CRCCP program goals and monitor implementation activities, evaluate outcomes, and identify recipients' TA needs. In addition, data collected will inform program improvement and help identify successful activities that need to be maintained, replicated, or expanded.

OMB approval is requested for three years. The total estimated annualized burden is 699 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 hr)	Total burden (in hr)
CRCCP Recipients	CRCCP Annual Awardee Survey	38	1	15/60	10
	CRCCP Clinic-level Information Collection Instrument	38	20	50/60	633
	CRCCP Quarterly Program Update	38	4	22/60	56
Total					699

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–26–0284; Docket No. CDC–2026–1585]

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 proposed information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Public Health Emergency Preparedness (PHEP) Cooperative Agreement. This request proposes to collect information from the PHEP Cooperative Agreement awardees to document and monitor their performance measure progress and fulfillment.

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

ADDRESSES: You may submit comments, identified by Docket No. CDC–2026–1585 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

Public Health Emergency Preparedness (PHEP) Cooperative Agreement—Existing Collection in use without an OMB Control Number—Office of Readiness and Response (ORR), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Public Health Emergency Preparedness (PHEP) Cooperative Agreement is a five-year program administered by the Office of Readiness and Response's Division of State and Local Readiness. The PHEP Cooperative Agreement aims to strengthen the capability of state, tribal, local, and territorial (STLT) public health systems to prepare for, respond to, and recover from public health threats and emergencies. The 62 awardees of the PHEP Cooperative Agreement include the 50 State governments, Territorial governments and freely associated states of American Samoa, Commonwealth of

the Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of the Marshall Islands, Republic of Palau, and U.S. Virgin Islands and the local governments of Chicago, Los Angeles County, New York City, and Washington, DC.

The goal of the PHEP Cooperative Agreement is to enhance readiness to save lives during emergencies that exceed the day-to-day capacity of public health response agencies. This funding opportunity provides a roadmap for PHEP recipients to develop strategies and activities that will increase their readiness to execute plans, respond to public health threats and emergencies, and recover from them. CDC will use the collected information from the 62 PHEP Cooperative Agreement awardees to monitor their progress of activities described in the cooperative agreement Notice of Funding Opportunity (NOFO), track preparedness capacity trends over time, identify technical assistance needs, and ensure their appropriate use of government funds.

This information collection request is comprised of the following:

The ''PHEP Capacity Indicator Survey'' aims to support recipients' self-assessment of public health emergency preparedness capacity and requirements. Beyond capacity ratings, this collection includes supplemental questions to capture qualitative and policy-relevant information that the indicator framework alone cannot address. These questions cover areas such as EOC activation frequency, depth of partner integration in exercises and real incidents, and the economic value of pre-positioned PHEP-funded resources. Responses to supplemental questions are intended to inform technical assistance targeting, identify common jurisdictional challenges, and support CDC's internal policy development for future cooperative agreement periods.

The ''Public Health Capability Crosswalk'' with Response Readiness Framework (RRF) areas provides recipients with an opportunity to connect and align the 15 Public Health Capabilities and the 10 RRF framework areas This mapping exercise ensures that recipients can articulate the functional relationships between specific public health capabilities—such as community preparedness, emergency operations coordination, and medical countermeasure dispensing—and the overarching readiness response framework areas that structure the required PHEP activities. By completing this crosswalk, recipients provide evidence that their preparedness infrastructure comprehensively addresses all required readiness areas, supporting both program accountability and the identification of gaps in jurisdictional preparedness capacity.

The ''Planned Exercise Schedule'' serves as a planning and accountability tool, enabling recipients to demonstrate a deliberate, forward-looking approach to fulfilling their exercise obligations—including functional exercises, full-scale exercises, and tabletop exercises—in alignment with the Homeland Security Exercise and Evaluation Program (HSEEP) standards.

The ''PHEP 5-Year Workplan'' is an iterative planning process that ensures recipients maintain a current and actionable roadmap for strengthening jurisdictional preparedness capacity while providing CDC with a consistent mechanism for monitoring long-term program performance and accountability.

The ''PHEP Continuation Workplan'' allows CDC to assess recipient performance, verify alignment with program priorities, and make informed funding decisions while ensuring recipients maintain momentum in building and sustaining public health emergency preparedness capacity.

