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**

Advancing Violence Epidemiology in Real-Time (AVERT) (OMB Control No. 0920–1414, Exp. 9/30/2026)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

This Information Collection Request (ICR) for Advancing Violence Epidemiology in Real-Time (AVERT) is submitted as a renewal of previously approved information collection. This request is for continued approval to collect information for AVERT using the existing data collection approach, case definitions, and National Syndromic Surveillance Program (NSSP) infrastructure. The length of data collection requested for OMB approval is three years. AVERT supports data collection efforts that expand and enhance partnerships with public health departments initiated to share emergency department (ED) visit data with CDC. The AVERT program provides funding to 12 jurisdictions to conduct routine monitoring of ED visits related to violence-related injuries and mental health conditions, and to analyze these data in a timely manner and share these data with CDC to support public health surveillance and response. AVERT also ensures that participating jurisdictions use their data to track these violent injury outcomes by providing jurisdictions standardized definitions, which can facilitate rapid identification and tracking of violence and mental health related ED visits.

AVERT leverages existing ED data collection efforts deployed across state health departments through CDC's National ED Syndromic Surveillance program. The Office of Public Health Data, Surveillance, and Technology (OPHDST) in CDC operates the National Syndromic Surveillance Program (NSSP) BioSense Platform (OMB Control No. 0920–0824) through which state and local health departments share preliminary ED visit data from approximately 85% of ED facilities in the U.S. (>7,500 participating EDs). AVERT will continue to establish and maintain local and state information collection of violence-related injuries and mental health conditions and provide public health partners and the public with more timely and useful violence surveillance data than is currently available. All 10 of these jurisdictions provide CDC access to their syndromic surveillance data from EDs in CDC's NSSP system. Health departments have used this data to populate state data dashboards and develop alerts for local communities. In addition, health departments have used this data in concert with other violence data sources, including the National Violent Death Reporting System, to gain a better overall picture of violence-related injuries in their communities.

Health departments sharing syndromic surveillance data with CDC will be required to complete the *ED Violence Data Form* on a bimonthly basis using data from existing state and local ED data collection efforts, described previously. In Year 1, the AVERT program received additional funding to support a total of 12 jurisdictions (instead of 10); accordingly, the Burden Table has been updated to reflect this change. Additionally, through collaboration with NSSP, the AVERT program has developed advanced scripts and standardized data reports. As a result, participating jurisdictions will receive these reports directly and will no longer need to develop their own. This has reduced estimated burden hours.

CDC is requesting continued OMB approval to collect information for AVERT using the existing data collection approach, case definitions, and NSSP infrastructure. The total estimated annual burden is 18 hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondent | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|---|---|---|---|---|
| Participating health departments sharing case-level ED data with CDC through the NSSP BioSense. | ED form (*ED violence data form*) ..... | 12 | 6 | 15/60 |

**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. 2026–17623 Filed 8–27–26; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[60Day–26–0215; Docket No. CDC–2026–1453]**

### 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 the National Death Index (NDI). The NDI allows NCHS to collect mortality data to

support epidemiological research and to furnish mortality information to approved public health and medical investigators.

**DATES:** CDC must receive written comments on or before October 27, 2026.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2026–1453 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.

*Instructions:* All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *www.regulations.gov*.

Please note: Submit all comments through the Federal eRulemaking portal (*www.regulations.gov*) or by U.S. mail to the address listed above.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329; Telephone: 404–639–7570; Email: *omb@cdc.gov*.

**SUPPLEMENTARY INFORMATION:** Under the Paperwork Reduction Act of 1995 (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. In addition, the PRA also requires federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. 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;

2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

3. Enhance the quality, utility, and clarity of the information to be collected;

4. 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 submissions of responses; and

5. Assess information collection costs.

**Proposed Project**

Application Form and Related Forms for the Operation of the National Death Index (NDI) (OMB Control No. 0920–0215)—Reinstatement—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Section 306 of the Public Health Service (PHS) Act (42 U.S.C.), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States. The National Death Index (NDI) is a database containing identifying death record information submitted annually to NCHS by all the jurisdiction (states and territories) vital statistics offices, beginning with deaths in 1979. Searches against the NDI file provide the jurisdictions and dates of death, and the death certificate numbers of deceased study subjects.

Using the NDI Plus service, researchers have the option of also receiving cause of death information for deceased subjects, thus reducing the need to request copies of death certificates from the jurisdictions. The NDI Plus option currently provides the International Classification of Disease (ICD) codes for the underlying and multiple causes of death. Health researchers must complete administrative forms in order to apply for NDI services and submit records of study subjects for computer matching against the NDI file. A three-year approval is requested to continue the use of the two administrative forms (the application form and transmittal form) utilized in the operation of the NDI program, along with worksheets used to calculate related fees, the NDI Data Use Agreement, the Supplemental NDI Data Use Agreement (only needed by some NDI Users), and the Data Destruction Form. These forms are submitted by NDI users when applying for use of the NDI, when actually using the service and when completing the service. In addition, this request includes the electronic versions that replace paper documents, one of which will include a minor reduction in the number of data collection items.

