

victimization. To achieve optimal level of health for all, including those with the greatest risk for violence, requires focusing prevention efforts where they will have the greatest impact.

Information collected from recipients on state- and local-level provides crucial data for performance monitoring of the cooperative agreement and provides CDC with the capacity to respond in a timely manner to requests for information about the program from the Department of Health and Human Services (HHS), the White House, Congress, and other sources.

Information collected also strengthens CDC's ability to monitor awardee progress toward achievement of their stated goals and objectives, provide data-driven technical assistance, and disseminate the most current surveillance data on unintentional and intentional injuries.

Monitoring the impact strategies and identifying new insights and innovative solutions to health problems are two of the noted public health activities that all public health systems should undertake. For NCIPC, these objectives cannot be satisfied without the systematic collection of data and information from state health departments. The information collection will enable accurate, reliable, uniform, and timely submission to NCIPC of each awardee's

progress report, strategies and performance measures. Funded recipients are expected to use data to inform prevention practices. By increasing access to conditions needed for health and safety, funded recipients reduce risk factors for and/or increase protective factors against Intimate Partner Violence (IPV). Authorized by the Family Violence and Prevention Services Act (FVPSA), CDC has funded the DELTA Program since 2002. The DELTA program funds State Domestic Violence Coalitions (SDVCs) to implement statewide IPV prevention efforts and assist and fund local communities to do the same.

The information collection and reporting requirements have been revised to streamline the process while still ensuring alignment with and support of the specific goals and outcomes outlined in the cooperative agreement. This funding opportunity includes two funding options. Category A recipients will have existing high capacity to implement primary prevention strategies and will build upon existing efforts. Category B recipients will focus on gathering publicly available data to better understand gaps in IPV prevention resources, building capacity to implement and evaluate IPV primary

prevention in their state and selected communities, and using evaluation data for quality improvement.

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, progress toward NOFO goals, and the development of future funding opportunities. Program evaluation activities allow CDC to identify and disseminate information about successful prevention strategies implemented by recipients. These functions are central to NCIPC's broad mission of protecting Americans from violence and injury threats. This information collection will allow CDC to monitor the impact of the strategies implemented by the recipients on outcomes related to intimate partner violence prevention. It is also expected to reduce duplication of effort, enhance program impact, and maximize the use of federal funds.

CDC requests OMB approval for an estimated 130 annual burden hours. There are no direct 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)
DELTA State Domestic Violence Coalition (SDVC) Project Leads.	Annual Performance Report	13	1	10	130
Total .....	.....	.....	.....	.....	130

Jeffrey M. Zirger,

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

[FR Doc. 2026-05719 Filed 3-23-26; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-26-1397; Docket No. CDC-2026-0463]

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 continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled CDC's Milestone Tracker App User Surveys. CDC will collect voluntary, anonymous data through three brief web-based surveys administered within the Milestone Tracker mobile app to a convenience sample of parent users and early childhood providers/professionals to assess user satisfaction, usage patterns, and actions taken following identification of a missed developmental milestone or developmental concern.

DATES: CDC must receive written comments on or before May 26, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2026–0463 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

CDC’s Milestone Tracker App User Surveys (OMB Control No. 0920–1397, Exp. 5/31/26)—Revision—National Center for Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Brief Background and Description

The Centers for Disease Control and Prevention (CDC) seeks a three-year Revision of a currently approved information collection to evaluate the Milestone Tracker mobile application. The Milestone Tracker app, developed under CDC’s Learn the Signs. Act Early. program, supports family-engaged developmental monitoring and promotes early identification of developmental delays and disabilities.

The purpose of this data collection is to assess user satisfaction, usage patterns, and actions taken after a missed developmental milestone or developmental concern is identified within the app. The information collected will help CDC understand

how users engage with the app, whether follow-up actions are taken after concerns are identified, and how the app functions as a tool to support developmental monitoring. Findings will inform future improvements and ongoing program evaluation.

This Revision request includes one minor, non-substantive clarification to Parent Survey 2. A brief explanatory note was added to Question 1 to clarify why the question is being asked, after some respondents indicated confusion during prior data collection. The question wording and response options remain unchanged. This clarification does not affect the methodology, data collected, or the estimated time per response, which remains five (5) minutes. This Revision also reflects an adjustment to previously approved burden estimates. The original 2023 burden projections were developed without historical response data and were based on anticipated participation levels derived from total app downloads. Actual data collected from 2023–2026 indicate substantially lower response levels. Accordingly, the number of respondents and total annual burden hours have been revised to align with observed participation trends. The revised annual burden estimate is 3,001 hours, a reduction from the previously approved 41,667 hours. While the number of respondents has been adjusted downward to align with realized response levels, the estimated average time per response remains unchanged at five (5) minutes. There have been no changes to the survey instruments or data collection procedures that would affect per-response burden. There are no changes to the instruments, methodology, frequency of collection, or time per response. Without this Revision, CDC would lose access to ongoing data necessary to monitor user experience, assess follow-up actions after identification of developmental concerns, and support continuous program improvement.

