

healthcare events, related infections in the community, and antimicrobial resistance; communicates the results and findings of response activities with federal and state agencies in order to alert healthcare providers and educate the public to prevent similar adverse events in the future; (2) strategically supports local, state, national, and international efforts to prevent healthcare-associated infections, related infections in the community, antimicrobial resistance, and related adverse events or medical errors using evidence-based recommendations and effective health communications strategies that enhance rapid and reliable information dissemination and exchange; (3) develops and/or evaluates the effectiveness of both experimental and applied interventions to prevent healthcare-associated infections, related infections in the community, antimicrobial resistance, blood-borne virus transmission, and related adverse events or medical errors across the spectrum of healthcare delivery sites; (4) provides epidemiology support to laboratory branch for investigation and study of both recognized and emerging bacterial healthcare pathogens and related community pathogens, including antimicrobial resistant forms of these pathogens; (5) develops, promotes, and monitors implementation of guidelines/recommendations, and other proven interventions to prevent healthcare-associated infections, related infections in the community, blood-borne virus transmission, antimicrobial resistance, medical errors, and occupational infections/exposures among healthcare personnel; (6) develops and/or evaluates the effectiveness of both experimental and applied interventions to promote healthcare worker safety; (7) develops, promotes, and monitors implementation of interventions to prevent transmission of healthcare-associated HIV infections and conducts case investigations of occupational HIV infections; (8) conducts research, including applied epidemiologic and clinical, to prevent healthcare-associated infections and antimicrobial resistant infections; (9) provides expert consultation, guidance, and technical support to other branches in the division, across the agency, to domestic and international partners, and the U.S. public on the epidemiology and prevention of healthcare-associated infections, related community infections, antimicrobial resistance, and exposures/injuries among healthcare personnel; and (10) provides epidemiology support to clinical and environmental microbiology branch to identify new strategies to prevent

adverse events due to infections associated with indwelling medical devices, contaminated products, dialysis, and water.

*Surveillance Branch (CVKDD).* (1) Monitors and evaluates on the national level the extent, distribution, and impact of healthcare-associated infections, antimicrobial use and resistance, adverse drug events, healthcare worker safety events, and adherence to clinical processes and intervention programs designed to prevent or control adverse exposures or outcomes in healthcare; (2) provides leadership and consultative services for statistical methods and analysis to investigators in the Branch, Division, and other organizations responsible for surveillance, research studies, and prevention and control of healthcare-associated infections and other healthcare-associated adverse events; (3) improves methods and enables wider use of clinical performance measurements by healthcare facilities and public health entities for specific interventions and prevention strategies designed to safeguard patients and healthcare workers from risk exposures and adverse outcomes through collaborations with extramural partners; (4) collaborates with public and private sector partners to further standardize, integrate, and streamline systems by which healthcare organizations collect, manage, analyze, report, and respond to data on clinical guideline adherence, healthcare-associated infections, including transmission of multi-drug-resistant organisms and other healthcare-associated adverse events; (5) coordinates, further develops, enables wider use, and maintains the NHSN, (a web-based system for healthcare facilities throughout the U.S. to collect and analyze their own data and share data with DHQP and other organizations on healthcare-associated adverse events and process-of-care measures) to obtain scientifically valid clinical performance indices and benchmarks that promote healthcare quality and value at the facility, state, and national levels; (6) conducts applied research to identify and develop innovative methods to detect and monitor healthcare-associated infections and antimicrobial resistance; (7) conducts special studies and provides national estimates of targeted, healthcare-associated adverse events, antimicrobial use and resistance patterns, and the extent to which prevention and control safeguards are in use to protect at-risk patients across the spectrum of healthcare delivery sites; and (8) uses NHSN and other data sources to conduct special studies and

provide national estimates of targeted occupational illnesses and injuries among healthcare workers and the extent to which preventive safeguards are in use across the spectrum of healthcare delivery sites.

Dated: December 13, 2007.

