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Hospital Road, Mail Code: R&D 71,
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FOR FURTHER INFORMATION CONTACT:
Ryan McKenna, Telephone: 503–220–
8262 ext. 51723 or Email: [SEADS@epc-
src.org](mailto:SEADS@epc-src.org).

SUPPLEMENTARY INFORMATION: The
Agency for Healthcare Research and
Quality (AHRQ) has commissioned the
Evidence-based Practice Centers (EPC)
Program to complete a review of the
evidence for Mobile Health Technology
for Diabetes. AHRQ is conducting this
systematic review pursuant to Section
902(a) of the Public Health Service Act,
42 U.S.C. 299a(a).

The EPC Program is dedicated to
identifying as many studies as possible
that are relevant to the questions for
each of its reviews. In order to do so,
we are supplementing the usual manual
and electronic database searches of the
literature by requesting information
from the public (e.g., details of studies
conducted). We are looking for studies
that report on *Mobile Health Technology
for Diabetes*, including those that
describe adverse events. The entire
research protocol, including the key
questions, is also available online at:
[http://www.effectivehealthcare.ahrq.gov/
index.cfm/search-for-guides-reviews-
and-reports/?pageaction=display
roduct&productid=2484](http://www.effectivehealthcare.ahrq.gov/index.cfm/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=2484).

This is to notify the public that the
EPC Program would find the following
information on *Mobile Health
Technology for Diabetes* helpful:

- A list of completed studies that
your organization has sponsored for this
indication. In the list, please *indicate
whether results are available on
ClinicalTrials.gov along with the
ClinicalTrials.gov trial number.*

- *For completed studies that do not
have results on ClinicalTrials.gov,*
please provide a summary, including
the following elements: Study number,
study period, design, methodology,
indication and diagnosis, proper use
instructions, inclusion and exclusion
criteria, primary and secondary

outcomes, baseline characteristics,
number of patients screened/eligible/
enrolled/lost to follow-up/withdrawn/
analyzed, effectiveness/efficacy, and
safety results.

- *A list of ongoing studies that your
organization has sponsored for this
indication.* In the list, please provide the
ClinicalTrials.gov trial number or, if the
trial is not registered, the protocol for
the study including a study number, the
study period, design, methodology,
indication and diagnosis, proper use
instructions, inclusion and exclusion
criteria, and primary and secondary
outcomes.

- Description of whether the above
studies constitute ALL Phase II and
above clinical trials sponsored by your
organization for this indication and an
index outlining the relevant information
in each submitted file.

Your contribution will be very
beneficial to the EPC Program. Materials
submitted must be publicly available or
able to be made public. Materials that
are considered confidential; marketing
materials; study types not included in
the review; or information on
indications not included in the review
cannot be used by the EPC Program.
This is a voluntary request for
information, and all costs for complying
with this request must be borne by the
submitter.

The draft of this review will be posted
on AHRQ’s EPC Program Web site and
available for public comment for a
period of 4 weeks. If you would like to
be notified when the draft is posted,
please sign up for the email list at:
[https://www.effectivehealthcare.ahrq.
gov/index.cfm/join-the-email-list1/](https://www.effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list1/).

*The systematic review will answer the
following questions. This information is
provided as background. AHRQ is not
requesting that the public provide
answers to these questions.*

The Guiding Questions

I. Which specific mobile health
technology (mHealth) technologies for
diabetes self-management have been
researched?

II. What are the characteristics (e.g.,
interoperability, functions,

acceptability/usability, connection to
electronic health records) of these
specific mHealth technologies?

III. What patient outcomes are
associated with the use of these specific
mHealth technologies?

IV. What are the harms and costs
associated with these specific mHealth
technologies?

Sharon B. Arnold,

Deputy Director.

[FR Doc. 2017–17152 Filed 8–14–17; 8:45 am]

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**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

**Administration for Children and
Families**

**Submission for OMB Review;
Comment Request**

Title: Head Start Program Information
Report.

OMB No.: 0970–0427.

Description: The Office of Head Start
within the Administration for Children
and Families, United States Department
of Health and Human Services, is
proposing to renew authority to collect
information using the Head Start
Program Information Report (PIR),
monthly enrollments, contacts,
locations, and reportable conditions. All
information is collected through a single
system, the Head Start Enterprise
System (HSES). The PIR provides
information about Head Start and Early
Head Start services received by the
children and families enrolled in Head
Start programs. The information
collected in the PIR is used to inform
the public about these programs, to
make periodic reports to Congress about
the status of children in Head Start
programs as required by the Head Start
Act, and to assist the administration and
training/technical assistance of Head
Start programs.

