

on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

Residential Care Facility and Adult Day Service Center Components of the National Study of Long-Term Care Providers—NEW—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, “shall collect statistics on health resources \* \* \* [and] utilization of health care, including extended care facilities, and other institutions.”

NCHS seeks approval to collect data for the residential care facility (RCF) and adult day services center (ADSC)

components of a planned new survey, the National Study of Long-Term Care Providers (NSLTCP). A two year clearance is requested.

As background here are some details on the plans for the whole study, of which this data collection is two components. The entire NSLTCP is being designed to: (1) Broaden NCHS’ ongoing coverage of paid, regulated long-term care (LTC) providers; (2) merge with existing administrative data on LTC providers (*i.e.* Centers for Medicare and Medicaid Services (CMS) data on nursing home, home health, and hospice care); (3) update data more frequently on LTC providers for which nationally representative administrative data do not exist; and (4) enable comparisons across LTC provider types and monitor the supply and use of these providers.

The data will be collected in the 50 states and the District of Columbia from two types of LTC facilities: 9,450 RCFs and 4,601 ADSCs. The data to be collected include the basic characteristics, services, staffing, and

practices of RCFs and ADSCs, and aggregate-level distributions of the demographics, physical functioning, and cognitive functioning of RCF and ADSC care recipients.

Expected users of data from this collection effort include, but are not limited to CDC; other Department of Health and Human Services (DHHS) agencies, such as the Office of the Assistant Secretary for Planning and Evaluation and the Agency for Healthcare Research and Quality; associations, such as LeadingAge (formerly the American Association of Homes and Services for the Aging), National Center for Assisted Living, American Seniors Housing Association, Assisted Living Federation of America, and National Adult Day Services Association; universities; foundations; and other private sector organizations.

Expected burden from data collection is 45 minutes per respondent for a total of 5,270 hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN TABLE

| Type of respondent  | Form name                | Number of respondents | Number of responses | Average burden/ response (in minutes) | Response burden (in hours) |
|---------------------|--------------------------|-----------------------|---------------------|---------------------------------------|----------------------------|
| RCF Director .....  | RCF Questionnaire .....  | 4,725                 | 1                   | 45/60                                 | 3,544                      |
| ADSC Director ..... | ADSC Questionnaire ..... | 2,301                 | 1                   | 45/60                                 | 1,726                      |
| Total .....         | .....                    | .....                 | .....               | .....                                 | 5,270                      |

Dated: December 9, 2011.

**Daniel Holcomb,**

Reports Clearance Officer, Centers for Disease Control and Prevention.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30 Day-12-11HU]

**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 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

**Proposed Project**

Web-Based HIV Behavioral Survey among Men who have Sex with Men—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The purpose of the proposed information collection is to monitor behaviors related to Human Immunodeficiency Virus (HIV) infection among men who have sex with men (MSM), one of the groups at highest risk for acquiring HIV infection in the United States. Objectives of the proposed web-based behavioral survey of internet-using MSM are to (a) describe the prevalence of and trends in risk behaviors; (b) describe the prevalence of and trends in HIV testing;

(c) describe the prevalence of and trends in use of HIV prevention services; and (d) identify met and unmet needs for HIV prevention services. This information will be used to monitor progress toward the National HIV/AIDS Strategy objectives, and will be shared with health departments, community based organizations, community planning groups and other stakeholders to improve prevention services.

This project also addresses the goals of CDC’s HIV prevention strategic plan, specifically the goal of strengthening the national capacity to monitor the HIV epidemic to better direct and evaluate prevention efforts.

The Centers for Disease Control and Prevention request approval for data collection for a period of 3 years. Data will be collected through anonymous online surveys completed by MSM in 56 U.S. jurisdictions (all 50 U.S. states, the District of Columbia, Puerto Rico, American Samoa, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands), with oversampling in 21

metropolitan statistical areas (MSAs) with high AIDS prevalence.

