burden of asthma. AIRS also includes two forms to collect aggregate emergency department (ED) visits and hospital discharge (HD) data from recipients.

AIRS was first approved by OMB in 2010 to collect data in a web-based system to monitor and guide participating State health departments. Since implementation in 2010, AIRS, and the technical assistance provided by CDC staff, have provided States with uniform data reporting methods and linkages to other States' asthma program information and resources. Thus, AIRS has saved State resources and staff time when asthma programs embark on asthma activities similar to those conducted elsewhere.

Over the past three years, AIRS data has been used to accomplish a multitude of activities centered around transparent communication and informed decision-making for State asthma programs. AIRS data served as a resource to address congressional, departmental, and institutional inquiries, along with enabling inquiries surrounding interventions for heavily burdened populations based on geographic areas, age groups, and other variables of interest. Additionally, the AIRS data has allowed our team to provide timely feedback on performance, both independent and performance relative to others, through the distribution of two written reports and several presentations. Furthermore, AIRS data has allowed for the customization of technical assistance for materials addressing implementation challenges and barriers. As the current cooperative agreement cycle comes to an end, the AIRS data has provided key information in helping to shape the next program announcement.

There will be no cost to respondents other than their time to complete the PM Reporting Tool, ED Visits Reporting Form, and HD Reporting Form, on an annual basis. The estimated annualized time burden is 105 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Funded Asthma Program Recipients	Performance Measures Reporting Tool	30	1	150/60
	Emergency Department Visits Reporting Form.	30	1	30/60
	Hospital Discharge Reporting Form	30	1	30/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–23–23CA]

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 ''Vector Surveillance and Control Assessment: Mosquito and Tick Capacities'' 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 January 18, 2023 to obtain comments from the public and affected agencies. CDC did not receive comments 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

Vector Surveillance and Control Assessment: Mosquito and Tick Capacities—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Vector-borne diseases (VBDs) cause significant morbidity and mortality each year in the United States. From 2004–2019, over 800,000 cases of diseases carried by ticks, mosquitoes, and fleas have been reported from U.S. states and territories to the Centers for Disease Control and Prevention (CDC). The number of reported cases has been increasing annually with two major trends: a steady increase in tick-borne diseases and increasing intermittent outbreaks of mosquito-borne arboviruses. CDC expects that the number of vector-borne disease cases in the U.S. will likely increase and that the pathogens have the potential to spread locally, particularly if vector control measures are not taken.

The purpose of this collection is to assess the current capabilities of local vector control organizations to respond to VBDs in their jurisdictions. Specifically, the data collection will: (1) assess existing vector surveillance capabilities at the local level; (2) obtain information on current mosquito abatement and pesticide licensing practices; (3) identify the current technical assistance needs of local vector control organizations; and (4) gather information on current tick programming. CDC and its implementing partner, the National Association of City and County Health Officials, will use the resulting data to inform and support future vector control activities and initiatives at the local level.

CDC requests OMB approval for an estimated 167 total annualized 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)
Environmental Science and Protection Technicians.	Control Program Questionnaire	1,109	1	9/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Federal Case Registry (Office of Management and Budget #0970–0421)

AGENCY: Office of Child Support Enforcement, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Office of Child Support Enforcement (OCSE), Administration for Children and Families (ACF), is requesting from the Office of Management and Budget to extend approval of the Federal Case Registry (FCR) for an additional three years. The current approval expires November 30, 2023. OCSE is proposing minor changes to punctuation, formatting, grammar, clarity, and spacing to enable easier completion of the form.

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.* All requests should be identified by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The FCR is a national database of information pertaining to child support cases processed by state child support agencies, referred to as ''IV–D'' cases, and non-IV–D support orders privately established or modified by courts or tribunals on or after October 1, 1998. FCR information is comprised of child support orders and case information from each State Case Registry (SCR). The FCR automatically compares new SCR submissions to existing FCR information and to wage and employment information in the National Directory of New Hires (NDNH). The Federal Parent Locator Service notifies state agencies if an IV–D case participant in the state matches a participant in an IV–D or non-IV–D case in another state and supplies any matched wage and employment information. Matches enable state agencies to locate parties that live in different states, to establish, modify, or enforce child support obligations; to establish paternity; to enforce state law regarding parental kidnapping; and to establish or enforce child custody or visitation determinations. The FCR instrument, Appendix G: Input Transactions Layout, contains minor changes to punctuation, formatting, grammar, clarity, and spacing to enable easier completion of the form.

Respondents: State child support enforcement agencies.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Annual number of responses per respondent	Annual burden hours per response	Annual burden hours
Appendix G: Input Transactions Layout	54	406	0.0333	730

Estimated Total Annual Burden Hours: 730.

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. 653(h); 42 U.S.C. 654a(e); 42 U.S.C. 654a(f)(1).

Mary B. Jones,

ACF/OPRE Certifying Officer.

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