

DASH will continue to use a web-based system to collect data on the strategies that LEAs are using to meet their goals. Strategies include helping LEAs and priority schools deliver SHE emphasizing HIV and other STD prevention; increasing adolescent access to key SHS; and establishing SSE for students and staff. To track funded LEA progress and evaluate the effectiveness of program activities, DASH will collect a mix of process and outcome measure data. LEAs will complete process measures that will assess the extent to which planned program activities have been implemented and lead to feasible and sustainable programmatic outcomes. Process measures include items on school health policy and practice assessment and training and technical assistance received from non-governmental partner organizations. Outcome measures assess whether funded activities at each site are leading to intended outcomes including public health impact of systemic change in schools. The measures tailored to each

PS18–1807 strategy (*i.e.*, SHE, SHS, SSE) drove the development of questionnaires.

Respondents are the same 25 LEAs funded under PS18–1807. LEAs will continue to complete the questionnaires semi-annually using the Program Evaluation and Reporting System (PERS), an electronic web-based interface specifically designed for this data collection. Each LEA has a unique login to the system and has access to technical assistance to ensure they can use the system easily. To provide timely feedback to LEAs and DASH staff for accountability and optimal use of funds, the requested dates for data reflect the Office of Financial Resources deadlines. DASH anticipates that semi-annual information collection will continue after the current OMB approval time frame ends on November 30, 2022. With this extension, additional data collection will be conducted at two time points, November 1, 2022–March 1, 2023 and May 1, 2023–September 1, 2023.

The estimated burden per response is approximately 2–26 hours. This estimate includes time for LEAs to gather information at the district and priority school-levels. Annualizing this collection over five years of this project results in an estimated annualized burden of 1,750 hours per year and a total of 3,500 hours for the requested two-year extension across all funded LEAs.

Funded LEAs are required to allocate at least 6% of their NOFO award to support evaluation activities ranging from \$15,000 to \$21,000. Use of these funds is discretionary, including for collection of process and outcome measures. Funded LEAs are required to spend at least 6% of their award to support evaluation activities, including time to gather and enter data into the online performance and evaluation reporting system.

CDC requests OMB approval for an estimated 1,750 annual burden hours. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
LEA	Funded District Questionnaire	25	2	2	100
	Priority School Questionnaire	25	2	26	1,300
	District Assistance Questionnaire	25	2	7	350
Total	1,750

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–22–0980; Docket No. CDC–2022–0045]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public

burden and maximize the utility of government information, invites the general public and other federal agencies the opportunity to comment on a continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled National Environmental Assessment Reporting System (NEARS). This project is designed to collect data from foodborne illness outbreak environmental assessments routinely conducted by local, state, territorial, or tribal food safety programs during outbreak investigations.

DATES: CDC must receive written comments on or before June 7, 2022.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2022–0045, by either of the following methods:

- *Federal eRulemaking Portal:* Regulations.gov. Follow the instructions for submitting comments.

- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to [regulations.gov](https://www.regulations.gov).

Please note: Submit all comments through the Federal eRulemaking portal ([regulations.gov](https://www.regulations.gov)) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329; phone: 404–639–7570; Email: omb@cdc.gov.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies

must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
3. Enhance the quality, utility, and clarity of the information to be collected;
4. Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses; and
5. Assess information collection costs.

Proposed Project

National Environmental Assessment Reporting System (NEARS) (OMB Control No. 0920–0980, Exp. 8/31/2022)—Revision—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is requesting OMB approval for the National Environmental Assessment Reporting System (NEARS) to collect data from foodborne illness outbreak environmental assessments routinely conducted by local, state, territorial, or tribal food safety programs during outbreak investigations. Prior to the development of NEARS, environmental assessment data were not collected at the national level. The data reported through this surveillance system provides timely information on the causes of outbreaks, including environmental factors associated with

outbreaks, and are essential to environmental public health regulators' efforts to respond more effectively to outbreaks and prevent future, similar outbreaks. This surveillance system was specifically designed to link to CDC's National Outbreak Reporting System (NORS). NORS is a disease (e.g., enteric diseases transmitted by food) outbreak surveillance system. NEARS was developed by the Environmental Health Specialists Network (EHS–Net), a collaborative network of CDC, the U.S. Food and Drug Administration (FDA), the U.S. Department of Agriculture (USDA), and nine state food safety programs (California, Connecticut, Georgia, Iowa, New York, Minnesota, Oregon, Rhode Island, and Tennessee). The network consists of environmental health specialists (EHS), epidemiologists, and laboratorians. EHS–Net developed a standardized protocol for identifying, reporting, and analyzing data relevant to foodborne illness outbreak environmental assessments.

While conducting environmental assessments during outbreak investigations is routine for food safety program officials, reporting information from the environmental assessments to CDC is not routine. Local, state, federal, territorial, and tribal food safety programs are the primary respondents for this data collection. One official from each participating program will report environmental assessment data on outbreaks. These programs are typically located in public health or agriculture agencies. In the U.S., there are approximately 3,000 such agencies. Currently, 63 state and local health departments are registered to report data on outbreaks to NEARS. Based on our experience over the past five years, we expect up to 10 additional local and state public health departments to register to report outbreak data to NEARS over the next three years.

It is not possible to determine exactly how many outbreaks will occur in the future, nor where they will occur. Based on past trends, it is likely that up to 300 foodborne illness outbreaks may be reported annually to NEARS from up to 63 entities for the duration of the next PRA clearance. Only programs in the jurisdictions in which these outbreaks occur would report to NEARS. Thus, not every program of the approximate 3,000 programs will respond every year. Assuming each outbreak occurs in a different jurisdiction, there will be one respondent per outbreak.

