

Engagement Strategies”, IP17–002 and “Rapid-Cycle Survey Collaborative for Provider Input on Immunization Issues”, IP17–003.

**CONTACT PERSON FOR MORE INFORMATION:**

Gregory Anderson, M.S., M.P.H., Scientific Review Officer, CDC, 1600 Clifton Road, NE., Mailstop E60, Atlanta, Georgia 30333, Telephone: (404) 718–8833.

The Director, Management Analysis and Services Office, 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.

**Elaine L. Baker,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Advisory Committee to the Director (ACD), Centers for Disease Control and Prevention—State, Tribal, Local and Territorial (STLT) Subcommittee**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meeting of the aforementioned subcommittee:

**TIME AND DATE:** 10:00 a.m.–11:30 a.m., EDT, March 21, 2017.

**PLACE:** This meeting will be held by teleconference.

**STATUS:** This meeting is open to the public, limited only by the availability of telephone ports. The public is welcome to participate during the public comment, which is tentatively scheduled from 11:15 a.m.–11:20 a.m. EDT. To participate on the teleconference, please dial (855) 644–0229 and enter code 1482483.

**PURPOSE:** The Subcommittee will provide advice to the CDC Director through the ACD on strategies, future needs, and challenges faced by State, Tribal, Local and Territorial health agencies, and will provide guidance on opportunities for CDC.

**MATTERS FOR DISCUSSION:** The STLT Subcommittee members will discuss progress on implementation of ACD-adopted recommendations related to the

health department of the future, other emerging challenges and how CDC can best support STLT health departments in the transforming health system.

The agenda is subject to change as priorities dictate.

**CONTACT PERSON FOR MORE INFORMATION:**

Jose Montero, MD, MPH, Designated Federal Officer, STLT Subcommittee, ACD, CDC, 4770 Buford Highway, MS E70, Atlanta, Georgia 30341, Telephone (404) 498–0300, Email:

*OSTLTSDirector@cdc.gov*. Please submit comments to *OSTLTSDirector@cdc.gov* no later than March 17, 2017.

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**Elaine L. Baker,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**[30Day–17–0733]**

**Agency Forms Undergoing Paperwork Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (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 or send an email to *omb@cdc.gov*. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

**Proposed Project**

Early Hearing Detection and Intervention (EHDI) Follow-up Survey (OMB Control No. 0920–0733, Expiration Date: 8/31/2016)—Reinstatement with Change—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

NCBDDD promotes the health of babies, children, and adults, with a focus on preventing birth defects and developmental disabilities and optimizing the health outcomes of those with disabilities. As part of these efforts NCBDDD is actively involved in addressing the early identification of hearing loss among newborns and infants. Congenital hearing loss is a common birth defect that affects 1 to 3 per 1,000 live births, or approximately 12,000 children across the United States annually. Studies have shown that children with a delayed diagnosis of hearing loss can experience preventable delays in speech, language, and cognitive development. To ensure children with hearing loss are identified as soon as possible, many states and United States (U.S.) territories have implemented Early Hearing Detection and Intervention (EHDI) programs and enacted laws related to infant hearing screening. The majority of these EHDI programs have adopted the “1–3–6” plan, which consists of three core goals: (1) Screening all infants for hearing loss before 1 month of age, (2) ensuring diagnostic audiologic evaluation before 3 months of age for those who do not pass the screening, and (3) enrollment