

## ESTIMATE OF ANNUALIZED BURDEN HOURS—Continued

Form number and name	Type of respondents	Number of respondents	No. of responses per respondent	Avg. burden per response (in hours)
57.139: MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF.	Registered Nurse (Infection Preventionist).	250	12	5/60
57.140: Urinary Tract Infection (UTI) for LTCF .....	Registered Nurse (Infection Preventionist).	250	9	30/60
57.141: Monthly Reporting Plan for LTCF .....	Registered Nurse (Infection Preventionist).	250	12	5/60
57.142: Denominators for LTCF Locations .....	Registered Nurse (Infection Preventionist).	250	12	3
57.143: Prevention Process Measures Monthly Monitoring for LTCF.	Registered Nurse (Infection Preventionist).	250	12	5/60
57.150: LTAC Annual Survey .....	Registered Nurse (Infection Preventionist).	400	1	30/60
57.151: Rehab Annual Survey .....	Registered Nurse (Infection Preventionist).	1,000	1	25/60
57.200: Healthcare Personnel Safety Component Annual Facility Survey.	Occupational Health RN/Specialist.	100	1	8
57.203: Healthcare Personnel Safety Monthly Reporting Plan.	Occupational Health RN/Specialist.	100	9	10/60
57.204: Healthcare Worker Demographic Data .....	Occupational Health RN/Specialist.	100	200	20/60
57.205: Exposure to Blood/Body Fluids .....	Occupational Health RN/Specialist.	100	50	1
57.206: Healthcare Worker Prophylaxis/Treatment .....	Occupational Health RN/Specialist.	100	30	15/60
57.207: Follow-Up Laboratory Testing .....	Laboratory Technician .....	100	50	15/60
57.210: Healthcare Worker Prophylaxis/Treatment—Influenza.	Occupational Health RN/Specialist.	600	50	10/60
57.300: Hemovigilance Module Annual Survey .....	Medical/Clinical Laboratory Technologist.	500	1	2
57.301: Hemovigilance Module Monthly Reporting Plan .....	Medical/Clinical Laboratory Technologist.	500	12	2/60
57.302: Hemovigilance Module Monthly Incident Summary ...	Medical/Clinical Laboratory Technologist.	500	12	2
57.303: Hemovigilance Module Monthly Reporting Denominators.	Medical/Clinical Laboratory Technologist.	500	12	30/60
57.304: Hemovigilance Adverse Reaction .....	Medical/Clinical Laboratory Technologist.	500	120	10/60
57.305: Hemovigilance Incident .....	Medical/Clinical Laboratory Technologist.	500	72	10/60

Dated: October 18, 2012.

**Ron A. Otten,**

*Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity; Comment Request

##### *Proposed Projects:*

*Title:* Child Care and Development Fund Financial Report (ACF 696) for States and Territories

*OMB No.:* 0970-0163

*Description:* States and Territories use the Financial Report Form ACF-696 to

report Child Care and Development Fund (CCDF) expenditures. Authority to collect and report this information is found in section 658G of the Child Care and Development Block Grant Act of 1990, as revised. In addition to the Program Reporting Requirements set forth in 45 CFR part 98, subpart H, the regulations at 45 CFR 98.65(g) and 98.67(c)(1) authorize the Secretary to require financial reports as necessary.

The form provides specific data regarding claims and provides a mechanism for States to request Child Care grant awards and to certify the availability of State matching funds. Failure to collect this data would seriously compromise ACF's ability to monitor Child Care and Development Fund expenditures. This information is also used to estimate outlays and may be used to prepare ACF budget submissions to Congress.

The American Recovery and Reinvestment Act (ARRA) of 2009, (Pub.

L. 111-5) provides an additional \$2 billion for the Child Care and Development Fund to help States, Territories, and Tribes provide child care assistance to low income working families. CCDF Program Instruction (CCDF-ACF-PI-2009-03) provided guidance on ARRA spending requirements.

