

assistance provided by CDC, awardees have worked on identifying and using data systems to systematically collect and report data on all three phases of the stroke care continuum and on hospital capacity.

PCNASP currently has OMB approval for the collection of pre-hospital (EMS), in-hospital, and post-hospital patient care data, as well as hospital inventory data (OMB Control No. 0920–1108, Exp. 09/30/2022). CDC plans to request a revision of this currently approved collection, with an extension of three years, reflecting a new Notice of Funding Opportunity (NOFO). The new PCNASP cooperative agreement will be expanded to include 13 awardees, which will be awarded on or about July 1, 2021.

In-hospital patient care data will continue to align with standards set by The Joint Commission (TJC) and the American Heart Association’s Get With The Guidelines (GWTG) Program. Estimated burden for the collection of in-hospital data will increase by a net increase of eight hours due to added program awardees under the new cooperative agreement. The average burden per response remains 30 minutes for awardees, for a total of 26 hours annually.

Data collection methods for pre-hospital care will continue to be collected similarly to the two current methods, depending on awardees’ access to data sources. These two methods are existing data systems

currently available to awardees, including the AHA’s GWTG and the National Emergency Medical Services Information System (NEMSIS). CDC has worked to reduce the overall number of required data elements and identified areas of alignment with AHA’s GWTG. Total average burden will decrease due to the reduction in data elements under the new NOFO. Depending on the awardees’ access to data sources (GWTG or NEMSIS), the average burden per response will vary from 30 minutes to one hour. Thus, the burden for pre-hospital data is estimated to decrease from 60 to 46 burden hours annually.

Under the scope of the new NOFO, patient level post-hospital quality of care data will not be collected. Post-stroke transitions of care, rehabilitation, and follow-up will be assessed in alignment with existing CDC cooperative agreements, such as supporting the development of approaches to link patients with community resources and clinical services through CDC–RFA–DP18–1817. As a result, burden for this collection and transmission will not be included in the overall estimation of average burden.

Primary data collection of hospital inventory data will continue to be collected to understand the capacity and infrastructure of the hospitals that admit and treat stroke patients. Each hospital will report inventory information to its PCNASP awardee annually. The average burden per response remains 30

minutes for hospitals. In addition, each PCNASP awardee prepares an annual aggregate hospital inventory file for transmission to CDC. The average burden of reporting hospital inventory information for each PCNASP awardee remains eight hours per response. Based on current data and expected number of awardees under the new NOFO, we are estimating the number of hospital partners per awardee to be 50 hospitals. Due to this increase in awardees, the estimated number of hospital respondents is anticipated to increase from 378 to 650. Thus, there is a net increase of 136 hours for hospitals to collect and transmit this data. The total burden for hospital inventory data is increasing from 189 to 325 hours annually.

These requested changes will result in a net increase in total average burden from 361 to 501 hours. All patient, hospital, and EMS provider data that is submitted to CDC by PCNASP awardees will be de-identified and occur through secure data systems. Proposed data elements and quality indicators may be updated over time to include new or revised items based on evolving recommendations and standards in the field to improve the quality of stroke care.

OMB approval is requested for three years. CDC requests approval for an estimated 501 annualized burden hours. Participation is voluntary, and there are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
PCNASP Awardee	Hospital inventory	13	1	8
	In-hospital care data	13	4	30/60
	Pre-hospital care data	3	4	30/60
PCNASP Hospital Partners	Hospital Inventory	10	4	1
		650	1	30/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Community Services Block Grant (CSBG) Annual Report (OMB #0970–0492)

AGENCY: Office of Community Services, Administration for Children and Families, Department of Health and Human Services.

ACTION: Request for public comment.

SUMMARY: The Office of Community Services (OCS), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is requesting expedited review of an information collection request from the Office of Management and Budget (OMB) and is inviting public comments on the collection of data for the new Community Services Block Grant (CSBG) CARES Act Supplemental and CSBG Disaster Supplemental funding. This information

is collected through modified versions of the currently approved CSBG Annual Report (OMB #0970-0492, expiration 5/31/2021).

