ESTIMATED ANNUALIZED BURDEN HOURS—Continued

| Type of respondent | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|---|---|---|---|---|
| | Discussion Guide for Wellness Committee Members. | 166 | 1 | 30/60 |
| | Employer Follow-Up Survey | 33 | 1 | 15/60 |
| Community Participant | Community Participant Engagement Feedback Survey. | 35 | 1 | 10/60 |
| | Worksite Health Training Survey Parts I–III. | 100 | 1 | 10/60 |
| | Worksite Health Training Survey Part IV | 100 | 1 | 10/60 |
| Employee | Health Screening Consent/Contact Form | 5,000 | 1 | 10/60 |
| | All Employee Survey | 5,000 | 2 | 5/60 |
| | Health Assessment | 5,000 | 2 | 15/60 |
| | Success Story Consent Form | 67 | 1 | 10/60 |
| | Satisfaction Survey | 2,000 | 4 | 15/60 |
| Employee: Wellness Challenge Log/Program Participant. | Lower Your Weight by Eight Challenge Log. | 2,000 | 1 | 1 |
| | Step into Health Challenge Log | 2,000 | 1 | 30/60 |
| | Mix it Up Challenge Log | 2,000 | 1 | 30/60 |
| | Quench Your Thirst Challenge Log | 2,000 | 1 | 30/60 |
| | Feel Fit with Fiber Challenge Log | 2,000 | 1 | 30/60 |
| | Maintain Don't Gain Challenge Log | 2,000 | 1 | 1 |
| | Nutrition and Physical Activity Tracking Log/Lifestyle Tracker. | 2,000 | 1 | 30/60 |

**Kimberly Lane,**

*Deputy Director, 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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**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[60-Day 12–12MW]**

### Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–7570 or send comments to Kimberly S. Lane, at 1600 Clifton Road, MS D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

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; and (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. Written comments should be received within 60 days of this notice.

**Proposed Project**

Hepatitis Testing and Linkage to Care Monitoring & Evaluation System—New—National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention is requesting a three-year OMB approval for establishing a Hepatitis Testing and Linkage to Care (HEPTLC) Monitoring and Evaluation System to collect standardized, non-identifying, client-level and test-level hepatitis testing information from funded testing sites at multiple settings. Grantees will be required to use this web-based HEPTLC software application to collect and report testing and linkage to care activities.

The HEPTLC data collection and reporting system will enable CDC to receive standardized, non-identifying information from funded grantees, including: (1) Information about test sites that provide HEPTLC services and laboratories that provide lab testing; (2) Information about testing participants, including demographics, risk characteristics, vaccination history, etc. (3) Information related to diagnostic test results; and (4) Information about post-test follow-ups, including notification of test result, post-test-counseling, linkage to care and preventive services, and case report to surveillance authorities. CDC will use HEPTLC data for the following purposes: (1) Monitor the implementation activities of the HEPTLC initiative, as well as evaluate the progress and performance made by the grantees. Findings will further inform strategic planning and program improvement; (2) Inform recommendations and strategies of increasing early identification of infected persons and linkage to care, based on participant characteristics and linkage to care among those persons who are infected; (3) Identify best practices and gaps in implementing HEPTLC in various testing settings, and guide CDC in providing technical assistance to the grantees; (4) Produce standardized and specialized reports that will inform grantees, CDC Project Officers, HHS, and other stakeholders of the process, outcome and accountability measures; (5)Assess public health prevention funds and resources allocations with respect to prioritized

risk populations; (6) Advocate the needs for priority setting and budget allocation for hepatitis prevention.

Funded sites will use HEPTLC data for the following purposes:
(1) Understand targeted populations (demographics, risk behaviors, vaccination histories, etc.) and assess the extent to which the targeted populations have been reached;
(2) Document how well the project is progressing in meeting goals/objectives set forth by CDC (e.g. who delivered what to whom, how many, where, when, and how well), as well as performance indicators related to testing, counseling and linkage to care;
(3) Highlight opportunities for local program collaboration and service integration (PCSI) to prevent hepatitis:
(4)Fulfill data collection and reporting requirements outlined in the cooperative agreements.

