the form. FDA estimates that it will take the persons in charge of healthcare facility types, schools, and retail food stores 150 minutes (2.5 hours), 120 minutes (2 hours), and 180 minutes (3 hours), respectively, to accompany the data collectors while they complete Sections 1 and 3 of the form. FDA estimates that it will take the program director (or designated individual) of the respective regulatory authority 30 minutes (0.5 hours) to answer the questions related to Section 2 of the form. The total burden estimate for a data collection, including both the program director's and the person in charge's responses, in healthcare facility types is 180 minutes (150+30)(3 hours), in schools is 150 minutes (120+30)(2.5 hours), and in retail food stores is 210 minutes (180+30)(3.5 hours).

Based on the number of entry refusals from the 2013–2014 Risk Factor Study in the restaurant facility types, we estimate a refusal rate of 2 percent in the institutional foodservice and retail food store facility types. The estimate of the time per non-respondent is 5 minutes (0.08 hours) for the person in charge to listen to the purpose of the visit and provide a verbal refusal of entry.

TABLE 2—ESTIMATED ANNUAL REPORTING BURDEN [1]

Activity	Number of respondents	Number of responses per respondent	Total annual responses	Number of non-respondents	Number of responses per non-respondent	Total annual non-responses	Average burden per response	Total hours
2015–2016 Data Collection (Healthcare Facilities)—Completion of Sections 1 and 3	400	1	400				2.5	1,000
2015–2016 Data Collection (Schools)—Completion of Sections 1 and 3	400	1	400				2	800
2015–2016 Data Collection (Retail Food Stores)—Completion of Sections 1 and 3	400	1	400				3	1,200
2015–2016 Data Collection-Completion of Section 2—All Facility Types	1,200	1	1,200				0.5	600
2017–2018 Data Collection-Entry Refusals—All Facility Types				24	1	24	[2] 0.08	1.92
Total Hours								3,601.92

[1] There are no capital costs or operating and maintenance costs associated with this collection of information.
[2] (5 minutes.)

II. References

The following reference has been placed on display in the Division of Dockets Management (see **ADDRESSES**) and may be seen by interested persons between 9 a.m. and 4 p.m., Monday through Friday, and are available electronically at *http://regulations.gov*.

1. ''Report of the FDA Retail Food Program Database of Foodborne Illness Risk Factors (2000).'' Available at: *http://www.fda.gov/downloads/Food/FoodSafety/RetailFoodProtection/FoodborneIllnessandRiskFactorReduction/RetailFoodRiskFactorStudies/ucm123546.pdf*.
2. ''FDA Report on the Occurrence of Foodborne Illness Risk Factors in Selected Institutional Foodservice, Restaurant, and Retail Food Store Facility Types (2004).'' Available at: *http://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/FoodborneIllnessRiskFactorReduction/UCM423850.pdf*
3. ''FDA Report on the Occurrence of Foodborne Illness Risk Factors in Selected Institutional Foodservice, Restaurant, and Retail Food Store Facility Types (2009).'' Available at: *http://www.fda.gov/downloads/Food/FoodSafety/RetailFoodProtection/FoodborneIllnessandRiskFactorReduction/RetailFoodRiskFactorStudies/UCM224682.pdf*.
4. FDA National Retail Food Team. ''FDA Trend Analysis Report on the Occurrence of Foodborne Illness Risk Factors in Selected Institutional Foodservice, Restaurant, and Retail Food Store Facility Types (1998–2008).'' Available at: *http://www.fda.gov/downloads/Food/FoodSafety/RetailFoodProtection/FoodborneIllnessandRiskFactorReduction/RetailFoodRiskFactorStudies/UCM224152.pdf*.
5. FDA Food Code. Available at: *http://www.fda.gov/FoodCode*.

Dated: December 8, 2014.

Leslie Kux,

Associate Commissioner for Policy.

[FR Doc. 2014–29478 Filed 12–16–14; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Health Resources and Services Administration (HRSA) has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from

the public during the review and approval period.

DATES: Comments on this ICR should be received no later than January 16, 2015.

ADDRESSES: Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to *OIRA_submission@omb.eop.gov* or by fax to 202–395–5806.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443–1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Competitive Grant Final Report

OMB No.: 0915–0356—NEW

Abstract: On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (ACA), Section 2951 of the ACA amended Title V of the Social Security Act by adding a new section, 511, which authorized the creation of the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) (*http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf,* pages 216–225). (The MIECHV program was reauthorized by the Protecting Access to Medicare Act of 2014 (Pub. L.113–93).) The MIECHV program responds to the diverse needs of children and families in communities at risk and provides an unprecedented opportunity for collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. Under this program, competitive funding has been awarded since June 2011 for Competitive Development Grants and Competitive Expansion Grants. Competitive Development Grants support the efforts of states and jurisdictions with modest evidence-based home visiting programs to expand the depth and scope of these efforts, in order to develop the infrastructure and capacity needed to seek a Competitive Expansion Grant in the future. Competitive Expansion Grants support the efforts of states and jurisdictions that had already made significant progress towards a high quality home visiting program or embedding their home visiting program into a comprehensive, high-quality early childhood system.

