

the CSEA to submit ingredient reports to HHS on an annual basis.

Respondents are not required to submit specific forms; however, they are required to submit a list of all ingredients used in their products. CDC requires the ingredient report to be submitted by chemical name and Chemical Abstract Service (CAS) Registration Number, consistent with accepted reporting practices for other companies currently required to report ingredients added to other consumer products. Typically, respondents submit a summary report to CDC with the

ingredient information for multiple products, or a statement that there are no changes to their previously submitted ingredient report.

Ingredient reports for new products are due at the time of first importation. Thereafter, ingredient reports are due annually on March 31. Information is submitted to OSH by mailing a written report on the respondent's letterhead, by CD, three-inch floppy disk, or thumb drive. Electronic mail submissions are not accepted.

Upon receipt and verification of the annual ingredient report, OSH issues a

Certificate of Compliance to the respondent. OSH also uses the information to report to the Congress (as deemed appropriate) discussing the health effects of these ingredients.

In this Extension request, there are no changes to the estimated number of respondents, the estimated burden per response, or the information collection methods. There are no costs to respondents other than their time. The total estimated annualized burden hours are 930.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Estimated burden hours
Cigarette Manufacturers, Packagers, and Importers	143	1	6.5

Dated: January 5, 2011.

Carol E. Walker,

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

[FR Doc. 2011-335 Filed 1-10-11; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-11-0672]

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 or send comments to Carol E. Walker, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 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

Indicators of the Performance of Local, State, Territorial, and Tribal Education Agencies in HIV Prevention, Coordinated School Health Program, and Asthma Management Activities for Adolescent and School Health Programs (OMB No. 0920-0672, exp. 6/30/2011)—Revision—Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Division of Adolescent and School Health (DASH), CDC, supports HIV prevention activities, coordinated school health program (CSHP) activities, and asthma management activities conducted by local education agencies (LEA), state education agencies (SEA), territorial education agencies (TEA), and tribal governments (TG). DASH currently collects information about these activities under OMB control number 0920-0672 (exp. 6/30/2011). Because there is currently no other standardized annual reporting process for DASH-funded HIV prevention activities, CSHP activities, and asthma management activities, DASH seeks OMB approval to continue the

information collection for three years (FY2010—FY2012 data). The previously approved questionnaires will be used to collect FY2010 data. Minor changes to the questionnaires will be implemented for the FY2011 and FY2012 data collections.

Information collection consists of four Web-based questionnaires that correspond to specific funding sources within DASH. Two questionnaires pertain to HIV-prevention program activities among LEAs and SEAs/TEAs/TGs, the third questionnaire pertains to CSHP activities among SEAs, and the fourth questionnaire pertains to asthma management activities among LEAs. There are no changes to the estimated burden per response for any of the questionnaires.

The two HIV questionnaires include questions about planning and improving projects; development and distribution of materials, professional development and individualized technical assistance on school policies; development and distribution of materials, professional development and individualized technical assistance on education curricula and instruction; collaboration with external partners; reducing disparities among populations of youth at disproportionate risk; and information about additional program activities.

The CSHP/PANT questionnaire also asks the questions above, but focuses on physical activity, healthy eating, and tobacco-use prevention activities. It includes additional questions about joint activities of the State Education Agency and State Health Agency (SHA); activities of the CSHP state-wide coalition; and development and

distribution of materials, professional development and individualized technical assistance on health promotion programs and environmental approaches to Physical Activity, Nutrition and Tobacco (PANT).

The asthma management questionnaire includes questions about planning and improving projects; joint activities of the Local Education Agency and Local Health Agency (LHA); policies; asthma-related education; health promotion and environmental approaches to asthma management; provision of health services; collaboration with external partners;

reducing disparities among populations of youth at disproportionate risk; and information about additional program activities. The sections on policies, asthma-related education, health services and health promotion and environmental approaches to asthma management include questions that address the development and distribution of materials, professional development, and individualized technical assistance.

Information gathered will: (1) Provide standardized information about how HIV prevention, CSHP, and asthma management funds are used by LEAs,

SEAs, TEAs, and TGs; (2) assess the extent to which programmatic adjustments are indicated; (3) provide descriptive and process information about program activities; and (4) provide greater accountability for use of public funds.

Participation in the information collection is required for programs that receive funding through DASH. Each Web-based questionnaire will be completed annually by the program coordinator for the activity. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs)	Total burden (in hrs)
Local Education Agency Officials	Indicators for School Health Programs: HIV Prevention (LEA).	16	1	7	112
	Indicators for School Health Programs: Asthma Management (LEA).	10	1	7	70
State and Territorial Education Agency and Tribal Government Officials.	Indicators for School Health Programs: HIV Prevention (SEA).	57	1	7	399
	Indicators for School Health Programs: Coordinated School Health Programs.	23	1	10	230
Total	811

Dated: January 5, 2011.

Carol E. Walker,

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

[FR Doc. 2011-328 Filed 1-10-11; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[OMB No. 0970-0159]

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Statewide Automated Child Welfare Information System (SACWIS) Assessment Review Guide.

Description: The Department of Health and Human Services is authorized under section 474 of the Social Security Act to provide funding to state title IV-E agencies for information systems that support the provision of services to the nation's foster care and adoption populations. The Act authorizes funding for the planning, design, development, or

installation of statewide automated child welfare systems (SACWIS). The data from these systems allows the Department to report accurate, meaningful and reliable information to Congress about the extent of problems facing these children and the effectiveness of assistance provided to this population.

Currently, SACWIS enable State efforts to meet the following Federal reporting requirements: The Adoption and Foster Care Analysis and Reporting System (AFCARS) required by section 479(b)(2) of the Social Security Act; the National Child Abuse and Neglect Data System (NCANDS); Child Abuse Prevention and Treatment Act (CAPTA); and the Chafee Independent Living Program National Youth in Transition Database (NYTD). SACWIS systems also support States' efforts to provide the information to conduct the Child and Family Service Reviews. Currently, 40 States and the District of Columbia have developed, or are developing, a SACWIS with Federal financial participation.

The SACWIS Assessment Reviews validate that all aspects of the project, as described in the approved Advance Planning Document, have been adequately completed, and conform to

applicable regulations and policies. States use the SACWIS Assessment Review Guide (SARG) to document system components and functioning; each State's submission is unique and State-specific. These reviews are usually initiated by the State; however, ACF reserves the right to initiate SACWIS Assessment Reviews, at any time in the system life cycle. Submission of the SACWIS SARG and other supporting documentation by States, completed at the point that they have completed system development and the system is operational statewide, initiates a SACWIS Assessment Review. The additional supporting documentation submitted as part of the review process should be readily available to States as a result of their routine good project management practices. The SARG and supporting documentation may be submitted electronically.

The information collected in the SACWIS Assessment Review Guide will allow State and Federal officials to determine if the State's SACWIS meets the requirements of title IV-E Federal Financial Participation (FFP) defined at 45 CFR 1355.50. Additionally, other States will be able to use the documentation provided as part of this