The activities associated with NEARS that require a burden estimate consist of training, observing, data recording, and data reporting events. The first activity

is the training for the food safety program personnel participating in NEARS. These staff will be encouraged to attend a Zoom/Microsoft Teams Meeting (i.e., webinar) training session conducted by CDC staff. Training burden is based on the maximum expected participation from the reporting entities which could be up to 10 additional local and state health departments. We estimate the burden of this training to be a maximum of two hours. Respondents will only be required to take this training one time. Assuming a maximum participation of up to 10 programs and about five staff being trained at each participating program, the total estimated burden associated with this training is 100 hours.

Food safety program personnel participating in NEARS will also be encouraged to complete CDC's Environmental Assessment Training Series (EATS). This eCourse provides training to staff on how to use a systems approach in foodborne illness outbreak environmental assessments. We estimate the burden of this training to be a maximum of 10 hours. Respondents will only have to take this training one time. Assuming a maximum participation of up to 10 programs and approximately five staff being trained at each program, the estimated burden associated with this training is 500 hours.

Data reporting activities for NEARS will be done once for each establishment involved in the outbreak. Information collection activities for NEARS consist of the following: NEARS data reporting and NEARS manager interview. For each outbreak, the respondent (one official from each participating program) will spend around 30 minutes recording environmental assessment data on pen and paper. Assuming a maximum of 300 outbreaks, the estimated annual burden is 150 hours for recording observations.

The manager interview will be conducted at each establishment associated with an outbreak and data is initially recorded using pen and paper. The respondents for this activity are the retail food managers of the outbreak establishments. Most outbreaks are associated with only one establishment; however, some are associated with multiple establishments. We estimate that a maximum of four manager interviews will be conducted per outbreak. Each interview and data reporting will take about 20 minutes. Assuming a maximum of 300 outbreaks, the estimated annual burden is 400 hours. Web-based data entry for both data recording and the manager

interview will be combined. Data entry into the NEARS system is expected to take approximately 40 minutes for the

combined activities, for a total of 200 burden hours. The total estimated annual burden requested for this

information collection is 1,350 hours. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Food safety program personnel	NEARS Food Safety Program Training.	50	1	2	100
	NEARS e-Learning (screenshots)	50	1	10	500
	NEARS Data Recording (paper form).	300	1	30/60	150
	NEARS Data reporting and manager's interview (web entry).	300	1	40/60	200
Retail food personnel	NEARS Manager Interview	1,200	1	20/60	400
Total	1,350

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; National and Tribal Evaluation of the 2nd Generation of the Health Profession Opportunity Grants (OMB #0970-0462)

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

ACTION: Request for public comment.

SUMMARY: The Health Profession Opportunity Grants (HPOG) Program provides healthcare occupational training for Temporary Assistance for Needy Families recipients and other individuals with low incomes. The Office of Management and Budget (OMB) has approved various data collection activities for the National and Tribal Evaluation of the 2nd Generation of HPOG (HPOG 2.0 National and Tribal Evaluation) under OMB #0970-0462. The Administration for Children and Families' (ACF) Office of Planning, Research, and Evaluation (OPRE) is now preparing to conduct the HPOG 2.0

Long-Term Follow-Up Study of HPOG 2.0 participants 5½ years after study enrollment, using a long-term survey (LTS) and administrative data. This notice provides a summary for public review and comment of the use and burden associated with the LTS instrument.

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

SUPPLEMENTARY INFORMATION:

Description: The HPOG 2.0 evaluation of non-tribal programs is assessing the implementation and impacts of HPOG in non-tribal HPOG programs and will include a cost-benefit analysis. Key participant outcomes of interest include (but are not limited to) educational progress, employment, and earnings.

The HPOG 2.0 Long-Term Follow-Up Study will use survey and administrative data to estimate longer-term (approximately 5½ years after random assignment) program impacts at the local and national level and to explore characteristics of local programs that are associated with more favorable outcomes. By extending data collection

to include an LTS, OPRE can address important unanswered questions for policymakers and practitioners. The HPOG 2.0 LTS specifically will provide insights into the long-term impacts of HPOG 2.0 for outcomes that are not captured in administrative records, such as details about educational experiences, characteristics of employment, self-employment, and earnings from jobs not covered in administrative data, receipt of public assistance, physical and mental well-being, and child outcomes. There are two versions of the HPOG 2.0 LTS, the full version (Instrument 21) and a shorter version with critical items of interest only (Instrument 21a). Instrument 21a will be offered to reluctant participants who would otherwise not complete the survey to help maximize response rates and reduce item non-response for the most critical outcomes in the study.

Respondents: HPOG impact study participants from the 27 non-tribal HPOG 2.0 grantees (treatment and control group members) who enrolled between September 2017 and January 2018.

Annual Burden Estimates: This request is specific to the HPOG 2.0 Long-Term Follow-Up Survey (LTS) (both the full and critical items only versions). Currently approved materials and associated burden, which we plan to continue to use can be found at: https://www.reginfo.gov/public/do/PRAICList?ref_nbr=201904-0970-006.

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Avg. burden per response (in hours)	Total burden (in hours)	Annual burden (in hours)
Instrument 21a: HPOG 2.0 Long-Term Survey	3,064	1	1	3,064	1,021