)(5) of CCDBG (as codified at 42 U.S.C. 9857 *et seq.*) grants the Secretary of the U.S. Department of Health and Human Services the authority to reserve up to ½ percent of the total Discretionary and Mandatory CCDF funding ''to conduct research and demonstration activities, as well as periodic external, independent evaluations of the impact of the program described by this subchapter on increasing access to child care services and improving the safety and quality of child care services, using scientifically valid research methodologies, and to disseminate the key findings of those evaluations widely and on a timely basis.''

Mary B. Jones,

ACF/OPRE Certifying Officer.

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BILLING CODE 4184–23–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2023–N–0250]

Ildiko M. Knoll: Final Debarment Order

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is issuing an order under the Federal Food, Drug, and Cosmetic Act (FD&C Act) debarring Ildiko M. Knoll for a period of 5 years from importing or offering for import any drug into the United States. FDA bases this order on a finding that Ms. Knoll engaged in a pattern of importing or offering for import misbranded drugs (*i.e.,* in an amount, frequency, or dosage that is inconsistent with personal or household use) that are not designated in an authorized electronic data interchange system as products regulated by FDA. Ms. Knoll was given notice of the proposed debarment and was given an opportunity to request a hearing to show why she should not be debarred. As of May 29, 2023 (30 days after receipt of the notice), Ms. Knoll had not responded. Ms. Knoll's failure to respond and request a hearing constitutes a waiver of her right to a hearing concerning this matter.

DATES: This order is applicable August 15, 2023.

ADDRESSES: Any application by Ms. Knoll for termination of debarment