

DATES: The meeting will be held on October 11, 2023, from 10:30 a.m. to 5:30 p.m., eastern time.

ADDRESSES: This will be a virtual meeting. There will be no in-person gathering for this meeting. For more information about attending, providing oral statements, and accessibility for the meeting, as well as sending written comments, see the **SUPPLEMENTARY INFORMATION** section of this announcement.

FOR FURTHER INFORMATION CONTACT: Elizabeth Corr, NDWAC Designated Federal Officer, Office of Ground Water and Drinking Water (Mail Code 4601), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue NW, Washington, DC 20460; telephone number: (202) 564-3798; email address: corr.elizabeth@epa.gov.

SUPPLEMENTARY INFORMATION:

Attending the Meeting: The meeting will be open to the general public. The meeting agenda and information on how to register for and attend the meeting online will be provided on EPA's website at: <https://www.epa.gov/ndwac> prior to the meeting.

Oral Statements: EPA will allocate one hour for the public to present oral comments during the meeting. Oral statements will be limited to three minutes per person during the public comment period. It is preferred that only one person present a statement on behalf of a group or organization. Persons interested in presenting an oral statement should send an email to NDWAC@epa.gov by noon, eastern time, on October 4, 2023.

Written Statements: Any person who wishes to file a written statement can do so before or after the Council meeting. Send written statements by email to NDWAC@epa.gov or see the **FOR FURTHER INFORMATION CONTACT** section if sending statements by mail. Written statements received by noon, eastern time, on October 4, 2023, will be distributed to all members of the Council prior to the meeting. Statements received after that time will become part of the permanent file for the meeting and will be forwarded to the Council members after conclusion of the meeting. Members of the public should be aware that their personal contact information, if included in any written comments, may be posted to the NDWAC website. Copyrighted material will not be posted without the explicit permission of the copyright holder.

Accessibility: For information on access or services for individuals with disabilities, or to request accommodations for a disability, please contact Elizabeth Corr by email at

corr.elizabeth@epa.gov, or by phone at (202) 564-3798, preferably at least 10 days prior to the meeting to allow as much time as possible to process your request.

National Drinking Water Advisory Council: The NDWAC was created by Congress on December 16, 1974, as part of the Safe Drinking Water Act (SDWA) of 1974, Public Law 93-523, 42 U.S.C. 300j-5, and is operated in accordance with the provisions of the Federal Advisory Committee Act (FACA), 5 U.S.C. App. 2. The NDWAC was established to advise, consult with, and make recommendations to the EPA Administrator on matters relating to activities, functions, policies, and regulations under the SDWA. General information concerning the NDWAC is available at: <https://www.epa.gov/ndwac>.

Jennifer L. McLain,

Director, Office of Ground Water and Drinking Water.

[FR Doc. 2023-20144 Filed 9-15-23; 8:45 am]

BILLING CODE 6560-50-P

FEDERAL ELECTION COMMISSION

Sunshine Act Meetings

FEDERAL REGISTER CITATION NOTICE OF PREVIOUS ANNOUNCEMENT: 88 FR 62358.

PREVIOUSLY ANNOUNCED TIME AND DATE OF THE MEETING: Thursday, September 14, 2023 at 10:30 a.m.

CHANGE IN THE MEETING: The September 14, 2023 Open Meeting has been canceled.

CONTACT PERSON FOR MORE INFORMATION: Judith Ingram, Press Officer, Telephone: (202) 694-1220.

(Authority: Government in the Sunshine Act, 5 U.S.C. 552b)

Vicktorija J. Allen,

Deputy Secretary of the Commission.

[FR Doc. 2023-20230 Filed 9-14-23; 4:15 pm]

BILLING CODE 6715-01-P

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisitions of Shares of a Bank or Bank Holding Company

The notificants listed below have applied under the Change in Bank Control Act (Act) (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire shares of a bank or bank holding company. The factors that are considered in acting on the applications are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The public portions of the applications listed below, as well as other related filings required by the Board, if any, are available for immediate inspection at the Federal Reserve Bank(s) indicated below and at the offices of the Board of Governors. This information may also be obtained on an expedited basis, upon request, by contacting the appropriate Federal Reserve Bank and from the Board's Freedom of Information Office at <https://www.federalreserve.gov/foia/request.htm>. Interested persons may express their views in writing on the standards enumerated in paragraph 7 of the Act.

Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Ann E. Misback, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington, DC 20551-0001, not later than October 3, 2023.

A. Federal Reserve Bank of Chicago (Colette A. Fried, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690-1414.

Comments can also be sent electronically to

Comments.applications@chi.frb.org:

1. *Sandra Kay Fowler 2023*

Irrevocable Trust, Kenneth Fowler, as trustee, both of Lansing, Michigan; to acquire voting shares of Bank Michigan Financial Corporation, Ann Arbor, Michigan, and thereby indirectly acquire voting shares of Bank Michigan, Brooklyn, Michigan.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Deputy Associate Secretary of the Board.

[FR Doc. 2023-20070 Filed 9-15-23; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[30Day-23-0057]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Agency for Toxic Substances and Disease Registry (ATSDR) has submitted the information collection request titled "APPLETREE Performance Measures" to the Office of Management and Budget (OMB) for review and approval. ATSDR previously published a "Proposed Data Collection Submitted for Public Comment and

Recommendations” notice on June 27, 2023, to obtain comments from the public and affected agencies. ATSDR did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

ATSDR 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

APPLETREE Performance Measures (OMB Control No. 0923-0057, Exp. 09/30/2023)—Revision—Agency for Toxic Substances and Disease Registry (ATSDR).

Background and Brief Description

The Agency for Toxic Substances and Disease Registry (ATSDR) seeks to build

and sustain the capacity to evaluate exposures to hazardous waste across the country. Releases from hazardous waste sites are a major source of harmful exposures in homes, schools, workplaces, and communities. These exposures are often complex and may be difficult to identify and control. Hazardous waste sites may involve various toxic substances, exposure pathways, and health impacts. ATSDR’s primary goal is to keep communities safe from harmful exposures and related diseases. To accomplish this goal, the agency works closely with partnering agencies to evaluate exposures at hazardous waste sites, educate communities, and seek new ways to better protect public health.

ATSDR’s Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE) Program is critical to ATSDR’s success in accomplishing its mission in communities nationwide. ATSDR’s recipients will use APPLETREE funding to advance ATSDR’s primary goal of keeping communities safe from harmful environmental exposures and related diseases. APPLETREE gives recipients the resources to build their capacity to assess and respond to site-specific issues involving human exposure to hazardous substances in the environment. APPLETREE helps recipients identify exposure pathways at specific sites; educate affected communities about site contamination and potential health effects; make recommendations to prevent exposure; review health outcome data to evaluate potential links between site contaminants and community health outcomes. APPLETREE also facilitates the implementation of State-level programs to ensure that potential early care and education facilities are in areas free from harmful environmental exposures. Additionally, it motivates the recipients to innovate and implement progressive public health interventions that can prevent exposure to environmental contamination. Due to the local connections and partnerships of APPLETREE recipients, there is an enhancement in community engagement and implementation of recommendations. This program is authorized under sections 104(i)(15) of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) of 1980, as amended by the Superfund Amendments and Reauthorization Act (SARA) of 1986 [42 U.S.C. 9604(i)(15)].

Under the next five-year APPLETREE cooperative agreement NOFO (No. CDC-RFA-TS-23-0001), eligible applicants include federally recognized American

Indian/Alaska Native Tribal governments; American Indian/Alaska native tribally designated organizations; political subdivisions of States (in consultation with States); and State and local governments or their bona fide agents. ATSDR technical project officers (TPOs) will assist approximately 30 APPLETREE recipients to address site-specific issues involving human exposure to hazardous substances. Key capacities include identification of human exposure pathways at ATSDR sites, education of affected communities and local health professionals about site contamination and potential health effects; making appropriate recommendations to prevent exposure; reviewing health outcome data to evaluate potential links between site contaminants and community health; and documenting the effects of environmental remediation on health.

Under this Revision, ATSDR will continue to collect information related to recipient activities, and the process and outcome performance measures outlined by the cooperative agreement program. Information will be used to monitor progress toward program goals and objectives, and for program quality improvement. The first nine forms were previously approved by OMB (APPLETREE Performance Measures, OMB Control No. 0923-0057, Expiration Date 09/30/2023). The first of these three forms were migrated to the new information technology (IT) system called ATSDR’s Request Management Service System (ARMSS).

1. *ATSDR Health Education Activity (HE) Form*: For each environmental health assessment and health education activity conducted at ATSDR sites, APPLETREE Recipients shall quantitatively assess and report efforts to educate community members about site recommendations and health risks using indicators to assess community understanding of site findings about health risks and community understanding of agency recommendations to reduce health risks. This information will be entered into ARMSS for each health education activity at ATSDR sites.

