

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

Characteristics of Cases of Priority Fungal Diseases (OMB Control No. 0920–1385, Exp. 3/31/2026)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Fungal diseases cause substantial illness, ranging from mild infection to severe or life-threatening invasive disease. They also constitute a considerable financial burden on patients and healthcare systems. Awareness of fungal diseases is low,

and data collection has historically been limited in size, scope, and coordination, which has hindered our understanding of these diseases. Detailed epidemiologic and clinical data are critical to inform appropriate public health responses.

We plan to enhance surveillance of high priority fungal diseases across the United States to better characterize factors such as disease burden, geographic scope, patient risk factors, health disparities, healthcare utilization, outcomes, and emerging trends. This project will serve as a Revision of the information collections project: Triazole-resistant *Aspergillus fumigatus* Case Report Form (CRF). The Revision will expand the number of fungal diseases for which data may be collected. In addition to triazole-resistant *A. fumigatus* infections, CRFs have also been developed for coccidioidomycosis, histoplasmosis, blastomycosis, *C. auris*, and antifungal-resistant dermatophytosis. CDC is also changing the name of this information collections project from Triazole-resistant *Aspergillus fumigatus* Case Report Form to Characteristics of Cases of Priority Fungal Diseases.

We plan to use standardized CRFs to collect public health surveillance data for cases of these diseases regarding demographics (e.g., age, sex, race/ethnicity, location of residence), underlying medical conditions, diagnosis (e.g., clinical presentation, laboratory testing), treatments, and outcomes (e.g., hospitalization, vital status). The corresponding CRF would be filled out voluntarily by State and local health departments and contains a section for medical chart review and an optional supplemental interview (including data on potential occupational or environmental exposures) of the patient or their representative. Findings can help identify populations at higher risk of these diseases, detect emerging epidemiologic trends, and guide prevention and response efforts. They can also help better focus public and healthcare provider outreach, inform efforts to contain or mitigate spread, and influence health policy and research on prevention and treatment.

CDC requests OMB approval for an estimated 1,138 annual burden hours. 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) |
|------------------------------------|--|-----------------------|------------------------------------|--|-------------------------|
| State and Local Health Departments | Characteristics of Patients with Environmentally-derived Triazole-resistant <i>Aspergillus fumigatus</i> . | 15 | 15 | 30/60 | 113 |
| State and Local Health Departments | Characteristics of Patients with Coccidioidomycosis. | 10 | 25 | 1 | 250 |
| State and Local Health Departments | Characteristics of Patients with Histoplasmosis. | 10 | 25 | 1 | 250 |
| State and Local Health Departments | Characteristics of Patients with Blastomycosis. | 10 | 25 | 1 | 250 |
| State and Local Health Departments | Characteristics of Patients with <i>Candida auris</i> . | 15 | 20 | 45/60 | 225 |
| State and Local Health Departments | Characteristics of Patients with Antifungal-resistant Dermatophytosis. | 10 | 10 | 30/60 | 50 |
| Total | | | | | 1,138 |

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. 2023–27081 Filed 12–8–23; 8:45 am]
BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–24–24BJ; Docket No. CDC–2023–0097]

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 DP–23–0002 Healthy Schools Evaluation. The project

aims to evaluate processes and outcomes of the programs of 20 State entities funded by CDC's Healthy Schools Branch to improve health, academic achievement, and well-being of students in K–12 schools nationwide.

DATES: CDC must receive written comments on or before February 9, 2024.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2023–0097 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; Telephone: 404–639–7118; Email: *omb@cdc.gov*.

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 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

CDC–RFA–DP–23–0002 Healthy Schools Program Evaluation—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC awarded funds through cooperative agreement DP23–0002 (2302 Program) to 20 funding recipients (States, universities, and a Tribal nation) to improve health, academic achievement, and well-being of students in K–12 schools. A portion of the funding within each State is allocated to one priority local education agency (LEA) and its corresponding schools to support the implementation of policies,

practices, and programs to increase physical activity, healthy dietary behaviors, and management of chronic health conditions among students. CDC is conducting a mixed-methods multi-level evaluation of the 2302 Program and associated outcomes. Evaluation findings will allow CDC to help recipients improve their programs as they progress over the five-year funding period. A CDC evaluation contractor will collect information from relevant funded recipients, priority LEAs, schools, and students. Program monitoring information will be collected from recipients via a monthly reporting tool. Descriptions of the implementation of the program's two strategies and nine activities will be collected in years two and four via semi-structured, virtual key informant interviews with program leaders among funded recipients and their priority LEA colleagues to understand successes, barriers, and lessons learned. Additionally, two annual questionnaires will be distributed either digitally (web-based) and/or on paper. One of the questionnaires is for school-level leaders in participating schools in the 20 priority LEAs focusing on implementation of healthy school policies, practices, and programs. The other questionnaire is for students in elementary, middle, and high schools (grades 4–12) in the priority LEAs' schools focusing on physical activity, dietary behaviors, management of chronic health conditions, and well-being and academic attainment. The evaluation results will help recipients improve their programs and aid CDC in understanding and communicating the impact of its funding. We

