Average Annual Annual Annual burden number of annual Instrument number of responses per burden hours hours respondents respondent per response 2.900 481 0.166 Submit proof of coverage Parental Consent, Annual Notice, and Recordkeeping of PII Disclosure 723,000 0.33 238,590 1 Applications for the purchase, construction, or renovation of facilities; record retention and submission of documents on facilities 250 40 10,000 Waiver request 200 200 1 1 Up-to-date child rosters and lists of adults each child is authorized to be released to are maintained. 2,900 1 2 5.800 Agencies required to compete will have to complete an application for each grant competed 75 1 60 4,500 Each Head Start or Early Head Start agency wishing to be renewed for 5 0.25 100 years without competition shall request that status from ACF 400 1 Updating program and personnel policies and procedures that promote im-

ANNUAL BURDEN ESTIMATES—Continued

Estimated Total Annual Burden Hours: 2,526,034.

Authority: Section 641A of the Head Start Act, 42 U.S.C. 9836A.

plementation of Head Start standards in the program

Mary C. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2024-19051 Filed 8-23-24; 8:45 am]

BILLING CODE 4184-40-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Pretesting Administration for Children and Families Data Collection Activities (Office of Management and Budget #: 0970–0355)

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

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) proposes revisions to the existing overarching generic clearance for Pre-testing of ACF Data Collection Activities (Previously titled Pre-testing of Evaluation Data Collection Activities; Office of Management and Budget (OMB) #0970-0355). Revisions are proposed to broaden the scope of the generic to include pretesting of data elements used on information collections that are not specifically for research and evaluation. This includes updates to the title of the request, overarching description, and burden estimates. We are also requesting an extension for currently approved information collections under this generic.

DATES: Comments due September 25, 2024. OMB must make a decision about

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.

2.900

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting "Currently under 30-day Review—Open for Public Comments" or by using the search function. You can also obtain copies of the proposed collection of information by emailing OPREinfocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: ACF intends to request approval from OMB for an extension with revisions for a generic clearance to pre-test data collections with more than nine participants to identify and resolve any questions or problems that may arise, and to assess potential data quality, prior to full-scale administration.

This generic is available for use by ACF program offices but is most often used by the ACF Office of Planning, Research, and Evaluation (OPRE). OPRE studies ACF programs and the populations they serve, through rigorous research and evaluation projects. These include evaluations of existing programs, evaluations of innovative approaches to helping low-income children and families, research syntheses, and descriptive and exploratory studies.

ACF program offices could benefit from use of this pretesting generic for similar purposes outlined above, as well as to inform the development of data collection activities such as grant recipient forms, forms used by programs on ACF's behalf, and other data collection efforts driven by ACF. This could be used to inform a variety of data collection efforts in ACF to allow for consistent data requests across program offices that are high quality and appropriate to respondents who represent ACF program populations. For example, ACF envisions using this mechanism to pre-test sexual orientation and gender identity questions with youth. This is an area with minimal research and would benefit ACF program offices that serve youth. Program offices are also considering use of this generic for efforts to support language access for data collections, which a priority as detailed in Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency."

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26.100

To improve the development of its data collection activities, ACF will use the pre-testing generic clearance to employ a variety of techniques including cognitive and usability laboratory and field techniques, behavior coding, exploratory interviews, respondent debriefing questionnaires, split sample experiments, focus groups, and pilot studies/pre-tests. These activities allow ACF to identify if and when a data collection may be simplified for respondents, respondent burden may be reduced, data elements could be improved, and other possible improvements.

Following standard OMB requirements, ACF will submit directly to OMB, a request specific to each individual proposed data collection activity under this generic clearance. Each request will include the individual instrument(s), a justification specific to the individual information collection,

and any supplementary documents. ACF requests OMB review within 10 days of receiving an individual request.

Results of these methodological studies may be made public through methodological appendices or footnotes, reports on instrument development, instrument user guides, descriptions of respondent behavior, and other publications or presentations describing findings of methodological interest. The results of these pre-testing activities may be prepared for presentation at

professional meetings or publication in professional journals. When necessary, results will be labeled as exploratory in nature and any limitations will be described.

Respondents: Participants in ACF programs being evaluated; participants in ACF demonstrations; recipients of ACF grants and individuals served by ACF grant recipients; comparison group members; and other relevant populations, such as individuals at risk of needing ACF services.

Annual Burden Estimates

Burden estimates have been updated to reflect the broadened scope from primarily used by OPRE for research and evaluation to include ACF program office pretesting of data elements used on information collections that are not specifically for research and evaluation. Estimates have been informed by program office input and are consistent with estimates for other ACF-wide umbrella generics (for example, OMB #s 0970–0531 and 0970–0630).

Instrument or activity type	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)
Interviews/Focus Groups/Cognitive Testing/Debriefings Questionnaires/Surveys Iterative Testing Usability Tests	10,000 6,500 1,500 5,000	1.5 1.5 5 5	1.5 .5 .75 .25	22,500 4,875 5,625 6,250
Totals	23,000			39,250

This request will also include a request to extend approval for the following currently approved information collections. For more information, see *https://*

www.reginfo.gov/public/do/ PRAICList?ref nbr=202403-0970-019.

Title of approved collection	Number of respondents (total over request period)	Total burden (in hours)
Measuring Self- and Co-Regulation in Sexual Risk Avoidance Education Programs Phase 1	450	153
Measure of Reflective Supervision for Home Visiting	785 700	809.6 220
Totals	1,935	1,182.6

Authority: Social Security Act, Sec. 1110 [42 U.S.C. 1310].

Mary C. Jones,

 $ACF/OPRE\ Certifying\ Officer.$

[FR Doc. 2024-19084 Filed 8-23-24; 8:45 am]

BILLING CODE 4184-88-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Announcing the Intent To Award a Single-Source Supplement for the Eldercare Locator

AGENCY: Administration Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) announces its intent to award a single-source supplement to the current cooperative agreement held by USAging for the

Eldercare Locator. The purpose of this funding is to continue operation of the Disability Information and Access Line (DIAL). Originally funded in FY 2021 to connect people with disabilities to information about COVID–19 and assistance with accessing the COVID–19 vaccine, DIAL has become a critical resource for people with disabilities to get information and connect to state and local organization able to provide assistance serving over 100,000 since launching in June, 2021.

FOR FURTHER INFORMATION CONTACT: For

further information or comments regarding this program supplement, contact Erica McFadden, U.S.
Department of Health and Human Services, Administration for Community Living, Office of Independent Living Programs, email erica.mcfadden@acl.hhs.gov or phone (202) 795–7446; or Bernice Hutchinson, U.S. Department of Health and Human Services, Administration for

Community Living, Administration on Aging, phone (202) 795–7313, email *Bernice.hutchinson@acl.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Program Name: The Eldercare Locator.

Recipient: USAging.

Period of Performance: Supplemental funds will be added to the current project year's Notice of Award (NOA) to operate DIAL from October 1, 2024 through September 30, 2025.

Total Award Amount: \$1 million in FY 2024.

Award Type: Cooperative Agreement Supplement.

Statutory Authority: This program is authorized under 42 U.S.C. 15081 and 29 U.S.C. 796.

Basis for Award: USAging is currently funded to carry out the objectives of this program, entitled The Eldercare Locator. Older adults and their caregivers and people with disabilities face a complicated array of decisions regarding home and community-based services.