

and a delay in effective date are not required.

With this Termination, I hereby determine that the danger of further introduction, transmission, or spread of COVID-19 into the United States from UC, as defined in the August Order, has ceased to be a serious danger to the public health and therefore the continuation of the August Order, and all previous orders issued under the same authority, with respect to UC is no longer necessary to protect public health. Nothing in this Termination will prevent me from issuing a new Order under 42 U.S.C. 265, 268 and 42 CFR 71.40 based on new findings, as dictated by public health needs.

**Sherri Berger,**

*Chief of Staff, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

[OMB No. 0970-0476]

#### Proposed Information Collection Activity; Generic Clearance for Disaster Information Collection Forms

**AGENCY:** Office of Human Services Emergency Preparedness and Response, Administration for Children and Families, HHS.

**ACTION:** Request for public comment.

**SUMMARY:** The Administration for Children and Families (ACF) is requesting a 3-year extension of the Generic Clearance for Disaster Information Collection Forms (OMB #0970-0476) and the five forms currently approved for ACF programs. There are no changes requested to the umbrella generic and no substantial changes to the currently approved forms.

**DATES:** *Comments due within 60 days of publication.* 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.

**ADDRESSES:** You can obtain copies of the proposed collection of information and submit comments by emailing [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). Identify all requests by the title of the information collection.

#### SUPPLEMENTARY INFORMATION:

*Description:* The information collected through the forms approved under the Generic Clearance for Disaster Information Collection Forms is used to provide real-time updates during the response and recovery phases of a disaster. The same generic form has been tailored for each of the five following ACF offices or programs: the Children's Bureau, the Family Violence Prevention and Services Program, the Office of Child Care, the Office of Head Start, and the Runaway and Homeless Youth (RHY) Program. It is possible that more program offices may request approval of a tailored version in the future.

The requested information is submitted by ACF grantees, which includes states and tribes.

#### Currently Approved Forms

*Family and Youth Services Bureau, Family Violence Prevention and Services Program.* This form collects information on post-disaster impacts and disaster recovery, including requests for assistance from state administrators, tribes/tribal organizations, state coalitions, or resource centers comprising the Domestic Violence Resource Network; shelters that have been evacuated due to damage; shelter residents being served in alternate locations; reports of an increase in requests for assistance; capacity shortfalls; and reported increase in domestic violence post-disaster.

*Office of Child Care.* The baseline information includes the number of licensed, regulated, and license-exempt child care providers in the state; the number of children who are served by the ACF Office of Child Care's Child Care and Development Fund (CCDF); emergency contact information for the CCDF administrator, the licensing contacts, and resource and referral agencies; interruptions in systems that facilitate contacting the child care providers; contact person for state record-keeping systems; number of children served; and damage assessment plans of the licensing agency. The disaster impact information includes the number and type of child care providers closed, the number of closed providers that serve children who benefit from ACF CCDF, the number of children with CCDF subsidies affected by the closures, total child care capacity lost, whether the providers whose facilities have closed will be able to reopen, whether damaged facilities have been able to remain open, degree of disruption in

services; state decision to implement temporary operating standards for child care providers; and requests for behavioral and mental health services for children, families, and staff. Post-disaster recovery questions include ability of child care providers to reopen, number of service slots lost due to closures, total number of child care providers that are open in the disaster impact zone; and staff shortages.

*Family and Youth Services Bureau, Runaway and Homeless Youth Program.* This form collects information on post-disaster impacts and disaster recovery, including requests from grantees for technical assistance; a safety and accountability report for children and youth in RHY programs; reports of damage to RHY facilities; and a report of any children or youth that have been relocated due to damages to facilities.

*Children's Bureau.* This form requests information on any disaster-caused disruptions of the child abuse/neglect reporting and investigation system; reports of unaccompanied children needing protection, identification, and reunification with legal caregivers; actions taken by the Child Welfare Agency; impacts to Chafee Foster Care Independence Program providers; accountability and safety report for youth receiving services; reports on any increase in the number of child abuse or neglect reports in the affected areas; impacts to Safe and Stable Families or Community Based Child Abuse Prevention providers; whether families receiving in-home services are being supported; displaced or temporarily relocated foster families; coordination of needed services and supervision by the Child Welfare Agency; new or increased interstate challenges; and compromised program records.

