ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND PURPOSES OF SUCH USES:

General routine uses A, B, C, D, F, G, I, and J apply to this system. These general routine uses are located at *https://www.federalreserve.gov/files/SORN-page-general-routine-uses-of-board-systems-of-records.pdf* and are published in the **Federal Register** at 83 FR 43872 at 43873–74 (August 28, 2018). Records may also be used to disclose information to current or former Board employees and other individuals currently or formerly provided telephone services by the Board regarding their usage of the phones.

POLICIES AND PRACTICES FOR STORAGE OF RECORDS:

Paper records (wired phones only) in this system are stored in folders with access limited to staff with a need-to-know. Electronic records (wired and wireless) are stored on a secure server with access limited to staff with a need-to-know.

POLICIES AND PRACTICES FOR RETRIEVAL OF RECORDS:

Records can be retrieved by name, telephone number, extension, or number(s) dialed.

POLICIES AND PRACTICES FOR RETENTION AND DISPOSAL OF RECORDS:

Wired and wireless telephone use records and wireless telephone location records are retained for three years and wired telephone bills and wireless telephone bills are retained for six years. The retention for wireless telephone use records is under review.

ADMINISTRATIVE, TECHNICAL, AND PHYSICAL SAFEGUARDS:

Board records stored in paper copy are physically secured by lock and key. Board records scanned into the Board's electronic recordkeeping system are stored on secure servers. The recordkeeping system has the ability to track individual user actions within the system and access is restricted to authorized users within the Board who require access for official business purposes. In addition, users are classified into different roles and common access and usage rights are established for each role. User roles delineate between the different types of access requirements such that users are restricted to data that is required in the performance of their duties. Periodic assessments and reviews are conducted to determine whether users still require access, have the appropriate role, and whether there have been any unauthorized changes. These system controls assist in preventing and detecting security violations and performance or other issues in accordance with NIST and Board standards which, in turn, are based on applicable laws and regulations.

RECORD ACCESS PROCEDURES:

The Privacy Act allows individuals the right to access records maintained about them in a Board system of records. Your request for access must: (1) Contain a statement that the request is made pursuant to the Privacy Act of 1974; (2) provide either the name of the Board system of records expected to contain the record requested or a concise description of the system of records; (3) provide the information necessary to verify your identity; and (4) provide any other information that may assist in the rapid identification of the record you seek.

Current or former Board employees may make a request for access by contacting the Board office that maintains the record. The Board handles all Privacy Act requests as both a Privacy Act request and as a Freedom of Information Act request. The Board does not charge fees to a requestor seeking to access or amend his/her Privacy Act records.

You may submit your Privacy Act request to the—Secretary of the Board, Board of Governors of the Federal Reserve System, 20th Street and Constitution Avenue NW, Washington, DC 20551.

You may also submit your Privacy Act request electronically through the Board's FOIA ''Electronic Request Form'' located here: *https://www.federalreserve.gov/secure/forms/efoiaform.aspx.*

CONTESTING RECORD PROCEDURES:

The Privacy Act allows individuals to seek amendment of information that is erroneous, irrelevant, untimely, or incomplete and is maintained in a system of records that pertains to them. To request an amendment to your record, you should clearly mark the request as a ''Privacy Act Amendment Request.'' You have the burden of proof for demonstrating the appropriateness of the requested amendment and you must provide relevant and convincing evidence in support of your request.

Your request for amendment must: (1) Provide the name of the specific Board system of records containing the record you seek to amend; (2) identify the specific portion of the record you seek to amend; (3) describe the nature of and reasons for each requested amendment; (4) explain why you believe the record is not accurate, relevant, timely, or complete; and (5) unless you have already done so in a related Privacy Act request for access or amendment, provide the necessary information to verify your identity.

NOTIFICATION PROCEDURES:

Same as ''Access procedures'' above. You may also follow this procedure in order to request an accounting of previous disclosures of records pertaining to you as provided for by 5 U.S.C. 552a(c).

EXEMPTIONS PROMULGATED FOR THE SYSTEM:

None.

HISTORY:

This SORN was previously published in the **Federal Register** at 73 FR 24984 at 24987 (May 6, 2008). The SORN was also amended to incorporate two new routine uses required by OMB at 83 FR 43872 (August 28, 2018).

Board of Governors of the Federal Reserve System.

Ann Misback,

Secretary of the Board.

[FR Doc. 2020–26430 Filed 11–30–20; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–21–1078]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled Public Health Associate Program (PHAP) Alumni and Host Site Assessment to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on 07/28/2020 to obtain comments from the public and affected agencies. CDC is not aware of any comments submitted on the prior notice, however CDC had two ICRs reference the same Docket Number. If comments were previously submitted to the original 60d FRN (CDC–2020–0081), the comment period has been extended for an additional 60 days. Please submit any comments using the new Docket Number (CDC–2020–0082). This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) 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;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) 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 submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570. 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. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Public Health Associate Program (PHAP) Alumni and Host Site Assessment (OMB Control No. 0920–1078, Exp. 03/31/2021)—Extension—Center for State, Tribal, Local, and Territorial Support (CSTLTS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) works to protect America from health, safety and security threats, both foreign and in the U.S. CDC strives to fulfill this mission, in part, through a competent and capable public health workforce. One mechanism to developing the public health workforce is through training programs like the Public Health Associate Program (PHAP).