The total estimated annual burden hours requested by CDC are 1,374. This represents an increase of 308 hours from 1,066, due primarily to the increase in applications, and transmittal forms. There is no cost to respondents other than their time.

ESTIMATES OF ANNUALIZED BURDEN HOURS

| Type of respondent | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total burden hours |
|---|---|---|---|---|---|
| Researcher | Application Form—electronic | 282 | 1 | 2.5 | 705 |
| Researcher | Transmittal Form—Paper/Electronic | 400 | 3 | 18/60 | 360 |
| Researcher | Early Transmittal Form—Paper/Electronic | 100 | 3 | 18/60 | 90 |
| Researcher | Fee Worksheet | 450 | 1 | 15/60 | 113 |
| Researcher | Early Release Fee Worksheet | 100 | 1 | 5/60 | 8 |
| Researcher | Data Destruction Form | 282 | 1 | 2/60 | 9 |
| Researcher | NDI Data Use Agreement | 282 | 1 | 5/60 | 24 |
| Researcher | Supplemental NDI Data Use Agreement | 130 | 1 | 30/60 | 65 |
| Total | | | | | 1,374 |

**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. 2026–17624 Filed 8–27–26; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

**[Office of Management and Budget #: 0970–0202]**

### Submission for Office of Management and Budget Review; National and State Survey of Child and Adolescent Well-Being (NSSCAW): Site Recruitment and Baseline Data Collection

**AGENCY:** Administration for Children and Families, U.S. Department of Health and Human Services.

**ACTION:** Request for public comments.

**SUMMARY:** The Administration for Children and Families (ACF), U.S. Department of Health and Human Services, intends to collect data on a new cohort of children and families for the National and State Survey of Child and Adolescent Well-Being (NSSCAW). Previous data collections have been approved by OMB under OMB #0970–0202. This request is for data collection with a new cohort.

**DATES:** *Comments due* September 28, 2026.

**ADDRESSES:** The public may view and comment on this information collection request at: *https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202608-0970-007*. You can also obtain copies of the proposed collection of information by emailing *infocollection@acf.hhs.gov*. Identify all emailed requests by the title of the information collection.

**SUPPLEMENTARY INFORMATION:**

*Description:* NSSCAW will provide state and national estimates on the well-being, experiences, and service needs and receipt of children and families involved with the child welfare system. Data are collected to provide states with information to support decision-making about practice and policy improvements intended to strengthen child and family well-being, prevent the need for foster care, and promote the recruitment and retention of safe and stable foster homes. NSSCAW instruments will collect firsthand information about child and family health and well-being, as well as family needs and contextual factors. Instruments will also collect information about the safety and stability of the child's home environment, including information about the motivators and challenges of foster and kin caregivers. This information request seeks approval to (1) recruit a purposively selected set of states and randomly selected set of county child welfare agencies within those states for participation in NSSCAW; (2) sample child cases from participating states and child welfare agencies; and (3) conduct interviews with sampled children and their caregivers, including foster and kin caregivers. Deidentified data will be archived for research use.

*Respondents:* Child welfare agency data systems staff will submit monthly sample files. Caregivers of children ages 0 to 17 and children ages 6 to 17 will complete an in-person or online survey. Caregivers will complete a telephone verification interview. Caregivers and young adults ages 18 and older will complete a panel maintenance contact card.

**Annual Burden Estimates**

This request is for 3 years of approval to allow sufficient time for baseline data collection efforts. As such, the burden has been annualized over 3 years.

| Instrument | Total number of respondents | Total number of responses per respondent | Average burden hours per response | Total burden hours | Annual burden hours |
|---|---|---|---|---|---|
| Specifications for Monthly Sample File Submissions | 100 | 15 | 1.0 | 1,500 | 500 |
| Caregiver Baseline Survey | 6,273 | 1 | 1.0 | 6,273 | 2,091 |
| Child Baseline Survey | 4,160 | 1 | 0.75 | 3,120 | 1,040 |
| Telephone Verification Interview | 627 | 1 | 0.13 | 82 | 27 |
| Panel Maintenance Contact Card | 900 | 1 | 0.05 | 45 | 15 |
| Estimated Total Annual Burden Hours: | | | | | 3,673 |

**Authority:** 42 U.S.C. 628b; Continuing Appropriations Act of 2025.

**Mary C. Jones,**

*ACF Certifying Officer.*

[FR Doc. 2026–17545 Filed 8–27–26; 8:45 am]

**BILLING CODE 4184–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

**[Docket No. FDA–2026–N–8087]**

### Agency Information Collection Activities; Proposed Collection; Comment Request; Focus Groups and Interviews as Used by the Food and Drug Administration

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA or Agency) is announcing an opportunity for public comment on the proposed collection of certain information by the Agency. Under the Paperwork Reduction Act of 1995 (PRA), Federal Agencies are required to publish 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 generic collection of focus group information as used by FDA for all FDA-regulated products.

**DATES:** Either electronic or written comments on the collection of information must be submitted by October 27, 2026.

**ADDRESSES:** You may submit comments as follows. Please note that late, untimely filed comments will not be