in balance with financially safe and sound business practices, the inclusion and utilization of minorities, women, individuals with disabilities, and minority-, women-, and disabled-owned businesses in all business and activities and at all levels of the regulated entity, including in management, employment, procurement, insurance, and all types of contracts.'' [5] In recognition of the fact that each Bank is required by statute to promote diversity and inclusion ''at all levels'' of its business and activities, the MWI regulations further require that the Banks' policies and procedures (as well as those of the Office of Finance) ''[e]ncourage the consideration of diversity in nominating or soliciting nominees for positions on boards of directors and engage in recruiting and outreach directed at encouraging individuals who are minorities, women, and individuals with disabilities to seek or apply for employment with the regulated entity.'' [6]

In conformity with the statutory requirements, FHFA's MWI regulations require that each Bank and the Office of Finance submit to FHFA an annual report describing, among other things, its efforts to promote diversity at all levels of management and employment, and the results of those efforts.[7] In order to provide a quantitative basis upon which to assess the results of those efforts, FHFA's MWI regulations require that each Bank and the Office of Finance set forth in their respective annual reports the demographic data reported on the EEO–1 form, which they are required to file annually with the Equal Employment Opportunity Commission (EEOC).[8] The EEO–1 form requires that each respondent provide race, ethnicity and gender information for its employees, broken down into various job categories. Because the EEO–1 form does not require that a respondent provide information on board directors, FHFA cannot use the EEO–1 data to assess the effectiveness of the Federal Home Loan Bank System's efforts to ''encourage the consideration of diversity in nominating or soliciting nominees for positions on boards of directors.''

Therefore, in order to enable FHFA to assess those efforts, the MWI regulations separately require that the annual reports set forth ''[d]ata showing for the reporting year by minority and gender classification, the number of individuals on the board of directors of each Bank and the Office of Finance,'' using the same racial and ethnic classifications that are used on the EEO–1 form (which comply with OMB's ''Statistical Policy Directive No. 15, Race and Ethnic Standards for Federal Statistics and Administrative Reporting'').[9] The MWI regulations require that each Bank and the Office of Finance collect that data ''through an information collection requesting each director's voluntary self-identification of his or her minority and gender classification without personally identifiable information.'' [10]

FHFA uses the information collected under this control number to assess the effectiveness of the policies and procedures that each Bank and the Office of Finance is required to implement to promote diversity in all of its business and activities ''at all levels'' and, specifically, to encourage diversity in the nomination and solicitation of nominees for members of its boards of directors. FHFA also uses the information to establish a baseline to analyze future trends related to the diversity of the boards of directors of the Banks and the Office of Finance and to assess the effectiveness of the strategies developed by the Banks and the Office of Finance for promoting, developing, and retaining diverse board talent.

B. Burden Estimate

FHFA estimates the total annual hour burden imposed upon respondents by this information collection to be 19.8 hours. This is based on estimates that 198 Bank and Office of Finance Directors will respond annually, with each response taking an average of 0.1 hours (6 minutes) (198 respondents x 0.1 hours = 19.8 hours).

C. Comments Request

FHFA requests written comments on the following: (1) Whether the collection of information is necessary for the proper performance of FHFA functions, including whether the information has practical utility; (2) the accuracy of FHFA's estimate of the burden of the collection of information; (3) ways to enhance the quality, utility, and clarity of the information collected; and (4) 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.

Shawn Bucholtz,

Chief Data Officer, Federal Housing Finance Agency.

[FR Doc. 2025–01061 Filed 1–16–25; 8:45 am]

BILLING CODE 8070–01–P

[5] *See* 12 CFR 1223.21(b).

[6] *See* 12 CFR 1223.21(b)(7).

[7] *See* 12 CFR 1223.22(a).

[8] *See* 12 CFR 1223.23(b)(1). As required by 29 CFR 1602.7, each Bank and the Office of Finance annually files an EEO–1 form with the EEOC.

[9] *See* 12 CFR 1223.23(b)(10)(i).

[10] *See* 12 CFR 1223.23(b)(10)(i)(A).

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-25–0666; Docket No. CDC–2025–0001]

Proposed Data Collection Submitted for Public Comment and Recommendations; Correction

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: 60-Day notice; correction.

SUMMARY: The Centers for Disease Control and Prevention (CDC), submits this Notice as a correction to the 60-day FRN (CDC Docket Number CDC–2025–0001) published January 8, 2025 for the information collection project titled National Healthcare Safety Network (NHSN). This correction adds Polio to the NHSN package and extends the public comment period 60 days from the date of publication.