*Office of Head Start.* Number of Head Start (HS) centers and service slots located in the disaster impact zone; number of centers and available service slots open and number closed post-disaster; number of HS centers with undetermined status; general access to services for children and families in the impacted areas; disruptions in transportation; ability of families to receive care elsewhere; number of HS centers closed post-disaster and number of service slots lost; and other program service interruptions.

*Respondents:* ACF Grantees and State Administrators.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Annual burden hours
Children’s Bureau Disaster Information Collection Form .....	10	1	1	10
Family Violence Prevention and Services Program Disaster Information Collection Form .....	10	1	1	10
Office of Child Care Disaster Information Collection Form .....	7	1	2	14
Office of Head Start Disaster Information Collection Form .....	10	1	2	20
Runaway and Homeless Youth Program Disaster Information Collection Form .....	10	1	1	10
Future Program Office Disaster Information Collection Forms .....	40	1	1.5	60

*Estimated Total Annual Burden Hours: 124.*

*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. 68 Disaster Relief; 42 U.S.C. Section 5121; Pub. L. 113–5.

**Mary B. Jones,**  
*ACF/OPRE Certifying Officer.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Proposed Collection: Public Comment Request; The Maternal, Infant, and Early Childhood Home Visiting Program: Advancing Health Equity in Response to the COVID–19 Public Health Emergency, 0906–XXXX, New**

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act

of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on this ICR should be received no later than May 16, 2022.

**ADDRESSES:** Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance Officer, 14N136B, 5600 Fishers Lane, Rockville, MD 20857.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email *paperwork@hrsa.gov* or call Samantha Miller, the acting HRSA Information Collection Clearance Officer at (301) 443–9094.

**SUPPLEMENTARY INFORMATION:**  
*Information Collection Request Title:* The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program: Advancing Health Equity in Response to the COVID–19 Public Health Emergency OMB No. 0906–XXXX, NEW

*Abstract:* The MIECHV Program is authorized by Social Security Act, Title V, § 511 (42 U.S.C. 711) and Congress made available supplemental appropriations to carry out the program through the American Rescue Plan Act (Pub. L. 117–2). American Rescue Plan Act funds are being used to support the MIECHV: Advancing Health Equity in Response to the COVID–19 Public Health Emergency project. The project includes five case studies to be conducted in communities across the United States. Communities will be selected based on a county level assessment of available data on social and structural determinants of health, the variation in COVID–19 patterns including disparities in key COVID–19 indicators, and the existence of MIECHV-funded local implementing agencies. The five communities will

represent a mix of urban and rural counties and Tribal communities with measurable health disparities by race and ethnicity. The case studies will lead to a deeper understanding of the ways in which COVID–19 has shaped families’ experiences, and the role home visiting plays (and could play) in addressing the inequities that continue to accrue from the pandemic within a community. Information gained from these case studies can inform the development of more responsive home visiting systems and more equitable health and family support systems more broadly. Data collection activities include key informant interviews, focus groups, and online surveys. All necessary human subject protections will be adhered to, including seeking Institutional Review Board approval of data collection and analysis plans prior to commencing any data collection activities.

*Need and Proposed Use of the Information:* HRSA is seeking additional information about the strategies and partners home visiting programs have used to advance health equity in communities disproportionately impacted by the COVID–19 public health emergency. HRSA intends to use this information to provide technical assistance and disseminate best practices to MIECHV awardees, publish findings for lay and research audiences to advance the field’s knowledge of home visiting’s role in COVID–19 response, and to prepare state and local home visiting programs to address disparities in access to care and outcomes, including during future public health emergencies.

*Likely Respondents:* States, territories, and, where applicable, nonprofit organizations receiving MIECHV funding to provide home visiting services within states; state and local representatives from home visiting, public health, health care, and other human service agencies in the early childhood system; community organizers, Tribal elders, religious