Respondents: Forty-four states and seven territories, to include the District of Columbia, Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, the Federated States of Micronesia, and Palau.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
Application	51	1	24	1224
State Plan	51	1	40	2040
Performance Progress Reports	51	2	16	1632

Estimated Total Annual Burden Hours: 4,896.

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: Section 513 of the Social Security Act (42 U.S.C. 713), as amended by Section 50503 of the Bipartisan Budget Act of 2018 (Pub. L. 115–123), which extended funding through fiscal year 2019, and was further extended by Section 3822 of the Coronavirus Aid, Relief, and Economic Security Act (Pub. L. 116–136).

John M. Sweet Jr,

ACF/OPRE Certifying Officer.

[FR Doc. 2020–16527 Filed 7–29–20; 8:45 am]

BILLING CODE 4184–37–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; National Survey of Early Care and Education COVID–19 Follow-Up (OMB #0970–0391)

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), U.S. Department of Health and Human Services (HHS), is proposing a two-wave data collection as part of the National Survey of Early Care and Education (NSECE) (OMB #0970–0391), which will be conducted October 2020 through June 2021. The objective of the NSECE COVID–19 Follow-up is to document the nation's current supply of early care and education (ECE) services that is home-based providers, center-based providers, and the center-based provider workforce. In the context of the COVID–19 pandemic, the NSECE COVID–19 Follow-up will deepen our understanding of the state of ECE supply and the ECE workforce following the initial period of crisis, including changes in supply or departures from and re-entries to the workforce.

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: The NSECE COVID–19 Follow-up will collect information from center-based ECE providers of care to children birth through age 5 (not yet in kindergarten), home-based ECE providers that serve children under age 13, as well as the ECE workforce providing these services. The proposed collection will consist of the following three coordinated nationally representative surveys:

1. A two-wave survey of individuals who provided paid care for children under the age of 13 in a residential setting, as of 2019, and who participated in the 2019 NSECE (Home-based Provider Interview);

2. a two-wave survey of providers of care to children ages 0 through 5 years of age (not yet in kindergarten) in a non-residential setting (Center-based Provider Interview), as of 2019, and who participated in the 2019 NSECE; and

3. a two-wave survey conducted with individuals employed in center-based child care programs working directly with children in classrooms (Center-based Classroom Staff [Workforce] Interview), as of 2019, and who participated in the 2019 NSECE.

The NSECE COVID–19 Follow-up will provide urgently needed information about the supply of child care and early education available to families across all income levels, including providers serving low-income families of various racial, ethnic, language, and cultural backgrounds, in diverse geographic areas. The study will also dramatically extend the available resources for understanding the national impact of the COVID–19 pandemic on the country's ECE supply and workforce, including geographic variation therein. Accurate data on the availability and characteristics of ECE programs are essential to assess the current and changing landscape of child care and early education programs and understand the ability of the nation's supply and workforce to meet the needs of parents of young children in the post-pandemic economy, and will provide insights to advance policy and initiatives in the ECE field.

Respondents: Home-based providers, as of 2019, serving children under 13 years of age (listed and unlisted paid)—regardless of their status serving children in 2020–2021; center-based child care providers, as of 2019, serving children ages 0 through 5 years of age (not yet in kindergarten)—regardless of their status serving children in 2020–2021; and classroom-assigned instructional staff members working with children ages 0 through 5 years of age (not yet in kindergarten) in center-based child care providers, as of 2019,

regardless of their employment status in 2020–2021.

ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Annual burden hours
Home-based Provider Interview, Waves 1 and 2	3,375	1.5	.33	1,671
Center-based Provider Interview, Waves 1 and 2	5,850	1.5	.33	2,896
Center-based Classroom Staff (Workforce) Interview, Waves 1 and 2	3,533	1.5	.33	1,749

Estimated Total Annual Burden Hours: 6,316.

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: Child Care and Development Block Grant Act (42 U.S.C. 9858 et seq.).

John M. Sweet Jr,

ACF/OPRE Certifying Officer.

[FR Doc. 2020–16550 Filed 7–29–20; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2011–N–0016]

Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Recordkeeping and Records Access Requirements for Food Facilities

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a proposed collection of information has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Submit written comments (including recommendations) on the collection of information by August 31, 2020.

ADDRESSES: To ensure that comments on the information collection are received, OMB recommends that written comments be submitted to *https://www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under Review—Open for Public Comments'' or by using the search function. The OMB control number for this information collection is 0910–0560. Also include the FDA docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Domini Bean, Office of Operations, Food and Drug Administration, Three White Flint North, 10A–12M, 11601 Landsdown St., North Bethesda, MD 20852, 301–796–5733, *PRAStaff@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, FDA has submitted the following proposed collection of information to OMB for review and clearance. Recordkeeping and Records Access Requirements for Food Facilities—21 CFR 1.337, 1.345, and 1.352.

OMB Control Number 0910–0560—Extension

The Public Health Security and Bioterrorism Preparedness and Response Act of 2002 added section 414 of the Federal Food, Drug, and Cosmetic Act (FD&C Act) (21 U.S.C. 350c), which requires that persons who manufacture, process, pack, hold, receive, distribute, transport, or import food in the United States establish and maintain records identifying the immediate previous sources and immediate subsequent recipients of food. Sections 1.326 through 1.363 of our regulations (21 CFR 1.326 through 1.363) set forth the requirements for recordkeeping and records access. The requirement to establish and maintain records improves our ability to respond to, and further contain, threats of serious adverse health consequences or death to humans or animals from accidental or deliberate contamination of food.

Information maintained under these regulations helps us identify and quickly locate contaminated or potentially contaminated food and inform the appropriate individuals and food facilities of specific terrorist threats. Our regulations require that records for non-transporters include: (1) The name and full contact information of sources, recipients, and transporters; (2) an adequate description of the food, including the quantity and packaging; and (3) the receipt and shipping dates (§§ 1.337 and 1.345). Required records for transporters include the names of consignor and consignee, points of origin and destination, date of shipment, number of packages, description of freight, route of movement and name of each carrier participating in the transportation, and transfer points through which shipment moved (§ 1.352). Existing records may be used if they contain all the required information and are retained for the required time period.

Section 101 of the FDA Food Safety Modernization Act (FSMA) (Pub. L. 111–353) amended section 414(a) of the FD&C Act and expanded our access to records. Specifically, FSMA expanded our access to records beyond records relating to the specific suspect article of food to records relating to any other article of food that we reasonably believe is likely to be affected in a similar manner. In addition, we can access records if we believe that there is a reasonable probability that the use of or exposure to an article of food, and any other article of food that we reasonably believe is likely to be affected in a similar manner, will cause serious adverse health consequences or death to humans or animals. To gain access to these records, our officer or employee must present appropriate credentials and a written notice, at reasonable times and within reasonable limits and in a reasonable manner.

The information collection provisions of § 1.361 are exempt from OMB review under 44 U.S.C. 3518(c)(1)(B)(ii) and 5