

health IT and will be used to achieve the goal of developing seamless and secure electronic health records nationwide.

Methods of Collection

Participation in the Assessment will be fully voluntary and non-participation will have no affect on eligibility for, or receipt of, future AHRQ health services research support or on future opportunities to participate in research

or to obtain informative research results. In each of the 33 States and Puerto Rico, 15 meetings will be held with stakeholder groups. Each group will have approximately 25 participants who will represent providers of health services, entities supporting health delivery systems, public health agencies, patients, individual consumers, and consumer groups. During these stakeholder meetings, participants will discuss different

“scenarios” describing practical examples of health information exchanges (e.g., patient care, emergency/disaster response, payments, research, compliance with mandatory statutory reporting, law enforcement requests for information, etc.). The objective of these meetings is to identify and assess the affect of organization-level business policies and practices that promote or pose challenges to health information exchange.

ESTIMATED ANNUAL RESPONDENT BURDEN

Type of research activity	Number of respondents	Estimated time per respondent (hours)	Total burden hours
Stakeholder Meetings	12,750	3	38,250
Total	12,750	3	38,250

Estimated Costs to the Federal Government

Expenses (equipment, overhead, printing and support staff) will be incurred by AHRQ components as part of their normal operating budgets. No additional cost to the Federal Government is anticipated.

Request for Comments

In accordance with the above-cited Paperwork Reduction Act, comments on the AHRQ information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of functions of AHRQ, including whether the information will have practical utility; (b) the accuracy of the AHRQ’s estimate of burden (including hours and cost) of the proposed collection of information; and (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques of other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: June 2, 2006.

Carolyn M. Clancy,
Director.

[FR Doc. 06-5226 Filed 6-5-06; 1:50 pm]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

2005 White House Conference on Aging

AGENCY: Administration on Aging, HHS.

ACTION: Notice of conference call.

SUMMARY: Pursuant to Section 10(a) of the Federal Advisory Committee Act as amended (5 U.S.C. Appendix 2), notice is hereby given that the Policy Committee of the 2005 White House Conference on Aging will discuss items related to the final report of the Conference during a conference call. The conference call will be open to the public to listen, with call-ins limited to the number of telephone lines available. Individuals who plan to call in and need special assistance, such as TTY, should inform the contact person listed below in advance of the conference call. This notice is being published less than 15 days prior to the conference call due to scheduling problems.

DATES: The conference call will be held on Monday, June 12, 2006, at 11 a.m., Eastern Standard Time.

ADDRESSES: The conference call may be accessed by dialing, U.S. toll-free, 1-800-369-3181, passcode: 2108199, call leader: Nora Andrews, on the date and time indicated above.

FOR FURTHER INFORMATION CONTACT: Nora Andrews, (202) 357-3463, or e-mail at *Nora.Andrews@hhs.gov*. Registration is not required. Call in is on a first come, first-served basis.

Dated: June 1, 2006.

Edwin L. Walker,

Deputy Assistant Secretary for Policy and Programs.

[FR Doc. E6-8750 Filed 6-6-06; 8:45 am]

BILLING CODE 4154-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect: Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Pub. L. 92-463) of October 6, 1972, that the National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect, Centers for Disease Control and Prevention, Department of Health and Human Services, has been renewed for a 2-year period through May 17, 2008.

For information, contact Dr. Jose Cordero, Executive Secretary, National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect, Centers for Disease Control and Prevention, Department of Health and Human Services, 1600 Clifton Road, NE., Mailstop E87, Atlanta, Georgia 30333, telephone 404/498-3800 or fax 404/498-3070.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: May 30, 2006.
Alvin Hall,
*Director, Management Analysis and Services
 Office, Centers for Disease Control and
 Prevention.*
 [FR Doc. E6-8825 Filed 6-6-06; 8:45 am]
BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND
 HUMAN SERVICES**

**Administration for Children and
 Families**

**Submission for OMB Review;
 Comment Request**

Title: Relationship Quality Instrument
 for Mentoring Children of Prisoners
 Program.

