Children and Families, United States Department of Health and Human Services, proposes to renew, with changes, its authority for record keeping requirements associated with Head Start eligibility verification. OHS revised the Head Start Eligibility Verification form to reflect changes in the eligibility final rule published on February 10, 2015 (80 FR 7368). OHS initially developed the form to help programs determine eligibility. However, Head Start programs are not required to use this specific form. Programs may either adopt the form or design a new form to meet the eligibility requirements.

The Office of Head Start published a final rule on eligibility under the authority granted to the Secretary of Health and Human Services under the Head Start Act (Act) at sections 644(c), 645(a)(1)(A), and 645A(c). The final rule clarifies Head Start's eligibility procedures and enrollment requirements, and reinforces Head Start's overall mission to support low-income families and early learning. A program must maintain records as specified in sections 1305.4(d)(2), 1305.4(l), and 1305.4(h) through (j) of the final rule.

Respondents: Head Start and Early Head Start program grant recipients.

ANNUAL BURDEN ESTIMATES

Instruments	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
§ 1305.4(l) Eligibility determination records *(sample form)*	1,600	478	.10	76,480
§ 1305.4(d)(2)	20	1	2	40
§ 1305.4(h),(i), and (j)	1,600	1	15	24,000
§ 1305.4(l) Other Record Keeping	1,600	1	15	24,000

Estimated Total Annual Burden Hours: 124,520

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*. 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.

[FR Doc. 2015–24293 Filed 9–24–15; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities: Submission for OMB Review; Comment Request; OAA Title III–E Evaluation

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living (formerly the Administration on Aging (AoA)) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Submit written comments on the collection of information by October 26, 2015.

ADDRESSES: Submit written comments on the collection of information by fax 202.395.6974 to the OMB Desk Officer for ACL, Office of Information and Regulatory Affairs, OMB.

FOR FURTHER INFORMATION CONTACT: Alice-Lynn Ryssman, 202.357.3491

SUPPLEMENTARY INFORMATION: In compliance with PRA (44 U.S.C. 3501–3520), the Administration for Community Living (ACL, formerly the Administration for Aging) has submitted the following proposed collection of information to the Office of Management and Budget (OMB) for review and clearance. The outcome evaluation data collection associated with the Title III–E National Family Caregiver Support Program (NFCSP) is necessary to meet three broad objectives of ACL: (1) To provide information to support program planning, including an analysis of program processes, (2) to develop information about program efficiency and costs, and (3) gauge program effectiveness in assessing community and client needs, targeting and prioritizing, and providing services to family caregivers. The outcome evaluation will examine to what extent do the needs, services, and outcomes of NFCSP caregivers differ from non-NFCSP caregivers over a twelve-month period. As well, where feasible, the individuals supported by these two groups of caregivers will be asked seven short questions about their situation initially and at the end of twelve months, to take into account the care recipients' perceptions of their quality of life and the support for their caregivers.

In response to the 60-day **Federal Register** Notice related to this proposed data collection and published on November 20, 2013, comments from six individuals and/or organizations were received. Many of the suggestions commented on the length of the survey and eliminating duplicative or cumbersome open-ended questions, efforts have been made to make the questions clearer, reduce the number of open-ended questions, and shorten the estimated time needed for the survey by about 10 percent. In addition, in response to concerns about the views of those receiving care from these caregivers, a very short seven-question survey has been added to ask the caregivers' care recipients about their perceived quality of life and the support needed by their caregivers.

The outcome study will conduct telephone interviews with a randomly

sampled group of 1,250 NFCSP caregivers at three points in time (baseline, six months later, and twelve months later), as well as to a comparison group of 1,250 caregivers not receiving NFCSP services at the same three points in time (baseline, six months later, and twelve months later), who will be identified through their care recipients who are receiving other OAA services. Additionally, the care recipients of each group of caregivers will be contacted, as feasible, and asked seven short questions at two points in time (baseline and twelve months later). ACL estimates the burden of this collection of information as follows: 2,513 hours for caregivers receiving NFCSP services, 2,186 hours for caregivers who are not receiving NFCSP services, 400 hours for the NFCSP caregivers' care recipients, and 400 hours for the non-NFCSP caregivers' care recipients, in addition to approximately 63 hours for the local Area Agencies on Aging (AAAs) to help with the respondent selection process, for a Total Burden for Study of 5,562 hours.

The proposed data collection tools may be found on the ACL Web site at *http://www.aoa.gov/Program_Results/Outcome_Evaluation_Survey.aspx*.

