

for this form to be completed at the facility.

- **Respiratory Assessment Form (2.13)**—This form is designed to assess respiratory symptoms and certain medical conditions and risk factors. It is estimated that it will take approximately five minutes for this form to be administered to the miner by an employee at the facility.

- **Spirometry Results Notification Form (2.15)**—This form is used to: Collect information that will allow NIOSH to identify the miner in order to provide notification of the spirometry test results; assure that the test can be done safely; record certain factors that can affect test results; provide documentation that the required components of the spirometry examination have been transmitted to NIOSH for processing; and conduct quality assurance audits and

interpretation of results. It is estimated that it will take the facility approximately 20 minutes to complete this form.

- **Pathologist Invoice**—Under the NCWAS, the invoice submitted by the pathologist must contain a statement that the pathologist is not receiving any other compensation for the autopsy. Each participating pathologist may use their individual invoice as long as this statement is added. It is estimated that only 5 minutes is required for the pathologist to add this statement to the standard invoice that they routinely use.

- **Pathologist Report**—Under the NCWAS, the pathologist must submit information found at autopsy, slides, blocks of tissue, and a final diagnosis indicating presence or absence of pneumoconiosis. The format of the autopsy reports is variable depending on the pathologist conducting the

autopsy. Since an autopsy report is routinely completed by a pathologist, the only additional burden is the specific request for a clinical abstract of terminal illness and final diagnosis relating to pneumoconiosis. Therefore, only 5 minutes of additional burden is estimated for the pathologist’s report.

- **Consent, Release and History Form (2.6)**—This form documents written authorization from the next-of-kin to perform an autopsy on the deceased miner. A minimum of essential information is collected regarding the deceased miner including an occupational history and a smoking history. From experience, it is estimated that 15 minutes is required for the next-of-kin to complete this form.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondents | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total burden (in hours) |
|---|------------------------------------|-----------------------|------------------------------------|--|-------------------------|
| Coal Mine Operator | 2.10 | 388 | 1 | 30/60 | 194 |
| Coal Mine Contractor | 2.18 | 575 | 1 | 30/60 | 288 |
| X-ray Facility Supervisor | 2.11 | 40 | 1 | 30/60 | 20 |
| Coal Miner | 2.9 | 14,560 | 1 | 20/60 | 4,854 |
| Coal Miner | No form | 14,560 | 1 | 15/60 | 3,640 |
| B Reader Physician | 2.8 | 10 | 3014 | 3/60 | 1,507 |
| Physicians taking the B Reader Examination. | 2.12 | 100 | 1 | 10/60 | 17 |
| Spirometry Facility Supervisor | 2.14 | 100 | 1 | 30/60 | 50 |
| Spirometry Facility Employee | 2.13 | 14,560 | 1 | 5/60 | 1,214 |
| Spirometry Technician | 2.15 | 14,560 | 1 | 20/60 | 4,854 |
| Coal Miner | No form | 14,560 | 1 | 15/60 | 3,640 |
| Pathologist | Invoice—No standard form | 1 | 1 | 5/60 | 1 |
| Pathologist | Pathology Report—No standard form. | 1 | 1 | 5/60 | 1 |
| Next-of-kin for deceased miner | 2.6 | 1 | 1 | 15/60 | 1 |
| Total | | | | | 20,281 |

Leroy A. Richardson,
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 Office of Scientific Integrity, Office of the
 Associate Director for Science, Office of the
 Director, Centers for Disease Control and
 Prevention.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Intergovernmental Reference Guide (IRG).

OMB No.: 0970-0209.

Description: The Intergovernmental Reference Guide (IRG) is a centralized and automated repository of state and tribal profiles, which contains high-level descriptions of each state and the tribal child support enforcement (CSE) program. These profiles provide state and tribal CSE agencies, and foreign countries with an effective and efficient method for updating and accessing information needed to process intergovernmental child support cases.