DATES: *Comments due within 30 days of publication.* 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.

ADDRESSES: Written 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.

SUPPLEMENTARY INFORMATION:

Description: ACF requested that OMB grant a 180-day approval for this request under procedures for expedited processing. A request for review under normal procedures is now being submitted. Any edits resulting from public comment have been incorporated into this submission under normal procedures. The CSBG Supplemental Annual Reports include modified versions of Modules 1, 2, and 4. Module 1 was modified to align with CSBG Disaster Supplemental and CSBG CARES State Plans and to help reduce the burden to the states. OCS modified

Modules 2 and 4 to collect specific data for the supplemental funding and to reduce burden, including the removal of questions that were not pertinent to the data collection for the Supplemental Reports. OCS made additional technical modifications including minor wording, headings, and numbering revisions. Respondents are only expected to submit Module 3 once through the current CSBG Annual Report; OCS made technical revisions to allow respondents to confirm which funding source they are using—CSBG, CARES, or Disaster.

Respondents: State governments, including the District of Columbia and the Commonwealth of Puerto Rico, and U.S. territories and CSBG eligible entities (Community Action Agencies).

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
CSBG Annual Report (States)	52	3	198	30,088	10,296
CSBG Annual Report (Eligible Entities)	1,009	3	697	2,109,819	703,273
CSBG CARES Supplemental Annual Report (States)	52	3	107	16,692	5,564
CSBG CARES Annual Report (Eligible Entities)	1,009	3	493	1,492,311	497,437
CSBG Disaster Supplemental Annual Report (States)	15	3	95	4,275	1,425
CSBG Disaster Supplemental Annual Report (Eligible Entities)	50	3	476	71,400	23,800

Estimated Total Annual Burden Hours: 1,241,795.

Authority: 112 Stat. 2729; 42 U.S.C. 9902(2).

Mary B. Jones,
ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Community Services Block Grant (CSBG) Model State Plan Applications (OMB No. 0970-0382)

AGENCY: Office of Community Services, Administration for Children and Families, HHS.

ACTION: Request for public comment.

SUMMARY: The Office of Community Services (OCS) requests a three-year extension of the forms Community Services Block Grant (CSBG) State Plan, CSBG Eligible Entity Master List, and the American Customer Survey Index (ACSI) (OMB #0970-0382, expiration 6/

30/2021). There are minimal changes requested to the State Plan and the Master List. No changes are proposed to the ACSI.

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: Copies of the proposed collection of information can be obtained and comments may be forwarded by emailing infocollection@acf.hhs.gov. Alternatively, copies can also be obtained by writing to the Administration for Children and Families, Office of Planning, Research, and Evaluation (OPRE), 330 C Street SW, Washington, DC 20201, Attn: ACF Reports Clearance Officer. All requests, emailed or written, should be identified by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: Section 676 of the Community Services Block Grant (CSBG) Act requires states, including the District of Columbia and the Commonwealth of Puerto Rico, and U.S. territories applying for CSBG funds to submit an application and plan (CSBG

State Plan). The CSBG State Plan must meet statutory requirements prior to CSBG grantees (states and territories) being funded with CSBG funds. Grantees have the option to submit a detailed plan annually or biannually. Grantees that submit a biannual plan must provide an abbreviated plan the following year if substantial changes to the initial plan will occur.

OCS proposes to revise the automated CSBG State Plan format for states and territories by revising questions for clarity and system compatibility. OCS does not anticipate that these revisions will cause any additional burden to CSBG grantees as they have completed the automated plan for six years. It is anticipated that the burden will continue to diminish in subsequent years due to improved automation.

In addition to the CSBG State Plan, OCS requests that all grantees revise their CSBG Eligible Entity Master List in year one to add the executive director and website for each agency. Grantees will revise the Master List as necessary in subsequent years. As the CSBG Eligible Entity Master List is already completed and states have the information about their eligible entities (or sub-grantees), the burden will be