

5,314,164; *Total Annual Responses*: 5,314,194; *Total Annual Hours*: 885,699.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web site at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office at 410-786-1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by *May 31, 2011*:

1. Electronically. You may submit your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) accepting comments.

2. By regular mail. You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, *Attention*: Document Identifier/OMB Control Number, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: March 25, 2011.

**Michelle Shortt**,

*Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. 2011-7746 Filed 3-31-11; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-R-148 and CMS-R-266]

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

**AGENCY:** Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections 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 function; (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.

1. *Type of Information Collection Request*: Extension without change of a currently approved collection; *Title of Information Collection*: Limitations on Provider Related Donations and Health Care Related Taxes; *Limitation on Payments for Disproportionate Share Hospitals and Supporting Regulations in 42 CFR 433.68, 433.74 and 447.272*; *Use*: The collected information collection is necessary to ensure compliance with sections 1903 and 1923 of the Social Security Act by helping to prevent payments of Federal financial participation on amounts prohibited by statute; *Form Number*: CMS-R-148 (OMB#: 0938-0618); *Frequency*: Quarterly and occasionally; *Affected Public*: State, Local, or Tribal Governments; *Number of Respondents*: 50; *Total Annual Responses*: 40; *Total Annual Hours*: 3,200. (For policy questions regarding this collection contact Rory Howe at 410-786-4878. For all other issues call 410-786-1326.)

2. *Type of Information Collection Request*: Extension of a currently approved collection; *Title of Information Collection*: Medicaid Disproportionate Share Hospital Annual Reporting; *Use*: Section 1923(j)(i) of the Social Security Act (Act) requires States to submit an annual report that identifies each disproportionate share hospital (DSH) that received a DSH payment under the State's Medicaid program in the preceding fiscal year and the amount of DSH payments paid to that hospital in the same year along with other information that the Secretary determines necessary to ensure the appropriateness of DSH payments. The collected information will also satisfy the requirements under section 1923(a)(2)(D) of the Act; *Form Number*: CMS-R-266 (OMB#: 0938-0746); *Frequency*: Yearly; *Affected Public*: State, Local, or Tribal Governments; *Number of Respondents*: 52; *Total Annual Responses*: 52; *Total Annual Hours*: 1,976. (For policy questions regarding this collection contact Rory Howe at 410-786-4878. For all other issues call 410-786-1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office on (410) 786-1326.

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on May 2, 2011 OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395-6974, E-mail: [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov).

Dated: March 25, 2011.

**Michelle Shortt**,

*Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. 2011-7747 Filed 3-31-11; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity; Comment Request

*Title*: Descriptive Study of Early Head Start (Early Head Start Family and Child Experiences Study; Baby FACES).

*OMB No.*: 0970-0354

*Description*: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), anticipates continuing data collection for wave 4 of the parent interview, teacher child reports, care provider interviews and observations, direct child assessments, program director interviews, and family service tracking for the peri-natal cohort of the Descriptive Study of Early Head Start (Early Head Start Family and Child Experiences Study; Baby FACES). Data collection will continue for an additional 12 months beyond the current date of expiration (October 31, 2011).

This data collection is a part of Baby FACES, which is an important opportunity to provide a description of the characteristics, experiences, and outcomes of Early Head Start children and families, and Early Head Start Program services and delivery. All of the information obtained will be used to

help Early Head Start improve services to infants and toddlers and their families. Baby FACES uses a longitudinal age cohort study design that selected all children in the spring of 2009 that were within a four month peri-natal window. These children will be followed in the study until they are age 3 unless they leave the Early Head Start before reaching that age.

Materials for the wave 4 program visit data collection effort, previously submitted to OMB, covered peri-natal and age 1 cohort data collections. Data collection for the age 1 cohort will be completed by October 31, 2011. ACF

anticipates collecting data for an additional 12 months in order to complete data collection for the peri-natal cohort.

*Respondents:* Program Directors, teachers and home visitors of sampled children, parents of sample children, sampled children.

**Estimates of Annualized Burden Hours**

As in the first three waves, the proposed data collection does not impose a financial burden on respondents. Respondents will not incur any expenses other than the time spent completing the interviews, reports and direct assessments.

The estimated annual burden for study respondents—parents, children, and program staff—is listed in the table below.

Response times are the same as reported in the initial OMB statement. The times were derived from previous studies using the same instruments with a similar population and confirmed with our population during earlier rounds of data collection. The number of respondents is based on the number of perinatal cohort members as of spring 2010 (our most recent round of data collection).

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Parent Interview .....	135	1	1	135
Program Director Interview .....	89	1	1	89
Child Care Provider Interview .....	27	1	1	27
Home Visitor Interview .....	41	1	.75	31
Primary Caregiver/Home Visitor Child Rating .....	68	2.6	.25	44
Family Service Tracking .....	68	136	.167	1,544
Child Direct Assessment .....	135	1	1	135
Parent-Child Interaction .....	135	1	.25	34
<b>Estimated Total Annual Burden Hours .....</b>				<b>2,039</b>

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: OPRE Reports Clearance Officer. E-mail address: [OPREinfocollection@acf.hhs.gov](mailto:OPREinfocollection@acf.hhs.gov). All requests should be identified by the title of the information collection.

The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or

other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: March 28, 2011.

**Steven M. Hanmer,**  
*Reports Clearance Officer.*  
 [FR Doc. 2011-7667 Filed 3-31-11; 8:45 am]  
**BILLING CODE 4184-03-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Announcement of Award**

**AGENCY:** Children's Bureau, ACYF, ACF, HHS.

**ACTION:** Announcement of the Award of a Single-Source Expansion Supplement Grant to the Regents of the University of Michigan, at Anne Arbor, MI, for the Quality Improvement Center on the Representation of Children in the Child Welfare System (QIC-ChildRep).

*CFDA Number:* 93.652.

**Legislative Authority:** Adoption Opportunities Program, section 203 of the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978, (Pub. L. 95-266), as amended by the Keeping Children

and Families Safe Act of 2003 (Pub. L. 108-36).

*Amount of Award:* \$250,000.

*Project Period:* September 30, 2009 through September 29, 2014.

**SUMMARY:** The Administration for Children and Families (ACF), Children's Bureau (CB) announces the award of a single-source program expansion supplement grant to the Regents of the University of Michigan at Anne Arbor, MI, Quality Improvement Center on the Representation of Children in the Child Welfare System (QIC-ChildRep), to support additional and enhanced evaluation of the QIC-ChildRep research and demonstration projects.

The Regents of the University of Michigan was awarded a cooperative agreement in FY 2009 as the result of a competition to establish the QIC-ChildRep. The purpose of the QIC-ChildRep is to improve the quality of legal representation for children and youth in child welfare cases so that States and Tribes achieve the best safety, permanency and well-being outcomes for children and youth.

Under the cooperative agreement, the QIC-ChildRep develops knowledge about effective strategies to provide competent and effective representation for children and youth in child welfare cases, promotes the certification of