2. *ATSDR Technical Assistance Activity (TA) Form*: Throughout the budget year, this form will be used to record the routine requests made by the recipients and their program responses. These responses do not evaluate environmental data and do not make health calls but are monitored by ATSDR as part of the recipients’ performance.

3. *ATSDR Site Impact Assessment (SIA) Form*: For each environmental health assessment and health education

activity conducted at ATSDR sites, recipients shall estimate and report the number of people protected from exposure to toxic substances at each site where implementation of agency recommendations has taken place and at each childcare center where safe siting guidelines have been implemented. To the extent possible, recipients shall estimate and report the disease burden prevented due to the implementation of site recommendations and safe siting guidelines.

The fourth form is currently being migrated from SharePoint to ARMSS. This transition is currently taking place.

4. *ATSDR Success Story Form:* Recipients will provide one success story per quarter (four success stories total per year) that highlights the impact of any of their programs. Recipients will report a summary, background, intervention/action taken, and accomplishment/impact for each story. Optionally, they may include a photo or quote.

Recipients will continue to submit the following five forms to ATSDR via email. In the future, these forms will be moved to an electronic system (e.g., ARMSS or REDCap) to simplify data collection.

5. *APPLETREE Annual Performance Report (APR) Template:* Recipients will continue to provide an APR each year and at the end of the funding cycle, which summarizes their annual and funding cycle performances, respectively. APRs will be due in December of each year to coincide with the CDC Grants Management annual reports to reduce the overall reporting burden, and the final report will be due at the end of the funding cycle. The purpose of the performance reports will be to assess Partners based on performance measures and evaluation projects. The reports should include a summary of performance measures,

results of any evaluation projects, an accompanying narrative of progress and interpretation of results, optional successes, challenges, and an updated work plan. These reports will be entered into a Microsoft Word form.

6. *Choose Safe Places for Early Care and Education (CSPECE) Qualitative Narrative Form:* Recipients will continue to provide a narrative report of their CSPECE Programs to document descriptive details of their State’s landscape, program plan, program implementation, and results that cannot be captured through numbers. Recipients will complete and submit the narrative once a year as a supplement with their APRs in a Microsoft Word form.

7. *CSPECE Quantitative Form:* Recipients will continue to provide data on their CSPECE Programs to quantify aspects of their program such as children reached, target audiences educated, early care and education programs referred and screened, and recommendations implemented. To supplement their APRs, recipients will complete and submit a Microsoft Excel form once a year as a supplement with their APRs.

In addition to the required annual reporting, at the end of the five-year program, each recipient will report cumulative five-year performance measures for three forms: the APR, the CSPECE Qualitative Narrative Form, and the CSPECE Quantitative Form. This will result in six total responses in a five-year period for each form. The estimated annualized number of required responses is thus rounded to once per year for these three forms (six hours divided by three years equals 1.2 hours per year).

8. *ATSDR SoilSHOP Form:* SoilSHOPS are not a required activity; however, if conducted, a recipient will need to complete the ATSDR SoilSHOP

Form. This form gathers data on the inputs, activities, outputs, and outcomes of the event, such as the number of soil samples screened, the number of elevated soil samples, the number of individuals receiving health consultations, and the number of individuals receiving referrals. The form will be submitted to ATSDR via email within three weeks of the SoilSHOP completion.

9. *ATSDR Recommendation Follow-up Form:* For each environmental health assessment, recipients will provide an update on the status of acceptance and implementation of all recommendations to understand whether and how recommendations have been implemented, and the subsequent impact on communities. Recipients will complete a Microsoft Excel reporting form annually on the anniversary date of the release of each health assessment.

As part of this Revision request, the last form is new.

10. *ATSDR Requests for Certified and Non-certified Public Health Assessments and Health Consultations Form:* For each environmental health assessment, recipients will provide the request, dates, and triage information and can associate the request with a hazardous waste site. Site scoping and clearance information are completed for about 15% of environmental health assessments that complete ATSDR’s clearance process (i.e., certified). This information will be entered into ARMSS.