These ''PHEP Administrative & Federal Requirements,'' outlined in the Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAI) and other relevant federal statutes and guidance, ensure that recipients maintain sound stewardship of public funds and operate their programs with transparency and accountability. Recipients are responsible for ensuring that all subrecipients and contractors operating under the cooperative agreement also adhere to these administrative and federal requirements throughout the period of performance.

The ''PHEP Progress Updates'' serve as an ongoing communication mechanism between recipients and CDC project officers, ensuring that emerging issues are identified and addressed in a timely manner rather than surfacing only at the end of a budget period. Progress updates also allow recipients to document adjustments to their work plans, report on expenditures relative to planned budgets, and demonstrate continued alignment with PHEP program priorities and requirements.

Recipients must submit a ''PHEP Budget Narrative'' because it provides CDC with the transparency and detail necessary to evaluate whether proposed costs are reasonable, allowable, and aligned with the programmatic activities and preparedness priorities outlined in their work plan. A well-constructed budget narrative also serves as a planning tool for recipients, helping to ensure that financial resources are thoughtfully allocated across all required capabilities and activities for the upcoming budget period. Additionally, the budget narrative establishes a baseline against which CDC can monitor spending patterns throughout the budget period, supporting accountability for the use of federal funds and facilitating productive conversations between recipients and CDC project officers when adjustments to planned expenditures are needed.

The ''PHEP Spend Plan'' helps ensure that recipients are making steady and appropriate progress in obligating and expending funds in alignment with their approved budget narrative and planned programmatic activities.

CDC requests OMB approval for three years. The annual estimated burden for this information collection is 880 hours. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
PHEP Awardees	Capacity Indicator Survey	62	1	36/60	37
PHEP Awardees	Public Health Capability Crosswalk	62	1	12/60	12
PHEP Awardees	Planned Exercises	62	1	12/60	12
PHEP Awardees	Work Plan	62	1	2	124
PHEP Awardees	Continuation Application	62	1	72/60	62
PHEP Awardees	Administrative & Federal Requirements	62	1	1	62
PHEP Awardees	Progress Updates	62	2	1.5	186
PHEP Awardees	Budget Narrative	62	1	2	124

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
PHEP Awardees	Spend Plans	62	4	1	248
Total					880

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–26–1425]

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 ''Reporting of the Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action Program'' 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 18, 2026, to obtain comments from the public and affected agencies. CDC received two 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

Reporting of the Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action Program (OMB Control No. 0920–1425, Exp 12/31/2026)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of the information collection effort is to collect Essentials for Childhood (EfC) program recipient data related to surveillance, implementation, program evaluation, and performance monitoring. Program evaluation is an essential public health function and important for performance monitoring. Evaluation activities allow CDC to identify and disseminate information about best practices for successful implementation of violence prevention programs by recipients. This data collection is necessary to ensure that programs are progressing toward achievement of their stated goals and objectives, as well as consistently demonstrating efficient and appropriate use of federal funds. CDC will use the information collected to further understand the facilitators, barriers, and critical factors to implementing specific violence prevention strategies and conducting related program evaluation activities. Data collected will also be used to inform CDC's training and technical assistance, program improvement, and the development of future funding opportunities.

Data collection is designed to address the following key program evaluation questions:

- *Q1:* What has the recipient accomplished to achieve the overall goals and objectives of the NOFO, and the short-term and intermediate-outcomes in their logic model?
- *Q2:* How has the recipient leveraged multi-sector partnerships and resources among state agencies (additional funding at the local level) and other sectors to prevent ACEs, including forming sustainable systems and partnerships, and realigning/focusing/mobilizing resources to prevent ACEs?
- *Q3:* In what ways has the recipient built or enhanced their state-level surveillance system to monitor ACEs?
- *Q4:* How has the recipient integrated the centering and engaging of communities and conditions for health and safety in preventing ACEs?
- *Q5:* In what ways has the recipient enhanced their statewide action plan to implement complementary ACEs prevention strategies (additional funding for implementation at the local level)?
- *Q6:* What factors are critical to implementing ACEs prevention program strategies?
- *Q7:* In what ways has the recipient enhanced their ability to use ACEs and PCEs surveillance and evaluation data to inform prevention strategy allocation? In what ways has the recipient enhanced their ability to disseminate and use data to inform partner, policy, or other action?
- *Q8:* To what extent has the recipient seen a sustainable increase in