

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Number of respondents	Number of responses per respondent	Average burden (in hours) per response	Total burden hours
Health Center .....	1873	1	1	1,873

**Seleda Perryman,**

*Office of the Secretary, Paperwork Reduction Act Clearance Officer.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier: OS-0990—New; 60-Day Notice]

**Agency Information Collection Request; 60-Day Public Comment Request**

**AGENCY:** Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques

or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above email address within 60-days.

*Proposed Project:* Evaluation of Adolescent Pregnancy Prevention Approaches and the Impact Evaluation of the Teen Pregnancy Prevention Program Grantees: Baseline Data Collection—OMB No. OS-0990—NEW—Office of Adolescent Health in collaboration with the Administration for Children and Families and the Office of the Assistant Secretary for Planning and Evaluation.

*Abstract:* The Office of Adolescent Health (OAH), Office of the Assistant Secretary for Health (OASH), U.S. Department of Health and Human Services (HHS), is overseeing and coordinating adolescent pregnancy prevention evaluation efforts as part of the Teen Pregnancy Prevention

Initiative. OAH is working collaboratively with the Office of the Assistant Secretary for Planning and Evaluation (ASPE), the Centers for Disease Control and Prevention (CDC), and the Administration for Children and Families (ACF) on adolescent pregnancy prevention evaluation activities.

OAH has provided funding to ACF to oversee the implementation of the Evaluation of Adolescent Pregnancy Prevention Approaches (PPA). PPA is a random assignment evaluation which will expand available evidence on effective ways to reduce teen pregnancy. The evaluation will document and test a range of pregnancy prevention approaches in up to eight program sites.

OAH will jointly oversee with ASPE the Impact Evaluation of the Teen Pregnancy Prevention Program Grantees (TPP Impact Evaluation). The TPP Impact Evaluation will be a random assignment evaluation which will determine whether program models funded as part of the OAH evidence-based Teen Pregnancy Prevention Initiative are effective at preventing teen pregnancy, reducing sexually transmitted infections, and/or impacting sexual risk behaviors.

The findings from both evaluations will be of interest to the general public, to policy-makers, and to organizations interested in teen pregnancy prevention.

ESTIMATED ANNUALIZED BURDEN TABLE

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
<b>Evaluation of Adolescent Pregnancy Prevention Approaches (PPA)</b>				
Baseline Instrument .....	3,600	1	30/60	1,800
School Records, Performance, and Program Participation Data Collection ...	8	1	8	64
<b>Impact Evaluation of the Teen Pregnancy Prevention Program Grantees (TPP Evaluation)</b>				
Baseline Instrument .....	8,080	1	30/60	4,040
School Records, Performance and Program Participation Data Collection ...	12	1	8	96
Total for both evaluations .....	.....	.....	.....	6,000

**Seleda Perryman,**  
*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier: OS-0990-New]

**Agency Information Collection Request; 60-Day Public Comment Request**

**AGENCY:** Office on Women’s Health, Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect

of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency’s functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer

at the above e-mail address within 60-days.

*Proposed Project:* National Survey of Single Parent Caregivers—OMB No. 0990-NEW-OWH; HHS, Office on Women’s Health.

*Abstract:* The National Survey of Single Parent Caregivers will measure the size, characteristics, and unmet needs of single parents providing care for an adult family member or friend. Single parent caregivers provide support services and financial assistance for two generations without the aid of a married partner. Survey results will be used to develop national estimates of the costs borne by single parent caregivers, their psychosocial burden, stress, and diminished social and leisure opportunities, and suggest policy options that mitigate the burden on single parent caregivers. The survey will be administered once under a one-year request, and will contact individuals using computer-assisted telephone interviewing (CATI) methods.

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Single Parent Caregiver Survey Instrument	Single Parent Caregivers .....	1,000	1	18/60	300

**Seleda Perryman,**  
*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60-Day-11-11DD]

**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 Carol E. Walker, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, 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:* Raising Public Awareness for Deep Vein Thrombosis/Pulmonary Embolism—NEW—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

The Division of Blood Disorders, located within the National Center on Birth Defects and Developmental Disabilities, implements health promotion and wellness programs

designed to prevent secondary conditions in people with bleeding and clotting disorders.

There are few public health problems as serious as deep vein thrombosis (DVT) and pulmonary embolism (PE), yet these conditions receive little attention. DVT/PE is an under diagnosed, serious, preventable medical condition that occurs when a blood clot forms in a deep vein. These clots usually develop in the lower leg, thigh, or pelvis, but they can also occur in the arm. In more than one third of people affected by DVT, clots can travel to the lungs and cause PE, a potentially fatal condition.

The precise number of people affected by DVT/PE is unknown, but estimates range from 300,000 to 600,000 annually in the United States. DVT/PE is associated with substantial morbidity and mortality: One third of people with DVT/PE will have a recurrence within 10 years and one third of people die within 1 month of diagnosis. Among people who have had a DVT, one third will have long-term complications (post-thrombotic syndrome), such as swelling, pain, discoloration, and scaling in the affected limb. In some cases, the symptoms can be so severe that a person can become disabled. More troubling, sudden death is the first symptom in