

state MCH Services Block Grant programs are required to conduct a state-wide, comprehensive needs assessment every 5 years. The information and instructions for the preparation and submission of this Application/Annual Report are contained in the Guidance.

Likely Respondents: Likely respondents are state MCH agencies and other MCH stakeholders.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain,

disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the

information. The total annual burden hours estimated for this ICR are summarized in the table below. States will use the updated edition of the Guidance to prepare and submit the fiscal year (FY) 2028, FY 2029, and FY 2030 Applications/FY 2026, FY 2027, and FY 2028 Annual Reports, which will not contain the 5-Year Needs Assessment Summary. States will submit the next 5-Year Needs Assessment Summary in 2030, as part of the FY 2031 Application/FY 2029 Annual Report.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Application and Annual Report without Five-Year Needs Assessment Summary	59	1	59	116	6,844
Total	59		59		6,844

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2026–21519 Filed 10–20–26; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Maternal and Child Health Bureau Performance Measures for Discretionary Grant Information System, OMB No. 0915–0298—Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30-day comment period for this notice has closed.

DATES: Comments on this ICR should be received no later than November 20, 2026.

ADDRESSES: Written 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 Review—Open for Public Comments” or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the HRSA Information Collection Clearance Officer, at paperwork@hrsa.gov or call (301) 443–9094.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Maternal and Child Health Bureau Performance Measures for Discretionary Grant Information System.

OMB No. 0915–0298—Revision

Abstract: HRSA is requesting OMB approval to revise the Maternal and Child Health Bureau (MCHB) Performance Measures for the Discretionary Grant Information System (DGIS). The revision updates terminology across five forms—replacing “underserved” with “medically underserved” on the Engaging Families and Other Individuals (formerly Engagement of Persons With Lived Experience) form; Training Forms 07, 08, 09; and Former Long-Term Trainees—and eliminates

two forms (Training 03/Healthy Tomorrows and Training 04/Maternal and Child Health (MCH) Training Program) whose data is now captured through the Partnership and Collaboration form. The remaining 42 forms carry forward unchanged from the currently approved package.

A 60-day notice published in the **Federal Register** on July 13, 2026, vol. 91, No. 132; pp. 42967–42969. HRSA received one out-of-scope comment regarding drug testing, which this information collection does not cover.

Need and Proposed Use of the Information: The performance data collected through the DGIS supports grantee monitoring, program planning, and performance reporting, and helps demonstrate alignment between MCHB discretionary programs and the Title V MCH Services Block Grant program.

Likely Respondents: The grantees for MCHB Discretionary Grant Programs.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden

hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Project Abstract	817	1	817	1.33	1,087
Project Abstract (Research Programs Only)	58	1	58	0.66	38
Financial Form	817	1	817	0.87	711
Direct and Enabling Services	476	1	476	1.89	900
Training and Workforce Development	250	1	250	2.42	605
Partnerships and Collaboration	380	1	380	1.04	395
Engaging Families and Other Individuals	416	1	416	1.58	657
Technical Assistance	300	1	300	2.24	672
Outreach and Education	500	1	500	0.61	305
Research	65	1	65	3.11	202
Guidelines and Policy	78	1	78	0.70	55
Data and Information Systems	50	1	50	0.67	34
Quality Improvement and Evaluation	346	1	346	0.29	100
Knowledge Change	200	1	200	1.64	328
Behavior Change	200	1	200	1.56	312
Products and Publications	672	1	672	4.23	2,843
Training Form 07	6	1	6	0.83	5
Training Form 08	6	1	6	0.75	5
Training Form 09	6	1	6	0.92	6
Training Form 14	6	1	6	3.64	22
Training Form 15	52	1	52	3.17	165
Faculty and Staff Information	124	1	124	1.92	238
Short-Term Trainees	8	1	8	0.67	5
Medium-Term Trainees	121	1	121	2.49	301
Long-Term Trainees	112	1	112	6.37	713
Former Long-Term Trainees	106	1	106	1.60	170
Leadership, Education, and Advancement in Under-graduate Pathways (LEAP) Trainee Information	6	1	6	0.65	4
Healthy Start (HS) 04	101	1	101	0.57	58
HS 10	101	1	101	0.31	31
HS 11	101	1	101	0.61	62
HS 12	101	1	101	0.33	33
HS 13	101	1	101	0.50	51
HS 14	101	1	101	0.43	43
HS 15	101	1	101	0.45	45
HS 16	101	1	101	0.39	39
HS 17	101	1	101	0.40	40
HS 18	101	1	101	0.33	33
HS 19	101	1	101	0.38	38
HS 20	101	1	101	0.37	37
HS 21	101	1	101	0.36	36
HS Site Form	101	1	101	0.32	32
Emergency Medical Services for Children State Partnership (EMSC) 04	58	1	58	0.92	53
EMSC 08	58	1	58	0.09	5
EMSC 09	58	1	58	0.42	24
EMSC 10	58	1	58	0.46	27
Family-to-Family 1	59	1	59	2.76	163
Form 10	200	2	400	12.87	5,148
Total	*817		*817		16,876

* Total Burden Hours are rounded to the nearest whole number.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2026-21518 Filed 10-20-26; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

No Adjustment to HHS Civil Monetary Penalty Amounts for 2026

AGENCY: Office of the Assistant Secretary for Financial Resources, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The Department of Health and Human Services (HHS or the Department) is notifying the public that there will be no Civil Monetary Penalty (CMP) inflation adjustment for 2026 in accordance with the April 17, 2026, guidance from the Office of Management and Budget (OMB). HHS