

Consequently, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35).

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Chiquita Brooks-LaSure, having reviewed and approved this document, authorizes Lynette Wilson, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Dated: March 16, 2022.

Lynette Wilson,

Federal Register Liaison, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[OMB No. 0970-0278]

Proposed Information Collection Activity; Family Reunification Packet for Sponsors of Unaccompanied Children

AGENCY: Office of Refugee Resettlement, Administration for Children and Families, HHS.

ACTION: Request for public comment.

SUMMARY: The Office of Refugee Resettlement (ORR), Administration for

Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is inviting public comments on revisions to an approved information collection. The request consists of several forms that allow the Unaccompanied Children (UC) Program to assess the suitability of potential sponsors for UC.

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 *infocollection@acf.hhs.gov*. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: ORR proposes the following revisions to this information collection:

- Authorization for Release of Information—
 - ORR replaced the term “minor” with “child.”
 - ORR removed the Alien Registration Number field, since it is not required for background checks.
 - ORR removed reference to “past and present immigration status,” since that information will no longer be collected in the Family Reunification application.
- Family Reunification Application—

- ORR replaced the term “minor” with “child.”

- Proof of Identity—ORR added clarification that individuals under the age of 21 may use the ORR Verification of Release form with a photograph to meet this requirement.

- Proof of Immigration Status or U.S. Citizenship—ORR removed the requirement that potential sponsors provide documentation verifying their immigration status or U.S. citizenship. ORR no longer uses this information as a criterion to determine when a sponsor care plan is required; therefore, it is no longer necessary to collect this information.

- Proof of Address—ORR also removed the phrase “dated within the last two months” that appears after the current lease and current mortgage line items, because it is not applicable to those two acceptable forms of documentation.

- Burden Estimate—ORR increased the average burden hours per response from 0.75 hours to a more accurate estimate of 1.0 hour.

- Letter of Designation for Care of a Minor—

- ORR replaced the term “minor” with “child.”

- ORR also increased the average burden hours per response from 0.5 hours to a more accurate estimate of 0.75 hours.

Respondents: Potential sponsors of UC.

Annual Burden Estimates:

Respondents:

Instrument title	Annual total number of respondents	Annual total number of responses per respondent	Average burden hours per response	Annual total burden hours
Authorization for Release of Information (Forms FRP-2 & FRP-2s)	81,532	1	0.50	40,766
Family Reunification Application (Forms FRP-3 & FRP-3s)	122,950	1	1.00	122,950
Fingerprinting Instructions (Forms FRP-7 & FRP-7s)	81,532	1	1.25	101,915
Letter of Designation for Care of Minor (Forms FRP-9 & FRP-9s)	41,181	1	0.75	30,886

Estimated Annual Burden Total: 296,517.

Record Keepers:

Instrument title	Annual total number of record keepers	Annual total number of responses per record keeper	Average burden hours per response	Annual total burden hours
Authorization for Release of Information (Forms FRP-2 & FRP-2s)	235	347	0.25	20,386
Family Reunification Application (Forms FRP-3 & FRP-3s)	235	523	0.25	30,726
Fingerprinting Instructions (Forms FRP-7 & FRP-7s)	235	347	1.00	81,545
Letter of Designation for Care of Minor (Forms FRP-9 & FRP-9s)	235	175	0.25	10,281

Estimated Annual Burden Hours Total: 142,938.

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: 6 U.S.C. 279; 8 U.S.C. 1232; Flores v. Reno Settlement Agreement, No. CV85-4544-RJK (C.D. Cal. 1996).

Mary B. Jones,
ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Request for Information: Technical Assistance Needs and Priorities on Implementation and Coordination of Early Childhood Development Programs in American Indian and Alaska Native Communities

AGENCY: Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comment.

