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Control and Prevention.

[FR Doc. 2012-13692 Filed 6-5-12; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-12-0571]

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 CDC, 1600 Clifton Road, MS D-74, 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

Minimum Data Elements (MDEs) for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) (OMB No. 0920-0571, exp. 11/30/2012)—Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Many cancer-related deaths in women could be avoided by increased utilization of appropriate screening and early detection tests for breast and cervical cancer. Mammography is extremely valuable as an early detection tool because it can detect breast cancer well before the woman can feel the lump, when the cancer is still in an early and more treatable stage. Similarly, a substantial proportion of cervical cancer-related deaths could be prevented through the detection and treatment of precancerous lesions. The Papanicolaou (Pap) test is the primary method of detecting both precancerous cervical lesions as well as invasive cervical cancer. Mammography and Pap tests are underused by women who have no source or no regular source of health care and women without health insurance.

Despite the availability and increased use of effective screening and early detection tests for breast and cervical cancers, the American Cancer Society (ACS) estimates that 226,870 new cases of invasive breast cancer will be diagnosed among women in 2012, and 39,510 women will die of this disease. The ACS also estimates that 12,170 new cases of invasive cervical cancer will be diagnosed in 2012, and 4,220 women will die of this disease.

The CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) provides screening services to underserved women through cooperative agreements with 50 States,

the District of Columbia, 5 U.S. Territories, and 11 American Indian/Alaska Native tribal programs. The program was established in response to the Breast and Cervical Cancer Mortality Prevention Act of 1990. Screening services include clinical breast examinations, mammograms and Pap tests, as well as timely and adequate diagnostic testing for abnormal results, and referrals to treatment for cancers detected. NBCCEDP awardees collect patient-level screening and tracking data to manage the program and clinical services. A de-identified subset of data on patient demographics, screening tests and outcomes are reported by each awardee to CDC twice per year. Burden to respondents was significantly reduced in 2008 when the annual requirement to report infrastructure information (System for Technical Assistance Reporting, STAR), previously associated with collection of MDE information, was discontinued.

CDC plans to request OMB approval to collect MDE information for an additional three years. CDC anticipates a reduction in the overall burden estimate due to a decrease in the number of awardees from 68 to 67. There are no changes to the currently approved minimum data elements, electronic data collection procedures, or the estimated burden per response. Because NBCCEDP awardees already collect and aggregate data at the state, territory and tribal level, the additional burden of submitting data to CDC will be modest. CDC will use the information to monitor and evaluate NBCCEDP awardees; improve the availability and quality of screening and diagnostic services for underserved women; develop outreach strategies for women who are never or rarely screened for breast and cervical cancer, and report program results to Congress and other legislative authorities.

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 hr)	Total burden (in hr)
NBCCEDP Awardees	Minimum Data Elements	67	2	4	536

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[FR Doc. 2012-13688 Filed 6-5-12; 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: Tribal TANF Data Report, TANF
Annual Report, and Reasonable Cause/

Corrective Action Documentation
Process—Final.

OMB No.: 0970-0215.

Description: 42 U.S.C. 612 (Section
412 of the Social Security Act as
amended by Pub. L. 104-193, the
Personal Responsibility and Work
Opportunity Reconciliation Act of 1996
(PRWORA)), mandates that federally
recognized Indian Tribes with an
approved Tribal TANF program collect
and submit to the Secretary of the
Department of Health and Human
Services data on the recipients served
by the Tribes' programs. This
information includes both aggregated
and disaggregated data on case
characteristics and individual
characteristics. In addition, Tribes that

are subject to a penalty are allowed to
provide reasonable cause justifications
as to why a penalty should not be
imposed or may develop and implement
corrective compliance procedures to
eliminate the source of the penalty.
Finally, there is an annual report, which
requires the Tribes to describe program
characteristics. All of the above
requirements are currently approved by
OMB and the Administration for
Children and Families is simply
proposing to extend them without any
changes.

Respondents: Indian Tribes.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Final Tribal TANF Data Report	66	4	451	119,064
Tribal TANF Annual Report	66	1	40	2,640
Tribal TANF Reasonable Cause/Corrective	66	1	60	3,960

*Estimated Total Annual Burden
Hours:* 125,664.

Additional Information: Copies of the
proposed collection may be obtained 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. All requests should be
identified by the title of the information
collection. Email address:
infocollection@acf.hhs.gov.

OMB Comment: OMB is required to
make a decision concerning the
collection of information between 30
and 60 days after publication of this
document in the **Federal Register**.
Therefore, a comment is best assured of
having its full effect if OMB receives it
within 30 days of publication. Written
comments and recommendations for the
proposed information collection should
be sent directly to the following: Office
of Management and Budget, Paperwork
Reduction Project, Fax: 202-395-7285,
Email:
OIRA_SUBMISSION@OMB.EOP.GOV.
Attn: Desk Officer for the

Administration for Children and
Families.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2012-13630 Filed 6-5-12; 8:45 am]

BILLING CODE 4184-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Proposed Projects:

Title: Performance Measures for
Community-Centered Healthy Marriage,
Pathways to Responsible Fatherhood
and Community-Centered Responsible
Fatherhood Ex-Prisoner Reentry Grant
Programs.

OMB No.: 0970-0365.

Description: The Office of Family
Assistance (OFA), Administration for
Children and Families (ACF), U.S.
Department of Health and Human
Services (HHS), intends to request
approval from the Office of Management
and Budget (OMB) to renew OMB Form
0970-0365 for the collection of
performance measures from grantees for
the Community-Centered Healthy

Marriage, Pathways to Responsible
Fatherhood and Community-Centered
Responsible Fatherhood Ex-Prisoner
Reentry discretionary grant programs.
The performance measure data obtained
from the grantees will be used by OFA
to report on the overall performance of
these grant programs. Data will be
collected from all 61 Community-
Centered Healthy Marriage, 53 Pathways
to Responsible Fatherhood and 4
Community-Centered Responsible
Fatherhood Ex-Prisoner Reentry
grantees in the OFA programs. Grantees
will report on program and participant
outcomes in such areas as participants'
improvement in knowledge skills,
attitudes, and behaviors related to
healthy marriage and responsible
fatherhood. Grantees will be asked to
input data for selected outcomes for
activities funded under the grants.
Grantees will extract data from program
records and will report the data twice
yearly through an on-line data
collection tool. Training and assistance
will be provided to grantees to support
this data collection process.

Respondents: Office of Family
Assistance Funded Community-
Centered Healthy Marriage, Pathways to
Responsible Fatherhood and
Community-Centered Responsible
Fatherhood Ex-Prisoner Reentry
Grantees.