Validation Studies and report their results to CDC. LRN laboratories participate in multiple Challenge Panels, Exercises and/or Validation Studies every year. These activities consist of 5–21,000 simulated samples provided by CDC. These challenges are necessary to verify the testing capability of the LRN laboratories. Because biological or chemical agents perceived to be of bioterrorism concern can occur rarely, some LRN laboratories have difficulty maintaining proficiency in certain testing methods as a result of day-to-day testing. Thus, simulated samples are distributed to ensure proficiency across LRN member laboratories. LRN laboratories also enter the results of these simulated samples into the LRN Results Messenger or through Data Integration for evaluation by CDC.

During a surge event resulting from a bioterrorism or chemical terrorism attack, or during an emerging infectious disease outbreak, LRN Laboratories must submit all testing results using LRN Results Messenger or through Data Integration. CDC uses these results to track the progression of a bioterrorism event, respond in the most efficient and effective way possible, and share this data with other federal partners involved in the response. Data is collected via two primary avenues, the program LRN Results Messenger or through Electronic Laboratory Reporting (ELR), and results include details about the type and source of samples as well as the tests performed and the numerical and empirical results of those tests.

An LRN laboratory must provide its testing capabilities, physical and shipping addresses, United States Department of Agriculture (USDA) and Select Agent Permits, and specified responsible individuals' names, phone numbers and email addresses. After registering with the LRN website, a user must provide his/her first and last name, work phone number, alternate phone number, email address, and month and day of birth. During reporting of results, sample details, tests performed, results obtained, and conclusions of tests are required.

The LRN website has remained virtually the same and has only undergone routine maintenance since 2015 to keep it in working order. There have been many improvements to the LRN website over the course of the past three years: (1) The LRN website migrated to CDC Secure Access Management Services (SAMS) servers to provide a more secured login and user authentication, (2) A new CDC template was implemented to support 508 compliance and responsive designs, (3) LRN user role structures were upgraded to provide more efficient administrative and user maintenance workflow, and (4) The website database and code was restructured to prepare the system for future modernization efforts.

CDC also conducted LRN–B Challenge Panels (CP) and LRN–C Proficiency Testing (PT). The purpose of CP and PT is to simulate real samples for labs that would not have regularly performed some of the LRN procedures. Having the ability to conduct LRN CPs and PTs has led to improved laboratory performance and better preparedness. In FY18 the LRN–B CP passing rate was 97%. In FY19 and FY20, the passing rate was 88% and 90%. In FY18 the LRN–C PT passing was 96%. In FY19 and FY20, the passing rate was 95% and 96%, respectively.

This data collection is authorized under the Public Health Service Act, (42 U.S.C. 241) Section 301.

CDC requests OMB approval for an estimated 422,716 annual burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Forms	Number of respondents	Average number of responses per respondent	Average burden per response (hours)	Total burden hours
Public Health Laboratories	Biennial Requalification	130	1	2	260
	Routine Testing Results (LRN–B)	130	25	4	13,000
	Challenge Panel/Validation Testing Results (LRN–B).	130	2	12	3,120
	Surge Event Testing Results (LRN–B).	130	625	4	325,000
	BioFire Inventory Records (LRN–B)	16	1	2	32
	Proficiency Testing/Characterization Results (LRN–C).	44	4	392	68,992
	Surge Event Testing Results/Exercises (LRN–C: SPaSE, Surge, ERE).	57	3	72	12,312
Total					422,716

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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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–22–21HI]

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 Red Carpet Entry (RCE) Program Implementation Project 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 August 20, 2021 to obtain comments from the public and affected agencies. CDC received one comment 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

Red Carpet Entry Program Implementation Project—New—National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This information collection involves original, implementation research on the Red Carpet Entry (RCE) program to link persons with HIV to care within 72 hours of their diagnosis or their return to care after being out of care. Originally developed and implemented in Washington, DC by Whitman Walker Health and the D.C. Department of Health's HIV/AIDS, Hepatitis, STD, and TB Administration, RCE has been shown to successfully and rapidly link people who tested HIV positive to an HIV care provider. Evaluations of RCE found that 70% of newly diagnosed people were linked to care within 72 hours of their HIV test. It was also shown to work for linking people who had fallen out of care with an HIV provider. An adapted version of RCE has also been shown to improve health outcomes among adolescents and youths in Kenya by quickly linking to care. The school-based program increased rates of linkage to care from 56.5% to 97.3% and three-month retention in care from 66.0% to 90.0%. Based on this, the CDC identified RCE as an evidence-informed structural intervention and included it in CDC's Compendium of Evidence-based Interventions (EBIs) and Best Practices for HIV Prevention.

