

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. 2026-06029 Filed 3-27-26; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Meeting of the Advisory Board on Radiation and Worker Health, National Institute for Occupational Safety and Health

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

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC) announces the following meeting of the Advisory Board on Radiation and Worker Health (ABRWH). This is a virtual meeting. It is open to the public, with a public comment period. The public is welcome to submit written comments in advance of the meeting, to the contact person below. The public is also welcome to listen to the meeting by joining the audio conference (information below). The audio conference line has 150 ports for callers.

DATES: The meeting will be held on April 29, 2026, from 10 a.m. to 6:15 p.m., EDT. A public comment session will be held at 5:15 p.m., EDT, and will conclude at 6:15 p.m., EDT, or following the final call for public comment, whichever comes first. Written comments must be received on or before April 15, 2026.

ADDRESSES: You may submit comments by mail to: Rashaun Roberts, Ph.D., Designated Federal Officer, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 1090 Tusculum Avenue, Mailstop C-24, Cincinnati, Ohio 45226. Email: ocas@cdc.gov.

Written comments received in advance of the meeting will be included in the official record of the meeting.

Meeting Information: The USA toll-free dial-in numbers are: +1 404-718-3800 (U.S. East Coast); and +1 888-994-

4478 (U.S. West Coast). The meeting ID is: 271 742 125 246 45; the Passcode is: 120 759 860; and the Web conference by Teams meeting connection is: <https://teams.microsoft.com/meet/27174212524645?p=J0pOw0ph/3OCS1ssGO>.

FOR FURTHER INFORMATION CONTACT:

Rashaun Roberts, Ph.D., Designated Federal Officer, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 1090 Tusculum Avenue, Mailstop C-24, Cincinnati, Ohio 45226, Telephone: (513) 533-6800, Email: ocas@cdc.gov.

SUPPLEMENTARY INFORMATION:

Background: The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines, which have been promulgated by the Department of Health and Human Services (HHS) as a final rule; advice on methods of dose reconstruction, which have also been promulgated by HHS as a final rule; advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program; and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC). In December 2000, the President delegated responsibility for funding, staffing, and operating the Advisory Board to HHS, which subsequently delegated this authority to the CDC. NIOSH implements this responsibility for CDC.

The charter was issued on August 3, 2001, renewed at appropriate intervals, and rechartered under Executive Order 14109 (September 29, 2023) on March 22, 2024. Unless continued by the President, the Advisory Board will terminate on September 30, 2027, consistent with Executive Order 14354 of September 29, 2025.

Purpose: The Advisory Board is charged with (a) providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advising the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their

radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class.

Matters to be Considered: The agenda will include discussions on the following: NIOSH program, Department of Labor, Department of Energy, and Special Exposure Cohort (SEC) petitions status updates; Idaho National Lab/Argonne National Lab-West, Savannah River Site, and SEC Issues workgroup updates, procedure reviews finalization/document approvals and, board work session. Agenda items are subject to change as priorities dictate. For additional information, please contact Toll Free 1-800-232-4636.

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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #: 0970-0424]

Proposed Information Collection Activity; National Child Abuse and Neglect Data System

AGENCY: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children, Youth and Families in the U.S. Department of Health and Human Services (HHS) is requesting a three-year extension of the National Child Abuse and Neglect Data System (NCANDS) collection (OMB #0970-0424, expiration 07/31/2026). There are no changes requested to this data collection.

DATES: *Comments due* May 29, 2026.

ADDRESSES: In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above. You can obtain copies of the proposed collection of information and submit comments by emailing infocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The Child Abuse Prevention and Treatment Act (CAPTA) was amended in 1988 to direct the Secretary of HHS to establish a national data collection and analysis program, which would make available state child abuse and neglect reporting information. HHS responded by establishing NCANDS as a voluntary national reporting system.

During 1996, CAPTA was amended to require all states that receive funds from the Basic State Grant program to work with the Secretary of HHS to provide specific data elements, to the maximum extent practicable, about children who had been maltreated. Subsequent CAPTA reauthorizations and amendments added required data elements. The current list of CAPTA required data elements includes:

- (1) *The number of children who were reported to the state during the year as victims of child abuse or neglect.*
- (2) *Of the number of children described in paragraph (1), the number with respect to whom such reports were—*
 - (a) *Substantiated;*
 - (b) *Unsubstantiated; or*
 - (c) *Determined to be false.*
- (3) *Of the number of children described in paragraph (2)—*
 - (a) *the number that did not receive services during the year under the state*

program funded under this section or an equivalent state program;

(b) the number that received services during the year under the state program funded under this section or an equivalent state program; and

(c) the number that were removed from their families during the year by disposition of the case.

(4) The number of families that received preventive services, including use of differential response, from the state during the year.

(5) The number of deaths in the state during the year resulting from child abuse or neglect.

