public health and health care in these populations; and developing training materials, educational activities, and communications for globally mobile populations (including mobile phone updates and notifications in appropriate languages) to increase awareness of infectious disease prevention.

IRC is in a unique position to conduct this work, as it works in more than 30 crisis-affected countries, developing relationships with other non-governmental organizations and providing healthcare and public health services to globally mobile populations in refugee camps, including hospital inpatient and outpatient services, vital registries, disease surveillance, community outreach, and public health campaigns to prevent vaccine-preventable and vector-borne diseases. In many of these situations, IRC has been designated the healthcare implementing partner by the United Nations High Commissioner for Refugees, and no other organization can take over this role. Therefore, they are uniquely positioned to support CDC's mission to prevent, detect, and respond to outbreak prone diseases in these populations.

Summary of the Award

Recipient: IRC.

Purpose of the award: The purpose of this award is to support the implementation of strategies to reduce the transmission of communicable and emerging diseases in mobile populations overseas.

Authority: This program is authorized under 301(a) and 317(k)(2) of the Public Health Service Act, [42 U.S.C. 241(a) and 247b(k)(2)], as amended. Section 307 Public Health Service Act, [42 U.S.C. 2421].

Period of performance: September 30, 2026, through September 29, 2031.

Jamie Legier,

Chief Grants Management Officer, Centers for Disease Control and Prevention.

[FR Doc. 2026–16658 Filed 8–13–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-26–0943; Docket No. CDC–2026–1354]

Proposed Data Collections 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 efforts to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this 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 Data Collection for the Residential Care Community and Adult Day Services Center Components of the National Post-Acute and Long-Term Care Study. The purpose is to collect data for the residential care community and adult day services center components for the 2027 wave of the National Post-Acute and Long-Term Care Study.

DATES: Written comments must be received on or before October 13, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2026–1354 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 public 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; phone: 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 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 shall 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 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

Data Collection for the Residential Care Community and Adult Day Service Center Components of the National Post-Acute and Long-Term Care Study (OMB Control No. 0920–0943)—Reinstatement with Change—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, ''shall collect statistics on health resources . . . [and] utilization of health care, including

extended care facilities, and other institutions.'' NCHS seeks approval to collect data for the residential care community (RCC) and adult day services center (ADSC) survey components of the 8th National Post-Acute and Long-Term Care Study (NPALS). A two-year clearance is requested.

NPALS is designed to: (1) broaden NCHS' ongoing coverage of paid, regulated long-term care (LTC) providers; (2) merge with existing administrative data on LTC providers and service users (*i.e.* Centers for Medicare and Medicaid Services (CMS) data on inpatient rehabilitation facilities and patients, long-term care hospitals and patients, nursing homes and residents, home health agencies and patients, and hospices and patients); (3) update data more frequently on LTC providers and service users for which nationally representative administrative data do not exist; and (4) enable comparisons across LTC sectors and timely monitoring of supply and use of these sectors over time.

Data will be collected from two types of LTC providers in the 50 states and the District of Columbia: 2,458 RCCs and 1,941 ADSCs. Data were collected in 2012, 2014, 2016, 2018, 2020, 2022, and 2025. The data to be collected in 2027 include the basic characteristics, services, staffing, and practices of RCCs and ADSCs, and demographics, selected health conditions and health care utilization, physical functioning, and cognitive functioning of RCC residents and ADSC participants. The 2027 NPALS will include provider and services user questionnaires.

Expected users of data from this collection effort include, but are not limited to: CDC; other Department of Health and Human Services (DHHS) agencies, such as the Office of the Assistant Secretary for Planning and Evaluation, The Administration for Community Living, and the Agency for Healthcare Research and Quality; associations, such as LeadingAge, National Center for Assisted Living, American Seniors Housing Association, Argentum, and National Adult Day Services Association; universities; foundations; and other private sector organizations such as the Alzheimer's Association, the AARP Public Policy Institute, and the National Academies of Sciences, Engineering, and Medicine.

Expected burden from data collection for eligible cases is 65 minutes per respondent; five minutes for a contact confirmation call, 30 minutes for a provider questionnaire, and 30 minutes for a services user questionnaire. An estimated 5% of RCC and ADSC respondents will have an additional five minutes of burden to complete a data retrieval call and an estimated 20% of RCC and ADSC respondents will have an additional five minutes of burden to complete a provider questionnaire prompting call. We calculated the burden based on a 100% response rate. CDC requests OMB approval for an estimated 2,431 annual burden hours. There is no cost 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)
RCC Director/Designated Staff Member.	RCC Provider Questionnaire	1,229	1	30/60	615
ADSC Director/Designated Staff Member.	ADSC Provider Questionnaire	971	1	30/60	486
RCC Director/Designated Staff Member.	RCC Services User Questionnaire	1,229	1	30/60	615
ADSC Director/Designated Staff Member.	ADSC Services User Questionnaire	971	1	30/60	486
RCC/ADSC Director/Designated Staff Member.	Contact Confirmation call	2,200	1	5/60	183
RCC/ADSC Director/Designated Staff Member.	Data retrieval call	110	1	5/60	9
RCC/ADSC Director/Designated Staff Member.	Provider Questionnaire Prompting call.	440	1	5/60	37
Total					2,431

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. 2026–16594 Filed 8–13–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #: 0970–0617]

Submission for Office of Management and Budget Review; Administration for Children and Families Generic for Information Collections Related to Gatherings

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, United States Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services intends to request approval from the Office of Management and Budget (OMB) for extension of an approved generic clearance to request information from potential participants at ACF gatherings, such as meetings or conferences. The current expiration date is September 30, 2026. Burden estimates have been updated to reflect agency plans over the next three years.