

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

For Further Information Contact:
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 Extramural Programs, National Institute
 for Occupational Safety and Health,
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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.*

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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.