working shift work in the healthcare setting.

Over five years have passed since the training was published online. Since then, the nursing workforce has faced a changing healthcare landscape. In response, the two studies in this project have been designed to evaluate whether the NIOSH Training for Nurses is effective at helping nurses improve their sleep and well-being, as well as assess the reach of training dissemination. This evaluation project will help NIOSH assess gaps in training distribution, as well as identify any needs to enhance training content, ensuring the training is providing the intended service.

The goal of Study 1 is to provide a description of the registered nurses (RNs) who have already completed the NIOSH ''Training for Nurses on Shift Work and Long Work Hours.'' The goal of Study 2 is to evaluate the effectiveness of the training on objective (*i.e.,* actigraphy watches) and subjective sleep health (composite and separate components [*i.e.,* duration, efficiency, timing, quality, daytime sleepiness]) and well-being from baseline over one, three, and six months post-training. Study 2 explores the relationship between nurse characteristics and behavioral intention as well as the relationship between behavioral intention and sleep health post-training at one, three, and six months.

Information gathered from this evaluation study will allow NIOSH to identify where future dissemination efforts for this training product should be targeted, as well as assess whether the training should be enhanced to meet the greater needs of the current nursing population.

For Study 1, NIOSH will be using pre-existing data already collected by the CDC from individuals who have received continuing professional licensing education credits following training completion. For Study 2, NIOSH will be recruiting 50 RNs to volunteer to participate. Recruitment will take approximately three months through online platforms and with assistance of the NIOSH staff's nursing contacts across the country.

During Study 2, NIOSH will collect data before and after RNs complete the NIOSH Training for Nurses. RNs enrolled in the study will be asked to take online surveys and wear an actigraphy watch during this study. Actigraphy watches are research grade sleep data collection instruments, similar to a wristwatch. Actigraphy watches will be supplied by NIOSH for participant use during the study. Baseline measures include an online survey with questions about demographics, workplace characteristics (*i.e.,* job tenure, shift length), sleep quality, daytime sleepiness, well-being, complete online daily sleep diaries, and activate actigraphy watches for seven days prior to taking the online training. One month after baseline measures, participants will be asked to take the NIOSH online nurse training. It takes approximately 3.5 hours to complete, and participants will have the opportunity to receive Continuing Education (CD) credits upon completion. After completing the online nurse training, participants will answer four immediate post-training online questions regarding behavioral intention and feedback on the participant training experience. The participant will then be scheduled for the one-month post-training data collection period. At each post-training follow-up period, participants will be asked to follow the same sampling protocol they completed at baseline (seven day actigraphy and sleep/wake diary, online survey on sleep quality, daytime sleepiness, well-being, and behavioral intention towards sleep promoting behavior), as well as three open-ended questions to describe strategies adopted to improve sleep, and facilitators and barriers to adoption. The six-month follow-up will exclude behavioral intention measures.

CDC requests OMB approval for an estimated 341 annual burden hours. There are no costs to respondents other than their time to participate.

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)
Registered Nurses	Baseline Survey	50	1	23/60	19
	Online Nurses Training	50	1	3.5	175
	Immediate Post-Training Survey	50	1	7/60	6
	Post-Training (1, 3, and 6-months) Survey.	50	3	16/60	40
	Consensus Sleep Diary	50	4	21/60	70
	Actigraphy watch training	50	1	10/60	8
	Actigraphy watch fitting	50	4	7/60	23
Total					341

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-21–0696]

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 HIV Prevention Program Monitoring and Evaluation (NHM&E) OMB 0920–0696, Expiration 10/31/2021 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 November 2, 2020 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 HIV Prevention Program Monitoring and Evaluation (NHM&E) (OMB Control No. 0920–0696, Exp. 10/31/2021)—Revision—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC seeks to request a three-year Office of Management and Budget (OMB) approval to revise the previously approved project and continue the collection of standardized HIV prevention program evaluation data from health departments and community-based organizations (CBOs) who receive federal funds for HIV prevention activities. Health department grantees have the options to key-enter or upload data to a CDC-provided web-based software application (EvaluationWeb®). CBO grantees may only key-enter data to the CDC-provided web-based software application. The evaluation and reporting process is necessary to ensure that CDC receives standardized, accurate, thorough evaluation data from both health department and CBO grantees. For these reasons, CDC developed standardized NHM&E variables through extensive consultation with representatives from health departments, CBOs, and national partners (*e.g.,* The National Alliance of State and Territorial AIDS Directors and Urban Coalition of HIV/AIDS Prevention Services). This revision includes changes to the data variables to adjust to the different monitoring and evaluation needs of new funding announcements without a substantial change in burden.

CDC requires CBOs and health departments who receive federal funds for HIV prevention to report nonidentifying, client-level and aggregate level, standardized evaluation data to: (1) Accurately determine the extent to which HIV prevention efforts are carried out, what types of agencies are providing services, what resources are allocated to those services, to whom services are being provided, and how these efforts have contributed to a reduction in HIV transmission; (2) Improve ease of reporting to better meet these data needs; and (3) Be accountable to stakeholders by informing them of HIV prevention activities and use of funds in HIV prevention nationwide.

CDC HIV prevention program grantees will collect, enter or upload, and report agency-identifying information, budget data, intervention information, and client demographics and behavioral risk characteristics with an estimate of 204,498 burden hours, representing no change from the previously approved burden hours. Data collection will include searching existing data sources, gathering and maintaining data, document compilation, review of data, and data entry or upload into the web-based system. There are no additional costs 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)
Health Departments	Health Department Reporting	66	2	1,427
Community-based Organizations	Community-based Organization Reporting	150	2	54

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–21–20PJ]

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 ''Formative Research on Community-Level Factors that Promote the Primary Prevention of Adverse Childhood Experiences (ACEs) and Opioid Misuse Among Children, Youth, and Families in Tribal American Indian and Alaska Native (AI/AN) Communities'' to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and