

determined by ASA. These include travel and logistics policies and programs. As part of its business process reengineering services, OBT will conduct the review process for reorganization and delegation of authority proposals for the Office of the Secretary (OS) that require the Secretary's or designees' signature.

G. Under Section AJ.20 Functions, "Office of Business Transformation (AJJ)," delete "Section AJJ.10 Organization" in its entirety and replace with the following:

Section AJJ.10 Organization. The Office of Business Transformation (OBT), headed by a Deputy Assistant Secretary who reports directly to the Assistant Secretary for Administration consists of the following components:

- Division of Strategic Initiatives (AJJ1).
- Division of Commercial Services Management (AJJ2).
- Division of Travel Policy and Programs (AJJ3).
- Division of Logistics Policy and Programs (AJJ4).
- Division of Organizational Reengineering (AJJ5).

H. Under Section AJ.20 Functions, "Office of Business Transformation (AJJ)," "Section AJJ.20 Functions," immediately after "2. Division of Commercial Services Management (AJJ2)" insert the following:

3. *Division of Travel Policy and Programs (AJJ3).* The Division of Travel Policy and Programs is headed by a Director and provides leadership in the area of travel through HHS policy development and oversight through coordination with OMB, the General Services Administration (GSA), and the Office of Government Ethics regarding government-wide travel program requirements. The Division provides quality guidance, advice and assistance, information, training, and best practices for managing HHS travel.

4. *Division of Logistics Policy and Programs (AJJ4).* The Division of Logistics Policy and Programs is headed by a Director and provides leadership in the area of logistics through HHS policy development and oversight and through coordination with OMB, GSA, the Department of Energy (DOE), and other Federal agencies regarding government-wide logistics requirements. This Division is dedicated to improving HHS' management of assets, personal property, equipment, inventory, fleet, transportation, and investments for logistics management information systems.

5. *Division of Organizational Reengineering (AJJ5).* The Division of Organizational Reengineering is headed by a Director who administers and oversees the Department's system for review, approval, and documentation of reorganization and delegation of authority proposals.

I. Under Section AJ.20 Functions, "Office of Diversity Management and Equal Employment Opportunity (AJI)," delete "Section AJI.10 Organization" in its entirety and replace with the following:

Section AJI.10 Organization. The Office of Diversity Management and Equal Employment Opportunity (ODME) is headed by a Director for ODME, who reports directly to the Assistant Secretary for Administration, and consists of the following components:

- Diversity Management Division (AJI1).
- Equal Employment Opportunity (EEO) Programs Division (AJI2).
- Division of EEO Program Evaluation and Policy (AJI3).

J. Under Section AJ.20 Functions, "Office of Diversity Management and Equal Employment Opportunity (AJI)," "Section AJI.20 Functions," immediately after "2. Equal Employment Opportunity (EEO) Programs Division (AJI2)" insert the following:

3. *Division of EEO Program Evaluation and Policy (AJI3).* The Division of EEO Program Evaluation and Policy (DEPEP): (a) Provides leadership in developing and promoting improved analytical tools and methods for evaluating EEO and workforce diversity data, including strategic planning; (b) Ensures OPDIV EEO Offices are aligned with ASAM and HHS policies and strategic plans; (c) Manages ODME's continuous improvement program, the internal controls process (A-123) for ODME; ODME's key performance indicators; Departmental EEO policy development; and the preparation of the Equal Employment Opportunity Commission (EEOC) Form 462 report; and (d) Prepares the Department's annual Management Directive 715 (MD-715) report to the EEOC and keeps HHS officials apprised of workforce demographics, complaints activity, and barriers to equal employment opportunity and recommending possible solutions as appropriate.

3. *Delegation of Authority.* Pending further redelegation, directives or orders made by the Secretary, ASFR or ASA, all delegations and redelegations of authority made to officials and employees of affected organizational components will continue in them or

their successors pending further redelegations, provided they are consistent with this reorganization.

Dated: November 1, 2009.

Kathleen Sebelius,
Secretary.

[FR Doc. E9-26963 Filed 11-6-09; 8:45 am]

BILLING CODE 4150-04-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Evaluation of Adolescent Pregnancy Prevention Approaches—Baseline Data Collection.

OMB No.: 0970-0360.

Description: The Administration for Children and Families (ACE), U.S. Department of Health and Human Services (HHS), is proposing a data collection activity as part of the Evaluation of Adolescent Pregnancy Prevention Approaches (PPA). PPA is being undertaken to expand available evidence on effective ways to prevent teen pregnancy. The evaluation will document and test a range of pregnancy prevention approaches in up to eight program sites. Program impacts will be estimated using a random assignment design, involving random assignment at the school, individual, or other level, depending on the program setting. The findings of the evaluation will be of interest to the general public, to policy-makers, and to organizations interested in teen pregnancy prevention.

This proposed information collection activity focuses on collecting baseline data from a self-administered questionnaire which will be used to perform meaningful analysis to determine significant program effects. Through a survey instrument, respondents will be asked to answer carefully selected questions about demographics and risk and protective factors related to teen pregnancy.

Respondents: Study participants, i.e. adolescents assigned to a select school or community teen pregnancy prevention program or a control group.

ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
Baseline Instrument	3,600	1	.5	1,800

*Estimated Total Annual Burden
Hours: 1,800*

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: OPRE Reports Clearance Officer. E-mail address: OPREinfocollection@acf.hhs.gov. All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: November 2009.

Seth F. Chamberlain,

Reports Clearance Officer.

[FR Doc. E9-26802 Filed 11-6-09; 8:45 am]

BILLING CODE M

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

**Centers for Disease Control and
Prevention**

[60Day-10-10AE]

**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 404-639-5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail 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

Malaria Pre-travel Advice: Knowledge and Practices Among US Healthcare Providers Whose Patients Develop Malaria—New—National Center for Zoonotic, Vector-Borne, and Enteric Diseases/Division of Parasitic Diseases/ Malaria Branch (NCZVED/DPD/MB),

Centers for Disease Control and Prevention (CDC)

Background and Brief Description

In 2007, there were 1505 cases of malaria reported in the US and its territories. Except for one transfusion-related case, all cases in 2007 were imported. Almost all of the imported malaria cases could have been prevented with appropriate malaria prophylactic drug regimens. Achieving appropriate malaria prophylaxis requires knowledge and action by both the traveler and healthcare provider (HCP). There are limited studies on HCP knowledge and practices regarding malaria prophylaxis. We propose an activity to better define the types of HCPs giving pre-travel advice about malaria, their knowledge gaps regarding malaria, and their barriers to appropriate prescription of malaria prophylaxis.

All U.S. travelers with malaria reported in 2010 and their healthcare providers (if one was seen) who provided pre-travel advice will be interviewed by phone. Interviews will take no longer than 15 minutes. Questions to be asked of patients include demographics, knowledge of malaria risks, and use of prophylaxis during their travel. HCPs will be asked about their training, practice type, and knowledge of malaria risk and prevention. Univariate analysis will be done to describe characteristics of HCPs who give inappropriate prescriptions for malaria prophylaxis. Bivariate and multivariate analysis is planned to examine the association between various HCP characteristics and provision of inappropriate (or no) malaria prophylaxis. Findings from this activity will help CDC's malaria branch with the development and targeting of educational materials for HCPs regarding malaria in travelers. Information gathered will also guide content of educational and review articles to be published in journals most often read by target HCPs.

There is no cost to respondents.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Patients ≥18	350	1	0.25	87.5
Parents of patients <18	88	1	0.25	22
Healthcare providers	438	1	0.25	109.5
Total				219