

ESTIMATED ANNUALIZED BURDEN HOURS—NATIONAL SURVEY—Continued

Respondents	Number of respondents	Number of responses/ respondent	Average burden/re-sponse (in hours)
Home Health Aide Sampling (CAPI)	433	1	15/60
Home Health Aide Data Collection (CATI)	2,598	1	40/60

Dated: May 31, 2006.

Betsy Dunaway,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E6-8702 Filed 6-5-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-06-0463x]

Agency Forms Undergoing Paperwork Reduction Act Review

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) 639-5960 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

Assessment of Healthcare-associated Adverse Events—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Division of Healthcare Quality Promotion (DHQP) disseminates notices and alerts through a voluntary electronic mail subscriber list (*i.e.*, Rapid Notification System) to inform healthcare personnel about healthcare-associated disease outbreaks and clusters or adverse events that may be of national importance and recommendation for preventing infections and antimicrobial resistance.

DHQP is occasionally involved in gathering information to determine if a recognized adverse event (*e.g.*, an infection following the use of a particular product, type of equipment, or with a microorganism that has rarely been reported) has occurred on a

national level in healthcare facilities. The information gained from this assessment will be used to target corrective actions or educational strategies to improve the public's health by preventing future adverse events.

To rapidly determine the scope of adverse events at the time soon after a public health notification or product recall, DHQP seeks to conduct short surveys using OMB approved questions among participants in the Rapid Notification System, National Nosocomial Infection Surveillance (NNIS), and other CDC networks (*e.g.*, partners in healthcare working on innovative infection reduction projects such as the Pittsburgh Healthcare Regional Initiative and the Prevention Epidemiology Centers). The survey will also be posted on the DHQP website to reach additional healthcare professionals. The number of questions in each survey will range from 5 to 10. Data will be collected using a Web-based data collection form.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 67.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden hours
Healthcare professionals	400	1	10/60

Dated: May 15, 2006.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E6-8714 Filed 6-5-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Guide to Community Preventive Services (GCPS) Task Force

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announce the following meeting:

Name: Task Force on Community Preventive Services.

Times and Dates: 8 a.m.–6 p.m., June 14, 2006. 9 a.m.–1:30 p.m., June 15, 2006.

Place: Centers for Disease Control and Prevention, Roybal Campus, Tom Harkin Global Communications Center, Room 232 (Auditorium B), 1600 Clifton Road, Atlanta, Georgia 30333, telephone (404) 639-3311.

Status: Open to the public, limited only by the space available.

Purpose: The mission of the Task Force is to develop and publish the Guide to Community Preventive Services, which is based on the best available scientific evidence and current expertise regarding essential public health and what works in the delivery of those services.

Matters To Be Discussed: Agenda items include: Seating of five new Task Force members, briefings on administrative information, violence prevention, adolescent sexual behavior, worksite health promotion and the assessment of health risks with

feedback, communicating economic findings, adolescent health, and dissemination activities and projects in which the Community Guide is utilized.

Agenda items are subject to change as priorities dictate.

Persons interested in reserving a space for this meeting should call Detrice Sherman, MPH at (404) 498-0979 by close of business on June 9, 2006.

Contact Person for Additional Information: Randy Elder, PhD, Community Guide Branch, Coordinating Center for Health Information and Service, National Center for Health Marketing, Division of Health Communication and Marketing Strategy, 4770 Buford Highway, M/S E-69, Atlanta, GA 30333; (404) 498-0953.

Dated: May 26, 2006.

James D. Seligman,

Chief Information Officer, Centers for Disease Control and Prevention.

[FR Doc. E6-8703 Filed 6-5-06; 8:45 am]

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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: Interim Final Rule for the Reauthorization of the Temporary Assistance for Needy Families Program.

OMB No.: New Collection.

Description: The Interim Final Rule for the Reauthorization of the Temporary Assistance for Needy Families Program imposes some new requirements and replaces others. They are:

- A new requirement that States establish documentation, verification and internal control procedures to ensure valid work-participation rates, based on regulatory specifications. States will be required to submit the procedures to the Department of Health and Human Services no later than September 30, 2006. The Administration for Children and Families (ACF) will review the

procedures and approve them if they meet the requirements. If the procedure fail to address or meet the requirements, States will be given 60 days to revise and correct them. If a State fails to establish, submit or correct the procedures within specified timeframes, the State will be liable for a full five percent penalty for the year.

- A modification/reduction and replacement of the predecessor caseload reduction credit information collection based on the recalibration of the caseload reduction credit.

- A modification and replacement of the predecessor reasonable cause/corrective compliance information collection based on the requirements of the participation rate verification procedures.

- A modification and replacement of the predecessor TANF Data Report and the SSP-MOE Data Report based on how we define work-eligible individuals, especially with regard to child-only cases.

Respondents: The 50 States of the United States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Preparation and Submission of Data Verification Procedures—§ 261.60–§ 261.63	54	1	640	34,560
Caseload Reduction Documentation Process, ACT-202—§ 261.41 & § 261.44	54	1	120	6,480
Reasonable Cause/Corrective Compliance Documentation Process—§ 262.4, 262.6, & 262.7; § 261.51	54	2	240	25,920
TANF Data Report—Part 265	54	4	2,193	473,688
SSP-MOE Data Report—Part 265	29	4	714	82,824
Estimated Total Annual Burden Hours				623,472

Additional Information: ACF is requesting that OMB grant a 180-day approval for this information collection under procedures for emergency processing by June 28, 2006. A copy of this information collection, with applicable supporting documentation, may be obtained by calling the Administration for Children and Families, Reports Clearance Officer, Robert Sargis at (202) 690-7275. E-mail address: rsargis@acf.hhs.gov.

Comments and questions about the information collection described above should be directed to the following address by June 28, 2006: Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project, Desk

Officer for ACF, E-mail address: Katherine_T_Astrich@omb.eop.gov.

Dated: May 30, 2006.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 06-5116 Filed 6-5-06; 8:45 am]

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DEPARTMENT OF THE INTERIOR

Bureau of Indian Affairs

Liquor Control Ordinance of the Eastern Shawnee Tribe of Oklahoma

AGENCY: Bureau of Indian Affairs, Interior.

ACTION: Notice.

SUMMARY: This notice publishes the Liquor Control Ordinance of the Eastern Shawnee Tribe of Oklahoma (Tribe). The Ordinance regulates and controls the possession, sale and consumption of liquor within the tribal lands of the Tribe. The tribal lands are located on trust land and this Ordinance allows for possession and sale of alcoholic beverages within their exterior boundaries. This Ordinance will increase the ability of the Tribal government to control the community's liquor distribution and possession, and at the same time will provide an important source of revenue for the continued operation and strengthening of the tribal government and the delivery of tribal services.