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; and

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.

5. Assess information collection costs.

Proposed Project

Emerging Infections Program Tracking of SARS–CoV–2 Infections among Healthcare Personnel—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC proposes to conduct tracking and interviews of healthcare personnel (HCP) with COVID–19 (HCP cases) and HCP exposed to COVID–19 patients but who do not become cases (HCP non-cases) to determine the burden of infections and identify factors associated with development of COVID–19 among HCP of healthcare facilities within catchment areas of CDC's Emerging Infection Program's (EIP) sites, a network of 10 state health departments and their local public health and academic partners. The EIP is currently approved under OMB Control No. 0920–0978 (expiration date: 04/30/2022). EIPs assist in local, state, and national efforts to prevent, control, and monitor the public health impact of infectious diseases. The 10 EIP sites are: California, Colorado, Connecticut, Georgia, Maryland, Minnesota, New Mexico, New York, Oregon and Tennessee. Up to 10 EIP sites may participate in this information collection, depending on resource availability during the pandemic.

EIP sites that participate in this project may choose to implement one or both project options below:

- *Option 1:* Tracking of SARS–CoV–2 infections among HCP;
- *Option 2:* Assessing risk factors for infections among HCP exposed to patients with COVID–19 in healthcare facilities.

EIP site staff will identify a convenience sample of healthcare facilities within the EIP catchment areas. Hospitals and nursing homes are prioritized for inclusion, but other types of facilities may participate. Each EIP site will seek to identify three or more facilities to participate.

For option 1, EIP staff will obtain lists of HCP cases and contact information from local or state health department partners or in some cases from a healthcare facility's occupational health department or infection control program. To minimize burden on healthcare facilities, EIP staff will attempt to obtain HCP lists and contact information from health departments whenever possible.

For option 2, EIP staff may need to work directly with a healthcare facility's occupational health department or infection control program to obtain HCP names and contact information because this option requires identification and data collection from HCP non-cases (HCP who are exposed to COVID–19 patients but who do not develop infection).

For both options, EIP staff will collect data from HCP via telephone interviews or a self-administered electronic case report form. There are no costs to respondents other than their time to participate. The total estimated annualized burden hours requested for this collection is 2,300.

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)
Healthcare Personnel	Assessment of Healthcare Personnel Exposed to or Infected with SARS–CoV–2.	4,000	1	30/60	2,000
Occupational Health Nurses at Healthcare Facilities.	No form	50	24	15/60	300
Total					2,300

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2020–10410 Filed 5–14–20; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–20–20HP]

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 National Evaluation of the DP18–1815 Cooperative Agreement Program: Category B, Cardiovascular Disease Prevention and Management 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 July 5, 2019, to obtain comments from the public and affected agencies. CDC did not receive 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

National Evaluation of the DP18–1815 Cooperative Agreement Program: Category B, Cardiovascular Disease Prevention and Management—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) plans to conduct a comprehensive evaluation of the recently launched five-year Cooperative Agreement program CDC–RFA–DP18–1815PPHF18: Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke, hereafter referred to as ''1815''. This cooperative agreement funds all 50 State Health Departments and the Washington, DC health department (hereafter referred to as ''HD recipients'') to support investments in implementing evidence-based strategies to prevent and manage cardiovascular disease (CVD) and diabetes in high-burden populations/communities within each state and the District of Columbia. High burden populations/communities are those affected disproportionately by high blood pressure, high blood cholesterol, diabetes, or prediabetes due to socioeconomic or other characteristics, including access to care, poor quality of care, or low income. The 1815 program is a collaboration between the Division of Diabetes Translation (DDT) and the Division of Heart Disease and Stroke Prevention (DHDSP), and is structured into two program categories aligning with each Division.