ATSDR is seeking a three-year Paperwork Reduction Act (PRA) clearance for this Revision. The total annual time burden requested is 269 hours. This reflects an increase of two hours from the previously 267 approved in 2020. ATSDR will fund 30 recipients. Recipient reporting is required to receive funding under the APPLETREE cooperative agreement.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
APPLETREE Recipients	ATSDR Health Education (HE) Activity Form	30	17	4/60
	ATSDR Technical Assistance (TA) Activity Form	30	17	4/60
	ATSDR Site Impact Assessment (SIA) Form	30	3	7/60
	ATSDR Success Story Form	30	4	30/60
	APPLETREE Annual Performance Report (APR) Template	30	1	2
	Choose Safe Places for Early Care and Education (CSPECE) Qualitative Narrative Form.	30	1	1
	CSPECE Quantitative Form	30	1	15/60
	ATSDR SoilSHOP Form	10	1	7/60
	ATSDR Recommendation Follow-up	30	4	10/60
	ATSDR Requests	30	3	7/60

Jeffrey M. Zirger,

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

[FR Doc. 2023-20067 Filed 9-15-23; 8:45 am]

BILLING CODE 4163-70-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-23-23FJ]

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 “Evaluating Deep Learning Algorithm Assessment of Digital Photographs for Dental Public Health Surveillance” 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 June 5, 2023 to obtain comments from the public and affected agencies. CDC received two comments. 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;

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(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

Evaluating Deep Learning Algorithm Assessment of Digital Photographs for Dental Public Health Surveillance—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

By age 19, 57% of U.S. adolescents have experienced tooth decay and 17% have at least one decayed tooth needing treatment. Prevalence of untreated tooth decay among non-Hispanic Black and Mexican American adolescents is about 30% higher than among non-Hispanic White adolescents, and among low-income, almost twice the prevalence of higher-income adolescents. Untreated tooth decay will not resolve and can cause pain, infection, and difficulties in learning. Poor oral health in youth is associated with both lower school attendance and grades. More than 34 million school hours are lost annually due to unplanned dental visits for acute care needs. Reducing the percentage of youths who have experienced tooth decay and the percentage with untreated tooth decay are national health goals (Healthy People 2030).

There are two highly effective interventions to prevent tooth decay. Dental sealants prevent about 80% of cavities over two years in the permanent molars where about 90% of tooth decay occurs. Fluoride can prevent decay in permanent teeth by 15% to 43% per year depending on mode of delivery. Although the American Dental Association recommends dentists provide topical fluoride and dental sealants to youth at risk for caries, uptake of these services is low with about 20% of low-income youth receiving them during an annual dental visit. Access to these preventive services as measured by dental sealant

prevalence and receipt of preventive dental services among low-income children are national health goals.

The Centers for Disease Control and Prevention (CDC) has collected national data on caries, sealant, and fluorosis prevalence in the National Health and Nutrition Examination Survey (NHANES) for over 30 years and has supported State oral health programs to collect data on caries and sealant prevalence through cooperative agreements since 2001. Twenty States are currently funded from September 2018 to August 2023 by Actions to Improve Oral Health Outcomes, CDC-RFA-DP18-1810. Collecting these data can be resource intensive as they are obtained through visual/tactile examinations conducted by dental professionals. These data, however, have enabled Federal and State agencies to: (1) prioritize groups at elevated risk for enhanced prevention efforts; (2) monitor trends in children’s oral health status and disparities; (3) inform planning, implementation and evaluation of effective oral health interventions, programs, and policies; (4) measure progress toward Healthy People objectives; and (5) educate the public and policy makers regarding cross-cutting public health programs. Having local estimates of these measures would enable decision-makers to better prioritize communities for programs that increase access to preventive dental services.

CDC is examining the feasibility and validity of using digital photos taken by non-dental professionals, which in turn would be analyzed by deep learning algorithms to assess youth’s oral health status in lieu of human examination. This deep learning assessment tool ultimately could be used by public health officials for dental public health surveillance at the local, State, and national level. It is anticipated that obtaining information on dental conditions via deep learning assessment of digital images as opposed to human assessment will: (1) be more cost effective as it would not require dental personnel; and (2) improve the accuracy of assessment due to minimal bias and less confounding factors associated with the examiner (e.g., subjective index and thresholding). This tool also would offer mobility, simplicity, and affordability for rapid and scalable adaptation in community-based settings.

In order to train and test the deep learning algorithms to identify caries, sealants, and fluorosis, data on these conditions as assessed by standardized examiners and corresponding photos are required. The CDC requests a one-year OMB approval for the one-time