

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 (DHHS), 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

Type of respondent	Type of form	Number of respondents	Number of responses per respondent	Average burden per response in hours
Parents of children aged 4–8 years	Pre-school Age Psychiatric Assessment (PAPA).	63	1	1
Parents of children aged 9–17 years	Child and Adolescent Psychiatric Assessment: Parent Version (CAPA).	338	1	1
Children, aged 12–17	Child and Adolescent Psychiatric Assessment: Child Version (CAPA).	300	1	45/60
Parents	Short Strengths and Difficulties Questionnaire (SDQ).	401	1	1/60

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Catina Conner,
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

[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

potential number of program respondents is approximately 3,000.

However, these programs will be reporting data on outbreaks, not their programs or personnel. It is not possible to determine exactly how many outbreaks will occur in the future, nor where they will occur. However, we can estimate, based on existing data that a maximum of 1,400 foodborne illness outbreaks will occur annually. Only programs in the jurisdictions in which these outbreaks occur would report to NVEAIS. Consequently, we have based our respondent burden estimate on the

number of outbreaks likely to occur each year. Assuming each outbreak occurs in a different jurisdiction, there will be one respondent per outbreak. Each respondent will respond only once per outbreak investigated.

There are two activities for which we need to estimate burden for these programs. The first is entering all requested environmental assessment data into NVEAIS. This will be done once for each outbreak. This will take approximately 120 minutes per outbreak.

The second activity requiring a burden estimate is the manager interview that will be conducted at each establishment associated with an outbreak. Most outbreaks are associated with only one establishment; however, some are associated with multiple establishments. We estimate that a maximum average of 4 manager interviews will be conducted per outbreak. Each interview will take about 20 minutes.

The total estimated annual burden is 4,667 hours (see Table). There is no cost to the respondents other than their time.

ESTIMATED ANNUAL BURDEN HOURS

Respondents	Data collection activity/form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Food safety program personnel	Reporting environmental assessment data into electronic system.	1,400	1	2
Food safety program personnel	Manager interview	1,400	4	20/60

Dated: November 23, 2010.

Catina Conner,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: State Personal Responsibility Education Program (PREP).

OMB No.: 0970-0380.

Description: The Patient Protection and Affordable Care Act, 2010, also known as health care reform, amends Title V of the Social Security Act (42 U.S.C. 701 *et seq.*) as amended by sections 2951 and 2952(c), by adding section 513, authorizing the Personal Responsibility Education Program (PREP). The President signed into law the Patient Protection and Affordable Care Act on March 23, 2010, Public Law 111-148, which adds the new PREP formula grant program. The purpose of this program is to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs); and at least three adulthood preparation subjects. The Personal Responsibility

Education grant program funding is available for fiscal years 2010 through 2014.

An emergency request is being made to solicit comments from the public on paperwork reduction as it relates to ACYF's receipt of the following documents from applicants and awardees: Application for Mandatory Formula Grant. State Plan. Performance Progress Report.

Respondents: 50 States and 9 Territories, to include, District of Columbia, Puerto Rico, Virgin Islands, Guam, American Samoa, Northern Mariana Islands, the Federated States of Micronesia, the Marshall Islands and Palau.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Application, to include program narrative	59	1	24	1,416
State Plan	59	1	40	2,360
Performance Progress Reports	59	2	16	1,888

Estimated Total Annual Burden Hours: 5,664.

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.

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 directly to the following: Office of Management and Budget, Paperwork Reduction Project, *Fax:* 202-395-7285, *e-mail:* OIRA_SUBMISSION@OMB.EOP.GOV, *Attn:* Desk Officer for the Administration for Children and Families.