

30333 or send an e-mail to omb@cdc.gov.

Comments are invited 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) 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 on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

An Assessment of the Acceptability of Pre-exposure Prophylaxis (PrEP) Among Inner City Persons At Risk for HIV/AIDS—New—National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

New HIV infections, both in the U.S. and globally are continuing at an unacceptably rapid rate and are rising in some sites and sub-populations. Despite

the many behavioral interventions available, it is necessary to develop additional highly effective prevention modalities, including biomedical ones if we are to significantly reduce the number of new HIV infections. Pre-exposure prophylaxis (PrEP) is currently under intense investigation as a potential biomedical intervention for the prevention of HIV acquisition. Clinical trials are underway in populations at high risk of acquiring HIV in Asia (injection drug users), Africa (heterosexuals and discordant couples), Latin America (men who have sex with men [MSM]), and among MSM in the United States. Based on the high efficacy shown with antiretroviral prophylaxis for the prevention of HIV transmission to infants during pregnancy, birth, and breastfeeding; and on the protection against vaginal or rectal exposure prophylaxis studies with non-human primates, it is likely that one of more of these human trials will show efficacy.

The purpose of the proposed study is to conduct a preliminary assessment of attitudes about, preferences for programmatic introduction of, and anticipated changes in risk behaviors resulting from PrEP among young adults in neighborhoods and social networks where risk behaviors are likely to lead to HIV exposure. An early

understanding of the perspective of intended users is critical to planning for possible use of PrEP.

Investigators at Georgia State University, in collaboration with NCHHSTP, will conduct 20 focus groups in the first year, and 50 ethnographic individual interviews in the second year, with a largely African-American population of young adults, ages 18–24. Study participants will be recruited from the 10 zipcodes in Atlanta, GA with the highest HIV/STD prevalence. The focus group and interview guides will cover six major areas: (1) Healthcare access and use; (2) risk perception in their social network; (3) knowledge and understanding of HIV transmission; (4) positive and negative attitudes toward a clinic-based HIV prevention program that involves daily doses of an antiretroviral with periodic HIV testing and risk counseling; (5) preferences for the design of such a program (e.g., where would it best be located); (6) whether they anticipate any changes in their risk behavior if engaged in such a program. In the second year, rapid HIV testing will be offered to individual interview participants, with referrals for prevention or treatment services as indicated by test results.

There is no cost to respondents other than their time.

Types of data collection	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Focus Group Participants	160	1	2	320
Ethnographic Interviews	50	1	2	100
Total				420

Dated: November 21, 2008.

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-09-08AO]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for

opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

Proposed Project

Children's Peer Relations and the Risk for Injury at School—New—National Center for Injury Prevention and Control (NCIPC), Coordinating Center for Environmental Health and Injury

Prevention (CCEHIP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Injuries are responsible for more deaths than all other causes combined for people under 19. In 2003, the Centers for Disease Control and Prevention (CDC) estimated that, annually, one in four children sustained an injury severe enough to warrant medical care, school absence, or bed rest. It was determined that an investigation of modifiable risk factors for childhood injuries is necessary to improve the health of children.

The Division of Unintentional Injury Prevention at the CDC will investigate the relationship between a child's social behaviors and experiences at school and their school injuries. Peer nominated and teacher rated social behaviors will

be collected and compared to injury rates measured in the school health room of 3rd–5th graders at one public elementary school with an ethnically diverse and lower socioeconomic status student body. From this data, a behavioral risk profile for injury will be derived. By learning which children are at risk based on various behavioral characteristics, successful secondary injury prevention strategies may be targeted when resources do not allow universal prevention. The main hypothesis of the study is that children with maladaptive behaviors and social

experiences (e.g., aggression, bullying, social withdrawal, peer rejection) will be more at risk for injury than their well-adapted peers. An estimated 183 children and 14 teachers will be surveyed.

Information collected will include three data sources: (1) A one-time peer nomination of social behaviors and peer relationships; (2) a one-time teacher's report of data of the child's behavior that will reflect the child's behavior across a school year; and (3) a report of events from the school year as determined by school health room visits

for injury. Injury event reports will be compiled by the school health room aide. By learning about risk factors for injuries at school, interventions may be created which can reduce the burden of injuries to children and the disruption to the child's classroom time. This effort may even impact the amount of time parents must take off from work to pick up their children.

There is no cost to respondents except for their time. The total estimated annualized burden hours are 211.

Estimated Annualized Burden Hours

Type of respondent	Instrument name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Students	Demographic Checklist ("All About You")	183	1	5/60
	Peer Nomination Inventory ("Others At School").	183	1	40/60
Teachers	Social Behavior Rating Scale	14	1	3
School Health Room Aide	Injury Abstraction Form	1	1	32

Dated: November 21, 2008.

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

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: HHS/ACF/OPRE Head Start Classroom-based Approaches and Resources for Emotion and Social skill promotion (CARES) project: Impact and Implementation Studies.

OMB No.: New Collection.

Description: The Head Start Classroom-based Approaches and Resources for Emotion and Social skill promotion (CARES) project will evaluate social emotional program enhancements within Head Start settings serving three- and four-year-old children. This project focuses on identifying the central features of effective programs to provide the information Federal policy makers and Head Start providers will need if they are to increase Head Start's capacity to improve the social and emotional skills and school readiness of preschool-age children. The project is sponsored by the Office of Planning, Research and Evaluation (OPRE) of the Administration for Children and Families (ACF).

The Head Start CARES project will use a group-based randomized design to test the effects of three different evidence-based programs designed to improve the social and emotional development of children in Head Start classrooms.

The purpose of this data collection is to assess the impact and implementation of program models through surveys with teachers and parents, direct child assessments, as well as interviews with teachers, local coaches, trainers and center staff.

Respondents: The respondents to these various surveys will include Head Start lead teachers, center staff and directors, trainers, local coaches, low-income parents and their Head Start children. Children in the study will be three- and four-year-olds in the selected Head Start classrooms.

ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Estimated annual burden hours
Lead Teacher Self-Report Survey	360	1	0.33	119
Teacher Report on Individual Children	4,880	1.5	0.33	2,416
Parent Survey	4,880	1	0.33	1,610
Direct Child Assessment	4,880	1.5	0.75	5,490
Trainer Survey	60	.5	0.33	10
Coach Survey	540	.5	0.33	89
Site Visit: Coach Interview Guide	60	.5	1	30
Site Visit: Teacher Interview Guide	360	.5	1	180
Site Visit: Center Staff Interview Guide	450	.5	1	225

Estimated Total Annual Burden Hours: 10,169.

In compliance with the requirements of Section 3506(c)(2)(A) of the

Paperwork Reduction Act of 1995, the Administration for Children and