

**Leroy A. Richardson,**

Chief, Information Collection Review Office,  
Office of Scientific Integrity, Office of the  
Associate Director for Science, Office of the  
Director, Centers for Disease Control and  
Prevention.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-17-1122; Docket No. CDC-2017-  
0070]

#### 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 efforts to reduce public  
burden and maximize the utility of  
government information, invites the  
general public and other Federal  
agencies to take this opportunity to  
comment on proposed and/or  
continuing information collections, as  
required by the Paperwork Reduction  
Act of 1995. This notice invites  
comment on reinstatement of the data  
collection project titled "Congenital  
Heart Surveillance to Recognize  
Outcomes, Needs and well-being  
(CHSTRONG)." CDC collects  
CHSTRONG data to provide public  
health question insight, aid in the  
development of services, and inform for  
the proper allocation of resources to  
improve long-term health and  
wellbeing.

**DATES:** Written comments must be  
received on or before November 20,  
2017.

**ADDRESSES:** You may submit comments,  
identified by Docket No. CDC-2017-  
0070 by any of the following methods:

- *Federal eRulemaking Portal:*  
*Regulations.gov.* Follow the instructions  
for submitting comments.
- *Mail:* Leroy A. Richardson,  
Information Collection Review Office,  
Centers for Disease Control and  
Prevention, 1600 Clifton Road NE., MS-  
D74, Atlanta, Georgia 30329.

*Instructions:* All submissions received  
must include the agency name and  
Docket Number. All relevant comments  
received will be posted without change  
to *Regulations.gov*, including any  
personal information provided. For

access to the docket to read background  
documents or comments received, go to  
*Regulations.gov*.

*Please note: All public comment  
should be submitted through the  
Federal eRulemaking portal  
(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 Leroy A.  
Richardson, Information Collection  
Review Office, Centers for Disease  
Control and Prevention, 1600 Clifton  
Road NE., MS-D74, Atlanta, Georgia  
30329; phone: 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 OMB for approval. To  
comply with this requirement, we are  
publishing this notice of a proposed  
data collection as described below.

*Comments are invited 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)  
ways to enhance the quality, utility, and  
clarity of the information to be  
collected; (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; and (e) estimates of capital  
or start-up costs and costs of operation,  
maintenance, and purchase of services  
to provide information. Burden means  
the total time, effort, or financial  
resources expended by persons to  
generate, maintain, retain, disclose or  
provide information to or for a Federal  
agency. This includes the time needed  
to review instructions; to develop,  
acquire, install and utilize technology  
and systems for the purpose of  
collecting, validating and verifying  
information, processing and

maintaining information, and disclosing  
and providing information; to train  
personnel and to be able to respond to  
a collection of information, to search  
data sources, to complete and review  
the collection of information; and to  
transmit or otherwise disclose the  
information.

#### Proposed Project

Congenital Heart Survey To Recognize  
Outcomes, Needs, and well-being (CH  
STRONG) (OMB Control Number: 0920-  
1122, Expiration 07/31/2017)—  
Reinstatement with change—National  
Center on Birth Defects and  
Developmental Disabilities (NCBDDD),  
Centers for Disease Control and  
Prevention (CDC).

#### Background and Brief Description

Congenital heart defects (CHDs) are  
the most common type of structural  
birth defects, affecting approximately 1  
in 110 live-born children. In prior  
decades, many CHDs were considered  
fatal during infancy or childhood, but  
with tremendous advances in pediatric  
cardiology and cardiac surgery, at least  
85% of patients now survive to  
adulthood and there are approximately  
1.5 million adults with CHD living in  
the United States.

With vast declines in mortality from  
pediatric heart disease over the past 30  
years, it is vital to evaluate long-term  
outcomes and quality of life issues for  
adults with CHD. However, U.S. data on  
long-term outcomes, quality of life  
issues, and comorbidities of adults born  
with CHD are lacking. U.S. data is  
needed to provide insight into the  
public health questions that remain for  
this population and to develop services  
and allocate resources to improve long-  
term health and wellbeing.