Internet-using MSM will be recruited through a direct marketing method that utilizes selective placement of banner advertisements on non-profit and privately owned Web sites. Individuals interested in learning more about the survey will click on the banner ad and will be directed to a one-minute screening interview to determine eligibility for participation in a behavioral assessment with an estimated duration of 14 minutes. The data from the assessment will provide

estimates of behavior related to the risk of HIV and other sexually transmitted diseases, history of HIV testing, and use of HIV prevention services. No other federal agency collects this type of information nationally from MSM. These data are expected to have substantial impact on prevention program development and monitoring at the local, state, and national levels.

CDC estimates that the proposed web-based behavioral assessment will involve, per year in the 56 U.S. jurisdictions and 21 oversampled MSAs, eligibility screening of 309,090 persons.

Of these, an estimated 139,090 either will not be interested in completing the behavioral assessment or will be ineligible after completing the screener and an estimated 170,000 eligible persons will participate in the behavioral assessment, resulting in a total of 510,000 eligible survey respondents and 417,270 ineligible screened persons during a 3-year period.

Participation of respondents is voluntary and there is no cost to the respondents other than their time. The total estimated annual burden hours are 44,819.

ESTIMATED ANNUALIZED BURDEN HOURS

| Respondents                            | Form                        | No. of respondents | No. of responses per respondent | Average burden per response (in hours) |
|--|-----------------------------|--------------------|---------------------------------|--|
| Persons screened for eligibility ..... | Eligibility Screener .....  | 309,090            | 1                               | 1/60                                   |
| Eligible persons .....                 | Behavioral Assessment ..... | 170,000            | 1                               | 14/60                                  |

Dated: December 9, 2011.

**Daniel L. Holcomb,**

*Reports Clearance Officer Centers for Disease Control and Prevention.*

[FR Doc. 2011-32201 Filed 12-15-11; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention (CDC)**

**Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP)**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the CDC, National Center for Environmental Health (NCEH) announces the aforementioned committee meeting:

**DATE AND TIME:** January 4, 2012, 1 p.m.–3 p.m.

**PLACE:** The meeting will be held by teleconference. Please dial (866) 769-2045 and enter participant code 70320520.

**STATUS:** This meeting is open to the public, limited only by the lines available. Approximately 65 lines will be available to the public. Opportunities will be provided during the meeting for oral comments.

**PURPOSE:** The Committee provides advice and guidance to the Secretary; the Assistant Secretary for Health; and the Director, CDC, regarding new scientific knowledge and technological developments and their practical implications for childhood lead

poisoning prevention efforts. The committee also reviews and reports regularly on childhood lead poisoning prevention practices and recommends improvements in national childhood lead poisoning prevention efforts.

**MATTERS TO BE DISCUSSED:** The teleconference agenda will include an overview on the Blood Lead Level of Concern Workgroup recommendations. The committee will formally vote on whether to accept the recommendations.

Meeting materials for the public will be made available on January 3, 2012, at the following Web site:

- <http://www.cdc.gov/nceh/lead/ACCLPP/activities.htm> (Click on Recommendations for the Blood Lead Level of Concern Workgroup);
- Meeting materials may also be requested by calling the Healthy Homes and Lead Poisoning Prevention Branch at (770) 488-3300 or Barry Brooks at (770) 488-3641.

Agenda items are subject to change as priorities dictates.

**FOR FURTHER INFORMATION CONTACT:** Claudine Johnson, Program Operation Assistant, or Tiffany Turner, Public Health Advisor, Healthy Homes and Lead Poisoning Prevention Branch, Division of Environmental Emergency Health Services, NCEH, CDC, 4770 Buford Highway, NE., Mailstop F-60, Atlanta, Georgia 30341, Claudine Johnson, telephone (770) 488-3629; Tiffany Turner, telephone (770) 488-0554; fax (770) 488-3635. 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: December 12, 2011.

**Andre Tyler,**

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

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Initial Review**

The meeting announced below concerns Occupational Safety and Health Training Project Grants, Program Announcement PAR 10-288, initial review.

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) announces the aforementioned meeting:

*Time and Date:* 8 a.m.–5 p.m., January 11, 2012 (Closed).

*Place:* SpringHill Suites Marriott, 3459 Buckhead Loop, NE., Atlanta, Georgia 30326, *Telephone:* (404) 844-4800.

*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,