

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to participate in the database. An estimated 50 POCs, each representing an average of 1 individual nursing home each, will complete the database submission steps and forms. Each POC will submit the following:

1. Eligibility and registration form (completion is estimated to take about 3 minutes).
2. Data Use Agreement (completion is estimated to take about 3 minutes).
3. Nursing Home Site Information Form (completion is estimated to take about 5 minutes).

4. Survey data submission will take an average of one hour.

The total annual burden hours are estimated to be 61 hours.

Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to submit their data. The cost burden is estimated to be \$3,853 annually.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents/ POCs	Number of responses per POC	Hours per response	Total burden hours
1. Eligibility/Registration Form	50	1	3/60	3
2. Data Use Agreement	50	1	3/60	3
3. Nursing Home Site Information Form	50	1	5/60	5
4. Data Files Submission	50	1	1	50
Total	NA	NA	NA	61

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Total burden hours	Average hourly wage rate *	Total cost burden
1. Eligibility/Registration Forms	3	\$64.64	\$194
2. Data Use Agreement	3	64.64	194
3. Nursing Home Site Information Form	5	64.64	233
4. Data Files Submission	50	64.64	3,232
Total	61	NA	3,853

* Mean hourly wage rate of \$64.64 for Medical and Health Services Managers (SOC code 11–9111) was obtained from the May 2023 National Industry-Specific Occupational Employment and Wage Estimates, NAICS 623000—Nursing and Residential Care Facilities located at https://www.bls.gov/oes/current/naics3_623000.htm.

Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, comments on AHRQ's information collection are requested with regard to any of the following: (a) whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All

comments will become a matter of public record.

Mamatha Pancholi,

Deputy Director.

[FR Doc. 2024–17737 Filed 8–8–24; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[30Day–24–24BJ]

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 “CDC–RFA–DP–23–0002 Healthy Schools Program Evaluation” 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 December

11, 2023 to obtain comments from the public and affected agencies. CDC received three comments related to the previous notice. 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

CDC-RFA-DP-23-0002 Healthy Schools Program Evaluation—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The proposed project aims to evaluate processes and outcomes of the programs of 20 state entities funded by CDC’s Division of Adolescent and School Health to improve health, academic achievement, and well-being of students in K–12 schools nationwide. CDC awarded funds through cooperative agreement DP23-0002 (2302 Program) to 20 funding recipients (states, universities, and a tribal nation) to improve health, academic achievement, and well-being of students in K–12 schools. A portion of the funding within each state is allocated to one priority local education agency (LEA) and its corresponding schools to support the implementation of policies, practices, and programs to increase physical activity, healthy dietary behaviors, and management of chronic health conditions among students. CDC is conducting a mixed-methods multi-level evaluation of the 2302 Program and associated outcomes. Evaluation findings will allow CDC to help recipients improve their programs as they progress over the five-year funding period. A CDC evaluation contractor will collect information from relevant funded recipients, priority LEAs, schools, and students. Program monitoring information will be

collected from recipients via a monthly reporting tool. Descriptions of the implementation of the program’s two strategies and nine activities will be collected in years two and four via semi-structured, virtual key informant interviews with program leaders among funded recipients and priority LEA school health personnel to understand successes, barriers, and lessons learned. Additionally, two electronic questionnaires will be administered annually, starting in year two of the program. One of the questionnaires is for school-level leaders in participating schools in the 20 priority LEAs focusing on implementation of healthy school policies, practices, and programs. The other questionnaire is for students in elementary, middle, and high schools (Grades 4–12) in the priority LEA’s schools focusing on physical activity, dietary behaviors, management of chronic health conditions, and wellbeing and academic attainment. The evaluation results will help recipients improve their programs and aid CDC in understanding and communicating the impact of its funding.

CDC requests OMB approval for an estimated 6,900 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)
Recipient personnel	Recipient Monthly Reporting 2024, 2025, 2026.	20	12	30/60
Recipient personnel	Interviews in 2025, 2027	40	1	60/60
Priority LEA personnel	Interviews in 2025, 2027	40	1	60/60
School personnel	Healthy Schools Questionnaire in 2025, 2026, 2027.	250	1	30/60
Students	Healthy Students Questionnaire in 2025, 2026, 2027.	13,150	1	30/60

Jeffrey M. Zirger,
Lead, Information Collection Review Office,
Office of Public Health Ethics and
Regulations, Office of Science, Centers for
Disease Control and Prevention.
[FR Doc. 2024-17762 Filed 8-8-24; 8:45 am]
BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
[30Day-24-1322]
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 “Capacity Building Assistance Program Data Management, Monitoring, and Evaluation” 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 February 5, 2024, to obtain comments from the public and affected agencies. CDC received no public comments related to the previous notice. 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