DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry (ATSDR–268)

Availability of Final Toxicological Profiles

AGENCY: Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services (HHS).

ACTION: Notice of availability.

SUMMARY: This notice announces the availability of one new and six updated final toxicological profiles of priority hazardous substances comprising the twenty-first set prepared by ATSDR.

FOR FURTHER INFORMATION CONTACT: Ms. Olga Dawkins, Division of Toxicology and Environmental Medicine, Agency for Toxic Substances and Disease Registry, Mailstop F–62, 1600 Clifton Road, NE., Atlanta, Georgia 30333, telephone (770) 488–3315. Electronic access to these documents is also available at the ATSDR Web site: http://www.atsdr.cdc.gov/toxprofiles/index.asp

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

For Toxic Substances and Disease Registry, Mailstop F–62, 1600 Clifton Road, NE., Atlanta, Georgia 30333, telephone (770) 488–3315. Electronic access to these documents is also available at the ATSDR Web site: http://www.atsdr.cdc.gov/toxprofiles/index.asp

SUPPLEMENTARY INFORMATION: The Superfund Amendments and Reauthorization Act of 1986 (SARA) (42 U.S.C. 9601 et seq.) amended the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA or Superfund) (42 U.S.C. 9601 et seq.) by establishing certain requirements for ATSDR and the U.S. Environmental Protection Agency (EPA) with regard to hazardous substances that are most commonly found at facilities on the CERCLA National Priorities List (NPL). Among these statutory requirements is a mandate for the Administrator of ATSDR to prepare toxicological profiles for each substance included on the priority lists of hazardous substances. These lists identified 275 hazardous substances that ATSDR and EPA determined pose the most significant potential threat to human health. The availability of the revised list of the 275 priority substances was announced in the Federal Register on December 7, 2005 (70 FR 234). For prior versions of the list of substances, see Federal Register notices dated April 17, 1987 (52 FR 12866); October 20, 1988 (53 FR 41280); October 26, 1989 (54 FR 43619); October 17, 1990 (55 FR 42067); October 17, 1991 (56 FR 52166); October 28, 1992 (57 FR 48801); February 28, 1994 (59 FR 94866); April 29, 1996 (61 FR 68475); and June 17, 1997 (62 FR 31332); October 21, 1999 (64 FR 56792); October 25, 2001 (66 FR 54014); and November 7, 2003 (68 FR 63098).

Notice of the availability of drafts toxicological profiles for public review and comment was published in the Federal Register on October 23rd, 2007, (72 FR 60020), with notice of a 90-day public comment period for each profile, starting from the actual release date. Following the close of the comment period, chemical-specific comments were addressed, and, where appropriate, changes were incorporated into each profile. The public comments and other data submitted in response to the Federal Register notices bear the docket control number ATSDR–236. This material is available for public inspection at the Division of Toxicology and Environmental Medicine, Agency for Toxic Substances and Disease Registry, 4700 Buford Highway, Building 106, Second Floor, Chamblee, Georgia 30341 between 8 a.m. and 4:30 p.m., Monday through Friday, except legal holidays.

Availability

This notice announces the availability of one new and six updated final toxicological profiles of priority hazardous substances comprising the twenty-first set prepared by ATSDR.

The following toxicological profiles are now available through the U.S. Department of Commerce, National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, Virginia 22161, telephone 1–800–553–6847. There is a charge for these profiles as determined by NTIS.

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**Twenty-First Set**

<table>
<thead>
<tr>
<th>Toxicological profile</th>
<th>NTIS order No.</th>
<th>CAS No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Boron (Update)</td>
<td>PB2010–100001</td>
<td>7440–42–8</td>
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<tr>
<td>2. Chlorine</td>
<td>PB2010–100002</td>
<td>7782–50–5</td>
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<tr>
<td>3. Ethylbenzene (Update)</td>
<td>PB2010–100004</td>
<td>100–41–4</td>
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<tr>
<td>4. Ethylene Glycol (Update)</td>
<td>PB2010–100005</td>
<td>107–21–1</td>
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</table>


Ken Rose, 
Director, Office of Policy, Planning and Evaluation, National Center for Environmental Health/Agency for Toxic Substances and Disease Registry.

