

Time and Date: 11:00 a.m.–5:30 p.m., June 25, 2012 (Closed).

Place: Teleconference.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters To Be Discussed: The meeting will include the initial review, discussion, and evaluation of “Identifying Barriers to Receiving Breast and Cervical Cancer Screening Among Muslim Women Living in the United States, SIP12–052, Panel B, initial review.”

Contact Person for More Information: M. Chris Langub, Ph.D., Scientific Review Officer, CDC, 4770 Buford Highway NE., Mailstop F–46, Atlanta, Georgia 30341, Telephone: (770) 488–3585, EEO6@cdc.gov.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: May 15, 2012.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2012–12352 Filed 5–21–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2012–0005]

Recommendations for the Identification of Hepatitis C Virus (HCV) Chronic Infection

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS) announces draft recommendations for identification of persons with HCV chronic infection, available for public comment. The recommendations are intended to increase the proportion of persons with chronic HCV who are diagnosed, provided appropriate prevention services, and linked to needed care and treatment. Public comment will be used to inform the final recommendations. The *Recommendations* may be found at <http://www.regulations.gov>, Docket No. CDC–2012–0005.

DATES: Written comments must be received on or before June 8th, 2012.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2012–0005, by any of the following methods:

- *Internet:* Access the Federal eRulemaking portal at <http://www.regulations.gov>. Follow the instructions for submitting comments.

- *Mail:* Division of Viral Hepatitis, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., Mailstop G–37, Atlanta, Georgia 30333.

Instructions: All submissions received must include the agency name and docket number for this notice. All relevant comments will be posted without change to <http://www.regulations.gov> including any personal information provided.

Docket: For access to the docket to read background documents or comments received, go to <http://www.regulations.gov>, Docket No. CDC–2012–0005.

FOR FURTHER INFORMATION CONTACT:

Rebecca Morgan, Division of Viral Hepatitis, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, 1600 Clifton Road, Mailstop G–37, Atlanta, Georgia 30333. You may also call 404–718–8596 or send an email to HCV_BC@cdc.gov.

SUPPLEMENTARY INFORMATION:

Hepatitis C virus infection is a contagious liver disease that ranges in severity from a mild illness lasting a few weeks to a serious, lifelong illness. It results from infection with the hepatitis C virus (HCV), which is spread primarily through contact with the blood of an infected individual. In approximately 75%–85% of persons, HCV persists as a chronic infection, which places infected persons at risk for liver cirrhosis, liver cancer or hepatocellular carcinoma (HCC), and complications involving other organ systems that develop over the decades following onset of infection. HCV infection status is determined by a blood test.

In the United States an estimated 2.7–3.9 million persons are living with HCV infection. Cirrhosis, HCC and HCV-related mortality have been increasing among persons infected with HCV, and these outcomes are projected to increase significantly in the coming decades. HCV-infected persons who are aware of their infection can benefit from health services to prevent additional harm to the liver (e.g., hepatitis A virus and hepatitis B virus vaccination), medical monitoring, and behavioral changes

(e.g., reductions in alcohol use). Further, anti-viral therapies can clear HCV from the system (i.e., a virologic cure) and halt disease progression for many patients living with HCV infection.

CDC is seeking public comment on these *Recommendations*, particularly concerning the following questions:

(1) Are there other data, evidence, or studies to consider regarding:

a. The burden of HCV infection morbidity, and mortality in the populations for whom testing is recommended?

b. The number of persons living with HCV who are unaware of their infection status?

c. The benefits and harms of HCV testing, care and treatment?

d. The cost effectiveness of the proposed recommendations?

e. Settings in a community where testing should be targeted?

(2) Are there other factors, e.g., other scientific studies not referenced, which should be considered in the development of the *Recommendations*?

(3) Are there any other comments about the utility of the information?

Dated: May 15, 2012.

Tanja Popovic,

Deputy Associate Director for Science, Centers for Disease Control and Prevention.

[FR Doc. 2012–12323 Filed 5–18–12; 11:15 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Child Care and Development Fund Annual Aggregate Report—ACF–800.

OMB No.: 0970–0150.

Description: Section 658K of the Child Care and Development Block Grant Act of 1990 (P.L. 101–508, 42 U.S.C. 9858) requires that States and Territories submit annual aggregate 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. Annual aggregate reports include data elements represented in the ACF–800 reflecting the scope, type, and methods of child care delivery. 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-800.

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-800	56	1	40	2,240

Estimated Total Annual Burden Hours: 2,240.

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, Email: OIRA_SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for the Administration for Children and Families.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2012-12302 Filed 5-21-12; 8:45 am]

BILLING CODE 4184-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Award of a Single Source Cooperative Agreement Grant to the Congressional Hunger Center in Washington, DC

AGENCY: Office of Policy, Research and Evaluation, ACF, HHS.

ACTION: The Administration for Children and Families (ACF) announces the award of a single source cooperative agreement to the Congressional Hunger

Center in Washington, DC to support a Bill Emerson National Hunger Fellow.

C.F.D.A. Number: 93.647.

Statutory Authority: The award is authorized under Section 1110 of the Social Security Act, 42 U.S.C. § 613.

SUMMARY: The Administration for Children and Families (ACF), Office of the Assistant Secretary (OAS), announces the award of a single source cooperative agreement for \$3,000 with the Congressional Hunger Center (CHC) in Washington, DC, to support a Bill Emerson National Hunger Fellow who will work on hunger and obesity issues for young children. The Fellow will work closely with the ACF health team on strengthening its strategic vision to improve health and nutrition in children's programs. The Fellow will work with the team to examine programs in the Office of Child Care (OCC), OCC Tribal Maternal, Infant, and Early Childhood Home Visiting (TMIECHV) Grant Program under the Affordable Care Act (ACA), and the Office of Head Start, and will communicate with other agencies on child-focused nutrition programs. There is currently no individual in ACF designated to work specifically on these nutrition- and hunger-related issues. Additionally, the Fellow will work with the ACF health team to synthesize ideas emergent from this investigative work to further develop strategies for integrating hunger- and obesity-prevention strategies into ACF's childhood programming.

DATES: March 1, 2012—February 28, 2013.

FOR FURTHER INFORMATION CONTACT:

George Askew, MD, FAAP, Senior Policy Advisor, Office of the Assistant Secretary, 901 D Street SW., Washington, DC 20447. Telephone: 202-401-1399; Email: george.askew@acf.hhs.gov.

George Askew,

Senior Policy Advisor, Office of the Assistant Secretary.

[FR Doc. 2012-12297 Filed 5-21-12; 8:45 am]

BILLING CODE 4184-07-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Child Health and Human Development; Submission for OMB Review; Comment Request; Stress and Cortisol Measurement Substudy for the National Children's Study

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institute of Child Health and Human Development (NICHD), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on February 17, 2012, pages 9666-9668 (Volume 77, Number 33) of the **Federal Register** and allowed 60 days for public comment. One comment was received. The commenter questioned the value of the National Children's Study overall and suggested that the NCS be eliminated. The NCS is implemented to meet the requirements of the Children's Health Act of 2000 (Pub. L. 106-310). The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection: Title: Stress and Cortisol Measurement Substudy for the National Children's Study (NCS). *Type of Information Collection Request:* New. Need and Use of Information Collection: The Children's Health Act of 2000 (Pub. L. 106-310) states:

(a) **PURPOSE.**—It is the purpose of this section to authorize the National Institute of Child Health and Human Development* to conduct a national longitudinal study of environmental influences (including