Respondents: Head Start and Early
Head Start program grant recipients.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Head Start Program Information Report (PIR)	3,267	1	4	13,068
Grantee Monthly Enrollment Reporting	2,049	12	0.05	1,229
Contacts, Locations & Reportable Conditions	3,267	1	0.25	817

*Estimated Total Annual Burden
Hours:* 15,114.

Additional Information: Copies of the
proposed collection may be obtained by

writing to the Administration for
Children and Families, Office of

Planning, Research and Evaluation, 330 C Street SW., Washington, DC 20201. Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: infocollection@acf.hhs.gov.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: OIRA_SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for the Administration for Children and Families.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2017-17192 Filed 8-14-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Title IV-E Foster Care Eligibility Review and Child and Family Service Reviews.

OMB No.: 0970-0214.

Description: The following five separate activities are associated with this information collection: Foster Care Eligibility Review (foster care review) Program Improvement Plan; Child and Family Services Reviews (CFSR) State agency Statewide Assessment; CFSR On-site Review; CFSR Program Improvement Plan; and Anti-Discrimination Enforcement Corrective Action Plan. The collection of information for review of federal payments to states for foster care maintenance payments (45 CFR 1356.71(i)) is authorized by title IV-E of the Social Security Act (the Act), section 474 [42 U.S.C. 674]. The foster care review systematically checks title IV-E agency compliance in meeting title IV-E eligibility requirements; validates the accuracy of the agency's claims for reimbursement of title IV-E payment made on behalf of children in foster care; and identifies and recovers improper payments. The collection of information for review of state child and family services programs (45 CFR 1355.33(b), 1355.33(c) and 1355.35(a)) is to determine whether such programs are in substantial conformity with state plan requirements under parts B and E of the Act and is authorized by section 1123(a) [42 U.S.C 1320a-1a] of the Act. The CFSR looks at the outcomes related to safety, permanency and well-being of children served by the child welfare system and at seven systemic factors that support the outcomes. Section 474(d) of the Act [42 U.S.C 674] deploys enforcement provisions (45 CFR 1355.38(b) and (c)) for the requirements at section 4371(a)(18) [42 U.S.C 671],

which prohibit the delay or denial of foster and adoptive placements based on the race, color, or national origin of any of the individuals involved. The enforcement provisions include the execution and completion of corrective action plans when a state is in violation of section 471(a)(18) of the Act. The information collection is needed: (1) To ensure compliance with title IV-E foster care eligibility requirements; (2) to monitor state plan requirements under titles IV-B and IV-E of the Act, as required by federal statute; and (3) to enforce the title IV-E anti-discrimination requirements through state corrective action plans. The resultant information will allow ACF to determine if states are in compliance with state plan requirements and are achieving desired outcomes for children and families, help ensure that claims by states for title IV-E funds are made only on behalf of title IV-E eligible children, and require states to revise applicable statutes, rules, policies and procedures, and provide proper training to staff, through the development and implementation of corrective action plans. These reviews not only address compliance with eligibility requirements but also assist states in enhancing the capacities to serve children and families. In computing the number of burden hours for this information collection, ACF based the annual burden estimates on ACF's and states' experiences in conducting reviews and developing program improvement plans.

Respondents: State Title IV-B and Title IV-E Agencies.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
45 CFR 1356.7 (i) Program Improvement Plan (IV-E review)	1	1	120	120
45 CFR 1366.33 (b) Statewide Assessment (CFSR)	14	1	120	1680
45 CFR 1355.33 (c) On-site Review (CFSR)	14	1	1,186	16,604
45 CFR 1355.35 (a) Program Improvement Plan (CFSR)	14	1	300	4,200
45 CFR 1355.38 (b) and (c) Corrective Action	1	1	780	780

Estimated Total Annual Burden Hours: 23,384.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 330 C Street SW., Washington, DC 20201. Attention Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: infocollection@acf.hhs.gov.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: [\[SUBMISSION@OMB.EOP.GOV\]\(mailto:SUBMISSION@OMB.EOP.GOV\), Attn: Desk Officer for the Administration for Children and Families.](mailto:OIRA_</p>
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Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2017-17193 Filed 8-14-17; 8:45 am]

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