

- Enrollment Records are governed by DAA-0440-2015-0006 (Bucket 4). The records retention schedule states: Destroy no sooner than 7 year(s) after cutoff but longer retention is authorized.

- Beneficiary Records are governed by DAA-0440-2015-0007-0001 (Bucket 5). The records retention schedule states: Cutoff at the end of the calendar year. Destroy no sooner than 10 year(s) after cutoff but longer retention is authorized.

ADMINISTRATIVE, TECHNICAL, AND PHYSICAL SAFEGUARDS:

Safeguards conform to the CMS Information Security and Privacy Program, <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/index.html>. Information is safeguarded in accordance with applicable laws, rules and policies, including the HHS Information Technology Security Program Handbook; all pertinent National Institutes of Standards and Technology (NIST) publications, and OMB Circular A-130, Managing Information as a Strategic Resource. Records are protected from unauthorized access through appropriate administrative, physical, and technical safeguards. These safeguards include protecting the facilities where records are stored or accessed with security guards, badges and cameras, securing hard-copy records in locked file cabinets, file rooms or offices during off-duty hours, limiting access to electronic databases to authorized users based on roles and two-factor authentication (user ID and password), using a secured operating system protected by encryption, firewalls, and intrusion detection systems, requiring encryption for records stored on removable media, and training personnel in Privacy Act and information security requirements. Records that are eligible for destruction are disposed of using secure destruction methods prescribed by NIST SP 800-88.

RECORD ACCESS PROCEDURES:

An individual seeking access to a record about him/her in this system of records must submit a written request to the System Manager indicated above. The request must contain the individual's name and particulars necessary to distinguish between records on subject individuals with the same name, such as HICN, MBI or SSN, and should also reasonably specify the record(s) to which access is sought. To verify the requester's identity, the signature must be notarized or the request must include the requester's

written certification that he/she is the person he/she claims to be and that he/she understands that the knowing and willful request for or acquisition of records pertaining to an individual from an agency under false pretenses is a criminal offense subject to a \$5,000 fine.

CONTESTING RECORD PROCEDURES:

Any subject individual may request that his/her record be corrected or amended if he/she believes that the record is not accurate, timely, complete, or relevant or necessary to accomplish a Department function. A subject individual making a request to amend or correct his record shall address his request to the System Manager indicated, in writing, and must verify his/her identity in the same manner required for an access request. The subject individual shall specify in each request: (1) The system of records from which the record is retrieved; (2) The particular record and specific portion which he/she is seeking to correct or amend; (3) The corrective action sought (e.g., whether he/she is seeking an addition to or a deletion or substitution of the record); and, (4) His/her reasons for requesting correction or amendment of the record. The request should include any supporting documentation to show how the record is inaccurate, incomplete, untimely, or irrelevant.

NOTIFICATION PROCEDURES:

Individuals wishing to know if this system contains records about them should write to the System Manager indicated above and follow the same instructions under Record Access Procedures.

EXEMPTIONS PROMULGATED FOR THE SYSTEM:

None.

HISTORY:

70 FR 41035 (July 15, 2005), 78 FR 32257 (May 29, 2013), 83 FR 6591 (Feb. 14, 2018)

[FR Doc. 2019-21768 Filed 10-7-19; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Head Start (HS) Connects: Individualizing and Connecting Families to Family Support Services (New Collection)

AGENCY: Office of Planning, Research, and Evaluation; Administration for Children and Families; HHS.

ACTION: Request for public comment.

SUMMARY: The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) seeks approval to conduct semi-structured, qualitative interviews with Head Start staff, parents/guardians, and community providers at six Head Start programs for case studies that explore case management and coordination of family support services.

DATES: *Comments due within 30 days of publication.* OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: OIRA_SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for the Administration for Children and Families.

Copies of the proposed collection may be obtained by emailing OPREinfocollection@acf.hhs.gov. Alternatively, copies can also be obtained by writing to the Administration for Children and Families, Office of Planning, Research, and Evaluation, 330 C Street SW, Washington, DC 20201, Attn: OPRE Reports Clearance Officer. All requests, emailed or written, should be identified by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The case studies proposed as part of the *Head Start (HS) Connects: Individualizing and Connecting Families to Family Support Services* project are intended to build knowledge about how Head Start programs (Head Start or Early Head Start grantees, delegate agencies, and staff) across the country coordinate family well-being services for parents/guardians and tailor coordination processes to individual family needs. The case studies will explore case management and coordination of family support services from multiple perspectives, including from the perspective of Head Start Administrators/Family and Community Partnerships Managers, Family Support Staff, Other Staff, Parents/Guardians, and Community Providers, at each of the six study sites during site visits. The case studies will further inform the development of design options for a large-scale descriptive study of Head Start programs nationally that is focused

on describing how Head Start programs coordinate family support services for parents/guardians.

