

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Catfish farm workers	Screening Questionnaire	60	1	5/60	5
	Pre-exposure Questionnaire	50	1	10/60	8
	Post-exposure Questionnaire	50	4	10/60	33
Total .....	.....	.....	.....	.....	46

Dated: September 20, 2010.

Thelma E. Sims,

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

[FR Doc. 2010-24021 Filed 9-23-10; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these

documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Project: Voluntary Customer Satisfaction Surveys To Implement Executive Order 12862 in the Substance Abuse and Mental Health Services Administration (SAMHSA)—(OMB No. 0930-0197)—Extension

Executive Order 12862 directs agencies that “provide significant services directly to the public” to “survey customers to determine the kind and quality of services they want and their level of satisfaction with existing services.” SAMHSA provides significant services directly to the public, including treatment providers and State substance abuse and mental health agencies, through a range of mechanisms, including publications, training, meetings, technical assistance and Web sites. Many of these services are focused on information dissemination activities.

The purpose of this submission is to extend the existing generic approval for such surveys.

The primary use for information gathered is to identify strengths and weaknesses in current service provisions by SAMHSA and to make improvements that are practical and feasible. Several of the customer satisfaction surveys expected to be implemented under this approval will provide data for measurement of program effectiveness under the Government Performance and Results Act (GPRA). Information from these customer surveys will be used to plan and redirect resources and efforts to improve or maintain a high quality of service to health care providers and members of the public. Focus groups may be used to develop the survey questionnaire in some instances.

The estimated annual hour burden is as follows:

Type of data collection	Number of respondents	Responses/ respondent	Hours/ response	Total hours
Focus groups	250	1	2.50	625
Self-administered, mail, telephone and e-mail surveys	89,750	1	.250	22,438
Total	90,000	.....	.....	23,063

Written comments and recommendations concerning the proposed information collection should be sent by October 25, 2010 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202-395-7285.

Dated: September 16, 2010.

Elaine Parry,

Director, Office of Management, Technology and Operations.

[FR Doc. 2010-23932 Filed 9-23-10; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects

(section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, e-mail paperwork@hrsa.gov or call the HRSA Reports Clearance Officer at (301) 443-1129.

Comments are invited on: (a) The proposed collection of information for the proper performance of the functions of the Agency; (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.

Proposed Project: Ryan White HIV/AIDS Treatment Modernization Act of 2006: Data Report Form: (OMB No. 0915-0253)—Extension

The Ryan White HIV/AIDS Program Annual Data Report (or the Ryan White Data Report, formerly called the CARE Act Data Report [CADR]) was initially created in 1999 by HRSA's HIV/AIDS Bureau. Grantees and their subcontracted service providers who are funded under Parts A, B, C, and D, and the Part F Minority AIDS Initiative of Title XXVI of the Public Health Service Act (the Ryan White HIV/AIDS Program), submit the report, which has been revised to more closely resemble the data requested in the client-level

data collection instrument that these grantees and providers are now also required to submit. All parts of the Ryan White HIV/AIDS Program specify HRSA's responsibilities in the administration of grant funds, the allocation of funds, the evaluation of programs for the population served, and the improvement of the quantity and quality of care. Because client-level data reporting requirements are relatively new for the Ryan White HIV/AIDS Program grantees, the grantees are still required to report aggregate data in the Ryan White Data Report to HRSA annually. The more mature aggregate reporting requirements provide accurate records of the providers receiving Ryan White HIV/AIDS Program funding, the services provided, and the clients served, which continue to be critical to the implementation of the legislation and necessary for HRSA to fulfill its responsibilities. The Ryan White Data Report has seven different sections containing information about the service providers; demographic information about the clients served; information about the type of core and support

services provided and the number of clients served; information about counseling and testing services; clinical information about clients who received outpatient/ambulatory medical care; demographic tables for Parts C and D; and information about health insurance services.

The primary purposes of the Ryan White Data Report are to: (1) Characterize the organizations where clients receive services; (2) provide information on the number and characteristics of clients who receive Ryan White HIV/AIDS Program services; and (3) enable HAB to describe the type and amount of services a client receives. In addition to meeting the goal of accountability to Congress, clients, advocacy groups, and the general public, information collected in the Ryan White Data Report is critical for HRSA, State and local grantees, and individual providers to assess the status of existing HIV-related service delivery systems.

The response burden for grantees is estimated as:

Program under which grantee is funded	Number of respondents	Responses per grantee	Hours per hours	Total response burden
Part A	56	1	40	2,240
Part B	59	1	40	2,360
Part C	354	1	20	7,080
Part D	98	1	20	1,960
Subtotal	567	.....	.....	13,640

The response burden for service providers is estimated as:

Program under which provider is funded	Number of respondents	Responses per provider	Hours per hours	Total response burden
Part A Only	685	1	26	17,810
Part B Only	558	1	26	14,508
Part C Only	95	1	44	4,180
Part D Only	59	1	42	2,478
Funded under more than one program	683	1	50	34,150
Subtotal	2,080	.....	.....	73,126
Total for Both Grantees & Providers	2,647	.....	.....	86,766

E-mail comments to paperwork@hrsa.gov or mail the HRSA Reports Clearance Officer, Room 10-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: September 20, 2010.
Sahira Rafiullah,
Director, Division of Policy and Information Coordination.
 [FR Doc. 2010-23929 Filed 9-23-10; 8:45 am]
BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day-10-0215]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of