CDC requests approval for the period of three years, with an anticipated request for an extension after that to cover the full five years of the program. The annual estimated total time burden to participants is 810 hours. There are no anticipated financial costs to participants 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 hours |
|--|-----------------------------------|-----------------------|------------------------------------|--|--------------------|
| Recipient personnel | Recipient Monthly Reporting | 20 | 12 | 15/60 | 60 |
| Recipient and priority LEA personnel | Interviews | 60 | 1 | 40/60 | 40 |
| School personnel | Healthy Schools Survey | 100 | 1 | 30/60 | 50 |
| Students | Healthy Students Survey | 2,000 | 1 | 20/60 | 660 |
| Total | | | | | 810 |

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. 2023–27080 Filed 12–8–23; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Closed Meeting

Pursuant to 5 U.S.C. 1009(d), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended, and the Determination of the Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, CDC, pursuant to Public Law 92–463. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—RFA–OH–23–003, Panel A, Occupational Safety and Health Education and Research Centers (ERC).

Dates: February 26–27, 2024.

Times: 11 a.m.–5 p.m., EST.

Place: Video-Assisted Meeting.

Agenda: To review and evaluate grant applications.

For Further Information Contact: Michael Goldcamp, Ph.D., Scientific Review Officer, Office of Extramural Programs, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 1095 Willowdale Road, Morgantown, West Virginia 26505. Telephone: (304) 285–5951; Email: MGoldcamp@cdc.gov.

The Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and

Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2023–27206 Filed 12–7–23; 1:00 pm]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Administration for Children and Families Generic for Engagement Efforts (New Umbrella Generic)

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

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) at the United States Department of Health and Human Services (HHS) intends to request approval from the Office of Management and Budget (OMB) to establish a new umbrella generic clearance to request information while engaging individuals and groups who could provide valuable information to inform ACF programs and work, including but not limited to those who are served or have been served by ACF, those with expertise in ACF program areas, and individuals invested in the outcomes of ACF research and evaluation. These engagement activities often need to be conducted quickly, to allow for sufficient time to inform project direction and decision-making. Additionally, planning for engagement activities is most often on a quick timeline and the standard timeline to comply with a full request under the Paperwork Reduction Act (PRA) often inhibits the ability to collect information to inform these activities. Therefore, an umbrella generic is necessary to allow for quick turnaround requests for similar information collections related to these activities.

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 OPREinfocollection@acf.hhs.gov.

Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The Executive Order (E.O.), Advancing Racial Equity and Support for Underserved Communities Through the Federal Government (E.O. 13985)¹ emphasizes consulting with communities that have been historically underserved by Federal policies and programs and those with lived experience² in ACF programs. The E.O. on Further Advancing Racial Equity and Support for Underserved Communities Through the Federal Government³ followed in 2023 and built on E.O. 13985, calling upon agencies to increase engagement with underserved communities and to “collaborate with OMB, as appropriate, to identify and develop tools and methods” to meet this goal. This generic mechanism is a tool that could directly address these EOs. Particularly many requirements outlined in Sec 3 and Sec 5 of the 2023 E.O.

Additionally, the Presidential Memorandum on Restoring Trust in Government through Scientific Integrity and Evidence-Based Policy Making,⁴ the Department of Health and Human Services (HHS) Strategic Plan FY 2022–2026,⁵ ACF’s Strategic Plan,⁶ and the ACF Evaluation Policy⁷ discuss community engagement and inclusion in research. Consistent with these guidance documents, and to ensure meaningful involvement with a variety of individuals with diverse experiences and perspectives, ACF often conducts active engagement activities to inform various efforts, including research and evaluation.

Hearing the perspective of those affected by, experienced in, interested

¹ <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>.

² Assistant Secretary for Planning and Evaluation. (2021, December). *Methods and Emerging Strategies to Engage People with Lived Experience*. (Contract Number HHSP2332015000711). U.S. Department of Health and Human Services. <https://aspe.hhs.gov/sites/default/files/documents/47f62cae96710d1fa13b0f590f2d1b03/lived-experience-brief.pdf>.

³ <https://www.whitehouse.gov/briefing-room/presidential-actions/2023/02/16/executive-order-on-further-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>.

⁴ <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/27/memorandum-on-restoring-trust-in-government-through-scientific-integrity-and-evidence-based-policy-making/>.

⁵ <https://www.hhs.gov/about/strategic-plan/2022-2026/index.html>.

⁶ <https://www.acf.hhs.gov/about/acf-strategic-plan-2022>.

⁷ <https://www.acf.hhs.gov/opre/report/acf-evaluation-policy>.