Environmental Appeals Board (''EAB'') of EPA for consideration. The powers and duties of the EAB are outlined in 40 CFR 22.4(a).

Pursuant to CWA section 311(b)(6)(C), EPA will not issue an order in this proceeding prior to the close of the public comment period.

List of Subjects

Environmental protection.

Dated: February 1, 2007.

Robert A. Kaplan,

Director, Special Litigation and Projects Division, Office of Enforcement and Compliance Assurance.

[FR Doc. E7–2115 Filed 2–7–07; 8:45 am]

BILLING CODE 6560–50–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: OS–0990–New; 60-day notice]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: New Collection.

Title of Information Collection: Evaluation of Approaches to Preventing Adolescent Sexual Risk Behaviors.

Form/OMB No.: 0990–NEW.

Use: The Evaluation of Approaches to Preventing Adolescent Sexual Risk Behaviors incorporates parallel evaluations of two different approaches to preventing adolescent sexual risk behavior with the overall goal of estimating the effects of abstinence education and comprehensive sex education delivered as part of middle school curricula.

The proposed study will be longitudinal; annual surveys will be administered to a cohort of sixth grade students from sixth grade through high school (or age eighteen for those who drop out of school or fail to graduate). These surveys will focus on measuring behavioral changes—non-sexual risk or precursor behaviors for younger teens and sexual behaviors for older teens, including premarital sexual activity, incidence of sexually transmitted diseases; and incidence of pregnancies and births. The surveys will also include age-appropriate questions about attitudes and intentions. Interviews will also be conducted with school health directors concerning health initiatives and issues in the sampled schools. This request is for the baseline and first follow-up instruments.

Frequency: Annual.

Affected Public: Individual.

Annual Number of Respondents: 3,027.

Total Annual Responses: 8,257.

Average Burden per Response: 46.93 minutes.

Total Annual Hours: 6,459.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690–6162. Written comments and recommendations for the proposed information collections must be received with 60-days, and directed to the OS Paperwork Clearance Officer at the following address:

Department of Health and Human Services, Office of the Secretary, Assistant Secretary for Research and Technology, Office of Resource Management, Attention: Sherrette Funn-Coleman (0990–NEW), Room 537–H, 200 Independence Avenue, SW., Washington, DC 20201.

Dated: January 31, 2007.

Alice Bettencourt,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. E7–2120 Filed 2–7–07; 8:45 am]

BILLING CODE 4151–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–07–05BU]

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 email 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 and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

There is substantial evidence on the social, economic and health benefits of breastfeeding for both the mother and infant and the importance of the health care system in promoting the initiation and maintenance of breastfeeding. Yet breastfeeding initiation rates and duration in the United States did not achieve Healthy People 2000 goals, and significant disparities continue to exist between African American and white women in breastfeeding rates. The Healthy People 2010 goals are to increase the proportion of mothers who breastfeed in the early postpartum period from 64% (1998 estimate) to 75%, the proportion who breastfeed their babies through 6 months of age from 29% to 50%, and to increase from 16% to 25% the proportion of mothers who breastfeed to 1 year of age and to decrease the disparities in breastfeeding initiation, exclusivity, and duration between African American and white women. In addition to ethnic and racial disparities, there is evidence of significant variation in state breastfeeding rates. For example, the breastfeeding initiation rate in Louisiana was 46.4% in 2003 and in Oregon was 88.8%.

One important and effective means to promote and support the initiation and maintenance of breastfeeding is through the health care system. While the few studies on breastfeeding practices at intra-partum care facilities in individual states and facilities show significant variation in practices, it is not currently possible to assess and monitor breastfeeding-related practices and policies in hospitals and free-standing childbirth centers across the United States with data currently available.

CDC plans to conduct an assessment of breastfeeding-related maternity care practices in intra-partum care facilities in the United States and Territories to provide information to individual facilities, state health departments, and CDC on the extent to which facilities are providing effective breastfeeding-related maternity care. The assessment will provide detailed information on general facility characteristics related to maternity care such as facility policies related to breastfeeding-related maternity care practices, practices related to the training of health care staff on breastfeeding instruction, management and support, rooming-in, infant supplementation, and discharge from facility. CDC will provide facility-specific information based on the assessment to the individual facilities and state-specific information to state health departments. The information from the survey can be used by facilities to evaluate and modify breastfeeding-related maternity care practices, and by states and CDC to inform and target programs and policies to improve breastfeeding-related maternity care practices at intra-partum care facilities.

Approximately 4,375 facilities providing maternity care in the United States and Territories will be mailed a survey every other year in this study. The survey will be administered for the first time in 2007 and for the second time in 2009. Survey content will be similar in each of the administrations to examine changes in practices and policies over time. It is expected that approximately 3,700 facilities will complete the thirty-minute questionnaire in each administration. The facilities will be identified from the American Hospital Association's Annual Survey of Hospitals (AHA) and the National Association of Childbearing Centers (NACC). A five-minute screening telephone call will be made prior to survey administrations to all facilities identified as providing maternity care in AHA and NACC to ensure they are currently providing maternity care, to identify possible satellite clinics providing maternity care, and to identify survey respondent in each of the facilities. The respondents will have the option of either responding by mail or through a Web-based system. The survey will provide detailed information about breastfeeding-related maternity care practices and policies at hospitals and free-standing birth centers. There are no costs to respondents other than their time. The approximate annualized burden hours are 1,484 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Questionnaire/respondents	Number of respondents	Number of responses/ respondent	Average burden per response (in hours)
Screening call to facilities that have at least one registered maternity bed (2006)	1458	1	5/60
Mail survey/ facilities providing maternity care in the past calendar year (2006)	1240	1	30/60
Screening call to facilities that have at least one registered maternity bed (2008)	1458	1	5/60
Mail survey/ facilities providing maternity care in the past calendar year (2008)	1240	1	30/60

Dated: January 31, 2007.

Joan F. Karr,

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

[FR Doc. E7–2070 Filed 2–7–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–07–06BI]

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) 639–4766 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

Determining Stakeholder Awareness and the Use and Impact of Products Developed by the Evaluation of Genomic Applications in Practice and Prevention (EGAPP) Model Project—New—National Center for Chronic Disease Prevention and Health Promotion/National Office of Public Health Genomics (NOPHG), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

More than 1,000 genetic tests are currently available in clinical practice. Most are used for diagnosis of rare genetic diseases, but a growing number have population-based applications, and the potential for broad public health impact.

A number of issues have been raised about the current status of genetic testing implementation, including the need to develop evidence to establish validity and utility of genetic tests before tests are commercialized. Advisory panels, professional organizations, and clinical experts have produced recommendations on the development and clinical implementation of safe and effective genetic tests. In response to the need for a coordinated approach for effectively integrating genomic tests into clinical practice and health policy, CDC's National Office of Public Health Genomics (NOPHG) initiated the (Evaluation of Genomic Applications in Practice and Prevention) EGAPP model project in 2004 to establish a systematic, evidence-based process for assessing genetic tests in transition from research to practice. To support this goal, an independent, non-federal, multidisciplinary EGAPP Working Group was established to identify, prioritize, and select genetic tests to be reviewed; establish review methods and processes; monitor progress of the reviews; and develop conclusions and recommendations based on the evidence.