

benefits industrial workers, and health care workers implementing the current CDC *Guidelines for Preventing the Transmission of Tuberculosis*. Recent developments have provided approvals for self-contained breathing apparatus (SCBA), Air-Purifying respirators, Powered Air-Purifying (PAPR) and Air-Purifying Escape respirators for use by fire fighters and other first responders to potential terrorist attacks. NIOSH, in accordance with 42 CFR 84: (1) Issues

certificates of approval for respirators meeting specified construction, performance, and protection requirements; (2) establishes procedures and requirements to be met in filing applications for approval; (3) specifies minimum requirements and methods to be employed by NIOSH and by applicants in conducting inspections, examinations, and tests to determine effectiveness of respirators; (4) establishes a schedule of fees to be

charged applicants for testing and certification, and (5) establishes approval labeling requirements.

Information is collected from respirator manufacturers such as; contact information, type of respirator, quality assurance plan, and draft labels, as specified in the regulation. The estimated annualized burden hours are 78,776.

There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS:

Type of respondents	Type of forms	Number of respondents	Number of responses per respondent	Average burden response (in hours)
Respirator Manufacturers	84.11 Applications	43	8	86
	84.33 Labeling	43	8	2
	84.35 Modifications	43	8	66
	84.41 Reporting	43	8	23
	84.43 Record Keeping	43	8	46
	84.257 Labeling	43	8	3
	84.1103 Labeling	43	8	3

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Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-08-0669]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-5960 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written

comments should be received within 30 days of this notice.

Proposed Project

Evaluation of State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases—Reinstatement—National Center for Chronic Disease Prevention and Health Promotion (NCCDHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In order to prevent and control obesity and other chronic diseases, CDC established state-based nutrition and physical activity programs to support the development and implementation of nutrition and physical activity interventions, particularly through population-based strategies such as policy-level changes, environmental supports and the social marketing process. The overall programmatic goal is to promote population-based behavior change, such as increased physical activity and better dietary habits, thus leading to a reduction in the prevalence of obesity, and ultimately to a reduction in the prevalence of chronic diseases. CDC funding for state nutrition and

physical activity programs may be used for capacity building, collaboration, planning, monitoring the burden of obesity, intervention, and evaluation.

CDC has previously collected information to evaluate the State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases (OMB no. 0920-0669, exp. date 01/31/2008). The evaluation was designed to focus on recipient activities as outlined in the original funding announcement.

CDC proposes to reinstate the information collection with minor changes to the data collection instrument, in response to recommendations from the respondents, CDC staff, and the evaluation contractor. Changes are designed to streamline and clarify questions and response options. The project will continue to be conducted over a 3-year period. Information will be collected twice per year via a web-based data collection system.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 672.

ESTIMATED ANNUALIZED BURDEN HOURS:

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
States participating in NPAO	28	2	12

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Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30dy-08-07BH]

Agency Forms Undergoing Paperwork Reduction Act Review

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Proposed Project

Environmental Health Specialists Network (EHS-NET) Program—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of this project is to conduct research focused on identifying the environmental causes of food and waterborne illness and improving environmental public health practice. This research program is conducted by the Environmental Health Specialists Network (EHS-Net), a collaborative project of CDC, the U.S. Food and Drug Administration (FDA), the U.S. Department of Agriculture (USDA), the U.S. Environmental Protection Agency (U.S. EPA), and nine states (California, Connecticut, Georgia, Iowa, New York, Minnesota, Oregon, Rhode Island, and Tennessee). The network consists of environmental health professionals, epidemiologists, and laboratorians.

EHS-Net plans to conduct a maximum of 35 applied research projects per year. These research projects will focus on identifying and understanding environmental factors associated with food and waterborne

illness, such as poor food and water handling practices. These projects will also focus on evaluation of food and water safety regulatory programs. Data collection for these projects may involve: (1) Surveys, (2) observations, and (3) food, water, and environmental sampling. Data may be collected from: (1) Retail food establishments, where the majority of foodborne illness outbreaks originate, (2) public and non-public water systems, representing possible sources of waterborne illness, and (3) environmental public health program regulators (food and water), who are responsible for food and water safety.

There will be up to 3,900 respondents for retail food service workers; 2,200 respondents for water system operators; and 4,275 respondents for environmental public health program (food and water) regulators. Each respondent will respond only once and the average burden per response will be approximately 90 minutes. The maximum total annual burden for all EHS-Net projects is expected to be approximately 20,625 hours.

There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Retail food service workers—pretest for data collection	300	1	1.5
Retail food service workers—data collection	3,600	1	1.5
Water system operators—pretest for data collection	200	1	1.5
Water system operators—data collection	2,000	1	1.5
Environmental public health program (food and water) regulators—pretest for data collection	375	1	1.5
Environmental public health program (food and water) regulators—data collection	3,900	1	1.5

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Maryam I. Daneshvar,

Acting Reports Clearance 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: Child and Family Services Plan, Annual Progress and Services Report, and the CFS-101, Parts I, II and III.

OMB No.: 0980-0047.

Description: Under title IV-B, subparts 1 and 2, of the Social Security Act (the Act), States, Territories, and Tribes are required to submit a Child and Family Services Plan (CFSP). The CFSP lays the groundwork for a system of coordinated, integrated, and culturally relevant family services for the subsequent five years (45 CFR 1357.15(a)(1)). The CFSP outlines initiatives and activities the State, Tribe or Territory will carry out in administering programs and services to promote the safety, permanency, and well-being of children and families. By June 30 of each year, States, Territories, and Tribes are also required to submit an Annual Progress and Services Report (APSR) and a financial report called the CFS-101. The APSR is a yearly report that discusses progress made by a State,

Territory or Tribe in accomplishing the goals and objectives cited in its CFSP (45 CFR 1357.16(a)). The APSR contains new and updated information about service needs and organizational capacities throughout the five-year plan period.

The CFS-101 has three parts. Part I is an annual budget request for the upcoming fiscal year. Part II includes a summary of planned expenditures by program area for the upcoming fiscal year, the estimated number of individuals or families to be served, and the geographical service area. Part III includes actual expenditures by program area, numbers of families and individuals served by program area, and the geographic areas served for the last complete fiscal year.