DATES: CDC must receive written comments on or before March 18, 2025.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2025–0001 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: 404–639–7570; 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 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 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 submissions of responses; and

5. Assess information collection costs.

Proposed Project

National Healthcare Safety Network (NHSN) (OMB Control No. 0920–0666, Exp. 5/31/2025)—Revision—National Center for Emerging and Zoonotic Infection Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Division of Healthcare Quality Promotion (DHQP), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC) collects data from healthcare facilities in the National Healthcare Safety Network (NHSN) under OMB Control Number 0920–0666. NHSN provides facilities, health departments, states, regions, and the nation with data necessary to identify problem areas, measure the progress of prevention efforts, and ultimately eliminate healthcare-associated infections (HAIs) nationwide. NHSN also allows healthcare facilities to track blood safety errors and various HAI prevention practice methods such as healthcare personnel influenza vaccine status and corresponding infection control adherence rates. Enrollment in NHSN has continuously increased, with over 37,000 actively reporting healthcare facilities across the U.S. Of the total enrolled healthcare facilities, there are over 6,000 acute care facilities. NHSN currently has eight components, and the collection of information is authorized by the Public Health Service Act (42 U.S.C. 242b, 242k, and 242m (d)).

A 60-day **Federal Register** Notice (FRN) was published on January 8, 2025 (90 FR 1495) for an Emergency Revision information collection request (ICR) and was submitted to add three diseases to the NHSN Pathogens of High Consequence Form: Influenza A (H5), Marburg, and Oropouche. A second 60-day **Federal Register** Notice is submitted here to add Polio to the NHSN Pathogens of High Consequence Form, as well. It is crucial for CDC to be aware of cases of these select infectious diseases of public health concern, including Polio, to help ensure that local and state authorities are equipped to contain and prevent further spread. Facilities enrolled in the NHSN Patient Safety Component will be asked to select the specific diseases they are reporting on and then provide the overall number of patients hospitalized with confirmed disease along with stratification of disease in adult and pediatric patients. The data collection will be collected electronically via the NHSN application.

As a result of these changes, this Revision requests OMB approval for an additional 111,021 estimated annual burden hours to be added to Form 57.130—Pathogens of High Consequence. This brings the total estimated burden for Form 57.130 to 777,146 burden hours, and the total estimated annual burden hours for the entire NHSN package to 4,508,255. Participation is required for healthcare facilities that report through the NHSN platform. 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)
Infection Preventionist/Microbiologist	57.130 Pathogens of High Consequence.	3650	365	5/60	111,021
Total	.....				777,146

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. 2025–01154 Filed 1–16–25; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–25–25CQ; Docket No. CDC–2025–0004]

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 comment on a proposed information collection project titled Healthcare Prevention and Response Workforce Development for Health Departments. The proposed workforce development evaluations will be used to assess whether the CDC-developed workforce development activities are reaching the intended audience and achieving the intended goal of strengthening public health workforce capacity to prevent and respond to Healthcare-Associated Infection and Antibiotic Resistance (HAI/AR) outbreaks at the individual trainee and program level.

DATES: CDC must receive written comments on or before March 18, 2025.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2025–0004 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: 404–639–7570; 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 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 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 submissions of responses; and

5. Assess information collection costs.

Proposed Project

Healthcare-Associated Infections and Antimicrobial Resistance (HAI/R) Programs Response and Prevention Workforce Development Activities—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC funds Healthcare-Associated Infection and Antibiotic Resistance (HAI/AR) Programs in 65 state, local, and territorial health departments. Funding is awarded through the Epidemiology and Laboratory Capacity cooperative agreements (ELC). Funds are intended to provide critical resources to recipients in support of a broad range of healthcare infection prevention and control and epidemiologic surveillance activities to detect, monitor, mitigate, and prevent the spread of HAI/AR in healthcare settings.

CDC has developed various workforce development activities including high-priority trainings requested by the health department programs and CDC site visits. The goal of these activities is to strengthen public health workforce capacity to prevent and respond to HAI/AR outbreaks in healthcare settings and prepare for other emerging healthcare threats. Additionally, the evaluation data collected will be used to improve future CDC-developed resources.

CDC requests OMB approval for an estimated 455 annual burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	No. of respondents	No. of responses per respondent	Average burden per response	Total burden hours
Public Health Participants—Standard Trainings ..	Registration	600	2	5/60	100
Public Health Participants—Standard Trainings ..	Pre-test	600	2	5/60	100
Public Health Participants—Standard Trainings ..	Post-test	600	2	5/60	100
Public Health Participants—Training Programs ...	Application	30	1	120/60	60
HAI/AR Program Leads—Training Programs	Nomination Letter	30	1	60/60	30