Having an evidence-informed intervention like RCE that can be disseminated to the broader HIV health care community is important for several reasons: (1) Antiretroviral therapy (ART) is the best way to manage HIV and reduce transmission; (2) ART initiation is only possible when someone enters health care and then is ultimately retained in care; and (3) There are few existing evidenced-based structural interventions to support this process. This bias in the field of HIV interventions stems from a focus on individual behavior change interventions to prevent HIV infection. However, as new and effective treatments have emerged that reduce the likelihood of HIV transmission, HIV clinics and other healthcare settings have emerged as key contexts for HIV prevention by making sure that persons with HIV (PWH) have immediate access to ART. Therefore, the field has slowly shifted to understanding how providers and health systems can be encouraged to support PWH to reduce HIV.

This study will contribute to the field by creating tools to support clinics and healthcare settings that want to implement the RCE Program to link PWH to care. A toolkit will be created and tested via implementing RCE in two clinics, and lessons from the implementation of RCE will be used to update the toolkit. The final toolkit will be disseminated via CDC's website. Furthermore, because the study also evaluates the implementation strategies, outcomes, and context when RCE is being used, the study will be able to recommend what is needed to implement RCE with fidelity and success and incorporate these insights into the toolkit. Finally, because tracking costs are also a part of the evaluation, clinics and health systems that are examining potential RCE adoption will have material information about what is needed to put RCE into practice. An understanding of the actual costs can provide important justification for program planners.

The results of this study will help CDC frame how best to disseminate the RCE Program to the broader HIV health care community. This is important because only federal agencies like CDC have the resources and infrastructure to broadly disseminate EBIs. Broad dissemination and uptake of EBIs like RCE can help move population rates of HIV suppression which would affect population transmission rates. Linkage to care, in an era of biomedical HIV prevention, is a prevention linchpin.

CDC requests OMB approval for an estimated 125 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)
RCE Clients	Screener	180	1	5/60
RCE Implementation Staff	Staff Survey—Preparation Phase	8	1	15/60
RCE Implementation Staff	Staff Survey—Implementation Phase (months 1, 3, 5)	8	3	15/60
RCE Implementation Staff	Staff Survey—Implementation Phase (months 2, 4, 6)	8	3	15/60
RCE Implementation Staff	Staff Interview Guide—Preparation Phase	8	1	1

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
RCE Implementation Staff	Staff Interview Guide—Implementation Phase (months 1, 3, 5).	8	3	30/60
RCE Implementation Staff	Staff Interview Guide—Implementation Phase (mos 2, 4, 6)	8	3	30/60
Clinic Leadership	Clinic Leadership Interview Guide	2	1	30/60
RCE Implementation Staff	Labor Cost Questionnaire	6	4	90/60
RCE Implementation Staff	Non-Labor Cost Questionnaire	2	9	90/60
RCE Implementation Staff	RCE Report Card	2	3	15/60

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

Administration for Children and Families

Proposed Information Collection Activity; 45 CFR 303.7—Provision of Services in Intergovernmental IV–D; Federally Approved Forms (OMB #0970–0085)

AGENCY: Office of Child Support Enforcement, Administration for Children and Families, HHS.

ACTION: Request for public comment.

SUMMARY: The Office of Child Support Enforcement is requesting a 3-year extension of the Provision of Services in Intergovernmental IV–D; Federally Approved Forms (OMB #0970–0085, expiration December 31, 2022). There are no changes requested to these forms.

DATES: *Comments due within 60 days of publication.* In compliance with the requirements of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: 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: Public Law 113–183, the Preventing Sex Trafficking and Strengthening Families Act, amends section 466(f) of the Social Security Act requiring all states to enact any amendments to the Uniform Interstate Family Support Act ''officially adopted as of September 30, 2008, by the National Conference of Commissioners on Uniform State Laws'' (referred to as UIFSA 2008). Section 311(b) of UIFSA requires states to use forms mandated by federal law. 45 CFR 303.7(a)(4) also requires child support programs to use federally approved forms in intergovernmental IV–D cases unless a country has provided alternative forms.

Respondents: State agencies administering a child support program under title IV–D of the Social Security Act.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Annual burden hours
Transmittal #1—Initial Request	54	16,048	0.17	147,321
Transmittal #1—Initial Request Acknowledgement	54	16,048	0.05	43,330
Transmittal #2—Subsequent Action	54	12,036	0.08	51,996
Transmittal #3—Request for Assistance/Discovery	54	2,407	0.08	10,398
Uniform Support Petition	54	6,419	0.05	17,331
General Testimony	54	6,419	0.33	114,387
Declaration in Support of Establishing Parentage	54	2,407	0.15	19,497
Child Support Locate Request	54	160	0.05	432
Notice of Determination of Controlling Order	54	2	0.25	27
Letter of Transmittal Requesting Registration	54	9,629	0.08	41,597
Personal Information Form For UIFSA § 311	54	6,419	0.05	17,331
Child Support Agency Confidential Information Form	54	19,258	0.05	51,997
Request for Change of Support Payment Location Pursuant to UIFSA 319(b)	54	80	0.05	216

Estimated Total Annual Burden Hours: 515,860.

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: 45 CFR 303.7.

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2022–06407 Filed 3–25–22; 8:45 am]

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