74053
Officer, 1600 Clifton Road, MS D–74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov. Written comments should be received within 30 days of this notice.

**Proposed Project**

Calibration of the Short Strengths and Difficulties Questionnaire (SDQ) in the National Health Interview Survey (NHIS)—New—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (HHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States. Section 520 [42 U.S.C. 290bb–31] of the Public Health Service Act establishes the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), and authorizes the CMHS to conduct surveys with respect to mental health. To monitor the prevalence of children and youth with mental health problems, CMHS and the National Institute of Mental Health (NIMH), through a reimbursable agreement with the NCHS have funded questions on children’s mental health on the National Health Interview Study (NHIS).

One component of the NHIS is the short Strengths and Difficulties Questionnaire (short SDQ), a module that has obtained data on the mental health of children aged 4–17 years since 2001. As part of its mission, CMHS has undertaken the task of improving its methods for providing national estimates related to child mental health, specifically by conducting studies that determine validity and appropriate cut-points for measuring serious emotional disturbance in children. To ensure that the short SDQ is a valid measure of child mental health, the proposed study calibrates the short SDQ on the NHIS to a standard psychiatric measure. Highly trained clinical interviewers will administer, via telephone, the Child and Adolescent Psychiatric Assessment (CAPA) or the Pre-School Age Psychiatric Assessment (PAPA) to the parents of a sample of children aged 4–17 years identified in the NHIS as having mental health problems. Children aged 12–17 years will also be interviewed using the Child and Adolescent Psychiatric Assessment (CAPA). Clinical interviewers will also administer these assessments to a suitable control group of parents and children. Approximately 800 adults and 600 children will take part in the study. A 24-month clearance is being sought to conduct this study.

Data collected in the follow-up interviews will then be used to calibrate the short SDQ as it is used in the NHIS. Data will not be used to produce national estimates. There is no cost to respondents other than their time. The total estimated annualized burden hours are 633.

**ESTIMATED ANNUALIZED BURDEN HOURS**

<table>
<thead>
<tr>
<th>Type of respondent</th>
<th>Type of form</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Average burden per response in hours</th>
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<td>Parents of children aged 4–8 years ..........</td>
<td>Pre-school Age Psychiatric Assessment (PAPA).</td>
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<td>1</td>
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<tr>
<td>Parents of children aged 9–17 years ..........</td>
<td>Child and Adolescent Psychiatric Assessment: Parent Version (CAPA).</td>
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<td>1</td>
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<td>Children, aged 12–17 .........................</td>
<td>Child and Adolescent Psychiatric Assessment: Child Version (CAPA).</td>
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<td>Parents .........................................</td>
<td>Short Strengths and Difficulties Questionnaire (SDQ).</td>
<td>401</td>
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</tr>
</tbody>
</table>


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

[FR Doc. 2010–30124 Filed 11–29–10; 8:45 am]
BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention
[0920–11–10BG]

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) 395–5806.

**Proposed Project**

National Voluntary Environmental Assessment Information System (NVEAIS)—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

The CDC is requesting OMB approval for a National Voluntary Environmental Assessment Information System to collect data from foodborne illness outbreak environmental assessments routinely conducted by local, state, territorial, or tribal food safety programs during outbreak investigations. Environmental assessment data are not currently collected at the national level. The data reported through this information system will provide timely data on the causes of outbreaks, including environmental factors associated with outbreaks, and are essential to environmental public health regulators’ efforts to respond more effectively to outbreaks and prevent future, similar outbreaks.

The information system was developed by the Environmental Health Specialists Network (EHS-Net), a collaborative project of federal and state public health agencies. The EHS-Net has developed a standardized instrument for reporting data relevant to foodborne illness outbreak environmental assessments.

State, local, tribal, and territorial food safety programs are the respondents for this data collection. Although it is not possible to determine how many programs will choose to participate, as NVEAIS is voluntary, the maximum