to complete. The telephone screener will be used with a subset of 500 potential respondents, 300 of which are expected to screen-in. The telephone screener takes about 2 minutes to complete. The total annualized burden for all participants is estimated to be 417 hours.

Exhibit 2 shows the estimated annualized cost burden for the

respondent's time to participate in the project. The total annualized cost burden is estimated to be \$8,716.

#### EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Data collection mode	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Surveys with Parents of children < 8 years of age Surveys with Adolescents (13 to 20 years of age) Surveys with Adults (20 to 65 years) Surveys with Adults (greater than 65 years) Telephone Screener		1 1 1 1	30/60 30/60 30/60 30/60 2/60	150 100 75 75 17
Total	1,300	na	na	417

### EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Data collection mode	Number of respondents	Total burden hours	Average hour- ly wage rate	Total cost burden
Surveys with Parents of children < 8 years of age Surveys with Adolescents (13 to 20 years of age) Surveys with Adults (20 to 65 years) Surveys with Adults (greater than 65 years) Telephone Screener	300 200 150 150 500	150 100 75 75 17	\$20.90 20.90 20.90 20.90 20.90	\$3,135 2,090 1,568 1,568 355
Total	1,300	417	na	8,716

<sup>\*</sup>Based upon the mean of the average wages, National Compensation Survey: Occupational wages in the United States May 2009, U.S. Department of Labor, Bureau of Labor Statistics.

# **Estimated Annual Costs to the Federal Government**

Exhibit 3 shows the estimated annualized cost to the Federal government for this six month project. The total cost is \$280,269. This amount includes all direct and indirect costs of the design, data collection, analysis, and reporting phase of the study.

# EXHIBIT 3—ESTIMATED ANNUALIZED COST

Cost component	Total cost
Project Development  Data Collection Activities  Data Processing and Anal-	\$33,590 85,760
ysisPublication of Results	30,800 750
Project Management  Overhead	31,093 98,276
Total	280,269

### **Request for Comments**

In accordance with the above-cited Paperwork Reduction Act legislation, comments on AHRQs 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: October 19, 2010.

#### Carolyn M. Clancy,

Director.

[FR Doc. 2010–27566 Filed 11–1–10; 8:45 am]

BILLING CODE 4160-90-M

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Centers for Disease Control and Prevention

[30-Day-11-0199]

# 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 email 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**

Importation of Etiologic Agents (42 CFR 71.54)—(OMB Control No. 0920–0199 exp. 1/31/2011)—Revision—Office of Public Health Preparedness and Response (OPHPR), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Foreign Quarantine Regulations (42 CFR part 71) set forth provisions to prevent the introduction, transmission, and spread of communicable disease from foreign countries into the United States. Subpart F—Importationscontains provisions for importation of etiologic agents, hosts, and vectors (42 CFR 71.54), requiring persons that import these materials to obtain a permit issued by the CDC. This request is for the information collection requirements contained in 42 CFR 71.54 for issuance of permits by CDC to importers of etiologic agents, hosts, or vectors of human disease. The revisions to the "Application for Permit to Import or Transport Etiologic Agents, Hosts, or Vectors of Human Disease are primarily changes to forms to clarify instructions, correct editorial errors from previous submission, and reformat the structure of the forms based on the day-to-day processing of these forms. The

"Application for Permit to Import or Transport Live Bats" is not being revised at this time.

CDC is requesting continued OMB approval to collect this information through the use of two separate forms for a 3 year period. These forms are: (1) Application for Permit to Import or Transport Etiologic Agents, Hosts, or Vectors of Human Disease and (2) Application for Permit to Import or Transport Live Bats.

The Application for Permit to Import or Transport Etiologic Agents, Hosts, or Vectors of Human Disease will be used by laboratory facilities, such as those operated by government agencies, universities, research institutions, and zoologic exhibitions, and also by importers of nonhuman primate trophy materials, such as hunters or taxidermists, to request permits for the importation of etiologic agents, hosts, or vectors of human disease. The Application for Permit to Import or

Transport Etiologic Agents, Hosts, or Vectors of Human Disease requests applicant and sender contact information; description of material for importation; facility isolation and containment information; and personnel qualifications.

The Application for Permit to Import or Transport Live Bats will be used by laboratory facilities such as those operated by government agencies, universities, research institutions, and zoologic exhibitions entities to request importation and subsequent distribution after importation of live bats. The Application for Permit to Import or Transport Live Bats requests applicant and sender contact information; a description and intended use of bats to be imported; facility isolation and containment information; and personnel qualifications.

There is no cost to respondents except their time. The total estimated annual burden hours are 670.

### ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Responses per respondent	Average burden per response (in hours)
Applicants Requesting to Import Etiologic Agents.	71.54 Application Permit for Etiologic Agents.	2,000	1	20/60
Applicants Requesting to Import Bats	71.54 Application Permit to Import or Transport Live Bats.	10	1	20/60

Dated: October 27, 2010.

#### Carol E. Walker,

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

[FR Doc. 2010-27606 Filed 11-1-10; 8:45 am]

BILLING CODE 4163-18-P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Centers for Disease Control and Prevention

[30-Day-11-10CB]

# 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 email 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**

A Survey to Evaluate Occupational Safety and Health Educational Materials for Home Care Workers—New— National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. Under Public Law 91–596, Sections 20 and 22 (section 20–22, Occupational Safety and Health Act of 1970); NIOSH has the responsibility to conduct research to advance the health and safety of workers. In this capacity, NIOSH will conduct a survey of home care workers to evaluate newly developed educational intervention materials.

Home care workers who provide housekeeping and routine personal care services to elderly, disabled or ill individuals in their homes, constitute one of the fastest growing occupational groups, estimated at about 1,500,000 workers. In 1997, the U.S. Bureau of Labor Statistics issued a special report on work-related injuries to home care workers showing an injury rate which was 50% higher than that of workers employed in the private hospital sector and 70% higher than the overall rate for all private industry workers.

NIOSH has developed educational intervention materials for home care workers to prevent exposure to workrelated hazards. The intervention materials consist of a printed handbook and a training session that explains how to use the handbook. The primary goal of the handbook and training session is to help home care workers and their clients identify hazards, discuss these hazards and identify accessible and low cost tips and tools for minimizing exposures to hazards. These materials have been developed and piloted in Alameda County, California. The goal of this data collection is to evaluate these materials before disseminating them more broadly.

The study population for this survey includes current home care workers and their clients who are enrolled in the In-