19.To such recipients and under such circumstances and procedures as are mandated by federal statute.

POLICIES AND PRACTICES FOR STORAGE OF RECORDS:

Records in this system are stored in electronic and/or paper format. Electronic records are stored in computerized databases on the Commission's servers as well as in secured FedRAMP-certified cloud environments. Paper records are stored in locked file rooms and/or file cabinets located in the Office of the General Counsel.

POLICIES AND PRACTICES FOR RETRIEVAL OF RECORDS:

Records are indexed and retrieved by a unique tracking number assigned to the request or appeal. Records are also retrieved by the requestor's or appellant's name, date, and the subject of the request.

POLICIES AND PRACTICES FOR RETENTION AND DISPOSAL OF RECORDS:

Records in this system are retained and disposed of in accordance with the General Records Schedules issued by the National Archives and Records Administration.

ADMINISTRATIVE, TECHNICAL, AND PHYSICAL SAFEGUARDS:

Records are safeguarded in a secured environment. The building where the records are stored has security cameras and security guard service. Access to the Commission's office in Washington, DC may be gained only by using an electronic key, which is provided only to Commission personnel. Paper records are kept in limited access areas during duty hours and in locked file cabinets and/or locked offices at all other times. Access is limited to those personnel whose official duties require access. Computerized records are safeguarded through use of information technology security controls, as dictated by the Federal Information Security Modernization Act (FISMA) and the National Institute of Standards and Technology (NIST), and access is limited to those personnel whose official duties require access. Contractors and other recipients providing services to the Commission shall be required to maintain the same or equivalent safeguards.

RECORD ACCESS PROCEDURES:

Individuals seeking to determine whether this system of records contains information about themselves or seeking access to records about themselves in this system of records should address written inquiries to: Executive Director, FMSHRC, 1331 Pennsylvania Avenue NW, Suite 520N, Washington, DC 20004–1710. For an explanation on how such requests should be drafted, refer to FMSHRC's regulations contained in 29 CFR part 2705.

CONTESTING RECORD PROCEDURES:

Individuals contesting the content of records about themselves contained in this system of records should address written inquiries to: Executive Director, FMSHRC, 1331 Pennsylvania Avenue NW, Suite 520N, Washington, DC 20004–1710. For an explanation on the specific procedures for contesting the contents of a record, refer to FMSHRC's regulations contained in 29 CFR part 2705.

NOTIFICATION PROCEDURE:

Individuals seeking notification of any records about themselves contained in this system of records should address written inquiries to: Executive Director, FMSHRC, 1331 Pennsylvania Avenue NW, Suite 520N, Washington, DC 20004–1710. For an explanation on the specific procedures for sending a notification request, refer to FMSHRC's regulations contained in 29 CFR part 2705.

EXEMPTIONS CLAIMED FOR THE SYSTEM:

None.

HISTORY:

None.

Dated: April 5, 2024.

Stacey George,

Chief FOIA Officer and Acting Senior Agency Official for Privacy, Federal Mine Safety and Health Review Commission.

[FR Doc. 2024–11625 Filed 5–24–24; 8:45 am]

BILLING CODE 6735–01–P

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies; Correction

This notice corrects a notice (FR Doc. 2024–11345) published on page 44980 in the third column of the issue for Wednesday, May 22, 2024.

Under A. Federal Reserve Bank of New York, entry 1 is corrected to read as follows:

1. *Hanover Bancorp, Inc., Mineola, New York (a Maryland corporation);* to become a bank holding company by acquiring Hanover Bancorp, Inc., Mineola, New York (a New York corporation), and thereby indirectly acquiring Hanover Community Bank, Garden City Park, New York.

Comments on this application must be received by June 27, 2024.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Deputy Associate Secretary of the Board.

[FR Doc. 2024–11648 Filed 5–24–24; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–24–0931]

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 ''Blood Lead Surveillance System (BLSS)'' 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 27, 2023 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

Blood Lead Surveillance System (BLSS) (OMB Control No. 0920–0931, Exp. 07/31/2024)—Extension—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This is a request for a three-year Extension for an existing Paperwork Reduction Act (PRA) clearance titled ''Blood Lead Surveillance System (BLSS)'' (OMB Control No.0920–0931, Exp. 07/31/2024). The National Center for Environmental Health (NCEH) is leading this data collection conducted by for two Centers for Disease Control and Prevention (CDC) programs; one for childhood blood lead surveillance by NCEH and another for adult blood lead surveillance by the National Institute for Occupational Safety and Health (NIOSH).

The goal of the NCEH Childhood Blood Lead Surveillance (CBLS) Program is to support blood lead screening and to promote primary prevention of exposure to lead. The CBLS Program also supports secondary prevention of adverse health effects when lead exposures occur in children, through improved program management and oversight in respondent jurisdictions.

The goal of the NIOSH Adult Blood Lead Epidemiology and Surveillance (ABLES) Program is to build state capacity for adult blood lead surveillance programs to measure trends in adult blood lead levels and to prevent lead over-exposures.

