

*Description:* The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is conducting a demonstration and evaluation called the Community Healthy Marriage Initiative (CHMI). Demonstration programs have been funded through Healthy Marriage and Responsible Fatherhood grants authorized under section 403(a)(2) of the Social Security Act to support healthy marriage directly and to encourage community changes that increase support for healthy marriages and improve child and family well-

being. The objective of the evaluation is to: (1) Assess the implementation of community interventions designed to provide marriage education by examining the way the projects operate and by examining child support outcomes among low-income families in the community; and (2) evaluate the community impacts of these interventions on marital stability and satisfaction, child well-being and child support outcomes among low-income families.

The purpose of this information collection is to conduct a follow-up

survey of respondents from Wave 1 who live in the communities where CHMI demonstrations are operating, and a survey of CR141 program participants. The impact evaluation will assess the effects of community healthy marriage initiatives by comparing family and child well-being outcomes in the CR141 communities with similar outcomes in comparison communities that are well matched to the demonstration project sites.

Respondents: Community members and program participants in CHMI treatment and comparison communities.

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Average number of responses per respondents	Average burden hours per response	Total burden hours
Wave 2 Survey .....	4,120	1	.75	3,090

Estimated Total Annual Burden Hours: 3,090.

*Additional Information:* In compliance with the requirements of Section 506(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 Planning, Research and Evaluation, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: OPRE Reports Clearance Officer. E-mail address: [OPREinfocollection@acf.hhs.gov](mailto:OPREinfocollection@acf.hhs.gov). 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: April 23, 2009.

**Seth Chamberlain,**

*OPRE Reports Clearance Officer.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request**

**Proposed Projects**

*Title:* Summary Data Component, National Child Abuse and Neglect Data System (NCANDS).

*OMB No.:* 0980-0229.

*Description:* The Child Abuse and Neglect Treatment Act (42 U.S.C. 5101 *et seq.*) as amended requires States to annually work with the Secretary to provide to the maximum extent practical, a report that includes 12 data items listed in the statute. The National Child Abuse and Neglect Data System (NCANDS), administered by the Children's Bureau, meets this reporting requirement. In addition, the amendments of 1988 require that the data system shall be universal and case specific and integrated with other case-based foster care and adoption data collected by the Secretary. There are two data components, the Detailed Case Data Component (DCDC), which includes the case-level data submitted through the Child File and some aggregated data submitted through the Agency File, and the Summary Data component (SC), which is used by States that cannot submit case-level data. No changes are being requested. The Summary Data Component will be phased out over the next few years as the number of States that can complete the Child File increases.

*Respondents:* State Child Welfare Agencies.

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
DCDC (includes the Child File and the Agency File) .....	49	1	108.60	5,321.40
Summary Data Component .....	3	1	32	96

*Estimated Total Annual Burden Hours: 5,417.40.*

In compliance with the requirements of Section 506(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 Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: *infocollection@acf.hhs.gov*. 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: April 28, 2009.  
**Janean Chambers,**  
*Reports Clearance Officer.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Proposed Collection; Comment Request; Collection of Customer Service, Demographic, and Smoking/Tobacco Use Information From NCI Cancer Information Service (CIS) Clients (NCI)**

**SUMMARY:** 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 National Cancer Institute (NCI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection: *Title:* Collection of Customer Service, Demographic, and Smoking/Tobacco Use Information from NCI Cancer Information Service (CIS) Clients. *Type of Information Collection Request:* Revision of currently approved collection 0925-0208 (expiration 09/30/2009). *Need and Use of Information Collection:* The National Cancer Institute's Cancer Information Service (CIS) provides the latest information on

cancer, clinical trials, and tobacco cessation in English and Spanish. Clients are served by calling 1-800-4-CANCER for cancer information; 1-877-44U-QUIT for smoking cessation services; and using the NCI's LiveHelp, a Web-based chat service. CIS currently conducts a brief survey of a sample of telephone and LiveHelp clients at the end of usual service—a survey that includes three customer service and twelve demographic questions (age, sex, race, ethnicity, education, household income, number in household, and five questions about health care/coverage). Characterizing clients and how they found out about the CIS is essential to customer service, program planning, and promotion. The NCI also conducts a survey of individuals using the CIS's smoking cessation services—a survey that includes 20 smoking/tobacco use "intake" questions that serve as a needs assessment that addresses smoking history, previous quit attempts, and motivations to quit smoking. An additional question is used with callers who want to receive proactive call-back services. Responses to these questions enable Information Specialists to provide effective individualized counseling. *Frequency of Response:* Once. *Affected Public:* Individuals or households. *Type of Respondents:* People with cancer; their relatives and friends; and general public, including smokers/tobacco users. Annualized estimates for numbers of respondents and respondent burden are presented in Table 1.

TABLE 1—ESTIMATE OF ANNUAL BURDEN HOURS

Type of respondents	Survey instrument	Number of respondents	Frequency of responses	Average time per response (minutes/hour)	Annual burden hours
Telephone Clients: <sup>1</sup>	Customer Service .....	62,000	1	1/60	1,033.33
	Demographic Questions .....	22,000	1	2/60	733.33
Smoking Cessation "Quitline" Clients: <sup>1,2</sup>	Smoking Cessation "Intake" Questions.	4,641	1	5/60	386.75
		Demographic Questions .....	1,300	1	2/60
Proactive Callback Service Clients <sup>3</sup>	Follow-Up .....	928	4	1/60	61.87
		Demographic questions .....	7,014	1	2/60
LiveHelp Clients: <sup>4</sup>					
<b>Total .....</b>		<b>97,883</b>			<b>2524.00</b>

<sup>1</sup> Approximately 36% of telephone and quitline clients will be sampled for the demographic questions, and 100% of telephone clients will be sampled for the customer service questions. Estimates based on 77.5% response rate.  
<sup>2</sup> 100% of smoking cessation clients will be asked the smoking intake questions. Estimates for quitline callers answering demographic questions are based on 77.8% response rate.  
<sup>3</sup> 100% of smoking cessation clients participating in the proactive callback service (about 20% of all smoking callers) will be asked the smoking follow-up question (at up to 4 callbacks).  
<sup>4</sup> Approximately 50% of LiveHelp clients will be sampled for the demographic questions.

The annualized cost to the respondents is estimated at \$48,752.

There are no Capital Costs, Operating

Costs, and/or Maintenance Costs to report.