

Place: Video-Assisted Meeting.
Agenda: To review and evaluate grant applications.

For Further Information Contact:
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Extramural Programs, National Institute
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The Director, Strategic Business
Initiatives Unit, Office of the Chief
Operating Officer, Centers for Disease
Control and Prevention, has been
delegated the authority to sign **Federal
Register** notices pertaining to
announcements of meetings and other
committee management activities, for
both the Centers for Disease Control and
Prevention and the Agency for Toxic
Substances and Disease Registry.

Kalwant Smagh,
*Director, Strategic Business Initiatives Unit,
Office of the Chief Operating Officer, Centers
for Disease Control and Prevention.*
[FR Doc. 2022–19570 Filed 9–9–22; 8:45 am]
BILLING CODE 4163–18–P

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

**Centers for Disease Control and
Prevention**

[30Day–22–22CR]

**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 “Homeless
Service Providers’ Knowledge,
Attitudes, and Practices Regarding Body
Lice, Fleas and Associated Diseases” 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 22, 2022 to obtain
comments from the public and affected
agencies. CDC did not receive 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](http://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

Homeless service providers
knowledge, attitudes, and practices
regarding body lice, fleas and associated
diseases—New—National Center for

Emerging and Zoonotic Infectious
Diseases (NCEZID), Centers for Disease
Control and Prevention (CDC).

Background and Brief Description

Several bacterial vector-borne
diseases that are spread by body lice
and fleas disproportionately affect
persons experiencing homelessness
(PEH). Given the potential severity of
louse- and flea-borne diseases, as well
as their disproportionate impact on
PEH, understanding the knowledge, and
gaps in knowledge, of urban homeless
service providers will allow for targeted
education and interventions to reduce
the risk of louse- and flea-borne disease
among this population.

This information collection aims to
improve CDC’s understanding of
homeless service providers knowledge,
attitudes, and practices regarding
vector-borne diseases that can affect
PEH. Insights gained from this
information collection will be used to
develop guidance for control of vector-
borne diseases among PEH, and to
improve educational outreach regarding
these diseases.

Homeless service providers who work
or volunteer in shelters serving PEH and
homeless service providers who work
on outreach teams serving unhoused
persons living on the street or in
encampments will serve as respondents
for this study. Participating local or state
public health partners will recruit up to
10 homeless service sites or outreach
organizations. At each participating
service site or outreach organization, 3–
5 participants will be recruited to
participate, with a goal of 30–50
participants recruited by each local or
state public health partner. A total of
240–500 participants will complete a
survey instrument. In addition, one
participant from each homeless service
site or outreach organization will
complete a separate site assessment
form regarding policies and services to
better understand structural barriers to
vector-borne disease prevention,
diagnosis, and treatment.

CDC requests OMB approval for an
estimated 320 annual burden hours.
There is no cost 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 (in hours)	Average burden per response (in hours)
Homeless Service Providers—Shelter workers and volunteers.	Knowledge, Attitudes, and Practices about Body Lice- and Flea-borne Diseases: Survey for Shelter Workers.	200	1	45/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent (in hours)	Average burden per response (in hours)
Homeless Service Providers—Street Outreach Team.	Knowledge, Attitudes, and Practices about Body Lice- and Flea-borne Diseases: Survey for Street/ Outreach Workers.	200	1	45/60
Supervisor—Shelter	Site Assessment Form for Homeless Service Sites	40	1	15/60
Supervisor—Street Outreach Teams ...	Site Assessment Form for Street/Outreach Workers	40	1	15/60

Jeffrey M. Zirger,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Culture of Continuous Learning Project: Case Study of a Breakthrough Series Collaborative for Improving Child Care and Head Start Quality (New Collection)

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

ACTION: Request for public comments.

SUMMARY: The Office of Planning, Research, and Evaluation (OPRE), Administration for Child and Families (ACF) is proposing an information collection activity for the Culture of Continuous Learning Project (CCL). The goal of the project is to assess the feasibility of implementing continuous quality improvement methods in early care and education (ECE) programs and systems to support the use and sustainability of evidence-based practices.

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 CCL project is proposing a new information collection activity to assess the feasibility of implementing continuous quality improvement methods in ECE programs and systems to support the use and sustainability of evidence-based practices. Three Breakthrough Series Collaboratives (BSCs), a specific quality improvement model designed to support the implementation of continuous quality improvement methods in organizations, will be implemented in Head Start and child care settings. The BSC methodology has been studied extensively in health care and other fields but has limited evidence as an effective quality improvement methodology in the early childhood field. The findings will be of broad interest to ECE programs as well as training and technical assistance providers and researchers, all of whom are interested in improving the quality of services young children receive.

Head Start and child care programs that voluntarily participate in the BSCs will be asked to complete a number of tools designed to facilitate implementation of the BSC. The implementation of the BSCs will be evaluated using a case study design that will involve focus groups, interviews, surveys, and classroom observations. To fully capture participants' experiences in the BSCs, the implementation and

evaluation instruments are designed to engage respondents one to three times during a twelve-month period, depending on the instrument. The goal of the case study is to document the factors that contribute to the feasibility of BSC implementation within a state quality improvement system (*e.g.*, a state quality rating and improvement system) and/or a regional professional development or technical assistance system (*e.g.*, a region within a state, or a cross-state region such as Head Start regional technical assistance areas) such that we can refine hypotheses and study measures which will be useful in the design of an evaluation for a future study of BSCs in ECE systems. The case study will also help determine what additional capacity ECE systems may need to adopt the BSC methodology and offer it within their system at a larger scale.

Respondents: Up to 45 ECE programs will be invited to complete an application to participate in a BSC and up to five people per program will be involved in completing the application. Up to eight programs will be selected to participate in one of three BSCs, for a total of up to 24 programs. Within each program, up to seven individuals (*e.g.*, directors, lead teachers, assistant teachers, teacher aides, parents, curriculum specialists, etc.) will participate in the implementation of the BSC, meaning that up to 168 individuals will participate. Respondents will also include additional teachers (up to 114), program staff (up to 96), and parents (up to 2,136) located at participating Head Start and child care programs where a BSC is implemented but who are not members of the BSC Team.