

Strategic Plan goals and objectives related to improving minority health and eliminating health disparities.

- Develops an Agency-wide data collection infrastructure for minority health activities and initiatives.
- Implements activities to increase the availability of data to monitor the impact of CMS programs in improving minority health and eliminating health disparities.
- Participates in the formulation of CMS goals, policies, legislative proposals, priorities and strategies as they affect health professional organizations and others involved in or concerned with the delivery of culturally and linguistically-appropriate, quality health services to minorities and disadvantaged populations.
- Consults with HHS Federal agencies and other public and private sector agencies and organizations to collaborate in addressing health equity.
- Establishes short-term and long-range objectives and participates in the focus of activities and objectives in assuring equity of access to resources and health careers for minorities and disadvantaged populations.

**Authority:** 44 U.S.C. 3101.  
**Dated:** July 12, 2011.  
**Donald Berwick,**  
*Administrator, Centers for Medicare & Medicaid Services.*  
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**BILLING CODE 4120–01–P**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

*Title:* Child Care Quarterly Case Record Report—ACF–801.  
*OMB No.:* 0970–0167.  
*Description:* Section 658K of the Child Care and Development Block Grant Act of 1990 (Pub. L. 101–508, 42 U.S.C. 9858) requires that States and Territories submit monthly case-level data on the children and families receiving direct services under the Child Care and Development Fund. The implementing regulations for the statutorily required reporting are at 45 CFR 98.70. Case-level reports,

submitted quarterly or monthly (at grantee option, include monthly sample or full population case-level data. The data elements to be included in these reports are represented in the ACF–801. ACF uses disaggregate data to determine program and participant characteristics as well as costs and levels of child care services provided. This provides ACF with the information necessary to make reports to Congress, address national child care needs, offer technical assistance to grantees, meet performance measures, and conduct research. Consistent with the statute and regulations, ACF requests extension of the ACF–801. With this extension, ACF is proposing to add several new data elements as well as some minor changes and clarifications to the existing reporting requirements and instructions. These proposed revisions to the ACF–801 would allow OCC to capture child-level data on provider quality for each child receiving a child care subsidy.

*Respondents:* States, the District of Columbia, and Territories including Puerto Rico, Guam, the Virgin Islands, American Samoa, and the Northern Mariana Islands.

ANNUAL BURDEN ESTIMATES				
Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF–801 .....	56	4	25	5,600

*Estimated Total Annual Burden Hours:* 5,600.

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 proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Planning Research and Evaluation, 370 L’Enfant Promenade, SW., Washington, DC 20447, *Attn:* ACF Reports Clearance Officer. *e-mail 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.

**Dated:** July 20 2011.  
**Steven M. Hanmer,**  
*Reports Clearance Officer.*  
[FR Doc. 2011–18787 Filed 7–26–11; 8:45 am]  
**BILLING CODE 4184–01–M**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children And Families

Announcement of Five Single Source Grant Awards

**AGENCY:** Office of Child Care, ACF, HHS.

**ACTION:** Award of five single source grants under the Tribal Home Visiting Program to the Eastern Band of Cherokee Indians, Cherokee, NC; Native American Health Center, Inc., Oakland, CA; Riverside-San Bernardino County Indian Health, Inc., Banning, CA; Taos Pueblo, Taos, NM; and United Indians of All Tribes Foundation, Seattle, WA.

CFDA Number: 93.508.

*Statutory Authority:* Section 511(h)(2)(A) of Title V of the Social Security Act, as added by Section 2951 of the Affordable Care Act of 2010 (Pub. L. 111–148, ACA), authorizes the Secretary of HHS to award grants to