The total estimated annualized hourly burden anticipated for all data collections and training would be approximately 6,080 hours. Respondents will be testing sites at multiple settings, including health departments, community based organizations (CBOs), community health centers (CHCs), person who inject drugs (PWID) treatment centers, and other settings, e.g. human immunodeficiency virus (HIV) or sexually transmitted disease (STD) clinics, Federally Qualified Health Centers (FQHCs). They will routinely collect, enter, and report information about the test site, client demographics and behaviors, testing results and linkage to care follow up information within the web-based HEPTLC system.

CDC anticipates that routine information collection will begin immediately after OMB approval. CDC intends for grantees to bear minimum burdens with minimal standardized data variables, while fulfilling mandatory reporting requirements. 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) | Total burden (in hours) |
|---|---|---|---|---|---|
| HBV—CBOs/Health Jurisdictions ..... HCV—multiple sites (IDU, CHCs, Others, ECHO). | HEPTLC Data Variables & Values (test-level monthly reporting). | 40 | 12 | 12 | 5,760 |
| HBV—CBOs/Health Jurisdictions ..... HCV—multiple sites (IDU, CHCs, Others, ECHO). | HEPTLC Template (program-level reporting/quarterly). | 40 | 4 | 1.5 | 240 |
| Training ..... | HEPTLC System ..... | 40 | 1 | 2 | 80 |
| Total ..... | ..... | ..... | ..... | ..... | 6,080 |

**Kimberly S. Lane,**

*Deputy Director, Office of Science Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.*

[FR Doc. 2012–14209 Filed 6–11–12; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

### Submission for OMB Review; Comment Request

*Title:* Affordable Care Act Tribal Maternal, Infant and Early Childhood Home Visiting Program Annual Report.

*OMB No.:* 0970–NEW.

*Description:* Section 511(h)(2)(A) of Title V of the Social Security Act, as added by Section 2951 of the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111–148, Affordable Care Act or ACA), authorizes the Secretary of HHS to award grants to Indian Tribes (or a consortium of Indian Tribes), Tribal Organizations, or Urban Indian Organizations to conduct an early childhood home visiting program.

The legislation sets aside 3 percent of the total ACA Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program appropriation (authorized in Section 511(j)) for grants to Tribal entities and requires that the Tribal grants, to the greatest extent practicable, be consistent with the requirements of the Maternal, Infant, and Early Childhood Home Visiting Program grants to States and territories (authorized in Section 511(c)), and include (1) Conducting a needs assessment similar to the assessment required for all States under the legislation and (2) establishing quantifiable, measurable 3- and 5-year benchmarks consistent with the legislation.

The Administration for Children and Families, Office of Child Care, in collaboration with the Health Resources and Services Administration, Maternal and Child Health Bureau, has awarded grants for the Tribal Maternal, Infant, and Early Childhood Home Visiting Program (Tribal MIECHV). The Tribal MIECHV grant awards support 5-year cooperative agreements to conduct community needs assessments, plan for and implement (in accordance with an Implementation Plan submitted at the end of Year 1) high-quality, culturally-relevant, evidence-based and promising home visiting programs in at-risk Tribal communities, and participate in research and evaluation activities to build the knowledge base on home visiting among Native populations.

Section 511(e)(8)(A) of the Social Security Act, as added by Section 2951 of the Affordable Care Act, requires that grantees under the MIECHV program for States and Jurisdictions submit an annual report to the Secretary of Health and Human Services regarding the program and activities carried out under the program, including such data and information as the Secretary shall require. As described above, Section 511(h)(2)(A) further states that the requirements for the MIECHV grants to Tribes, Tribal Organizations, and Urban Indian Organizations are to be consistent, to the greatest extent practicable, with the requirements for grantees under the MIECHV program for States and Jurisdictions. In the Tribal Maternal, Infant, and Early Childhood Home Visiting Program Guidance for Submitting a Needs Assessment and Plan for Responding to Identified Needs (Phase 2 Implementation Plan) (OMB Control No. 0970–0389, Expiration Date 6/30/14), Tribal MIECHV grantees were notified that in Years 2–5 of their grant