

**ADDRESSES:** Copies of the proposed collection of information can be obtained and comments may be forwarded by emailing [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). Alternatively, copies can also be obtained by writing to the Administration for Children and Families, Office of Planning, Research, and Evaluation (OPRE), 330 C Street, SW, Washington, DC 20201, Attn: ACF Reports Clearance Officer. All requests, emailed or written, should be identified by the title of the information collection.

**SUPPLEMENTARY INFORMATION:**

*Description:* The National Center on Health, Behavioral Health, and Safety, in partnership with Child Trends and the Center for Childhood Resilience at the Anne & Robert H. Lurie Children’s Hospital of Chicago (Lurie), will conduct information collection activities across 10 sites within Head Start Region V as part of a small randomized controlled trial of the Ready to Learn through Relationships (RLR) program, a trauma-informed Framework and Toolkit designed to promote resilience in young children. In this evaluation, sites will be matched on a number of factors that may be related to

implementation and randomized to either a low- or high-intensity TTA condition. The low-intensity condition will receive 4 hours of training, a “toolkit” of activity-based handouts, and access to virtual TA office hours. The high-intensity condition will include 4 hours of additional training on use of the toolkit modules, 6 hours of implementation support, and monthly classroom coaching.

Region V Head Start programs that choose to voluntarily participate in the RLR program will be asked to complete a number of implementation and outcomes measures and participate in other evaluation activities. Data collection will involve virtual semi-structured interviews and focus groups at the end of the evaluation period, web-based surveys (pre and post), a monthly web-based log of coaching activities completed, and repeated teacher reports of practices throughout the day on a mobile app during 5 weeks across the school year.

The information to be collected focuses on teacher practices for supporting children’s social-emotional development and on training and implementation factors that may

enhance these practices, which is directly relevant to Head Start’s mission. Information obtained will be shared with Regional TTA providers and site administrators to inform their ongoing and future TTA work. More specifically, results of the evaluation will identify the extent to which more intensive TTA with ongoing coaching and on-site expert consultation enhances teacher practice beyond a lower-intensity TTA approach. Additionally, data are expected to identify implementation factors that may enhance outcomes at both the level of the teacher and Head Start Centers.

*Respondents:* All early childhood centers in Head Start Region V that meet inclusion criteria will be invited to submit application forms to participate in the evaluation, and approximately 10 centers will be selected. Within each center (or site), we anticipate there will be three classrooms of 3–5 year olds. Participants at each center will consist of 7 or 8 individuals (e.g., directors, mental health and behavior consultants, lead and assistant teachers, and coaches), for a total of 75 individuals across all centers or sites.

**ANNUAL BURDEN ESTIMATES**

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total/annual burden hours
Trauma-Informed System Change Instrument (TISCI) Questionnaire (all site staff) .....	75	2	0.17	26
Attitudes Related to Trauma-Informed Care (ARTIC) Questionnaire (all site staff) .....	75	2	0.25	38
Site Application Form (site administrators) .....	20	1	1	20
Site Administrator Interview .....	10	1	1	10
Coach/Teacher Background Form .....	50	1	0.10	5
Coaching Logs .....	20	14	0.25	70
Coach Satisfaction Survey .....	20	1	0.25	5
Coach Interview .....	20	1	1	20
Professional Self-Care Scale (PSCS)—teachers .....	30	2	0.10	6
Ecological Momentary Assessment (EMA) Survey -teachers .....	30	100	0.07	210
Teacher Satisfaction Survey .....	30	1	0.25	8
Teacher Focus Group .....	15	1	1	15

*Estimated Total Annual Burden Hours:* 433.

*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:* Head Start Act Sec. 648.

**Mary B. Jones,**  
*ACF/OPRE Certifying Officer.*  
 [FR Doc. 2021–17242 Filed 8–11–21; 8:45 am]  
**BILLING CODE 4184–40–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Ryan White HIV/AIDS Program Client-Level Data Reporting System, OMB No. 0906–0039—Extension**

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on this ICR should be received no later than October 12, 2021.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or by mail to the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, MD 20857.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at (301) 443-1984.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the information collection request title for reference, pursuant to Section 3506(c)(2)(A), the Paperwork Reduction Act of 1995.

*Information Collection Request Title:* Ryan White HIV/AIDS Program Client-

Level Data Reporting System: OMB No. 0906-0039—Extension.

**Abstract:** The Ryan White HIV/AIDS Program (RWHAP), authorized under Title XXVI of the Public Health Service Act, is administered by HRSA's HIV/AIDS Bureau. HRSA awards funding to recipients in areas of the greatest need to respond effectively to the changing HIV epidemic, with an emphasis on providing life-saving and life-extending medical care, treatment, and support services for people living with HIV in the United States.

RWHAP reporting requirements include the annual submission of client-level data in the RWHAP Services Report (RSR). RSR collects information from grant recipients and their subcontracted service providers, funded under Parts A, B, C, and D of the RWHAP legislation. HRSA is requesting an extension of the current RSR with no changes.

**Need and Proposed Use of the Information:** RWHAP legislation specifies HRSA's responsibilities in administering grant funds, allocating funding, assessing HIV care outcomes (e.g., viral suppression), and serving particular populations. RSR collects data on the characteristics of RWHAP-funded recipients, their contracted service providers, and the patients or clients served. RSR system consists of two primary components, the Recipient Report and the Provider Report, and a data file containing the client-level data elements. Data is submitted annually. RWHAP legislation specifies the

importance of recipient accountability and linking performance to budget. RSR is used to ensure recipient compliance with the law, including evaluating the effectiveness of programs, monitoring recipient and provider performance, and informing annual reports to Congress. Information collected through the RSR is critical for HRSA, state and local grant recipients, and individual providers to assess the status of existing HIV-related service delivery systems, assess trends in service utilization, assess the impact of data reporting and identify areas of greatest need.

**Likely Respondents:** RWHAP grant recipients, as well as their subcontracted service providers, funded under RWHAP parts A, B, C, and D.

**Burden Statement:** Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

**TOTAL ESTIMATED ANNUALIZED BURDEN HOURS**

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Recipient Report .....	595	1	595	11	6,545
Provider Report .....	2,063	1	2,063	13	26,819
Client Report .....	1,532	1	1,532	113	173,116
<b>Total .....</b>	<b>4,190</b>	<b>.....</b>	<b>4,190</b>	<b>.....</b>	<b>206,480</b>

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information

technology to minimize the information collection burden.

**Maria G. Button,**

*Director, Executive Secretariat.*

[FR Doc. 2021-17206 Filed 8-11-21; 8:45 am]

**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Secretary**

**Delegation of Authority**

Notice is hereby given that I have delegated to the Administrator, Health Resources and Services Administration (HRSA), or their successor, the authorities that are vested in the Secretary of Health and Human Services under section 1150C of the Social Security Act (42 U.S.C. 1301 *et seq.*), as added by section 9911 of the American