Since federal fiscal year 2011, 19 states have been awarded Competitive Development Grants, and 37 states have been awarded Competitive Expansion Grants. Grantees of the Competitive Grant Program need to complete final reports in order to comply with HRSA reporting requirements. Grantees that were awarded Competitive Development Grants during federal fiscal year 2011 were eligible for Competitive Expansion Grants in federal fiscal year 2013. For this reason, some grantees have been awarded up to two Competitive Grants to date. Ten grantees have both a Competitive Development Grant and a Competitive Expansion Grant. Additional funds are being made available for Competitive Grants in federal fiscal year 2015. Up to 35 grants are anticipated to be awarded on March 1, 2015, with a project period equal to 2 years and 7 months. Grantees are expected to use 2015 competitive grant funds to provide ongoing support to high-quality evidence-based home visiting programs and for the development and expansion of evidence-based home visiting programs funded, in whole or in part, by the MIECHV program through increased enrollment and retention of families served. After Competitive Grant issuance in 2015, some MIECHV grantees may have up to three competitive grants for which final reports need to be submitted. HRSA is collecting information from MIECHV grantees that have received competitive grant funds as part of the agency's final reporting requirements. The final report will be completed by grantees funded under the Competitive Grant Program and submitted to HRSA within 90 days of the project period end date. The burden estimates presented in the table below are based on consultations with states on the final reporting requirements described in the competitive grant guidance documents.

Need and Proposed Use of the Information: Submission of a final report is a reporting requirement under the grant award. The final report will enable assessment of program effectiveness and impact on the health and development of service recipients. Final reports will be assessed to measure and quantify the degree to which each grantee was successful in implementing the grant and ensuring yearly program improvement. Data will be extracted from final reports and aggregated, using suitable analytic approaches, to compare, contrast, and identify successes, areas for improvement, and promising practices across the program. These findings will be used to identify the accomplishments of the MIECHV program, support program or grantee improvement, and craft or inform dissemination strategies.

Likely Respondents: MIECHV grantees that have received a competitive (D89) grant award.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total Burden Hours
MIECHV Competitive Grant Final Report—Fiscal Year 2011 and 2012 Development Grantees	19	1	19	25	475
MIECHV Competitive Grant Final Report—Fiscal Year 2011, 2012, 2013, and 2014 Expansion Grantees	37	1	37	25	925
MIECHV Competitive Grant Final Report—Fiscal Year 2015 Expansion Grantees	35	1	35	25	875

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS—Continued

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total Burden Hours
Total	44				2275

Jackie Painter,

Acting Director, Division of Policy and Information Coordination.

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BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Health Resources and Services Administration (HRSA) has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

DATES: Comments on this ICR should be received no later than January 16, 2015.

ADDRESSES: Submit your comments, including the Information Collection Request Title, to the desk officer for HRSA, either by email to *OIRA_submission@omb.eop.gov* or by fax to 202–395–5806.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443–1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Bureau of Primary Health Care (BPHC) Uniform Data System.

OMB No.: 0915–0193—Revision.

Abstract: The Uniform Data System (UDS) is the Bureau of Primary Health Care's (BPHC's) annual reporting system for HRSA-supported health centers. The UDS includes reporting requirements for Health Center Program grantees and look-alikes of the following programs: the Community Health Center program, the Migrant Health Center program, the Health Care for the Homeless program, and the Public Housing Primary Care program.

Need and Proposed Use of the Information: HRSA collects UDS data which are used to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. The data help to identify trends over time, enabling HRSA to establish or expand targeted programs and identify effective services and interventions to improve the health of underserved communities and vulnerable populations. UDS data are compared with national health-related data, including the National Health Interview Survey and the National Health and Nutrition Examination Survey, to review differences between the health center patient populations and the U.S. population at large and those individuals and families who rely on the health care safety net for primary care. UDS data also inform Health Center Programs, partners, and communities about the patients served by health centers. To meet these objectives, BPHC requires a core set of data collected annually. The UDS data collection for 2015 will be revised in three ways. A new line will be added to identify patients that are dually eligible for Medicare and Medicaid, a new measure will be added to collect the number of children with dental sealants on their first molar tooth, and the existing diabetes clinical measure will be streamlined to align with the National Quality Forum (NQF) endorsed measure and Healthy People 2020 national benchmark. Specifically, health centers will no longer report three categories: Hba1c less than 8%; Hba1c greater than or equal to 8% and less than or equal to 9%; and Hba1c greater than 9%. Health centers will report two categories: Hba1c less than 8% and Hba1c greater than 9%.

Likely Respondents: The respondents will be HRSA BPHC Health Center Program grantees and look-alikes.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Universal Report	1,302	1	1302	170	221,340
Grant Report	499	1	499	22	10,978
Total	1,801			192	232,318