**William H. Gimson,**

*Chief Operating Officer, 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:* National Survey of Child and Adolescent Well-Being-Second Cohort (NSCAW II).

*OMB No.:* 0970-0202.

*Description:* The Department of Health and Human Services (HHS) intends to collect data on a new sample of children and families for the National Survey of Child and Adolescent Well-Being (NSCAW). The NSCAW was authorized under Section 427 of the Personal Responsibility and Work Opportunities Reconciliation Act of 1996. The original survey began in November 1999 with a national sample of 5,501 children, ages 0-14, who had been the subject of investigation by Child Protective Services during the baseline data collection period, which extended from November 1999 through April 2000. Direct assessments and interviews were conducted with the children themselves, their primary caregivers, their caseworkers, and, for school-aged children, their teachers; agency directors also were interviewed at baseline. Follow-up data collections were conducted 12 months, 18 months, and 36 months post-baseline, and a fifth data collection is currently under way.

The NSCAW is the only source of nationally representative, firsthand information about the functioning and well-being, service needs, and service utilization of children and families who come to the attention of the child welfare system. Information is collected about children's cognitive, social, emotional, behavioral, and adaptive functioning, as well as family and community factors that are likely to influence their functioning. Family service needs and service utilization also are addressed in the data collection.

The current data collection plan calls for selecting a new cohort of 5,700

children and families and repeating the data collection procedures used in the original study. Selection of a new cohort will allow the comparison of characteristics of children who are entering the child welfare system today with those who entered prior to the implementation of the Adoption and Safe Families Act and prior to the advent of the Child and Family Services Review process. The data collection will

follow the same format as that used in previous rounds of data collection, and will employ, with only modest revisions, the same instruments that have been used in previous rounds. Currently, HHS intends to collect baseline data and one follow-up 18 months later, with future follow-up rounds contingent on funding availability. Data from NSCAW are made available to the research

community through licensing arrangements from the National Data Archive on Child Abuse and Neglect at Cornell University.

*Respondents:* 5,700 children and their associated permanent or foster caregivers, caseworkers, and teachers; in addition, an administrator will be interviewed in each location from which children are sampled.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Child Interview .....	5,700	1	1.2	6,840
Permanent Caregiver Interview .....	3,800	1	2.0	7,600
Foster Caregiver Interview .....	1,990	1	1.5	2,985
Caseworker Interview .....	5,700	1	1.0	5,700
Teacher Questionnaire .....	3,000	1	.75	2,250
Agency Questionnaire .....	97	1	1.0	97
Estimated Total Annual Burden Hours: .....				25,472

**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](mailto:infocollection@acf.hhs.gov).

directly to the following: Office of Management and Budget, Paperwork Reduction Project, FAX: 202-395-6974, Attn: Desk Officer for ACF.

Dated: December 17, 2007.  
**Brendan Kelly,**  
*Reports Clearance Officer.*  
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notice will obtain information about intermediary grantee agencies providing capacity building assistance to faith-based and community organizations under the Compassion Capital Fund (CCF) Demonstration program. The information gathered under this data collection activity will be used to describe the approach and methods used by intermediaries to provide the services that are being evaluated in the CCF impact evaluation. Information collection will be through informal discussions and observations on-site at the organizations, using uniform protocols.

*Respondents:* Directors and staff providing technical assistance and related services to faith-based and community organizations and directors and staff in faith-based and community organizations that have received capacity building assistance.

**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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* Compassion Capital Fund Impact Evaluation Process Study.  
*OMB No.:* New Collection.  
*Description:* The information collection activity proposed under this

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Intermediary Protocol for Executive Director .....	10	1	3	30
Intermediary Protocol for Key Staff .....	30	1	1	30
Faith-based or Community Organization Protocol for Executive Director .....	30	1	2	60
Faith-based or Community Organization Protocol for Key Staff .....	60	1	1	60

*Estimated Total Annual Burden Hours:* 180.

*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