

Specifically, this report will be used to:

- Ensure accountability and transparency for the use of CCDF quality funds, including a set-aside for quality infant and toddler care and the stabilization grants funded by the American Rescue Plan Act funding;

- Track progress toward meeting state- and territory-set indicators and benchmarks for improvement of child care quality based on goals and activities described in CCDF Plans;
- Understand efforts to progress towards all child care settings meeting

the developmental needs of children; and

- Inform federal technical assistance efforts and decisions regarding strategic use of quality funds.

Respondents: State and territory CCDF lead agencies (56).

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
ACF-218: FFY 2021 QPR	56	1	75	4,200

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: 42 U.S.C. 9858.

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; Child Support Portal Registration (OMB No.: 0970-0370)

AGENCY: Office of Child Support Enforcement, Administration for

Children and Families, Health and Human Services (HHS).

ACTION: Request for public comment.

SUMMARY: The Office of Child Support Enforcement (OCSE), Administration for Children and Families (ACF), is requesting the federal Office of Management and Budget (OMB) approve the “Child Support Portal Registration,” with revisions, for an additional three years. OCSE’s Child Support Portal (“Portal”) contains applications to assist state child support agencies with administering their programs. Authorized Portal users must register with OCSE to access Portal applications and provide OCSE with certain preferences. The current OMB approval expires on February 28, 2022.

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 *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: OCSE’s Division of Federal Systems maintains the Portal, which contains various applications that authorized users may view, update, and upload or download information for child support purposes. OCSE creates secure profiles for authorized users for employers, insurers, and financial institutions based on information provided in the Employer Services and Insurance Match Debt Inquiry Portal Registration forms. OCSE added the electronic National Medical Support Notice (e-NMSN), the electronic Incoming Withholding Order (e-IWO), and Multistate Financial Institution Data Match FAST Levy (MSFIDM FAST LEVY) Profile forms, which provide OCSE with information to set up the respective program user’s process and capture preferences. State child support agencies manage and authenticate authorization for individual users via the state proxy server; therefore, a Portal Registration form is not required. State users must, however, provide OCSE with their respective Portal preferences.

Respondents: Employers, Financial Institutions, Insurers, and State Child Support Agencies.

ANNUAL BURDEN ESTIMATES

Information collection instrument	Total estimated number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours
Employer Services Agreement and Profile	9,508	1	0.08	760.64
Insurance Match Debt Inquiry Agreement and Profile	18	1	0.08	1.44
e-NMSN: Plan Administrator Profile	5	1	0.22	1.10
e-NMSN: Employer Profile	5	1	0.22	1.10
e-NMSN: State Profile	5	1	0.22	1.10
e-IWO S2S Profile	4	1	0.22	0.88

ANNUAL BURDEN ESTIMATES—Continued

Information collection instrument	Total estimated number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours
e-IWO NPO Profile	46	1	0.22	10.12
MSFI-FAST Levy Profile	5	1	0.08	0.40
Portal Registration Screens	1,254	1	0.15	188.10

Estimated Total Annual Burden Hours: 964.88.

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: 42 U.S.C. 653(m)(2) and 44 U.S.C. 3554.

Mary B. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request, Information Collection Request Title: Rural Health Care Services Outreach Program Performance Improvement and Measurement Systems (PIMS) Measures, OMB No. 0906-0009, Revision

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 must be received no later than September 20, 2021.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail 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 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 request collection title for reference.

Information Collection Request Title: Rural Health Care Services Outreach Program PIMS Measures OMB No. 0906-0009—Revision

Abstract: The Rural Health Care Services Outreach (Outreach) Program is authorized by Section 330A(e) of the Public Health Service Act (42 U.S.C. 254c(e)) to “promote rural health care services outreach by improving and expanding the delivery of health care services to include new and enhanced services in rural areas, through community engagement and evidence-based or innovative, evidence-informed models.” The goals for the Outreach Program are as follows: (1) Expand the delivery of health care services to include new and enhanced services exclusively in rural communities, (2) deliver health care services through a strong consortium, in which every consortium member organization is actively involved and engaged in the planning and delivery of services, (3) utilize community engagement and evidence-based or innovative, evidence-informed model(s) in the delivery of health care services, and (4) improve population health, and demonstrate health outcomes and sustainability.

Need and Proposed Use of the Information: The PIMS measures for the Outreach Program enable HRSA and the Federal Office of Rural Health Policy to capture awardee-level and aggregate data that illustrate the impact and scope of federal funding. The collection of this information helps further inform and substantiate the focus and objectives of the grant program. The measures encompass the following topics: (a) Access to care, (b) population demographics, (c) consortium/network, (d) sustainability, and (e) project specific domains.

The proposed Outreach PIMS measures reflect an increase in the number of measures including the following:

(1) The addition of project-specific measures related to the Healthy Rural Hometown Initiative (includes 17 required and 20 optional measures for a total of 37 additional measures) applicable only to Outreach awardees who apply to be part of the Healthy Rural Hometown Initiative track (anticipated total of 16 out of 61 awardees) to focus on one or more of the five causes of excess death in rural communities (heart disease, cancer, unintentional injury/substance use, chronic lower respiratory disease, and stroke);

(2) addition of project-specific measures (3 additional measures) only applicable to Outreach Awardees with a focus on telehealth (anticipated total of 15 out of 61 awardees);

(3) the addition of social determinants of health measures (3 additional measures) only applicable to Outreach Awardees addressing social determinants of health as part of their grant funded activities (anticipated total of 15 out of 61 awardees);

(4) the consolidation of the access to care measures from singular to composite measure format (currently 14, previously 16) applicable to all awardees (anticipated total of 61 awardees);

(5) removal of an outdated project specific measure (1 measure removed) applicable to awardees focused on childhood obesity;

(6) removal of an outdated project specific applicable to awardees