The mission of the Public Health Associate Program (PHAP) is to train and provide experiential learning to early career professionals who contribute to the public health workforce. PHAP targets recent graduates with bachelor's or master's degrees who are beginning a career in public health. Each year, a new cohort of up to 200 associates is enrolled in the program. Associates are CDC employees who complete two-year assignments in a host site (*i.e.,* a state, tribal, local, or territorial health department or non-profit organization). Host sites design their associates' assignments to meet their agency's unique needs while also providing on-the-job experience that prepare associates for future careers in public health. At host sites, associates are mentored by members of the public health workforce (referred to as ''host site supervisors''). It is the goal of PHAP that following participation in the two-year program, alumni will seek employment within the public health system (*i.e.,* federal, state, tribal, local, or territorial health agencies, or non-governmental organizations), focusing on public health, population health, or health care.

Efforts to systematically evaluate PHAP began in 2014 and continue to date. Evaluation priorities focus on continuously learning about program processes and activities to improve the program's quality and documenting program outcomes to demonstrate impact and inform decision making about future program direction.

The purpose of this ICR is to collect information from two key stakeholder groups (host site supervisors and alumni) via two distinct surveys. The information collected will enable CDC to; (a) learn about program processes and activities to improve the program's quality, and (b) document program outcomes to demonstrate impact and inform decision making about future program direction. The results of these surveys may be published in peer reviewed journals and/or in non-scientific publications such as practice reports and/or fact sheets.

The respondent universe is comprised of PHAP host site supervisors and PHAP alumni. Both surveys will be administered electronically; a link to the survey websites will be provided in the email invitation. The PHAP Host Site Supervisor survey will be deployed once every two years to all active PHAP host site supervisors. The total estimated burden is 20 minutes per respondent per survey.

The PHAP Alumni Survey will be administered at three different time points (one year post-graduation, three years post-graduation, and five years post-graduation) to PHAP alumni. Assessment questions will remain consistent at each administration (*i.e.,* one year, three years, or five years post-PHAP graduation). The language, however, will be updated for each survey administration to reflect the appropriate time period. The total estimated burden is 8 minutes per respondent per survey. The total annualized estimated burden is 213 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response
PHAP Host Site Supervisors	PHAP Host Site Supervisor Survey	400	1	20/60
PHAP Alumni	PHAP Alumni Survey	600	1	8/60

Jeffery M. Zirger,

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

[FR Doc. 2020–26397 Filed 11–30–20; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

[OMB #0985–0067]

Agency Information Collection Activities; Proposed Collection; Comment Request; Study on the Impact of COVID–19 on Adult Protective Service (APS) Programs

AGENCY: Administration for Community Living, HHS.

ACTION: Notice

SUMMARY: The Administration for Community Living (ACL) is announcing an opportunity for the public to comment on the proposed collection of information listed above. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish a notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice.

This notice solicits comments on the Proposed Extension with Revisions and solicits comments on the information collection requirements related to Study on the impact of COVID–19 on Adult Protective Service (APS) Programs.

DATES: Comments on the collection of information must be submitted electronically by 11:59 p.m. (EST) or postmarked by February 1, 2021.

ADDRESSES: Submit electronic comments on the collection of information to Stephanie Whittier Eliason *Stephanie.WhittierEliason@acl.hhs.gov.* Submit written comments on the collection of information to Administration for Community Living, Washington, DC 20201, Attention: Stephanie Whittier Eliason.

FOR FURTHER INFORMATION CONTACT: Stephanie Whittier Eliason, Administration for Community Living, Washington, DC 20201, Phone: (202) 795–7467, E: Mail *Stephanie.WhittierEliason@acl.hhs.gov.*

SUPPLEMENTARY INFORMATION: Under the 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. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, ACL is publishing a notice of the proposed collection of information set forth in this document.

With respect to the following collection of information, ACL invites comments on our burden estimates or any other aspect of this collection of information, including:

(1) Whether the proposed collection of information is necessary for the proper performance of ACL's functions, including whether the information will have practical utility;

(2) the accuracy of ACL's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used to determine burden estimates; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and

(4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology.

This data collection is an extension of ACL's investigation on the impact of COVID–19 on APS programs across the country. The COVID–19 pandemic is causing changes in APS policy and practice in several areas, including, but not limited to, a reduction of in-person interactions with clients, perpetrators, and collaterals. As ACL collects information on the impact of APS during the COVID–19 pandemic, the opioid overdose death rates are rising at the same time.[1] The opioid epidemic affects older adults through opioid misuse and is associated with increases in elder abuse including physical abuse, threatening behavior; emotional abuse; and financial exploitation.[2] [3]

The revisions to this study includes structured individual and group interviews with state administrators and local field staff to discuss opioid cases pre- and during the COVID–19 pandemic. The study will reveal the characteristics of opioid cases in older adults and how APS staff are responding to these cases. In addition, it will compare how these cases are handled pre- and during the COVID–19 pandemic by APS. The findings of the study will assist ACL in addressing the challenges of opioid cases under normal and emergency conditions. In particular, it will help to prioritize any policies and procedures during and after the COVID–19 pandemic to improve APS responses to these cases.

The proposed data collection tools may be found on the ACL website for review at *https://www.acl.gov/about-acl/public-input.*

Estimated Program Burden

ACL estimates the burden associated with this collection of information as follows:

Respondent/data collection activity	Number of respondents	Responses per respondent	Hours per response	Annual burden hours
State Administrator Interviews	12	1	.75	9
Local Field Staff Group Interviews	60	1	.75	45
Total:				54

[1] Haley DF, Saitz R. The Opioid Epidemic During the COVID–19 Pandemic. *JAMA*. Published online September 18, 2020. doi:10.1001/jama.2020.18543.

[2] Blog Post (March 4, 2019): *https://eldermistreatment.usc.edu/opioids-and-elder-abuse-a-disquieting-connection/.*

[3] Washington Post Article (June 17, 2019): *https://www.washingtonpost.com/business/2019/06/17/how-opioid-crisis-is-leading-elder-financial-abuse/?utm_term=.594b4dd84d9d.*