Dated: September 21, 2015.

Kathy Greenlee,

Administrator and Assistant Secretary for Aging.

[FR Doc. 2015–24444 Filed 9–24–15; 8:45 am]

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

Bright Futures Pediatric Implementation Cooperative Agreement

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice of Single-Case Deviation from Competition Requirement for Program Expansion for the Bright Futures Pediatric Implementation Cooperative Agreement at the American Academy of Pediatrics, Grant Number U04MC07853.

SUMMARY: HRSA announces the award of a program expansion supplement in the amount of $210,000 for the Bright Futures Pediatric Implementation (BFPI) cooperative agreement. The proposed program expansion supplement would provide funds to the American Academy of Pediatrics (AAP) to support the integration of genetics and genomic medicine into pediatric primary care by testing genomic resources and tools to ensure relevance to clinical practice and the practicality of implementing them in clinical practice and the eventual addition to the Bright Futures Tool and Resources Kit.

The BFPI is authorized by the Social Security Act, Title V, Sections 501(a)(2) (42 U.S.C. 701(a)(2)), as amended. The BFPI is a national resource to promote integration of the ''Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, Third Edition'' and subsequent editions, through strengthening, aligning, and fostering partnerships among families, health professionals, public health, and the broader community to promote children's health.

SUPPLEMENTARY INFORMATION: Intended Recipient of the Award: The American Academy of Pediatrics

Amount of the Non-Competitive Award: $210,000.

CFDA Number: 93.110.

Current Project Period: 02/01/2007—01/31/2017.

Period of Supplemental Funding: 2/1/2015—1/31/2016.

Authority: Social Security Act, Title V, Sections 501(a)(2) (42 U.S.C. 701(a)(2)), as amended.

Justification: Genetic information may be used to diagnose disease, predict risk of future disease, inform decision-making, and manage patient care. Although the number of evidence-based genomic applications relevant to pediatric practice is growing, lack of awareness and genetics-related skills among providers often results in significant lag time between the generation of evidenced-based findings and their integration into pediatric practice.

From June 1, 2011, to January 30, 2014, HRSA's Maternal and Child Health Bureau (MCHB) funded AAP to develop and implement the Genetics in Primary Care Institute (GPCI) program that provided models, best practices, and dissemination strategies for ensuring optimal integration of genetic medicine content and concepts into primary care practice.

Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, Third Edition (hereafter referred to as *Bright Futures*), is a set of principles, strategies and tools that are theory-based, evidence-driven, and systems-oriented, that can be used to improve the health and well-being of all children. *Bright Futures* has become the primary source of clinical guidelines and recommendations to improve health promotion and preventive practices for infants, children, and adolescents, including those with special healthcare needs, among pediatric health care providers. *Bright Futures* is an ideal platform for the GPCI tools to integrate the genetic guidelines into clinical practice and the addition of genomic tools and resources will strengthen and enhance the work of *Bright Futures.*

The purpose of the BFPI cooperative agreement, as stated in the funding opportunity announcement, is to improve the quality of health promotion and preventive services for all infants, children, adolescents, and their families, including children with special health care needs, through the effective national implementation of *Bright Futures.* To address the need for the integration of genetics and genomic medicine into pediatric primary care, AAP, working with MCHB, would support the development of the Think Genetics! Initiative using the GPCI tool, ''Think Genetics! Daily Use in Pediatric Primary Care: A Case Series for the Continuity Clinic.'' This tool focuses on a wide range of clinical topics that are encountered in pediatric primary care and that require the primary care provider to ''think genetically'' in order to think more broadly about genetics/genomics when seeing patients in the clinic. The supplemental funds would allow MCHB to build on AAP's GPCI outputs, strong relationship with the pediatric primary care providers, and *Bright Futures* platform to help MCHB facilitate the integration of genetic guidelines into clinical practice.

As part of the current award, BFPI would recommend updates to *Bright Futures* based upon information from the GPCI to promote the importance of collecting a multigenerational family health history, as well as the collection of targeted, just-in-time family history information. As part of this project, AAP would engage five clinics in testing and revise several modules from the genetics case series to better understand what supports clinic directors, attending physicians, and residents need to implement the provision of genetics and genomic medicine in patient visits. In addition, AAP would compare the case series content with *Bright Futures* to determine content alignment as well as gaps.

AAP would partner with residency training programs, the Bright Futures Steering Committee, the Association of Pediatric Program Directors, and others, respectively, to ensure the development of a sound project implementation methodology consistent with the overall aims. Resources and tools would be