discontinuation of the cost reimbursement data collection; addition of an activity-based economic data collection; and deletion of the term ''Demonstration'' from the title. Information currently reported to CDC includes program-level activity cost data, and de-identified patient-level demographic, screening, diagnostic, treatment and outcome data (Colorectal Cancer Screening Program, OMB No. 0920–0745, exp. 6/30/2013).

CDC plans to request a three-year extension of the current approval. No changes are proposed to the content of the information collection, reporting procedures for awardees, or the estimated burden per respondent. However, the number of funded CRC screening sites will increase from 26 to 29.

Program awardees will continue to implement evidence-based interventions to increase population-level screening rates and to address disparities in access to CRC screening services.

Through this program, funded awardees will provide CRC screening services to low-income individuals 50 years of age and older who have no health insurance or inadequate health insurance for CRC. On average, each program awardee is expected to provide services to 375 individuals per year. De-identified clinical data elements will be reported to CDC electronically. In addition, each awardee will collect and report program-level activity-based cost data to CDC through an electronic Cost Assessment Tool (CAT). The activity-based cost information allows CDC to monitor individual awardees and compare activity-based costs across multiple sites and programs. A similar approach has been employed for a number of CDC-funded cancer programs (see Economic Analysis of the National Breast and Cervical Cancer Early Detection Program, OMB No. 0920–0776, exp. 3/31/2011, and Economic Analysis of the National Program of Cancer Registries, OMB No. 0920–0812, exp. 6/30/2012).

CDC will use the information collected from Colorectal Cancer Screening Program awardees to monitor and evaluate the CRC screening program and funded sites; improve the quality of screening and diagnostic services for underserved individuals; develop outreach strategies to increase screening; and report program results to Congress and other legislative authorities. Participation is required for all CRCCP awardees. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form type	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Colorectal Cancer Control Program Awardees.	Clinical Data Elements	29	375	15/60	2,719
	Cost Assessment Tool	29	1	22	638
Total					3,357

Dated: January 8, 2013.

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.

[FR Doc. 2013–00755 Filed 1–15–13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: School Readiness Goals and Head Start Program Functioning.

OMB No.: New Collection.

Description: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS) is proposing a data collection as part of the ''School Readiness Goals and Head Start Program Functioning'' research project. The purpose of this study is to improve understanding of how local Head Start and Early Head Start programs define, measure, and communicate school readiness goals, and how they use these goals in program planning to improve program functioning. ACF is proposing to use a semi-structured telephone interview protocol to collect information from program directors and other key staff from approximately 60 local grantees and site visit protocols to collect further qualitative information through interviews and/or focus groups with program staff, oversight boards, key stakeholders, and parents in a subset of 12 of these grantees. ACF has contracted with the Urban Institute to collect and analyze the data gathered in the telephone interviews and site visits.

Topics to be covered in the telephone interview and site visit protocols include: A description of school readiness goals set by local grantee; the process used to set school readiness goals; contextual factors informing choices made about school readiness goals (e.g., needs of local children and families, program and staff characteristics, and community characteristics); how programs use and analyze data about school readiness goals; how programs report progress on goals; and how school readiness goals and data form program planning and improvement efforts.

Respondents: Head Start and Early Head Start program directors and managers closely involved with school readiness goal setting (e.g. education services coordinators); others in leadership positions (e.g. agency directors, center directors, home-based services coordinators or assistant program directors); front-line staff (e.g. Head Start teachers, Early Head Start teachers, home visitors, family service workers, and program specialists); members of Head Start governing bodies and local policy councils; liaisons from local education agencies; and parents with children in Head Start and Early Head Start programs.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
Telephone Interview	120	1	0.75	90	90
Key Leaders Interview	24	1	1.5	36	36
Other Leaders Interview	30	1	1	30	30
Front-line Staff Interview	96	1	1	96	96
Governing Body/Policy Council Interview	72	1	1	72	72
Local Education Agency Interview	12	1	1	12	12
Parent Focus Group	144	1	1.5	216	216

Estimated Total Annual Burden Hours: 552.

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. Email 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.

Steven M. Hanmer,

Reports Clearance, Officer.

[FR Doc. 2013–00593 Filed 1–15–13; 8:45 am]

BILLING CODE 4184–22–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Mother and Infant Home Visiting Program Evaluation: Follow-up data collection on family outcomes.

OMB No.: 0970–0402.

Description: In 2011, the Administration for Children and Families (ACF) and Health Resources and Services Administration (HRSA) within the U.S. Department of Health and Human Services (HHS) launched a national evaluation called the Mother and Infant Home Visiting Program Evaluation (MIHOPE). This evaluation, mandated by the Affordable Care Act, will inform the federal government about the effectiveness of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program in its first few years of operation, and provide information to help states develop and strengthen home visiting programs in the future. MIHOPE has two phases. Phase 1 includes baseline data collection and implementation data; Phase 2 includes follow up data collection. OMB approved a data collection package for Phase 1 in July 2012. The purpose of the current document is to request approval of data collection efforts for Phase 2.

Data collected during Phase 2 will include the following: (1) A one-hour family follow-up survey, (2) 30-minutes of observed interactions between the parent and child, (3) a direct assessment of child development, (4) measurement of mother's weight and child's height and weight, (5) collection of saliva from the mother and child for purposes measuring cotinine, an indicator of smoking behavior and exposure to second-hand smoke, and cortisol, an indicator stress exposure and regulation, and (6) extend collection of weekly home visitor logs on home visiting services until a family is no longer receiving services.

Data collected during Phase 2 will be used to estimate the effects of MIECHV-funded programs on seven domains specified for the evaluation in the ACA: (1) Prenatal, maternal, and newborn health; (2) child health and development, including maltreatment, injuries, and development; (3) parenting; (4) school readiness and academic achievement; (5) crime or domestic violence; (6) family economic self-sufficiency; and (7) use of other community resources. Data collected during Phase 2 will also be used to assess the differences in services used between families who receive home visiting and a comparison group, and to assess the quantity of home visiting services received by families.

Respondents: The respondents in Phase 2 will include 4335 parents who are enrolled in the study. Data collection activities will take place over a three-year period.

ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
Home visitor logs	170	50	0.09	765
Family follow-up survey	1445	1	1.0	1445
Direct parent-child interactions	2890	1	0.5	1445
Direct child assessments	1445	1	0.7	1012