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 hours
All parents using the <i>Milestone Tracker</i> app who complete 65% or more of a checklist using the app.	Parent 1	23,000	1	5/60	1,917
Parents using the <i>Milestone Tracker</i> App who complete 65% or more of a checklist using the app AND indicate a missed milestone or identify a developmental concern.	Parent 2	5,000	1	5/60	417

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 hours
Early childhood providers/professionals who use the <i>Milestone Tracker</i> app at least 3 times.	Provider	8,000	1	5/60	667
Total .....	.....	.....	.....	.....	3,001

Jeffrey M. Zirger,
Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.
 [FR Doc. 2026–05718 Filed 3–23–26; 8:45 am]
BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Solicitation of Nominations for Appointment to the Mine Safety and Health Research Advisory Committee

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC), within the Department of Health and Human Services (HHS), is seeking nominations for membership on the Mine Safety and Health Research Advisory Committee (MSHRAC). The MSHRAC consists of 10 experts in fields associated with mining safety and health research and practice.

DATES: Nominations for membership on the MSHRAC must be received no later than April 22, 2026. Submissions received after this time will not be considered for the current membership cycle.

ADDRESSES: All nominations should be mailed to Zoe Dugdale, C/o Pauline Benjamin, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 4770 Buford Highway, S108–7, Chamblee, Georgia 30341, or emailed to: Zdugdale@cdc.gov.

FOR FURTHER INFORMATION CONTACT: Zoe Dugdale, Designated Federal Officer, Mine Safety and Health Research Advisory Committee, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, C/o Pauline Benjamin, 477

Buford Highway, S108–7, Chamblee, Georgia 30341, Telephone (509) 354–8039, Email: Zdugdale@cdc.gov.

SUPPLEMENTARY INFORMATION: Nominations are sought for individuals who have the expertise and qualifications necessary to contribute to the accomplishment of the objectives of the Mine Safety and Health Research Advisory Committee (MSHRAC). Nominees will be selected based on expertise in fields associated with mining engineering, industrial hygiene, occupational safety and health engineering, chemistry, safety and health education, ergonomics, statistics, and psychology, and experienced in dissemination of scientific research findings. Federal employees will not be considered for membership. Members may be invited to serve for up to four-year terms. Selection of members is based on candidates’ qualifications to contribute to the accomplishment of MSHRAC objectives (<https://www.cdc.gov/faca/committees/mshrac.html>).

Department of Health and Human Services (HHS) policy stipulates that committee membership be balanced in terms of points of view represented and the committee’s function. Appointments shall be made without discrimination on the basis of race, religion, color, national origin, age, disability, or sex. Nominees must be U.S. citizens and cannot be full-time employees of the U.S. Government. Current participation on Federal workgroups or prior experience serving on a Federal advisory committee does not disqualify a candidate; however, HHS policy is to avoid excessive individual service on advisory committees and multiple committee memberships. Committee members are Special Government Employees, requiring the filing of financial disclosure reports at the beginning of and annually during their terms. The Centers for Disease Control and Prevention (CDC) reviews potential candidates for MSHRAC membership each year and provides a slate of nominees for consideration to the Secretary of HHS for final selection.

HHS notifies selected candidates of their appointment near the start of the term or as soon as the HHS selection process is completed. Note that the need for different expertise varies from year to year and a candidate who is not selected in one year may be reconsidered in a subsequent year.

Candidates should submit the following items:

- Current curriculum vitae, including complete contact information (telephone numbers, mailing address, and email address)
- At least one letter of recommendation from person(s) not employed by HHS. Candidates may submit letter(s) from current HHS employees if they wish, but at least one letter must be submitted by a person not employed by an HHS agency (e.g., CDC, National Institutes of Health, Food and Drug Administration).
- A biographical sketch of the nominee (500 words or fewer)

Nominations may be submitted by the candidate or by the person/organization recommending the candidate. CDC will collect and retain nominations received for up to two years to create a pool of potential MSHRAC nominees. When a vacancy occurs, CDC will review nominations and may contact nominees at that time.

The Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,
Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2026–05724 Filed 3–23–26; 8:45 am]
BILLING CODE 4163–18–P