

Appendix P.1: Federal Register Notice - 30-day request

criteria to keep from being evicted; it should be given to the landlord, owner of the residential property, or other person who has a right to have the individual evicted or removed. The information collected will be limited to the signature of the tenant, lessee, or

resident. The information will not be collected by CDC.

As stated in the Supporting Statement for OMB Control Number 0920–1303, under the request for an emergency clearance, OIRA has waived the 60-day comment period. Because this collection

is exceeding 60 days, CDC is seeking additional notice and comment.

Estimated annual burden for Tenants, Lessees, or Residents who make a maximum of \$99,000 annually is estimated to be 2,916,667 hours. There will be no anticipated costs to respondents other than time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondent	Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Tenants, Lessees, or Residents.	DECLARATION UNDER PENALTY OF PERJURY FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S TEMPORARY HALT IN EVICTIONS TO PREVENT FURTHER SPREAD OF COVID-19.	35,000,000	1	5/60	2,916,667
Total	2,916,667

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2020–29232 Filed 1–5–21; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; OPRE Data Collection for the Next Generation of Enhanced Employment Strategies Project (Revision of a Currently Approved Collection—OMB #0970–0545)

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

ACTION: Request for public comment.

SUMMARY: The Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF) is proposing revisions to data collection activities conducted for the Next Generation of Enhanced Employment Strategies (NextGen) Project, which is rigorously evaluating innovative interventions designed to promote employment and economic security among low-income individuals with complex challenges to employment. The project includes an experimental impact study, descriptive study, and cost study. The project is seeking clearance for changes to the previously approved Phase 1 instruments, updates to the previously approved consent form, and clearance for a parent/guardian consent form and

a youth assent form for use in evaluations of programs for youth. The project also seeks approval to use a subset of Phase 2 instruments with programs selected for inclusion in the project with some changes made to those instruments. The requested changes do not change the previously submitted burden estimates.

DATES: Comments due within 30 days of publication. OMB is required to make a decision concerning 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: 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: The NextGen Project will identify and test up to 10 innovative, promising employment interventions designed to help individuals facing complex challenges secure a pathway toward economic independence. In April 2020, OMB approved the new information collection request (ICR) for Phase 1 data collection instruments for the project (for more information, see materials at https://www.reginfo.gov/

public/do/PRAViewICR?ref_nbr=202012-0970-003). The first ICR included drafts of Phase 2 data collection instruments and associated burden estimates for initial review, information purposes, and public comment. We indicated that if a Phase 2 instrument required revisions to tailor to specific programs selected for evaluation, we will submit as either a non-substantive change request or a revision with abbreviated public comment time, dependent on the level of changes and guidance provided by OMB.

As the NextGen Project has engaged in assessing promising programs for inclusion in the study, we have gained knowledge that suggests necessary refinements to the Phase 1 instruments. In response to this knowledge and the 2019 novel coronavirus disease (COVID–19) pandemic, we are seeking changes to the Phase 1 data collection instruments and the study's informed consent form. We also seek clearance for a parent/guardian consent form and a youth assent form for use in evaluations of programs that serve youth, and approval to use two of the Phase 2 instruments with minor revisions. Below are additional details regarding these requests and further information regarding the changes requested is available (Appendix Q). The requested changes do not change the previously submitted burden estimates.

Informed Consent Form (Appendix A)

We propose revisions to the study's consent form to reflect recent study design changes, specifically to allow programs to share additional information about study participants (mental health diagnoses, referral

source, and contact information) to allow for a fuller description of the participants and to facilitate locating them for later data collections; to cover collecting administrative data for up to 20 years after study enrollment, rather than 10 years, to allow for estimation of longer-term impacts on participants; to change the date through when SSA can conduct research on study participants, from 2028 to 2040, to account for study schedule delays due to COVID-19; and to include consent for recording of study interviews. We also made minor revisions requested by the project's institutional review board. Lastly, we developed two additional consent forms (Appendix A.1) by adapting the study consent form—one to collect consent from parents/guardians of youth and one to collect assent from youth.

