Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Associate Secretary of the Board.

[FR Doc. 2026–00751 Filed 1–14–26; 8:45 am]

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GENERAL SERVICES ADMINISTRATION

[OMB Control No. 3090–0330; Docket No. 2025–0001; Sequence No. 19]

Submission for OMB Review; Federal Audit Clearinghouse (FAC)

AGENCY: Technology Transformation Services (TTS), General Services Administration (GSA).

ACTION: Notice; request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act (PRA), the GSA is proposing a revision to an existing information collection request (ICR) for the Data Collection Form (SF–SAC) and associated FAC webform. The revisions add an optional resubmission pathway, optional structured fields within audit findings (questioned costs, criteria, condition, cause, effect, recommendation, response), optional Yes/No indicators to report whether the auditor became aware of known or likely fraud affecting a federal award or significant instances of abuse, and a new Yes/No webform field for auditor disclosures of a summary schedule of prior audit findings, consistent with 2 CFR 200.516(b)(6). This revision does not change the total estimated burden hours because the additions rely on information already required in audit reports.

DATES: Submit comments on or before February 17, 2026.

ADDRESSES: Written comments and recommendations for this 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 Review—Open for Public Comments'' or by using the search function. Comments are invited on: (1) whether this collection is necessary; (2) the accuracy of the burden estimate; (3) ways to enhance quality, utility, and clarity; and (4) ways to minimize burden.

FOR FURTHER INFORMATION CONTACT: Lynn Houston, Technology and Transformation Services Division, Federal Acquisition Service, GSA, at 845–594–1761 or *lynn.houston@gsa.gov.*

SUPPLEMENTARY INFORMATION:

A. Purpose

The SF–SAC form is used to collect information required under the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR part 200, subpart F). Auditees that expend $1,000,000 or more ($750,000 or more prior to 10/1/2024) in Federal awards in a fiscal year must submit the SF–SAC along with their Single Audit reporting package to the FAC.

This proposed revision includes:

1. An optional resubmission pathway, with fields for resubmission type, reason, and report ID.
2. Optional structured fields within each audit finding to capture questioned costs (known and likely), criteria, condition, cause, effect, recommendation, and response. These elements are typically included in narrative text; this change allows, but does not require, auditors to enter them in separate fields for improved clarity and data usability.
3. Optional indicators within the audit finding section to report whether the auditor became aware of known fraud, likely fraud, or significant instances of abuse.
4. New Yes/No field in the FAC webform to capture whether a summary schedule of prior audit findings is included, consistent with 2 CFR 200.516(b)(6).

B. Annual Reporting Burden

Respondents: 90,000 (45,000 auditees and 45,000 auditors).

Responses per Respondent: 1.

Total Annual Responses: 90,000 (45,000 auditees and 45,000 auditors).

Hours per Response: 100 hours for each of the 450 large respondents and 21 hours for each of the 89,550 small respondents.

Total Burden Hours: 1,925,550.

C. Public Comments

A 60-day notice was published in the **Federal Register** at 90 FR 42011 on August 28, 2025. Two comments were received.

Comment: Commenters expressed concern that the proposed structured fields for audit findings (criteria, cause, effect, etc.) would introduce unnecessary burden and deviate from existing audit standards. They recommended relying on the narrative text or improving PDF extraction instead. They also opposed the inclusion of fields for known fraud, likely fraud, and abuse.

Response: GSA appreciates the thoughtful feedback. No new mandatory reporting requirements are being introduced. All structured fields and fraud/abuse indicators remain strictly optional and correspond to information already documented in the audit reporting package in narrative form. These fields provide an alternative, structured format to increase the practical utility of data already required under the Uniform Guidance and GAGAS, without expanding the scope of required audit procedures.

The optional structured fields for criteria, cause, effect, recommendation, and response support requests from Federal oversight entities for more consistent audit data to inform risk assessment and corrective action monitoring. Because auditors already provide this information in narrative format, the optional fields do not increase the amount of information respondents must prepare. Likewise, indicators for known fraud, likely fraud, and abuse simply reflect disclosures already documented in audit reports; retaining these optional fields supports analytic needs while avoiding any new reporting obligations.

GSA also considered the suggestion to rely solely on PDF extraction. Although GSA continues to explore improvements to PDF parsing, the variability in how audit reports are produced makes consistent automated extraction unreliable. Optional structured fields allow respondents to provide this existing information more clearly when feasible, thereby improving data quality and reducing manual review.

This approach preserves respondent flexibility while improving the usability of data for Federal oversight. The optional nature of all structured fields ensures that the burden estimates for this collection remain unchanged.

Patrick Dale,

Team Lead, Regulatory Secretariat Division, General Services Administration.

[FR Doc. 2026–00735 Filed 1–14–26; 8:45 am]

BILLING CODE 6820–AB–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-25–0743]

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 ''Assessment and Monitoring of Breastfeeding-Related

Maternity Care Practices in Intrapartum Care Facilities in the United States and Territories'' 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 June 16, 2025 to obtain comments from the public and affected agencies. CDC received five 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

Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intrapartum Care Facilities in the United States and Territories (OMB Control No. 0920–0743, Exp. 3/31/2025)—Reinstatement—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Substantial evidence demonstrates the social, economic, and health benefits of breastfeeding for both the mother and infant, as well as for society in general. Health professionals recommend exclusive breastfeeding for about the first six months and continued breastfeeding for at least 12 months; Healthy People 2030 establishes specific national breastfeeding goals related to breastfeeding exclusivity and duration. In addition to increasing overall rates, a public health priority in the U.S. is to reduce variation in breastfeeding rates across population subgroups. Although CDC surveillance data indicate that breastfeeding initiation rates in the United States are climbing, rates for duration and exclusivity continue to lag, and significant disparities in breastfeeding rates persist.