Section 1512 of the ARRA legislation requires recipients to report quarterly spending and performance data on the public Web site, "Recovery.gov". Federal agencies are required to collect ARRA expenditure data and performance data and these data must be clearly distinguishable from the regular CCDF (non-ARRA) funds. To ensure transparency and accountability, the ARRA authorizes Federal agencies and grantees to track and report separately on expenditures from funds made available by the stimulus bill. Office of Management and Budget (OMB) guidance implementing the

ARRA legislation indicates that agencies requiring additional information for oversight should rely on existing authorities and reflect these requirements in their award terms and conditions as necessary, following

existing procedures. Therefore, to capture ARRA expenditures, the ACF-696 has been modified (by the addition of a column) for reporting ARRA expenditure data. In addition, a new data element will ask States and

Territories to estimate the number of child service months funded with ARRA dollars. The collection will not duplicate other information.

*Respondents:* States and Territories.

#### ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF-696 .....	56	4	5	1,120

Estimated Total Annual Burden Hours: 1,120.

In compliance with the requirements of Section 506(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: ACF Reports Clearance Officer. Email address: [infocollection@acf.hhs.gov](mailto:infocollection@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.

**Robert Sargis,**

*Reports Clearance Officer.*

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**BILLING CODE 4184-01-P**

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Administration for Children and Families

[CFDA Number 93.600]

##### Announcement of the Award of Four Single-Source Program Expansion Supplement Grants To Support Activities Associated With the Tribal Early Learning Initiative

**AGENCY:** Office of Head Start, Administration for Children and Families, Health and Human Services.

**ACTION:** Notice of award of four single-source program expansion supplement grants to Head Start/Early Head Start American Indian and Alaska Native (AIAN) grantees to support their activities as participants in the Tribal Early Learning Initiative.

**SUMMARY:** The Administration for Children and Families, Office of Head Start, announces the award of single-source program expansion supplement grants to four grantees in the Head Start/Early Head Start American Indian and Alaska Native (AIAN) grantees to support their participation in the Tribal Early Learning Initiative. Each of the following grantees is receiving a supplement in the amount of \$15,750.

Grantee	Location
Choctaw Nation of Oklahoma.	Durant, OK.
Pueblo of San Felipe .....	San Felipe, NM.
Confederated Tribes of Salish and Kootenai.	Pablo, MT.
White Earth Band of Chippewa Indians.	White Earth, MN.

The program expansion supplement awards will support expanded services to identify and analyze systems that will improve effectiveness and efficiencies across early childhood programs. The grantees will share action plans to improve outcomes and developing peer learning relationships.

**DATES:** September 29, 2012–September 30, 2013.

##### FOR FURTHER INFORMATION CONTACT:

Yvette Sanchez Fuentes, Director, Office of Head Start, 1250 Maryland Ave SW., Washington, DC 20024. Telephone: 202-205-8573; Email: [yvette.sanchezfuentes@acf.hhs.gov](mailto:yvette.sanchezfuentes@acf.hhs.gov).

**SUPPLEMENTARY INFORMATION:** The program expansion supplemental grants will support the effective identification and analysis of actual and potential systems issues faced by tribes receiving all three ACF early learning grants: Head Start/Early Head Start, Tribal Child Care, and Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV). The program expansion supplements will support coordination and collaboration activities such as identifying obstacles that could block efforts to build and maintain partnerships, piloting more effective coordination of Tribal Early Learning Programs, and development of alternative interventions and strategies in line with tribal community values, traditions, and priorities. The Tribal Early Learning Initiative is expected to accomplish the following:

- Identify and analyze systems issues, including obstacles that could block efforts to build and maintain partnerships in tribal communities, to fully and effectively coordinate Tribal Head Start/Early Head Start, Tribal Child Care, and Tribal MIECHV programs (Tribal Early Learning Programs), and to develop a menu of alternative interventions and strategies in line with tribal community values, traditions, and priorities.
- Develop tribally-driven goals and concrete objectives in each local tribal community for building effective and efficient early childhood systems and improved outcomes for young children and families including strategies to support parent, family, and community engagement.
- Develop and carry out concrete community plans for supporting and