Baseline Survey (Instrument 1)

We propose changes to the baseline survey based on the study team's ongoing assessment of promising programs. Changes include:

- Minor revisions to the wording of some items, for clarity, and to skip patterns.
- Modifications to the items about emergency support (B18 and B19) to ask how many people someone can turn to for help, to better measure social support outcomes.
- Addition of items to collect information on social trust (B20, B21, and B22).
- Revisions to current items and addition of a few items to collect data on variables that may predict employment outcomes for respondents that were recently released from jail or prison, specifically:
 - Revision to the item asking whether the respondent was ever convicted (C9) to collect number of convictions and

addition of an item (C9a) to collect the number of felony convictions.

- Revisions to collect more detail about parole or probation (C10).
- Addition of an item (C10a) to collect the type of crime committed and an item to collect time spent in last incarceration (C12a).
 - Addition of items (C4b, C5a, C6e1, C6e2, C6r, C6s, D1a) to collect information on whether COVID-19 posed specific challenges to employment for study participants and to ask if participants have been vaccinated against COVID-19 (D1a), as this is likely to be associated with employment outcomes.

Identifying and Contact Information (Instrument 2)

We propose changes to the identifying and contact information collection. Changes include:

- Addition of the Center for Epidemiologic Studies Depression Scale Revised (CESD-R, added as item B2) for use by one program under consideration for evaluation that uses the scale as a programmatic eligibility screening tool. The CESD-R will only display for this program to facilitate program intake; other programs will skip these items. The study team will maintain CESD-R scores for those who are eligible for the program and also consent to participate in the study (as noted in the consent form).
- Addition of items (in item B3 and B4) that will only display for programs that work with school districts and/or youth to ask if a study applicant is in a prefilled school district, and obtain consent for being recorded, if such consent is required by the district.
- Addition of a question (item B9) about the likelihood that the study participant will be assigned to a career

navigator for programs that use this intervention.

Service Receipt Tracking (Instrument 5)

We request approval to use the Phase 2 service receipt tracking instrument to collect information from most programs selected for the NextGen Project, with the following proposed changes: Inclusion of additional modes of service delivery; addition of in-person service locations; allowance of program-specific responses to how services were terminated; and tailoring for certain items' response options to ensure service receipt data collection captures program-specific services.

Semi-Structured Employer Discussion Guide (Instrument 9)

We request approval to use the Phase 2 employer discussion guide to collect information from all programs selected for the NextGen Project. We propose minor revisions to the instrument to add probes about changes to the employer's relationship with the program as a result of the pandemic.

Respondents: Program staff, program partners, employer staff, and individuals enrolled in the NextGen Project. Program staff and partners may include case managers, health professionals, workshop instructors, job developers, supervisors, managers, and administrators. Employers may include administrators, human resources staff, and worksite supervisors.

Annual Burden Estimates

The annual burden estimates for the instruments included in this request are presented below. All currently approved materials under OMB #0970-0545 and the associated burden can be found at https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202012-0970-003.

Instrument	Total number of respondents	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Annual burden hours
PHASE 1					
Baseline survey & identifying and contact information—participants	10,000	3,333	1	0.42	1,400
Baseline survey & identifying and contact information—staff	200	67	50	0.42	1,400
Estimated Total Annual Burden Hours, Phase 1:					2,800
PHASE 2 ESTIMATES					
Service receipt tracking—staff	200	67	250	0.08	1,340
Semi-structured employer interviews—employers	50	17	1	1.0	17
Estimated Total Annual Burden Hours, Phase 2:					1,357

Authority: Section 413 of the Social Security Act, as amended by the FY 2017 Consolidated Appropriations Act, 2017 (Pub. L. 115–31).