The health care system is one of the most important and effective settings to improve breastfeeding, and the birth hospital stay has a crucial influence on later breastfeeding outcomes. Every two years between 2007–2015, CDC conducted the national survey of Maternity Practices in Infant Nutrition and Care (mPINC survey) in hospitals and free-standing birth centers to better understand national breastfeeding-supportive maternity practices and changes in these practices over time. Breastfeeding supportive maternity care practices changed rapidly, and in 2018 CDC redesigned the survey items to reflect these practice changes. Every two years between 2018–2024, the revised survey was administered to hospitals that routinely provide maternity care. The survey asks hospital maternity staff to report information about patient education and support for breastfeeding provided to their patients throughout the maternity stay, as well as staff training and maternity care policies.

The 2026 and 2028 mPINC survey will closely match those previously administered. As an ongoing national census of hospitals in the United States and territories that provide maternity care, it does not employ sampling methods. CDC uses the American Hospital Association (AHA) Annual Survey of Hospitals to identify potential participating hospitals. Hospitals invited to participate in the survey include those that participated in previous iterations, those that received an invitation but did not participate in the previous iterations, and those that have become eligible since the most recent mPINC survey. CDC will screen all hospitals with one or more registered maternity beds to assess their eligibility, identify the appropriate point of contact, and obtain contact information for the person identified. The response rates for previous iterations of the mPINC survey range from 70%–83%. CDC will provide direct feedback to participating hospitals in a private, individualized, hospital-specific report of their results. CDC will use information from the mPINC surveys to identify, document, and publicly share aggregated information related to changes in practices and processes over time at the hospital, state, regional, and national levels. Researchers also use the data to better understand relationships between hospital characteristics, maternity-care practices, state level factors, and breastfeeding initiation and continuation rates.

Participation in the survey is voluntary, and participants submit responses through a secure Web-based system. There are no costs to respondents other than their time. CDC requests OMB approval of 777 annual burden hours for three years to conduct the 2026 and 2028 surveys.

Estimated Annualized Burden Hours

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Maternity Hospitals	Screening Part A	567	1	3/60
Maternity Hospitals	Screening Part B	1,771	1	2/60
Maternity Hospitals	mPINC Hospital Survey	1,380	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. 2026–00717 Filed 1–14–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Meeting of the Advisory Board on Radiation and Worker Health, National Institute for Occupational Safety and Health

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC) announces the following meeting of the Advisory Board on Radiation and Worker Health (ABRWH). This meeting is open to the public, but without a public comment period. The public is welcome to submit written comments in advance of the meeting, to the contact person below. The public is also welcome to listen to the meeting by joining the audio conference (information below). The audio conference line has 150 ports for callers.

DATES: The meeting will be held on February 19, 2026, from 11 a.m. to 1 p.m., EST.

Written comments must be received on or before February 12, 2026.

ADDRESSES: You may submit comments by mail to: Rashaun Roberts, Ph.D., Designated Federal Officer, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 1090 Tusculum Avenue, Mailstop C–24, Cincinnati, Ohio 45226. Email: *ocas@cdc.gov.*

Written comments received in advance of the meeting will be included in the official record of the meeting.

Meeting Information: Audio Conference Call via FTS Conferencing. The USA toll-free dial-in number is 1–866–659–0537; the passcode is 9933701.

FOR FURTHER INFORMATION CONTACT: Rashaun Roberts, Ph.D., Designated Federal Officer, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 1090 Tusculum Avenue, Mailstop C–24, Cincinnati, Ohio 45226, Telephone: (513) 533–6800, Email: *ocas@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Background: The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines, which have been promulgated by the Department of Health and Human Services (HHS) as a final rule; advice on methods of dose reconstruction, which have also been promulgated by HHS as a final rule; advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program; and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC). In December 2000, the President delegated responsibility for funding, staffing, and operating the Advisory Board to HHS, which subsequently delegated this authority to the CDC. NIOSH implements this responsibility for CDC.

The charter was issued on August 3, 2001, renewed at appropriate intervals, and rechartered under Executive Order 14109 (September 29, 2023) on March 22, 2024. Unless continued by the President, the Advisory Board will terminate on September 30, 2027, consistent with Executive Order 14354 of September 29, 2025.

Purpose: The Advisory Board is charged with (a) providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advising the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class.

Matters to be Considered: The agenda will include discussions on the following: Program updates; workgroup and subcommittee reports; update on the status of SEC petitions; and planning for an April 2026 Advisory Board meeting. Agenda items are subject to change as priorities dictate. For additional information, please contact Toll Free 1–800–232–4636.

The Director, Office of Strategic Business Initiatives, 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, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2026–00729 Filed 1–14–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–26–1335; Docket No. CDC–2025–1047]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other federal agencies the opportunity to comment on a continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Maritime Activity Illness and Death Reporting. This data collection is designed to ensure that CDC is able to prevent the introduction, transmission or spread of communicable diseases from foreign countries into the United States and includes requirements for reporting illnesses and deaths among maritime travelers to CDC.

DATES: CDC must receive written comments on or before March 16, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2025–1047 by either of the following methods:

- *Federal eRulemaking Portal: www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329.