Respondents: Head Start Administrator/Family and Community Partnerships Manager, Head Start

Family Support Staff, Other Head Start Staff, Parents/Guardians, Community Providers.

ANNUAL BURDEN ESTIMATES

Instrument	Total/annual number of respondents	Number of responses per respondent	Average burden hours per response	Annual burden hours
Head Start Administrator/Family and Community Partnerships Manager pre-visit call	6	1	1	6
Head Start Family Support Staff pre-visit call	18	1	.5	9
Head Start Administrator/Family and Community Partnerships Manager interview	6	1	2	12
Head Start Family Support Staff interview	18	1	2.5	45
Head Start Other Staff interview	18	1	1	18
Parent/Guardian interview	24	1	2	48
Community Providers interview	12	1	1	12

Estimated Total Annual Burden Hours: 150.

Authority: Section 640(a)(2)(D) and section 649 of the Improving Head Start for School Readiness Act of 2007

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2019-21893 Filed 10-7-19; 8:45 am]

BILLING CODE 4184-22-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities; Proposed Collection; Public Comment Request; Traumatic Brain Injury (TBI) State Partnership Program, OMB approval number 0985-NEW

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) is announcing an opportunity for the public to review substantive changes to the proposed collection of information listed above. Under the Paperwork Reduction Act of 1995 (PRA), Federal agencies are required to publish a notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information.

DATES: Comments on the collection of information must be submitted electronically by 11:59 p.m. (EST) or postmarked by October 22, 2019.

ADDRESSES: Submit electronic comments on the information collection request to: Dana Fink at *dana.fink@acl.hhs.gov*. Submit written comments on the collection of information to Administration for Community Living,

Washington, DC 20201, Attention: Dana Fink.

FOR FURTHER INFORMATION CONTACT:

Dana Fink, Administration for Community Living, Washington, DC 20201, (202) 795-7604, or *dana.fink@acl.hhs.gov*.

SUPPLEMENTARY INFORMATION: Under the PRA, Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. The PRA requires Federal agencies to provide notice in the **Federal Register** concerning each proposed collection of information, including each proposed new collection of information, before submitting the collection to OMB for approval. To comply with this requirement, ACL is publishing a notice of the proposed collection of information set forth in this document.

With respect to the following Information Collection (IC), ACL published a 60-day **Federal Register** Notice from 11/13/2017-01/12/2018 (Vol. 82, No.217 pp. 52305-52306). ACL received a large volume of substantive stakeholder comments, causing revisions to the IC based on those public comments. The period in publication between the 60-day FRN and 30-day FRN, allowed ACL to thoughtfully review and apply the significant number of substantive public comments to the proposed new TBI IC.

In order to remain compliant with PRA 5 CFR 1320.8(d), ACL has published this **Federal Register** Notice for an abbreviated public comment period prior to publishing a 30-day FRN and submittal to OMB. ACL solicits comments during this abbreviated public comment period regarding: (1)

The accuracy of ACL's revised estimate of the burden for the proposed collection of information performance reporting data elements and (2) whether the proposed revisions to the collection of information enhance the quality, utility, and clarity of the information to be collected.

The goal of the federal Traumatic Brain Injury (TBI) State Partnership Program is to help state and local agencies develop resources so all individuals with TBI and their families will have accessible, available, and appropriate services and supports. The TBI State Partnership Program funds the development and implementation of statewide systems that ensure access to TBI related services, including transitional services, rehabilitation, education and employment, and long-term community support. To best monitor, guide, and support TBI State Partnership Program grantees, ACL needs regular information about the grantees' activities and outcomes. The simplest, least burdensome and most useful way to accomplish this goal is to require grantees to submit information as part of their required semiannual reports via the proposed electronic data submission instrument.

In 1996, the Public Health Service Act was amended "to provide for the conduct of expanded studies and the establishment of innovative programs with respect to traumatic brain injury, and for other purposes" (Pub. L. 104-166).

The Health Resources and Services Administration (HRSA), was authorized to "make grants to States for the purpose of carrying out demonstration projects to improve access to health and other services regarding traumatic brain injury." The Children's Health Act of 2000 (Pub. L. 106-310) authorized HRSA to "develop, change, or enhance community-based service delivery