This information collection request focuses on activities conducted under Category B, Cardiovascular Disease Prevention and Management. Progress will be assessed for three CVD program areas: (1) Tracking and monitoring clinical quality measures (CQM) shown to improve healthcare quality and identify patients with hypertension; (2) Implementing team-based care and medication therapy management (TBC/MTM) for patients with high blood pressure and high blood cholesterol; and (3) Fostering community-clinical linkages (CCL) for community resources and clinical services that support systematic referrals, self-management, and lifestyle change for patients with high blood pressure and high blood cholesterol.

This cooperative agreement is a substantial investment of federal funds. DDT and DHDSP are responsible for the stewardship of these funds, and they must be able to demonstrate the types of interventions being implemented and what is being accomplished through the use of these funds. Thus, throughout the five-year cooperative agreement period, CDC will work with HD recipients to track the implementation of the cooperative agreement strategies and evaluate program processes and outcomes. In order to collect this information for Category B, CDC has designed three overarching components: (1) Category B case studies, (2) Category B cost study, and (3) Category B recipient-led evaluations. Each component consists of data collection mechanisms and tools that are designed to capture the most relevant information needed to inform the evaluation effort while placing minimum burden on respondents. Respondents will include HD recipients, as well as select HD recipient partner sites, which are organizations that HD recipients are partnering with in the implementation of the 1815 strategies.

The evaluation of cooperative agreement strategies and activities conducted by DHDSP will determine the efficiency, effectiveness, impact and sustainability of 1815-funded strategies in the promotion, prevention, and management of diabetes and heart disease and help identify promising practices that can be replicated and scaled to better improve health outcomes. In addition, evaluation plays a critical role in organizational learning, program planning, decision-making, and measurement of the 1815 strategies. As an action-oriented process, the evaluation will serve to identify programs that have positive outcomes, identify those that may need additional technical assistance support, and highlight the specific activities that make the biggest contribution to improving diabetes and cardiovascular disease prevention and management efforts. Without collection of new evaluative data, CDC will not be able to capture critical information needed to continuously improve programmatic efforts and clearly demonstrate the use of federal funds.

OMB approval is requested for three years. Participation is required for cooperative agreement awardees and voluntary for partner sites. The total estimated annualized burden hours are 743.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Health Department (1815 Recipient)	CQM Health Department Interview Guide	17	1	1.5
	CQM Group Discussion Guide	27	1	2
	TBC Health Department Interview Guide	9	1	1.5

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
	MTM Health Department Interview Guide	8	1	1.5
	TBC Group Discussion Guide	27	1	2
	CCL Health Department Interview Guide	17	1	1.5
	CCL Group Discussion Guide	27	1	2
	Cost Study Resource Use and Cost Study Inventory Tool—Health Department.	8	1	2
	Recipient-Led Evaluation Annual Report Template—Year 3 Effectiveness Brief.	51	1	8
Partner/Site-Level	CQM Partner Site-Level Interview Guide	15	1	1
	TBC Partner Site-Level Interview Guide	8	1	1
	MTM Partner Site-Level Interview Guide	7	1	1
	CCL Partner Site-Level Informant Interview Guide.	15	1	1
	Cost Study Resource Use and Cost Inventory Tool—Partner/Site Level.	17	1	2

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-20–20NE; Docket No. CDC–2020–0045]

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 and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Infant Feeding Practices Study III to understand the current state of mothers' intentions, behaviors, feeding decisions, and practices from pregnancy through their child's first two years of life and how these change.

DATES: CDC must receive written comments on or before July 14, 2020.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2020–0045 by any of the following methods:

- *Federal eRulemaking Portal: 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–D74, Atlanta, Georgia 30329.

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

Please note: Submit all comments through the Federal eRulemaking portal (*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–D74, Atlanta, Georgia 30329; phone: 404–639–7118; 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; and

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.

5. Assess information collection costs.

Proposed Project

Infant Feeding Practices Study III–New–National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Infant Feeding Practices Study (IFPS) III is a longitudinal study that will follow pregnant women and their new baby for two years. Data will be collected using web-based surveys at multiple time points over two years. This includes (1) a prenatal survey, (2) 14 follow up surveys after the baby is