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2020–29234 Filed 1–5–21; 8:45 am]

BILLING CODE 4184–09–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Variations in Implementation of Quality Interventions (VIQI) Project (OMB #0970–0508)

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

ACTION: Request for public comment.

SUMMARY: The Office of Planning, Research, and Evaluation (OPRE), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is requesting a 3-year extension with changes to continue collecting data for the study Variations in Implementation of Quality Interventions (VIQI). In addition to extending data collection, OPRE proposes to update burden estimates to accommodate a different sample size of centers, administrators, teachers, and coaches; to revise data collection instruments and activities for the impact evaluation and process study in line with lessons learned during the pilot study; to add a second timepoint of data collection for the teacher reports to questions about children; to provide one new instrument to collect parent report of children's skills and behaviors; and to provide one new instrument in anticipation of COVID–19 necessitating further information gathering to contextualize findings from the impact evaluation and process study.

DATES: *Comments due within 60 days of publication.* In compliance with the requirements of Section 3506(c)(2)(A) 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: Through the VIQI Project, OPRE aims to inform policymakers, practitioners, and stakeholders about effective ways to support the quality and effectiveness of early care and education (ECE) centers for promoting young children's learning and development. The VIQI Project completed a pilot study in about 40 centers in three metropolitan areas in 2018–2019 that is informing a year-long impact evaluation and process study that involves testing the effectiveness of two curricular and professional development models aiming to strengthen the quality of classroom processes and children's outcomes. The impact evaluation and process study is expected to begin in the fall of 2021 and will include about 140 community-based and Head Start ECE centers spread across about 12 different metropolitan areas in the United States.

The VIQI Project will consist of a 3-group experimental design where the initial quality and other characteristics of ECE centers are measured. For details about the study design, see the Supporting Statements at https://www.reginfo.gov/public/do/PRAViewDocument?ref_nbr=202008-0970-009.

In anticipation of changes to center characteristics due to COVID–19, annual burden estimates and instruments have been updated to accommodate a different sample size of centers, administrators, teachers, and coaches for the impact evaluation and process study.

The previously approved data collection instruments for the impact evaluation and process study include the following:

(1) Instruments for Screening and Recruitment of ECE Centers. We do not propose any changes to these materials;

(2) Baseline Instruments. Modifications made to surveys remove items that showed little variation in the pilot study, edit item wording to increase clarity and ease of understanding, and add a few new items

to capture new constructs of interest based upon the insights gained from the pilot study. The child assessment and classroom observation instruments have been updated to reflect the selected assessments and observations. We added an additional time point of data collection (baseline) for teacher reports on questions about children in the classroom and have added in questions about children's academic skills. Parent/guardian reports to questions about children have been added to gather information about children's skills at the beginning of the impact evaluation and process study. Administrator/teacher COVID–19 supplemental survey questions have been added to gather information about how the pandemic has changed typical center and classroom programming and functioning, if there is a need to contextualize findings from the impact evaluation and process study due to circumstances surrounding the COVID–19 pandemic at the time of data collection;

(3) Follow-Up Instruments. Modifications made to surveys remove items that showed little variation in the pilot study, edit item wording to increase clarity and ease of understanding, and add a few new items to capture new constructs of interest based upon insights gained from the pilot study. The child assessment and classroom observation instruments have been updated to reflect the selected assessments and observations. We added in questions about children's academic skills to the teacher reports on questions about children in the classroom. Parent/guardian reports to questions about children have been added to gather information about children's skills at the end of the impact evaluation and process study; and

(4) Fidelity of Implementation Instruments. Modifications to the Coach Log have been made to remove or consolidate items that showed little variation or proved less useful in the pilot study and to edit item wording to increase clarity and ease of understanding.

Respondents: Staff members working in Head Start grantee and community-based child care oversight agencies, staff members working in about 140 ECE centers in about 12 metropolitan areas across the United States, and parents and children being served in these centers.