

evaluation and intervention, and adherence to intervention. CDC's plan to publish data and results from this evaluation will help state health

officials, other Federal agencies, and other stakeholders to improve the EHDI process-providing direct benefit to infants with hearing loss and their

families. The total estimated burden hours are 940.

ESTIMATED ANNUALIZED TOTAL BURDEN HOURS

Instrument	Number of respondents	Responses per respondent	Average burden per response (in hrs.)
Maternal Exit Survey			
Request to Participate	3,750	1	1/60
Complete Survey	3,000	1	10/60
Maternal CATI Interview			
Request to Participate	1,250	1	2/60
Consent and Screening, but no Hearing Test	8	1	1/60
Consent and Partially Completed Screening, Hearing Test but no Results	8	1	15/60
Consent and Completed Interview	1,000	1	20/60

Dated: September 28, 2005.
Betsy Dunaway,
Acting Reports Clearance Officer, Centers for Disease Control and Prevention.
 [FR Doc. 05-19880 Filed 10-3-05; 8:45 am]
BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day-05-04KD]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 371-5983 or send an e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

Tremolite Asbestos Registry—NEW—The Agency for Toxic Substances and Disease Registry (ATSDR).

Background and Brief Description:
 The Agency for Toxic Substances and Disease Registry (ATSDR) is mandated pursuant to the 1980 Comprehensive Environmental Response Compensation and Liability Act (CERCLA) and its 1986 Amendments, the Superfund Amendments and Re-authorization Act (SARA), to establish and maintain a national registry of persons who have been exposed to hazardous substances in the environment and a national registry of persons with illnesses or health problems resulting from such exposure. In 1988, ATSDR created the National Exposure Registry (NER) as a result of this legislation in an effort to provide scientific information about potential adverse health effects people develop as a result of low-level, long-term exposure to hazardous substances.

The NER is a program which collects, maintains, and analyzes information obtained from participants (called registrants) whose exposure to selected toxic substances at specific geographic areas in the United States has been documented. Relevant health data and demographic information are also included in the NER databases. The NER databases furnish the information needed to generate appropriate and valid hypotheses for future activities such as epidemiologic studies. The NER also serves as a mechanism for longitudinal health investigations that follow registrants over time to ascertain

adverse health effects and latency periods.

The Tremolite Asbestos Registry (TAR) is currently authorized as part of the National Exposure Registry (OMB #0923-0006, expiration 10/31/05). ATSDR is seeking a separate approval for the TAR activities. The purpose of the TAR will be to improve communication with people at risk for developing asbestos-related disease resulting from asbestos exposure in Libby, Montana, and to support research activities related to TAR registrants.

The TAR is currently composed of information about former vermiculite workers, the people that lived with them during their tenure as vermiculite workers (*i.e.*, the workers and their household contacts), and people who participated in or are eligible to participate in the ATSDR medical testing program in Libby, Montana.

ATSDR will take a phased approach to creating the TAR. Phase I, which is currently nearing completion, involved identifying, locating, and contacting former workers and their household members. Phase II will combine the data from Phase I and the data collected during the medical testing program to create a single database. Phase III will involve re-contacting registrants to update their information. There is no cost to registrants other than their time. The total estimated annual burden hours are 680.

ESTIMATED ANNUALIZED BURDEN HOURS

Forms	Number of respondents	Responses per respondent	Avg. burden per response (in hrs.)
Baseline TAR	667	1	30/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Forms	Number of respondents	Responses per respondent	Avg. burden per response (in hrs.)
Follow-up	833	1	25/60

Dated: September 28, 2005.
Betsey Dunaway,
Acting Reports Clearance Officer, Centers for Disease Control and Prevention.
 [FR Doc. 05-19881 Filed 10-3-05; 8:45 am]
BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Agency Recordkeeping/Reporting Requirements Under Emergency Review by the Office of Management and Budget (OMB)

Title: Child Care and Development Fund (CCDF) Center-Based Provider List.

OMB No.: New request.

Description: The purpose of this request is to collect a list of center-based providers receiving CCDF funding in FY 2004. The Department will use this information to determine the involvement of Faith-Based and Community Organizations (FBCOs) in the CCDF program, the amount of funds used by different types of center-based providers and the mechanism through which center-based providers receive CCDF funds in each State.

The Faith-Based and Community Initiative (FBCI) is included in the President's Management Agenda, and the U.S. Department of Health and Human Services (HHS) is required to participate in the Initiative under several Executive Orders and regulations.

On January 29, 2001, Executive Order (EO) 13198, Agency Responsibilities with Respect to Faith-Based and Community Initiatives, charged the Department with identifying and eliminating regulatory, contracting and other obstacles that prevent full participation of FBCOs in the Department's programs (66 FR 8497). On December 12, 2002, EO 13279, Equal Protection of the Laws for Faith-Based and Community Organizations, charged the Department with ensuring equal treatment for FBCOs that apply to participate in the Department's programs (67 FR 77141).

On July 16, 2004, HHS published a final rule, "Participation in Department of Health and Human Services Programs by Religious Organizations; Providing for Equal Treatment of All Department of Health and Human Services Program Participants," which ensured equal treatment for faith-based organizations regarding participation in HHS programs.

As part of the Department's effort to fulfill its responsibilities under these Executive Orders and as part of the HHS Child Care Bureau's statutory authority provider under Section 658K(a)(1)(B) of the Child Care and Development Block Grant of 1990, the Department will request data from State lead agencies involved in administering Federal funds through CCDF.

States have considerable latitude in administering and implementing their child care subsidy programs, including contracting with center-based providers within the State for child care slots to serve low-income families eligible for CCDF. The purpose of this request for data from the States is to collect a list of those center-based providers contracted directly by the State, or serving CCDF-subsidized children through receipt of vouchers or certificates, in FY 2004. The Department will use this information to determine the involvement of FBCOs in the CCDF program, the amount of funds used by different types of center-based providers and the mechanism through which center-based providers receive CCDF funds in each State.

Respondents: States, the District of Columbia and the 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-901	56	1	16	896

Estimated Total Annual Burden Hours: 896 hours.

Additional Information: ACF is requesting that OMB grant a 180-day approval for this information collection under procedures for emergency processing by October 21, 2005. A copy of this information collection, with applicable supporting documentation, may be obtained by calling the Administration for Children and Families, Cheryl Vincent at (202) 205-0750. In addition, a request may be made by sending an e-mail request to: cvincent@acf.dhhs.gov.

Comments and questions about the information collection described above should be directed to the following address by October 21, 2005: Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project, Desk Officer for ACF, E-mail: Katherine_T_Astrich@omb.eop.gov.

Dated: September 28, 2005.
Robert Sargis,
Reports Clearance Officer.
 [FR Doc. 05-19787 Filed 10-3-05; 8:45 am]
BILLING CODE 4184-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2005N-0364]

Third Annual Stakeholder Meeting on the Medical Device User Fee and Modernization Act of 2002; Public Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of public meeting.