Activity	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Alternative State/Local Program Informant Interview	24	1	24	1.5	36
Total	72				104

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by email to *OIRA_submission@omb.eop.gov* or by fax to 202–395–6974. Please direct all correspondence to the ''attention of the desk officer for HRSA.''

Dated: April 19, 2012.

Reva Harris,

Acting Director, Division of Policy and Information Coordination.

[FR Doc. 2012–10032 Filed 4–25–12; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35). To request a copy of the clearance requests submitted to OMB for review, email *paperwork@hrsa.gov* or call the HRSA Reports Clearance Office on (301) 443–1984.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Uncompensated Services Assurance Report (OMB No. 0915–0077)—[Revision]

Under the Hill-Burton Act, the Government provides grants and loans for construction or renovation of health care facilities. As a condition of receiving this construction assistance, facilities are required to provide services to persons unable to pay. A condition of receiving this assistance requires facilities to provide assurances periodically that the required level of uncompensated care is being provided, and that certain notification and record keeping procedures are being followed. These standard requirements are referred to as the uncompensated services assurance.

The annual estimate of burden is as follows:

ESTIMATE OF INFORMATION COLLECTION BURDEN

Instrument	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Disclosure Burden (42 CFR)					
Published Notices (124.504(c))	63	1	63	0.75	47.25
Individual Notices (124.504(c))	63	1	63	43.60	2,746.80
Determinations of Eligibility (124.507)	63	99	6,237	0.75	4,677.75
Subtotal Disclosure Burden					7,471.80
Reporting					
Uncompensated Services Report—HRSA–710 Form (124.509(a))	10	1	10	11.00	110.00
Application for Compliance Alternatives					
Public Facilities (124.513)	4	1	4	6.00	24.00
Small Obligation Facilities (124.514(c))	0				
Charitable Facilities (124.516(c))	0				
Annual Certification for Compliance Alternatives					
Public Facilities (124.509(b))	32	1	32	0.50	16.00
Charitable Facilities (124.509(b))	13	1	13	0.50	6.50
Small Obligation Facilities (124.509(c))	0		0		
Complaint Information (124.511(a))					
Individuals	10	1	10	0.25	2.50
Facilities	10	1	10	0.50	5.00
Subtotal Reporting Burden					164.00

Recordkeeping	Number of record keepers	Hours per year	Total burden hours
Recordkeeping			
Non-alternative Facilities (124.510(a))	33	50	1,650.00
Unrestricted Availability (124.510(b))	30	50	1,500.00
Subtotal Recordkeeping Burden			3,150.00

Email comments to *paperwork@hrsa.gov* or mail the HRSA Reports Clearance Officer, Room 10–29, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: April 20, 2012.

Reva Harris,

Acting Director, Division of Policy and Information Coordination.

[FR Doc. 2012–10031 Filed 4–25–12; 8:45 am]

BILLING CODE 4165–15–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; Provider-Based Sampling Feasibility Study for the Vanguard (Pilot) Study and Data Collection Updates for the National Children's Study (NICHD)

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 January 30, 2012, pages 4569–4571, and allowed 60 days for public comment. No written comments were received. 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: Provider-Based Sampling Feasibility Study for the Vanguard (Pilot) Study and Data Collection Updates for the National Children's Study (NICHD).

The National Children's Study, Vanguard (Pilot) Study.

Type of Information Collection Request: Revision.

Need and Use of Information Collection

The purpose of the proposed methodological study is to continue the Vanguard phase of the National Children's Study with updated instruments and additional biospecimen collections and physical measures and to evaluate the feasibility, acceptability, and cost of a different sampling strategy for enrollment of pregnant women. This study is one component of a larger group of studies being conducted during the Vanguard Phase of the National Children's Study (NCS), a prospective, national longitudinal study of child health and development. In combination, these studies will be used to inform the design of the Main Study of the National Children's Study.

Background

The National Children's Study is a prospective, national longitudinal study of the interaction between environment, genetics on child health and development. The Study defines ''environment'' broadly, taking a number of natural and man-made environmental, biological, genetic, and psychosocial factors into account. Findings from the Study will be made available as the research progresses, making potential benefits known to the public as soon as possible.

The National Children's Study (NCS) has several components, including a pilot or Vanguard Study, and a Main Study to collect exposure and outcome data. The sample frame for the NCS Vanguard and Main Study was initially based on a national probability sample using geography as the basis and selecting about 100 of the about 3,000 counties in the United States as the basis for Primary Sampling Units. Within the Primary Sampling Units, smaller geographic segments were selected as Secondary Sampling Units in an attempt to normalize live birth rates per area sampled. Women who resided at the time of enrollment within a designated Secondary Sampling Unit and were either pregnant or between 18 and 49 were eligible for enrollment. The initial recruitment technique within the selected geographic areas was household contact by field workers going door to door.

The Vanguard Study was launched in January 2009 and, by the summer of 2009, field experience suggested that the household contact recruitment strategy was not feasible with available resources. Thus, in 2010, new recruitment strategies were launched to evaluate options. By late 2011, the NCS had sufficient data to evaluate operational aspects of various recruitment strategies. Preliminary analyses suggested that a Provider-Based Recruitment strategy was the most efficient, but due to constrictions of the geographic sampling frame, the potential of the strategy was limited. Specifically, many women had to be screened at a particular provider to locate the relatively few who resided in a designated segment. Anticipating this limitation, the NCS Program Office developed and discussed with the NCS Federal Advisory Committee a different sampling frame using provider location. This new sampling strategy is termed Provider-Based Sampling (PBS). Information from this data collection is critical to determine the plausibility of a provider-based sampling frame as an option for some parts of the NCS Main Study.

Research Questions

Two research goals will be accomplished by this information collection. One goal is to test the feasibility of Provider-Based Sampling using three study locations. Another goal is to systematically pilot additional study visit measures and collections to assess the scientific robustness, burden to participants and study infrastructure, and cost for use in the Vanguard (Pilot) Study and to inform the design of the Main Study.

Methods

Provider Based Sampling

We will compile a list of prenatal providers serving women who reside within the Primary Sampling Unit at three study locations. Providers will be asked to complete a brief questionnaire