

| Instrument | Number of respondents | Number of responses per respondent | Average burden hours per response | Total burden hours |
|--|-----------------------|------------------------------------|-----------------------------------|--------------------|
| Year (Spring 2006): | | | | |
| Parent interviews | 1,667 | 1 | 1.00 | 1,667 |
| Child assessments | 1,667 | 1 | 0.9166 | 1,528 |
| Teacher ratings | 333 | 5 | 0.0833 | 139 |
| Principals/Staff | 167 | 1 | 0.25 | 42 |
| Classroom teachers | 333 | 1 | 0.50 | 167 |
| Annualized Totals: | | | | |
| Year 1 | | | | 21,889 |
| Year 2 | | | | 14,553 |
| Year 3 | | | | 10,997 |
| Year 4 | | | | 5,210 |
| <i>Estimated Total Annual Burden Hours</i> | | | | 13,162 |

Note: The 13,745 Total Annual Burden Hours is based on an average of 2002–03, 2003–04, 2004–05, 2005–06 estimated burden hours.

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 Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. 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: December 4, 2002.

Bob 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: Court Improvement Program.

OMB No.: New.

Description: The Court Improvement Program provides grants to State court

systems to conduct assessments of their foster care and adoption laws and judicial processes, and to develop and implement a plan for system improvement. This Program Instruction (1) describes the requirements for states under the reauthorization of the Court Improvement Program; (2) outlines the programmatic and fiscal provisions and reporting requirements of the program; (3) specifies the application submittal and approval procedures for the program for Fiscal Years 2003 through 2006; and (4) identifies technical resources for use by State courts during the course of the program. This Program Instruction contains information collection requirements that are found in Public Law 103–66, as amended by Public Law 105–89 and Public Law 107–133, and pursuant to receiving a grant award. The information received will be used by the agency to ensure compliance with the statute and provide training and technical assistance to the grantees.

Respondents: State Courts.

Annual Burden Estimates:

| Instrument | Number of respondents | Number of responses per respondent | Average burden hours per response | Total burden hours |
|--|-----------------------|------------------------------------|-----------------------------------|--------------------|
| Application | 52 | 1 | 40 | 2,080 |
| Annual Program Report | 52 | 1 | 36 | 1,872 |
| Estimated Total Annual Burden Hours | | | | 3,952 |

Additional Information

Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer.

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, 725 17th Street, NW., Washington, DC 20503. Attn: Desk Officer for ACF.

Dated: December 4, 2002.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 02-31259 Filed 12-11-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Indian Health Service Medical Staff Credentials and Privileges Files

AGENCY: Indian Health Service, HHS.

ACTION: Request for public comment: 30-day proposed collection: Indian Health Service medical staff credentials and privileges files.

SUMMARY: The Indian Health Service (IHS), as part of its continuing effort to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3506(c)(2)(A)). This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. As required by section 3507(a)(1)(D) of the Act, the proposed information collection has been submitted to the Office of Management and Budget (OMB) for review and approval.

The IHS received comments in response to the 60-day **Federal Register** notice (67 FR 50892) published on August 6, 2002. The public comments received in response to the notice and the agency responses are summarized and addressed below.

Comment: One comment questioned the accuracy of the public burden estimate for this collection of information by indicating the burden estimate seemed to be too low.

Agency response: The burden estimate was checked by having additional clinical staff review and complete the application formats. This consultation was conducted within the Department of Health and Human Services with the Federal Credentialing Program, and with several Department of Defense (DoD) hospital medical staff members. They confirmed the accuracy of the burden hour estimates for formats used in this information collection activity and the burden for the

Application to Medical staff was increased accordingly. They made no specific recommendations to change any of the application formats or process.

Comments: One comment suggested we consider the time burden spent by agency staff on this activity.

Agency response: The time spent by agency staff to handle and process this data collection is not considered in the "public" burden estimate. However, the agency is examining methods to reduce the time it takes agency staff to process this required data.

Comment: One comment suggested IHS centralize or regionalize the credentialing process and make it a web-based format.

Agency response: Agency staff responsible for oversight of the medical staff credentials and privileges application process are currently collaborating with the Veterans Health Administration and DoD health program staff to make cost-appropriate advances and improvements in the credentials process and to automated appropriate portions of the credentials and privileges process. At present, automation of this process and use of a data repository like the Federal Credentialing Program or other complex relational databases is prohibitively expensive for the IHS. It is hoped that the collaboration will result in the automation and/or centralization/regionalization of some aspects of the agency's credentialing process and thereby reduce the public burden to provide the data and the agency staff time needed to process the data.

Comment: One comment suggested IHS implement a nationwide corporate credentialing service with staff trained in the credentialing process.

Agency response: The collaboration discussed above will address this suggestion.

Comment: One comment suggested the credentialing process include a "criminal background check".

Agency response: The criminal background check is not a part of the IHS credentialing process. However, Public Law 101-630, the Indian Child Protection and Family Violence Protection Act, requires that all IHS employees, including the medical staff, with potential direct or unobserved contact with kids be checked for any history of criminal acts against children. In addition, the Division of Commissioned Personnel, United States Public Health Service, conducts a criminal background check as part of its Childcare National Agency Check with Written Inquiries (CNACI) system on all new appointees.

The purpose of this notice is to allow an additional 30 days for public comment to be submitted directly to OMB.

Proposed Collection

Title: 09-17-0009, "Indian Health Service Medical Staff Credentials and Privileges Files." Type of Information Collection Request: Extension of a currently approved information collection, 09-17-0009, "Indian Health Service Medical Staff Credentials and Privileges Files." Form Number: Instructions and information collection formats are contained in IHS Circular No. 95-16, "Credentials and Privileges Review Process for the Medical Staff." Need and Use of Information Collection: The IHS operates health care facilities that provide health care services to American Indians and Alaska Natives. To provide these services, the IHS employs (directly and under contract) several categories of health care providers including: physicians (M.D. and D.O.), dentists, psychologists, optometrists, podiatrists, audiologists, physician assistants, certified registered nurse anesthetists, nurse practitioners, and certified nurse midwives. IHS policy specifically requires physicians and dentists to be members of the health care facility medical staff where they practice. Health care providers become medical staff members, depending on the local health care facility's capabilities and medical staff bylaws. There are three types of IHS medical staff applicants: (1) Health care providers applying for direct employment with IHS (2) contract health care providers who will not seek to become IHS employees; and (3) employed IHS health care providers who seek to transfer between IHS health care facilities.

National health care standards developed by the Health Care Financing Administration and by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) require health care facilities to review, evaluate and verify the credentials, training and experience of medical staff applicants prior to granting medical staff privileges. To meet these standards, IHS health care facilities require each medical staff applicant to provide information concerning their education, training, licensure, and work experience and any adverse disciplinary actions taken against them. This information is then verified with references supplied by the applicant and may include: former employers, educational institutions, licensure and certification boards, the American Medical Association, the Federation of State