

surveillance registries (including MACDP) to identify cases and study birth defects causes in participating states/municipalities across the United States.

BD–STEPS is a case-control study that is similar to the previous CDC-funded birth defects case-control study, NBDPS, which stopped interviewing participants in 2013. As with NBDPS, control infants will be randomly selected from birth certificates or birth hospital records; mothers of case and control infants will be interviewed using a computer-assisted telephone interview.

The BD–STEPS interview takes approximately forty-five minutes to complete. A maximum of 275 interviews are planned per year per center, 200 cases and 75 controls. With

seven centers planned, the maximum interview burden for all centers combined would be approximately 1,444 hours. As with NBDPS, parents in BD–STEPS will be asked to collect deoxyribonucleic acid (DNA) samples from themselves and their infants. The collection of saliva cells by the mother, father and infant takes about 15 minutes per person. For the infant sample, the parent will rub long-handled sponges between the infant’s cheek and gum; parents will be asked to swab a total of 5 sponges per infant. The infant’s mother and father will be asked to provide their own saliva samples by spitting into a funnel connected to small collection tubes. Collection of the saliva samples takes approximately 2–5 minutes per person, but the estimate of burden is 15 minutes per person to

account for reading and understanding the consent form and specimen collection instructions and mailing back the completed kits. The anticipated maximum burden for collection of the saliva samples for all centers combined would be approximately 1,444 hours.

Information gathered from both the interviews and the DNA specimens has been and will continue to be used to study independent genetic and environmental factors as well as gene-environment interactions for a broad range of carefully classified birth defects.

This request is submitted to obtain OMB clearance for three additional years.

There are no costs to the 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 hours)	Total burden hours
Mothers (interview)	Telephone consent and BD–STEPS questionnaire.	1,925	1	45/60	1,444
Mothers, fathers, infants (saliva samples).	Written consent for saliva collection and collection of saliva samples.	5,775	1	15/60	1,444
TOTAL	2,888

Leroy A. Richardson,
Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Request for Nominations of Candidates to Serve on the Board of Scientific Counselors, National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (BSC, NCEH/ATSDR)

The Centers for Disease Control and Prevention (CDC) is soliciting nominations for membership on the BSC, NCEH/ATSDR. The BSC, NCEH/ATSDR consists of 16 experts knowledgeable in the field of environmental public health or in related disciplines, who are selected by the Secretary of the U.S. Department of Health and Human Services (HHS). The BSC, NCEH/ATSDR provides advice and guidance to the Secretary, HHS; the

Director, CDC; and the Director, NCEH/ATSDR, regarding program goals, objectives, strategies, and priorities in fulfillment of the agencies’ mission to protect and promote people’s health. The Board provides advice and guidance to help NCEH/ATSDR work more efficiently and effectively with its various constituents and to fulfill its mission in protecting America’s health.

Nominations are being sought for individuals who have expertise and qualifications necessary to contribute to the accomplishments of the Board’s objectives. Nominees will be selected from experts having experience in preventing human diseases and disabilities caused by environmental conditions. Experts in the disciplines of toxicology, epidemiology, environmental or occupational medicine, behavioral science, risk assessment, exposure assessment, and experts in public health and other related disciplines will be considered. Members may be invited to serve up to four-year terms.

The HHS policy stipulates that committee membership be balanced in terms of points of view represented and the board’s function. Consideration is given to a broad representation of geographic areas within the U.S., as well as gender, race, ethnicity, persons with

disabilities, and several factors including: (1) The committee’s mission; (2) the geographic, ethnic, social, economic, or scientific impact of the advisory committee’s recommendations; (3) the types of specific perspectives required, for example, those of consumers, technical experts, the public at-large, academia, business, or other sectors; (4) the need to obtain divergent points of view on the issues before the advisory committee; and (5) the relevance of State, local, or tribal governments to the development of the advisory committee’s recommendations. Nominees must be U.S. citizens.

The following information must be submitted for each candidate: Name, affiliation, address, telephone number, and current curriculum vitae. Email addresses are requested if available. Nominations should be sent, in writing, and postmarked by September 30, 2013, to: Sandra Malcom, Committee Management Specialist, NCEH/ATSDR, CDC, 4770 Buford Highway, NE., Mailstop F61, Atlanta, Georgia 30341, Email address: *sym6@CDC.GOV*. Telephone and facsimile submissions cannot be accepted.

Candidates invited to serve will be asked to submit the “Confidential Financial Disclosure Form (OGE Form 450) for Special Government Employees

Serving on Federal Advisory Committees at the Centers for Disease Control and Prevention.” This form allows CDC to determine whether there is a statutory conflict between that person’s public responsibilities as a Special Government Employee and private interests and activities, or the appearance of a lack of impartiality, as defined by Federal regulation. The form may be viewed and downloaded at http://www.usoge.gov/forms/oge450_pdf/oge450_accessible.pdf.

This form should not be submitted as part of a nomination.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention, and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Evaluation of the Head Start Designation Renewal System
OMB No.: New Collection.

Description: In the fall of 2011, the Administration for Children and Families (ACF) within the US Department of Health and Human Services (HHS) significantly expanded its accountability provisions with the implementation of the Head Start Designation Renewal System (DRS). The DRS is designed to identify which Head Start and Early Head Start grantees are providing high quality, comprehensive services to the children and families in their communities. Where they are not, grantees are denied automatic renewal of their grant and must apply for continuing funding through an open competition process. Determinations are based on seven conditions designed to measure service quality, program operational quality, and fiscal and internal integrity.

The ACF is proposing to conduct an evaluation of the DRS. The purpose of the evaluation is to understand if the DRS is working as intended, as a valid, reliable, and transparent method for identifying high-quality programs that can receive continuing five-year grants without competition and as a system that encourages overall program quality improvement. It also seeks to understand how the system is working, the circumstances in which it works more or less well, and the contextual, demographic, and program factors and program actions associated with how well the system is working. The study will employ a mixed-methods design that integrates and layers administrative and secondary data sources, observational measures, and interviews to develop a rich knowledge base about what the DRS accomplishes and how it does so.

Respondents: Head Start program directors; other program managers including grantee agency directors, center directors, and education services coordinators; Head Start teachers; and members of Head Start governing bodies and local policy councils.

ANNUAL BURDEN ESTIMATES

Instrument (appendix)	Total number of respondents	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Annual burden hours
Quality Measures Follow Up Interview: Teachers	560	280	1	0.4	112
Quality Measures Follow Up Interview: Center Directors	300	150	1	1.85	278
Quality Measures Follow Up Interview: Program Directors	70	35	1	1.1	39
DRS Telephone Interview: Program Directors	35	18	1	1.25	23
DRS In-Depth Interview: Agency Directors	15	8	1	1	8
DRS In-Depth Interview: Program Directors	15	8	1	1.5	12
DRS In-Depth Interview: Policy Council/Governing Body	75	38	1	1.5	57
DRS In-Depth Interview: Program Managers	45	23	1	1.5	35
Competition In-Depth Interview: Agency and Program Directors	18	9	1	1.25	12
Competition In-Depth Interview: Policy Council/Governing Body	45	23	1	1.5	35
Competition In-Depth Interview: Program Managers	27	14	1	1.5	21
Competition Data Capture Sheet	500	250	1	0.15	38

Estimated Total Annual Burden Hours: 670.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L’Enfant Promenade SW., Washington, DC 20447, Attn: OPRE Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: OPREinfocollection@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, Email: OIRA_SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for the

Administration for Children and Families.

Robert Sargis,

ACF Reports Clearance Officer.

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