SUMMARY: Through this Request for Information (RFI), the Administration for Children and Families (ACF), in the U.S. Department of Health and Human Services (HHS), seeks to further the development, implementation, and coordination of early childhood development programs in American Indian and Alaska Native (AI/AN) communities, by soliciting information and recommendations from a broad array of individuals and organizations with knowledge and expertise around the context and needs of tribal communities and early childhood programs. ACF will analyze information received from this RFI to support the development, improvement, and implementation of technical assistance (TA) (*i.e.*, information, tools, training, and other supports) efforts and strategies to support tribal communities and programs in carrying out and coordinating early childhood services and initiatives.

DATES: Send comments on or before April 5, 2022.

ADDRESSES: Submit questions, comments, and supplementary documents to OCCTribal@acf.hhs.gov with "Tribal TA RFI" in the subject line.

FOR FURTHER INFORMATION CONTACT: For further information, please contact Moushumi Beltangady at Moushumi.beltangady@acf.hhs.gov or 202-260-3613.

SUPPLEMENTARY INFORMATION:

Invitation to Comment: HHS invites comments regarding this notice. You do not need to address every question and should focus on those where you have relevant expertise or experience. In your response, please provide a brief description of yourself and your role or organization before addressing the questions. To ensure that your comments are clearly stated, please identify the questions you are responding to when submitting your response.

1.0 Background

Ensuring high-quality, culturally appropriate, birth-to-age 5 early childhood services to children from AI/AN communities has long been a critical priority for Native communities throughout the United States. Health care and education are considered a fundamental treaty right by tribes, and the fact that AI/AN populations experience disparities in health and well-being relative to other population groups highlights a significant need for targeted services. Building on neuroscience findings indicating that interventions in the first few years of a child's life have significant impacts on their lifelong health and well-being, tribal early childhood programs show promise in mitigating disparities. Programs like Head Start (<https://eclkc.ohs.acf.hhs.gov>), child care (<https://www.acf.hhs.gov/occ>), and home visiting (<https://www.acf.hhs.gov/ecd/tribal/tribal-home-visiting>) are key resources for children and families in diverse tribal communities. In addition, in recent years, there has been growing recognition of the need to support collaboration across these and other programs and develop more coordinated early childhood systems in AI/AN communities.

The federal government has increased its focus on supporting the implementation and coordination of tribal early childhood programs over the past year through various efforts to bring together and learn from tribal communities and highlight innovative and promising practices, as well as significantly increased funding to tribes through the American Rescue Plan Act. In addition, there are current

collaborative federal efforts in place to promote collaboration and coordination of TA for tribal programs. There is also the potential for new or expanded early childhood programs to be implemented in tribal communities in the coming years, making a focus on supportive effective implementation and coordination of programs even more.

2.0 Request for Information

Through this Request for Information (RFI), ACF is seeking input from tribal leaders, tribal program administrators, service providers, current federal and non-federal TA providers, potential TA providers, national organizations, researchers, philanthropy, families and community members, states, and others about the TA needs and priorities of tribal communities around implementing and providing early childhood services (including Head Start, child care, home visiting, preschool, and early intervention and special education), as well as needs around coordination of services and supporting stronger early childhood systems at the tribal level.

Responses to this RFI will inform ongoing and future efforts to provide training and TA to tribal communities. We are not only interested in feedback about current TA needs and priorities, but also the needs, capacity, and potential of the system to support implementation and coordination of any new or expanded early childhood initiatives. This RFI is for information and planning purposes only and should not be construed as a solicitation or as an obligation on the part of ACF or HHS.

3.0 Key Questions

3.1 In your opinion, what are the key topics or areas where tribal communities want or need TA or support to effectively implement or coordinate tribal early childhood programs (*e.g.*, Head Start, child care, home visiting, preschool, early intervention, and special education)?

- What TA would be helpful to support tribal communities to implement their priorities around integration of language and culture, including language preservation and maintenance, in their early childhood programs and systems?
- What TA would be helpful to support tribal communities in conducting needs assessments and strategic planning activities to support effective and coordinated early childhood programs and systems?
- What TA would be helpful to support tribal communities in effective