The initial request for this project was  
one year, but there was a delay in  
recruitment that results in a change in  
the recruitment process. Therefore, an  
additional 24 months is being requested.  
The three sites decided to conduct more  
intensive and time-consuming tracking  
and tracing to identify more accurate  
contact information for all eligible  
individuals. In addition to more  
intensive tracking and tracing, the sites  
decided to send recruitment materials in  
batches rather than all at once. This  
ensured that problems with the  
recruitment process were caught  
immediately and could be modified in  
subsequent rounds of recruitment. Due  
to these delays and changes in  
recruitment process, CH STRONG data  
collection is expected to last an  
additional 24 months and conclude two  
years after receiving an extension from  
OMB.

For this project, we will use data from U.S. state birth defect surveillance systems to identify a population-based sample of individuals 18 to 45 years of age born with CHD. We will then use an automated process of searching state databases and online search engines, as well as have individuals perform more time-intensive online searches to find current addresses for those eligible participants and mail surveys to them

inquiring about their barriers to health care, quality of life, social and educational outcomes, and transition of care from childhood to adulthood. The information collected from this population-based survey will be used to inform current knowledge, allocate resources, develop services, and, ultimately, improve long-term health of adults born with CHD.

We estimate sending a survey to 4,183 individuals with CHD over a 2-year period, and receiving completed surveys from 2,928 individuals (70%). The survey takes approximately 20 minutes to complete. The contact information form takes approximately two minutes to complete. There are no costs to participants other than their time. The total estimated annual burden hours are 711.

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
Individuals aged 18–45 years who were born with a congenital heart defect.	Survey questionnaire .....	2,092	1	20/60	697
English-speaking mothers of respondents.	Contact Information Form—English	356	1	2/60	12
Spanish-speaking mothers of respondents.	Contact Information Form—Spanish	63	1	2/60	2
<b>Total .....</b>	<b>.....</b>	<b>.....</b>	<b>.....</b>	<b>.....</b>	<b>711</b>

**Leroy A. Richardson,**  
*Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Agency Recordkeeping/Reporting Requirements Under Emergency Review by the Office of Management and Budget (OMB)**

*Title:* Administration for Children & Families (ACF) Electronic Case Management System (ECMRS).

*OMB No.:* Revision of 0970–0461.  
*Description:* The recent climatic events of Hurricane Harvey and Hurricane Irma have created catastrophic disasters in Texas, Louisiana, Puerto Rico, U.S. Virgin Islands, and Florida. President Trump has declared these climatic events as major disaster declarations. FEMA is providing assistances to these states and territories under declaration numbers DR–4332 & DR–4337.

There are looming public health issues related to flooding, and especially among at risk populations. Risks include contracting water-borne and vector-borne diseases, substance abuse, and mental health concerns, including PTSD, depression, anxiety, and homelessness.

Therefore, it is essential for the mission of ACF to activate the Immediate Disaster Case Management

(IDCM) Electronic Case Management Record System (ECMRS). The ECMRS will be used to collect and manage information from the disaster affected clients. This information includes demographics, disaster caused unmet needs, and referrals provided. The information collected is critical to develop a recovery plan for each survivor.

*Respondents:* Clients.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Immediate Disaster Case Management .....	406,500	1	1	406,500

*Additional Information:* ACF is requesting that OMB grant a 180-day approval for this information collection under procedures for emergency processing by September 22, 2017. A copy of this information collection, with applicable supporting documentation, may be obtained by calling the

Administration for Children and Families, Reports Clearance Officer, Robert Sargis at (202) 690–7275. Email address: [rsargis@acf.hhs.gov](mailto:rsargis@acf.hhs.gov).

Comments and questions about the information collection described above should be directed to the following address by September 22, 2017. Office

of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project, Desk Officer for ACF.