

study also uses administrative data from the child welfare system, homelessness management information system, and program providers. Administrative data is being used in its existing format and does not impose any new information collection or recordkeeping requirements on respondents.

The purpose of the requested extension is to continue the ongoing data collection, which will provide information on focal youth outcomes

and program implementation. We are also requesting revisions to the interview and focus group protocols, as well as an additional round of interviews and focus groups. The purpose of the proposed revision is to better understand their experiences in delivering and receiving services and gather information on topics not previously covered in the protocols.

*Respondents:* The baseline and follow-up surveys and contact update

requests are administered to youth in the treatment group (youth receiving the Pathways program) and youth in the control group who consent to participate in the study. Interviews are conducted with program leadership and staff. Focus groups are conducted with a subset of youth who are participating in the study. Check-ins are conducted with program directors.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Avg. burden per response (in hours)	Total burden (in hours)	Annual burden (in hours)
SYSIL Youth Survey—Baseline survey .....	382	1	.42	160.44	53
SYSIL Youth Survey—Follow-up survey 1 (6 months) .....	466	1	.42	195.72	65
SYSIL Youth Survey—Follow-up survey 2 (12 months) .....	501	1	.42	210.42	70
Interview guide for Pathways sites (treatment sites) .....	80	1	1.5	120	40
Program Director Check-ins for Pathways sites (treatment sites) .....	45	1	.5	22.5	8
Interview guide for comparison sites .....	73	1	1.5	109.5	37
Program Director Check-ins for comparison sites .....	30	1	.5	15	5
Focus group discussion guide for Pathways youth (treatment youth) .....	74	1	1.5	111	37
Focus group discussion guide for comparison youth .....	73	1	1.5	109.5	37
Contact Information Update Requests .....	313	2	.08	50.08	17

*Estimated Total Annual Burden Hours:* 369.

*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:* Section 105(b)(5) of the Child Abuse Prevention and Treatment Act (CAPTA) of 1978 (42 U.S.C. 5106(b)(5)), as amended by the CAPTA Reauthorization Act of 2010 (Pub. L. 111–320).

**Mary C. Jones,**

*ACF/OPRE Certifying Officer.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for Office of Management and Budget Review; Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery (Office of Management and Budget #: 0970–0401)**

**AGENCY:** Administration for Children and Families, Department of Health and Human Services.

**ACTION:** Request for public comments.

**SUMMARY:** The Administration for Children and Families (ACF) proposes to extend data collection under the existing overarching Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery (Office of Management and Budget (OMB) #0970–0401). There are no changes to the proposed types of information collection or uses of data, but ACF is requesting an increase to the estimated number responses per respondent.

**DATES:** *Comments due within 30 days of publication.* OMB must make a decision about the collection of information between 30 and 60 days after

publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

**ADDRESSES:** Written 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](http://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. You can also obtain copies of the proposed collection of information by emailing [OPREinfocollection@acf.hhs.gov](mailto:OPREinfocollection@acf.hhs.gov). Identify all requests by the title of the information collection.

**SUPPLEMENTARY INFORMATION:**

*Description:* Executive Order 12862 directs federal agencies to provide service to the public that matches or exceeds the best service available in the private sector. As outlined in Memorandum M–11–26, OMB worked with agencies to create a Fast Track Process to allow agencies to obtain timely feedback on service delivery while ensuring that the information collected is useful and minimally burdensome for the public, as required by the Paperwork Reduction Act of

1995. ACF created this generic clearance in response to this effort by OMB.

To work continuously to ensure that the ACF programs are effective and meet our customers' needs, we use this Fast Track generic clearance process to collect qualitative feedback on our service delivery. This collection of information is necessary to enable ACF to garner customer and stakeholder feedback in an efficient, timely manner in accord with our commitment to improving service delivery. The information collected from our customers and stakeholders helps ensure that users have an effective, efficient, and satisfying experience with the programs. This feedback provides insights into customer or stakeholder perceptions, experiences, and expectations; provides an early warning

of issues with service; or focus attention on areas where communication, training, or changes in operations might improve delivery of products or services. These collections allow for ongoing, collaborative, and actionable communications between ACF and its customers and stakeholders. They also allow feedback to contribute directly to the improvement of program management.

Per Memorandum M-11-26, information collection requests submitted under this Fast Track generic will be considered approved unless OMB notifies ACF otherwise within 5 days.

*Respondents:* ACF program participants, potential program participants, stakeholders, and other customers.

**Annual Burden Estimates**

*Burden Estimates—Approved Information Collection*

The request to OMB will include an extension request for 98 approved information collections that are planned to continue beyond May 2024. The total burden associated with these collections is 15,196 hours.

*Burden Estimates—New Requests*

The following table includes burden estimates for new requests under this generic over the next 3 years. Based on the use of this generic clearance over the past 3 years, ACF is requesting an increase to the estimated number of responses per respondent from 1 to 2.

Type of collection	Total number of respondents	Average total number of responses per respondent	Average burden hours per response for types of collections	Total burden hours
Surveys .....	175,000	2	.5	50,000
Comment Cards/Forms .....			.25	
Feedback Questions .....			.083	
Focus Groups, Discussions, Cognitive Studies .....			1	

*Authority:* Social Security Act, Sec. 1110. [42 U.S.C. 1310].

**Mary C. Jones,**

*ACF/OPRE Certifying Officer.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; The National Health Service Corps Loan Repayment Programs**

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on

HRSA's ICR only after the 30-day comment period for this notice has closed.

**DATES:** Comments on this ICR should be received no later than May 10, 2024.

**ADDRESSES:** Written 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](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting "Currently under Review—Open for Public Comments" or by using the search function.

**FOR FURTHER INFORMATION CONTACT:** To request a copy of the clearance requests submitted to OMB for review, email Joella Roland, the HRSA Information Collection Clearance Officer, at [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call (301) 443-3983.

**SUPPLEMENTARY INFORMATION:**

*Information Collection Request Title:* The National Health Service Corps Loan Repayment Programs, OMB No. 0915-0127—Revision

*Abstract:* The National Health Service Corps (NHSC) Loan Repayment Program (LRP) was established to assure an adequate supply of trained primary care health professionals to provide services in Health Professional Shortage Areas (HPSAs) of the United States with the greatest need. The NHSC Substance Use

Disorder Workforce LRP and the NHSC Rural Community LRP were established to recruit and retain a health professional workforce with specific training and credentials to provide evidence-based substance use disorder treatment in HPSAs. Under these programs, HHS agrees to repay the qualifying educational loans of selected primary care health professionals. In return, the health professionals agree to serve for a specified period of time in an NHSC-approved site located in a federally-designated HPSA approved by the Secretary of HHS for LRP participants.

The forms used by each LRP include the following: (1) the NHSC LRP Application; (2) the Authorization for Disclosure of Loan Information Form; (3) the Privacy Act Release Authorization Form, and, if applicable; (4) the Verification of Disadvantaged Background Form; (5) the Private Practice Option Form; (6) the NHSC Comprehensive Behavioral Health Services Checklist; (7) the NHSC Spanish Language Assessment Proficiency Test Form; and (8) the NHSC Site Application. The first four of these NHSC LRP forms collect information that is needed for selecting participants and repaying qualifying educational loans. The Private Practice Option and Spanish Language Assessment forms are needed to collect