OMB No.: New Collection.
Description: The Promoting Safe and
 Stable Families Amendments of 2001
 (Pub. L. 107-133) amended Title IV-B
 of the Social Security Act (42 U.S.C.
 629-629e) to provide funding for
 nonprofit agencies that recruit, screen,
 train, and support mentors for children

with an incarcerated parent or parents.
 The Family and Youth Services Bureau
 (FYSB) of the Administration for
 Children and Families, United States
 Department of Health and Human
 Services, administers the Monitoring
 Children of Prisoners (MCP) program.
 The MCP program creates lasting, high-
 quality one-to-one mentoring
 relationships that provide young people
 with caring adult role models. The
 quality of these relationships is an
 important indicator of success in
 mentoring programs. Previous research
 has shown an association between high-
 quality mentoring relationships and
 positive changes in youth behavior
 associated with positive youth benefits,
 such as improved school attendance,
 reductions in risk behavior, and other
 benefits.

The Relationship Quality Instrument
 consists of 15 rigorously field-tested
 questions¹ about the relationship, plus
 several questions that establish context
 (age, gender, duration of relationship
 and frequency of contacts, etc.). The
 answers to the questions help assess

how satisfied the youth (mentee) is with
 the relationship; whether the mentee is
 happy in the relationship; whether the
 mentee trusts the mentor; and whether
 the mentor has helped the mentee to
 cope with problems. Researchers in the
 field of mentoring have tested and
 validated the questions.

FYSB requires grantees receiving
 funding to provide information that can
 be used to evaluate outcomes for
 participating children. FYSB will use
 the information provided by the
 instrument to assure effective service
 delivery and program management and
 to guide the development of national
 monitoring and technical assistance
 systems. Finally, FYSB will use data
 from this collection for reporting
 program outcomes to Congress in the FY
 2006 Performance Report during the
 budget process and as the basis for
 outcome evaluation of the program over
 the long term.

Respondents: Public, community- and
 faith-based organizations receiving
 funding to implement the MCP program.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Relationship Quality Instrument for Mentoring Children of Prisoners Program.	215 MCP grantees serving a total of approximately 25,000 children in the active annual caseload.	1	116 (average caseload for MCP grantee).	24,940.

*Estimated Total Annual Burden
 Hours:* 24,940.

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. All requests
 should be identified by the title of the
 information collection. E-mail 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, Attn: Desk Officer for

ACF, E-mail address:
Katherine_T._Astrich@omb.eop.gov.

Dated: June 1, 2006.
Robert Sargis,
Reports Clearance Officer.
 [FR Doc. 06-5174 Filed 6-6-06; 8:45 am]
BILLING CODE 4184-01-M

**DEPARTMENT OF HEALTH AND
 HUMAN SERVICES**

**Administration for Children and
 Families**

**Proposed Information Collection
 Activity; Comment Request**

Proposed Projects

Title: Evaluation of the Head Start
 Region III I am Moving, I am Learning
 (IM/IL) Program.

OMB No.: New Collection.
Description: The purpose of this
 evaluation is to examine the
 implementation of the Head Start
 project *I am Moving, I am Learning* (IM/

IL) as a preventive intervention targeting
 obesity in children. IM/IL was designed
 to fit within the Head Start Performance
 Standards and the Head Start Child
 Outcomes Framework through
 enhancements to current teaching and
 family support practices by providing
 more focused guidance on quality
 movement, gross and fine motor
 development, and child nutrition.

This data collection will be conducted
 among programs implementing IM/IL in
 Region III and will gain information
 about each site's program context and
 service components, including level of
 adoption of IM/IL enhancements,
 intensity of implementation, and
 sustainability of enhancements.
 Outcomes and goals of the IM/IL
 program that can be measured will also
 be assessed.

Respondents: Head Start directors,
 management teams, teachers, and staff
 in Region III that received IM/IL
 training; parents or guardians of
 children who attend Head Start

¹ Rhodes J., Reddy, R., Roffman, J., and Grossman
 J.B. (March, 2005). Promoting Successful Youth

Mentoring Relationships: A Preliminary Screening

Questionnaire. The Journal of Primary Prevention,
 26:2, 147-167.