(6) Of the number of children described in paragraph (5), the number of such children who were in foster care.

(7)
(a) The number of child protective service personnel responsible for the—
(i.) intake of reports filed in the previous year;

(ii.) screening of such reports;
(iii.) assessment of such reports; and
(iv.) investigation of such reports.

(b) The average caseload for the workers described in subparagraph (A).

(8) The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect.

(9) The response time with respect to the provision of services to families and children where an allegation of child abuse or neglect has been made.

(10) N/A for NCANDS.

(11) The number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse or neglect, including the death of the child.

(12) The number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out

of court contacts between such individuals and children.

(13) N/A for NCANDS.

(14) N/A for NCANDS.

(15) The number of children referred to a child protective services system under subsection (b)(2)(B)(ii).

(16) The number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

(17) The number of children determined to be victims described in subsection (b)(2)(B)(xxiv).

(18) The number of infants—
(a) identified under subsection (b)(2)(B)(ii);

(b) for whom a plan of safe care was developed under subsection (b)(2)(B)(iii); and

(c) for whom a referral was made for appropriate services, including services for the affected family or caregiver, under subsection (b)(2)(B)(iii).

The items listed under number (10), (13), and (14) are not collected by NCANDS.

The Children’s Bureau proposes to continue collecting the NCANDS data through the two files of the Detailed Case Data Component, the Child File (the case-level component of NCANDS) and the Agency File (additional aggregate data, which cannot be collected at the case level). There are no proposed changes to the NCANDS data collection instruments. Small changes were made to the instructions to provide clarity, streamline the process, and reduce state burden.

Respondents: State governments, the District of Columbia, and the Commonwealth of Puerto Rico.

ANNUAL BURDEN ESTIMATES

Information collection title	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
Detailed Case Data Component: (Child File and Agency File) IT Staff	52	1	42.6	2,215
Detailed Case Data Component: (Child File and Agency File) Programmatic Staff	52	1	65.4	3,401
Estimated Annual Burden Total	5,616

Comments: The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the

information shall have practical utility; (b) the accuracy of the agency’s estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the

burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given

to comments and suggestions submitted within 60 days of this publication.

Authority: 42 U.S.C. 5101 *et seq.*

Mary C. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #: 0970-0422]

Proposed Information Collection Activity; Adoption and Foster Care Analysis and Reporting System (AFCARS)

AGENCY: Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) is requesting a revision of the Adoption and Foster Care Analysis and Reporting System (AFCARS) (Office of Management and Budget (OMB) #:

0970-0422, expiration June 30, 2026). Sixty-two data elements have been added to AFCARS, per a December 2024 final rule. This has increased the burden for reporting for state child welfare agencies only.

DATES: *Comments due* May 29, 2026.

ADDRESSES: In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above. You can obtain copies of the proposed collection of information and submit comments by emailing infocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: State and tribal title IV-E agencies are required to report AFCARS case-level information on all children in foster care and children who have been adopted or placed in a guardianship with title IV-E agency involvement. The data includes information about children who enter foster care, their entries and exits, placement details, and foster/adoptive parent information. The data collected will inform policy decisions, program management, and responses to Congressional and Departmental inquiries. Specifically, the data are used

for short/long-term budget projections, trend analysis, child and family service reviews, and to target areas for improved technical assistance.

The AFCARS regulation (45 CFR part 1355.40) recently underwent a revision with a final rule in December 2024 (89 FR 96569), which added 62 data elements to require state title IV-E child welfare agency reporting of more detailed information related to the Indian Child Welfare Act’s procedural protections. This increased the reporting burden for states only.

This request is for public comment on the burden calculations. It does not seek comment on the data elements that have been through the rulemaking process.

Respondents: Title IV-E State and Tribal Child Welfare Agencies.

In the currently approved information collection, burden was displayed in sum for state and tribal recordkeeping activities. To more clearly document estimated burden per respondent type after the recent addition of elements for states, this request breaks the recordkeeping burden out by respondent. The estimated time per response for tribes remains the same while the estimated time per response for states increased from 8,538 to 9,036 hours per response.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Annual burden hours
State Recordkeeping	53	2	9,035.97	957,813
Tribe Recordkeeping	17	2	8,538	290,292
Reporting	70	2	17	2,380
Estimated Total Annual Burden Hours				1,250,485

Comments: The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency’s estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

(*Authority:* 42 U.S.C. 679; 45 CFR part 1355.40.)

Mary C. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA-2015-D-1580]

Incorporating Voluntary Patient Preference Information Over the Total Product Life Cycle; Guidance for Industry, Food and Drug Administration Staff, and Other Interested Parties; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of availability.

SUMMARY: The Food and Drug Administration (FDA or Agency) is announcing the availability of a final guidance entitled “Incorporating Voluntary Patient Preference