

- Provide information to Congress, other federal agencies, stakeholders, the public, and other countries on the aggregate outputs and outcomes of the NHTH operations.

Respondents: Potential victims, representatives of governmental entities, law enforcement, first responders, members of the community, representatives of nongovernmental entities providing social, legal, or

protective services to individuals in the United States who may have been subjected to severe forms of trafficking in persons utilize the NHTH as signalers.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents (signalers)	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
National Human Trafficking Hotline (NHTH) Performance Indicators	585,300	1	0.43333333	253,630	84,543

Estimated Total Annual Burden Hours: 84,543.

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: 22 U.S.C. 7105.

Mary B. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Early Head Start Family and Child Experiences Survey 2022 (Baby FACES 2022) (OMB #0970-0354)

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) at the U.S. Department of Health and Human Services (HHS) seeks approval to continue to collect descriptive 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 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 forwarded by emailing OPREinfocollection@acf.hhs.gov. Alternatively, copies can also 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, emailed or written, should be identified by the title of the information collection.

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
[2 year clearance]

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Average 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	1,105	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	262	131
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: 1,824.

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

Mary B. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Practitioner Data Bank: Change in User Fees

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: HRSA, a sub-agency of the Department of Health and Human Services, is announcing a change in user fees charged to individuals and entities

authorized to request information from the National Practitioner Data Bank (NPDB). The new fee will be \$2.50 for both continuous and one-time queries and \$3.00 for self-queries. In addition, as self-query results are now digitally certified, the NPDB will no longer automatically provide a mailed paper copy of self-query results. If self-queriers would like paper copies mailed to them, there will be an additional \$3.00 charge per copy. The change in NPDB user fees is intended to encourage electronic processing while both ensuring sufficient funding to the full cost of NPDB operations and retaining appropriate cash reserves. The cash reserves are used to mitigate risks, cover operational costs should revenue decrease, and cover the cost of reasonable enhancement and maintenance of the NPDB management system. HRSA operational standards require review of NPDB user fees every 2 years. The biennial review of NPDB user fees offers HRSA the opportunity to evaluate its reserves as well as revenue relative to costs. Further, the review provides essential information on whether the fee rates and authorized activities are aligned with actual program costs and activities, and can help promote greater understanding of the fee by NPDB users.

DATES: This change will be effective October 1, 2021.

FOR FURTHER INFORMATION CONTACT: David Loewenstein, Director, Division of Practitioner Data Bank, Bureau of Health Workforce, HRSA, (301) 443-2300, NPDBPolicy@hrsa.gov.

SUPPLEMENTARY INFORMATION: The current fee structure (\$2.00/continuous query enrollment, \$2.00/one-time query, and \$4.00/self-query) was announced in the **Federal Register** on July 20, 2016 (81 FR 47173), and became effective on

October 1, 2016. One-time queries, continuous query enrollments, and self-queries are submitted and query responses are received through the NPDB's secure website. Fees are paid via electronic funds transfer, debit card, or credit card.

The NPDB is authorized by the Health Care Quality Improvement Act of 1986 (the Act), Title IV of Public Law 99-660, as amended (42 U.S.C. 11101 *et seq.*). Further, two additional statutes expanded the scope of the NPDB—Section 1921 of the Social Security Act, as amended (42 U.S.C. 1396r-2) and Section 1128E of the Social Security Act, as amended (42 U.S.C. 1320a-7e). Information collected under the Section 1128E authority was consolidated within the NPDB pursuant to Section 6403 of the Affordable Care Act, Public Law 111-148; this consolidation became effective on May 6, 2013.

42 U.S.C. 11137(b)(4), 42 U.S.C. 1396r-2(e), and 42 U.S.C. 1320a-7e(d) authorize the establishment of fees for the costs of processing requests for disclosure of such information. Final regulations at 45 CFR part 60 set forth the criteria and procedures for information to be reported to and disclosed by the NPDB. In determining any changes in the amount of user fees, the Department uses the criteria set forth in section 60.19(b) of the regulations. Section 60.19(b) states: "The amount of each fee will be determined based on the following criteria:

(1) Direct and indirect personnel costs, including salaries and fringe benefits such as medical insurance and retirement,

(2) Physical overhead, consulting, and other indirect costs (including materials and supplies, utilities, insurance, travel, and rent and depreciation on land, buildings, and equipment),