

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

| Type of respondent | Form name/CFR reference | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total burden hours |
|--|---|-----------------------|------------------------------------|--|--------------------|
| Isolated or Quarantined individuals .. | 71.33(c) Report by persons in isolation or surveillance (verbal, no form). | 11 | 1 | 3/60 | 1 |
| Maritime conveyance operators | 71.35 Report of death/illness during stay in port (verbal, no form). | 5 | 1 | 30/60 | 3 |
| Aircraft commander or operators | Locator Form used in an outbreak of public health significance. | 2,700,000 | 1 | 5/60 | 225,000 |
| Aircraft commander or operators | Locator Form used for reporting of an ill passenger(s). | 800 | 1 | 5/60 | 67 |
| Importer | 71.51(b)(2) Dogs/cats: Certification of Confinement, Vaccination (CDC form 75.37). | 2,800 | 1 | 10/60 | 467 |
| Importer | 71.51(b)(3) Dogs/cats: Record of sickness or deaths (no form, record review). | 20 | 1 | 15/60 | 5 |
| Importer/Filer | CDC PGA Message Set for Importing Cats and Dogs. | 30,000 | 1 | 15/60 | 7,500 |
| Importer | 71.56(a)(2) African Rodents—Request for exemption (no form, written request only). | 20 | 1 | 1 | 20 |
| Importer/Filer | CDC PGA Message Set for Importing African Rodents. | 60 | 1 | 15/60 | 15 |
| Importer | Statement or documentation of Non-infectiousness (Documented, no form; authority under 71.32(b)). | 2,000 | 1 | 5/60 | 167 |
| Importer/Filer | CDC PGA Message Set for Importing African Rodent and All Family Viverridae Products. | 2,000 | 1 | 15/60 | 500 |
| | Total 1: PLF used in an outbreak of public health significance. | 2,775,416 | | | 235,569 |
| | Total 2: PLF used for reporting of an ill passenger(s). | 75,416 | | | 10,569 |

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[30Day-14-0739]

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) 639-7570 or send an email to omb@cdc.gov. Send written

comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

CDC Oral Health Management Information System (OMB No. 0920-0739, exp. 4/30/2014)—Revision—Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC works with state health departments to improve the oral health of the nation. Targeted efforts include building and/or maintaining effective public health capacity for the implementation, evaluation, and dissemination of best practices in oral disease prevention and advancement of oral health. Through a cooperative agreement program (Program Announcement DP13-1307), CDC will provide funding to 21 states over a five-

year period. New cooperative agreements went into effect in September 2013 and build on previous funded collaboration involving CDC and state programs.

CDC is currently approved to collect annual progress and activity reports from state-based oral health programs. An electronic reporting system has been in place since 2007 and was enhanced in 2008 to capture information about grantees' success stories and environmental scanning activities. The information collected in the management information system (MIS) improved CDC's ability to disseminate information about successful public health approaches that can be replicated or adapted for use in other states.

CDC plans to implement changes to the existing information collection. Through a Revision request, CDC will increase the number of awardees from 20 to 21; describe changes in the MIS platform and data elements that will align the monitoring and evaluation framework for oral health awardees with the framework used for a number of other programs in the National Center

for Chronic Disease Prevention and Health Promotion (NCCDPHP); and implement a revised method of estimating burden. For the three awardees funded at the Basic level, the estimated burden for the initial data entry needed to populate the system is 6 hours. Thereafter, the estimated burden for system maintenance and annual reporting is 3 hours. For the 18 awardees funded at the Enhanced level, the estimated burden for the initial data entry needed to populate the system is 13 hours. Thereafter, the estimated burden for system maintenance and annual reporting is 9 hours. The revised

method provides a more accurate depiction of burden per respondent in comparison to the method presented in previous requests for OMB approval, which was based on a long-term average burden per response. A change in the frequency of reporting from semi-annual to annual occurred in 2013 and shall remain annual in the revised MIS. Even though reports will be submitted to CDC annually, states may enter updates into the MIS at any time.

The MIS will provide a central repository of information, such as work plans of the state oral health programs (their goals, objectives, performance milestones and indicators), as well as

state oral health performance activities including programmatic and financial information. CDC will use the information collected to monitor awardee activities and to provide any technical assistance or follow-up support that may be needed.

OMB approval is requested for three years. Participation in the progress reporting system is a condition of award for funded state oral health programs.

All information will be collected electronically and there are no costs to respondents other than their time.

The total estimated annualized burden hours are 255.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondents | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|---------------------------------------|------------------------------|-----------------------|------------------------------------|--|
| Program Awardees Basic Level | Initial MIS Population | 1 | 1 | 6 |
| | Annual Progress Report | 3 | 1 | 3 |
| Program Awardees Enhanced Level | Initial MIS Population | 6 | 1 | 13 |
| | Annual Progress Report | 18 | 1 | 9 |

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-14-13AGS]

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Proposed Project

Prevention of Child Maltreatment through Policy Change—NEW—National Center for Injury Prevention

and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The prevalence and consequences of child maltreatment (CM) make it a public health concern that requires early and effective prevention. Public policies can be critical in shaping every level of the social ecology, including individuals, families, and communities, and thus have the potential to play a key role in the prevention of CM. In order to protect children and youth and build an evidence-base of effective prevention strategies, evaluation of public policies are needed, including those policies currently being implemented. Policies related to family income (e.g., Temporary Assistance to Needy Families (TANF) eligibility and inroads to related services) were identified by CDC through the Division of Violence Prevention's Public Health Leadership Initiative policy analysis as those that are in need of rigorous evaluation.

CDC requests OMB approval for a period of 2 years in order to perform a data collection, which will provide data for a larger outcome evaluation that seeks to understand if county-administered policy strategies of the TANF program result in lower rates of CM and associated child welfare outcomes (e.g., time to adoption). The proposed data collection will include surveys and semi-structured interviews with state and county-level government employees and partners in Colorado to

address three primary aims: (1) To understand how a state policy allowing counties to administer TANF programs with flexibility contributes to county-level adoption of integrated welfare and child welfare service models; (2) to develop and refine an Implementation Index, which will quantify the degree of integration between welfare and child welfare services; and (3) to inform the larger outcome evaluation, which examines whether TANF policies and program supports reduce rates of CM when they are delivered in an integrated welfare and child welfare service model.

Understanding how service integration between TANF and child welfare affects CM may be very important to improving CDC's ability to devise and implement effective population-based prevention strategies.

Approximately 190 Colorado state and county employees and partners form the sample population. Specifically, state and county-level employees working in welfare and/or child welfare agencies will be invited to complete a brief survey and an hour-long semi-structured interview. Additionally, individuals employed by Allied Staff (e.g., Housing, Supplemental Nutrition Assistance Program, Medicaid, Child Care) and Partners of Child Welfare and Colorado Works will also be invited to complete an hour-long semi-structured interview.

There are no costs to respondents other than their time.