The IRG information collection activities are authorized by: (1) 42 U.S.C. 652(a)(7), which requires the federal Office of Child Support Enforcement (OCSE) to provide technical assistance to state child

support enforcement agencies to help them establish effective systems for collecting child and spousal support; (2) 42 U.S.C. 666(f), which requires states to enact the Uniform Interstate Family Support Act; (3) 45CFR 301.1, which defines an intergovernmental case to include cases between states and tribes; (4) 45 CFR 309.120, which requires a tribal child support program to include intergovernmental procedures in its tribal IV-D plan; and (5) 45 CFR 303.7, which requires state child support agencies to provide services in intergovernmental cases.

Respondents: All state and tribal CSE agencies.

ANNUAL BURDEN ESTIMATES

| Instrument | Number of respondents | Number of responses per respondent | Average burden hours per response | Total Burden hours |
|--|-----------------------|------------------------------------|-----------------------------------|--------------------|
| Intergovernmental Reference Guide: State Profile Guidance—(States and Territories) | 54 | 18 | 0.3 | 291.6 |
| Intergovernmental Reference Guide: Tribal Profile Guidance | 62 | 18 | 0.3 | 334.8 |
| Total | | | | 626.4 |

Estimated Total Annual Burden Hours: 626.4 hours.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 330 C Street SW, Washington, DC 20201. Attention Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: infocollection@acf.hhs.gov.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: OIRA_SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for the Administration for Children and Families.

Robert Sargis,

Reports Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Tribal Maternal, Infant, and Early Childhood Home Visiting Program: Guidance for Submitting an Annual or Final Report to the Secretary.

OMB No.: Renewal of Collection OMB Control No. 0970-0409, Expiration Date 10/31/18.

Description: Section 511(e)(8)(A) of Title V of the Social Security Act requires that grantees under the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program for states and jurisdictions submit an annual report to the Secretary of Health and Human Services regarding the program and activities carried out under the program, including such data and information as the Secretary shall require. Section 511(h)(2)(A) further states that the requirements for the MIECHV grants to tribes, tribal organizations, and urban Indian organizations are to be consistent, to the greatest extent practicable, with the requirements for grantees under the MIECHV program for states and jurisdictions.

The Administration for Children and Families, Office of Child Care, in collaboration with the Health Resources and Services Administration, Maternal and Child Health Bureau, has awarded grants for the Tribal Maternal, Infant, and Early Childhood Home Visiting Program (Tribal Home Visiting). The Tribal Home Visiting discretionary grants support cooperative agreements to conduct community needs assessments; plan for and implement high-quality, culturally-relevant, evidence-based home visiting programs in at-risk tribal communities; establish, measure, and report on progress toward meeting performance measures in six legislatively-mandated benchmark areas; and conduct rigorous evaluation activities to build the knowledge base on home visiting among Native populations.

Tribal Home Visiting grantees have been notified that in every year of their grant, after the first year, they must

comply with the requirement for submitting an Annual Report to the Secretary that should feature activities carried out under the program during the past reporting period and a final report to the Secretary during the final year of their grant. In order to assist grantees with meeting the requirements of the Annual and Final Report to the Secretary, ACF created guidance for grantees to use when writing their reports. The existing guidance (OMB Control No. 0970-0409, Expiration Date 10/31/18) provides sections where grantees must address the following:

- Update on Home Visiting Program Goals and Objectives
- Update on the Implementation of Home Visiting Program in Targeted Community(ies)
- Progress toward Meeting Legislatively Mandated Benchmark Requirements
- Update on Rigorous Evaluation Activities
- Home Visiting Program Continuous Quality Improvement (CQI) Efforts
- Administration of Home Visiting Program
- Technical Assistance Needs

The proposed data collection form is as follows: ACF is requesting approval to renew and update the existing Tribal Home Visiting Guidance for Submitting an Annual or Final Report to the Secretary (OMB Control No. 0970-0409) that will include instructions for grantees to submit either an annual or final report on the progress of their program to the Secretary, depending on the reporting period.

Respondents: Tribal Maternal, Infant, and Early Childhood Home Visiting Program Managers (The information collection does not include direct interaction with individuals or families that receive the services).