NCEH has a five-year cooperative agreement, titled ''Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children'' (Funding Opportunity Announcement [FOA] No. CDC–RFA–EH21–2102). The first two years of this ICR will extend from FY24 through FY26, and thus will be covered for two-thirds of the ICR three-year period, while funding for the third year of this ICR will be determined in the future. Data submission to the ABLES Program is voluntary and completed through data sharing agreements with state agencies or their bona fide agents.

Blood lead surveillance over the human lifespan is covered under this single ICR, specifically for children younger than 16 years through CBLS at NCEH, and for adults 16 years and older, through ABLES at NIOSH. Over the past several decades there have been substantial efforts in environmental lead abatement, improved protection from occupational lead exposure, and a reduction in the prevalence of population blood lead levels (BLLs) over time. The U.S. population BLLs have substantially decreased over the last four decades. For example, the CDC has reported the 1976–1980 U.S. mean BLL in children six months to five years was 16.0 micrograms per deciliter (mcg/dL), and 14.1 mcg/dL among adults 18 to 74 years. More recently, the CDC reported the 2009–2010 U.S. BLL geometric means among children one to five years and among adults 20 years and older as 1.2 mcg/dL for both age groups. In 2012, the National Toxicology Program (NTP) concluded that there is sufficient evidence that even BLLs less than 5 mcg/dL are associated with adverse health effects in both children and adults. Despite the reduction in the overall population BLL over four decades, lead exposures continue to occur at unacceptable levels for individuals in communities and workplaces across the nation. Surveillance will continue through CBLS and ABLES to identify individuals with BLLs greater than most children who may need follow-up. Surveillance can also help prioritize communities for primary prevention of lead exposure and expanding blood lead testing. As of October 2021, NCEH defines its Blood Lead Reference Value (BLRV) for children at 3.5 mcg/dL. NIOSH defines an elevated BLLs as greater than or equal to 5 mcg/dL for adults.

Respondents are defined as state, local, and territorial health departments with lead poisoning prevention programs. The estimated annual time burden for NCEH CBLS is 1,058 hours. The estimated annual time burden for NIOSH ABLES is 280 hours. In total, CDC is requesting approval for a total annual time burden of 1,338 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State, Local and Territorial Health Departments, or their Bona Fide Agents.	CBLS Variables (ASCII Text Files).	66	4	4
	CBLS Aggregate Records Form (Excel).	1	1	2
	ABLES Case Records Form and Brief Narrative Report.	32	1	8
	ABLES Aggregate Records Form and Brief Narrative Report.	8	1	3

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. 2024–11589 Filed 5–24–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-24–24FS; Docket No. CDC–2024–0038]

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 proposed information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comments on a proposed information collection titled Needle Exchange Utilization Survey (NEXUS). This data collection is being created to develop a surveillance system to monitor drug use, prevention behaviors, and the infectious disease consequences of drug use in select urban and non-urban areas of the U.S.

DATES: CDC must receive written comments on or before July 29, 2024.

ADDRESSES: You may submit comments identified by Docket No. CDC–2024–0038 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: 404–639–7118; 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 the 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 collecting information on those to respond, including using appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic responses; and

5. Assess information collection costs.

Proposed Project

Needle Exchange Utilization Survey (NEXUS)—New—National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of the Needle Exchange Utilization Survey (NEXUS) is to develop a surveillance system to monitor drug use, prevention behaviors, and the infectious disease consequences of drug use in 6–15 select urban and non-urban areas of the U.S. that the opioid crisis has impacted. Such a surveillance system is needed to inform prevention efforts and policy. The specific objectives of the project are to assess the following among persons who inject drugs who are recruited in syringe services programs (SSPs) and their peers who use drugs through peer-driven recruitment: (1) drug use and sexual behaviors, injection risk networks, receipt of prevention services, and barriers to prevention and care; and (2) the prevalence of HIV and hepatitis C (HCV) infections.

The project will involve a two-stage sampling approach. First, up to 15 SSPs will be selected to ensure geographic diversity and representation of key program characteristics, such as the syringe distribution model (needs-based vs. all others) and length in operation (<5 years, ≥5 years). Second, SSP clients, the majority who are persons who inject drugs (PWID), and their peers who use drugs will be recruited through a combination of direct recruitment at each SSP and peer-driven recruitment to partake in a survey and HCV and HIV testing.

Clients of SSPs and their peers who meet eligibility criteria will complete a survey using an Electronic Data Capture system, a secure web-based application for administering online surveys. The survey will include questions on drug use and sexual behaviors, injection risk networks, drug treatment history, history of drug use-related adverse health outcomes, experiences with law enforcement, HIV and HCV testing experience, and use of prevention and health care services. Lastly, participants will be offered anonymous HIV and HCV testing in conjunction with the survey, which they may refuse with no effect on participation in the survey.

Data from NEXUS will be used to inform the planning and evaluation of prevention programs at the local and national levels that aim to reduce adverse health outcomes due to injection and non-injection drug use and to contribute to the overall opioid crisis response efforts. Data from NEXUS will also be used for an ongoing surveillance system in the U.S. to monitor trends in drug use and the infectious disease consequences of drug use.

Approximately 6,000 individuals will complete the eligibility screener. Our target population is 300 participants per site or 4,500 for up to 15 sites. We anticipate that, on average, 25% or 1,499 persons (for up to 15 SSPs) will not be interested in completing a questionnaire, yielding a maximum of