EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Patient Safety Organization Certification for Initial Listing Form	15	1	18	270
Certification for Continued Listing Form	24	1	8	192
Two Bona Fide Contracts Requirement Form	40	1	1	40
Disclosure Statement Form	7	1	3	21
Information Form	80	1	3	240
Patient Safety Confidentiality Complaint Form	2	1	20/60	1
Common Formats	750	1	100	75,000
Total	918	NA	NA	75,764

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form	Number of respondents	Total burden hours	Average hourly wage rate *	Total burden cost
Certification for Initial Listing Form	15	270	$33.51	$9,048
Certification for Continued Listing Form	24	192	33.51	6,434
Two Bona Fide Contracts Requirement Form	40	40	33.51	1,340
Disclosure Statement Form	7	21	33.51	704
Information Form	80	240	33.51	8,042
Patient Safety Confidentiality Complaint Form	2	1	33.51	34
Common Formats	750	75,000	33.51	2,513,250
Total	918	75,764	NA	2,538,852

* Based upon the mean of the hourly wages for healthcare practitioner and technical occupation, National Compensation Survey, May 2009, "U.S. Department of Labor, Bureau of Labor Statistics."

Estimated Annual Costs to the Federal Government

a. AHRQ

The total cost to the Federal Government for the PSO forms and Common Formats is $1,737,390 per year, including project management and support for the review and administration of the PSO forms and the development and maintenance of the Common Formats.

b. OCR

Through an interagency agreement (IAA), OCR provides management for and support of the enforcement of the confidentiality protections of the Patient Safety Act and the Patient Safety Rule. The cost of this IAA is approximately $300,000 annually.

Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: March 29, 2011.

Carolyn M. Clancy,

Director.

[FR Doc. 2011–9252 Filed 4–15–11; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request; Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Notice.

SUMMARY: As part of a Federal Government-wide effort to streamline the process to seek feedback from the public on service delivery, AHRQ [has submitted a Generic Information Collection Request (Generic ICR): "Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery" to OMB for approval under the Paperwork Reduction Act (PRA) (44 U.S.C. 3501 *et seq.*).

This proposed information collection was previously published in the **Federal Register** on December 22nd, 2010 (75 FR 80542) and allowed 60 days for public comment. No comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments must be submitted May 18, 2011.

ADDRESSES: Written comments may be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395–6974 (*attention:* AHRQ's desk officer) or by e-mail at *OIRAsubmission@omb.eop.gov* (*attention:* AHRQ's desk officer).

FOR FURTHER INFORMATION CONTACT: To request additional information, please contact: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by e-mail at *doris.lefkowitz@AHRO.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Title: Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery.

Abstract: The information collection activity will gamer qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration's commitment to improving service delivery. By qualitative feedback we mean information that provides useful insights on perceptions and opinions, but are not statistical surveys that yield quantitative results that can be generalized to the population of study. This feedback will provide insights into customer or stakeholder perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative and actionable communications between the Agency and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

Feedback collected under this generic clearance will provide useful information, but it will not yield data that can be generalized to the overall population. This type of generic clearance for qualitative information will not be used for quantitative information collections that are designed to yield reliably actionable results, such as monitoring trends over time or documenting program performance. Such data uses require more rigorous designs that address: The target population to which generalizations will be made, the sampling frame, the sample design (including stratification and clustering), the precision requirements or power calculations that justify the proposed sample size, the expected response rate, methods for assessing potential non-response bias, the protocols for data collection, and any testing procedures that were or will be undertaken prior to fielding the study. Depending on the degree of influence the results are likely to have, such collections may still be eligible for submission for other generic mechanisms that are designed to yield quantitative results.

Below we provide AHRQ's projected average annual estimates for the next three years:

Current Actions: New collection of information.

Type of Review: New Collection.

Affected Public: Individuals and Households, Businesses and Organizations, State, Local or Tribal Government.

Average Expected Annual Number of Activities: 10.

Respondents: 10,900.

Annual Responses: 10,900.

Frequency of Response: Once per request.

Average Minutes per Response: 19.

Burden Hours: 3,383.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget control number.

Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: March, 31 2011.

Carolyn M. Clancy,

Director.

[FR Doc. 2011–9253 Filed 4–15–11; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–11–11CC]

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. Written comments should be received within 30 days of this notice.

Proposed Project

Development and Evaluation of Eagle Books and Youth Eagle Books for American Indians and Alaska Natives (AI/ANs)—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The development of effective diabetes prevention programs targeting AI/AN youth is a compelling priority in education and public health. AI/AN individuals develop type 2 diabetes at younger ages, experience more years of disease burden and have a high probability of developing diabetes-related complications. However, research shows that type 2 diabetes can be prevented or delayed with healthy foods and nutrition, moderate physical activity, and social support. A number of health communication products have been developed specifically for AI/AN youth. These include the Eagle Books, the Youth Books, and the Diabetes Education in Tribal Schools (DETS) curriculum.

The Eagle Books are a series of four books that have been incorporated into the lesson plans for the Kindergarten (K) through fourth grades of the DETS curriculum. The materials are a result of a project that engaged eight Tribal Colleges and Universities, NIH, CDC, and IHS to develop culturally-grounded, scientifically sound lessons to promote awareness about diabetes and lifestyle adaptations. CDC is currently developing additional books for Native American youth ages nine to thirteen (the "Youth Books").

CDC plans to conduct a descriptive evaluation of the Eagle Books and the DETS curriculum. Data collection will involve discussion groups and in-depth interviews conducted during site visits to 12 selected American Indian communities. Each site visit will consist of: (i) Interviews with up to 3 community health representatives; (ii) Interviews with up to 2 school administrators from a local elementary school and a middle school; (iii) One discussion (focus) group with teachers from a local elementary school and one discussion group with teachers from a