

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Activity/data collection	Number of respondents	Total burden hours	Average hourly wage rate ¹	Total cost burden
RAAPS questionnaire	310	97	\$9.01 ²	\$874
Extraction of medical record data	4	32	18.15 ³	581
Consent-assent form	776	194	22.11 ⁴	4,289
Adolescent behavior and communication survey	233	117	9.01 ²	1,054
Post-visit satisfaction survey	310	32	9.01 ²	288
Adolescent focus groups	8	48	9.01 ²	432
Adolescent "think-aloud" sessions	8	12	9.01 ²	108
Clinician semi-structured interviews	4	4	84.53 ⁵	338
Administrator-staff semi-structured interviews	4	4	29.63 ⁶	119
Semi-structured interviews for the draft manual	4	8	64.75 ⁷	518
Total	1,661	548	na	8,601

¹ Mean hourly and wage costs for Colorado were derived from the Bureau of Labor and Statistics National Compensation Survey for May 2009 (http://www.bls.gov/oes/current/oes_co.htm).

² Hourly rate for an entry level worker (occupation code 3 5-0000) estimates the cost of time for adolescents, although many will not be employed.

³ Hourly rate for medical records and health information technician (29-2071).

⁴ Hourly rate for the mean for all occupations (00-0000) estimates the cost of time for the parent or guardian of the adolescent.

⁵ Average of hourly rates for a family medicine practitioner (29-1062) and a general internist (29-1063).

⁶ Average of (1) the hourly rate for a medical and health services manager (11-9111) and (2) the average of the hourly rates for a receptionist (43-4171) and a medical assistant (31-9092).

⁷ Average of (1) the hourly rate for a medical and health services manager (11-9110) and (2) the average of the hourly rates for a family medicine practitioner (29-1062) and a general internist (29-1063).

Estimated Annual Costs to the Federal Government

Exhibit 3 shows the estimated total and annualized cost to the Federal Government for conducting this

research. These estimates include the costs associated with the project such as the preparation of survey administration procedures, labor costs, administrative expenses, costs associated with copying, postage, and telephone expenses, data

management and analysis, and preparation of final reports. The annualized and total costs are identical since the data collection period will last for one year. The total cost is estimated to be \$436,524.

EXHIBIT 3—ESTIMATED TOTAL AND ANNUALIZED COST

Cost component	Total cost	Annualized cost
Project Development	\$72,364	\$72,364
Data Collection Activities	48,904	48,904
Data Processing and Analysis	73,937	73,937
Publication of Results	21,890	21,890
Project Management	75,733	75,733
Overhead	143,696	143,696
Total	436,524	436,524

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, 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: January 4, 2011.

Carolyn M. Clancy,

Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-11-0338]

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

Annual Submission of the Ingredients Added to, and the Quantity of Nicotine Contained in, Smokeless Tobacco Manufactured, Imported, or Packaged in the U.S. (OMB No. 0920-0338, exp. 4/30/2011)—Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC), Office on Smoking and Health (OSH) has the primary responsibility for the Department of Health and Human Services (HHS) smoking and health program. HHS's overall goal is to reduce death and disability resulting from the use of smokeless tobacco products and other forms of tobacco use through programs of information, education and research.

Since 1994, as required by the Comprehensive Smokeless Tobacco Education Act of 1986 (CSTHEA, 15 U.S.C. 4401 *et seq.*, Pub. L. 99-252), CDC has collected information about the ingredients used in smokeless tobacco products and their nicotine content. Respondents are commercial smokeless tobacco product manufacturers, packagers, or importers (or their representatives), who are required by the CSTHEA to submit ingredient reports to HHS on an annual basis.

Respondents are not required to submit specific forms; however, they are required to meet reporting guidelines and to submit the ingredient report by chemical name and Chemical Abstract Service (CAS) Registration Number, consistent with accepted reporting practices for other companies currently required to report ingredients added to other consumer products. Typically, respondents submit a summary report to CDC with the ingredient information for multiple products, or a statement that

there are no changes to their previously submitted ingredient report.

Ingredient reports for new products are due at the time of first importation. Thereafter, ingredient reports are due annually on March 31. Information is submitted to OSH by mailing a written report on the respondent's letterhead, by CD, three-inch floppy disk, or thumb drive. Electronic mail submissions are not accepted.

Upon receipt and verification of the annual ingredient and nicotine data reports, OSH issues a Certificate of Compliance to the respondent. OSH also uses the information to report to the Congress (as deemed appropriate) discussing the health effects of these ingredients.

In this Extension request, there are no changes to the estimated number of respondents, the estimated burden per response, or the information collection methods. There are no costs to respondents other than their time. The total estimated annualized burden hours are 18,843.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Smokeless Tobacco Manufacturers, Packagers, and Importers	11	1	1,713

Dated: January 6, 2011.

Carol E. Walker,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Evaluation of the Head Start Safe Families Safe Homes Training Curriculum.

OMB No.: New Collection.

Description: The purpose of this collection is to examine the implementation of the Head Start Safe Families Safe Homes domestic violence training curriculum. The Office of Head Start, within the Administration for Children and Families (ACF) of the Department of Health and Human Services (HHS), is partnering with the Division of Family Violence Prevention of the Family and Youth Services Bureau of the Administration on Children, Youth and Families, also located within ACF, in an effort to expand the knowledge base of Head Start staff and build stronger partnerships with domestic violence service providers in local communities.

Teams of trainers in each of five states will lead training sessions for 50 participants. The follow-up evaluation will examine implementation of the training curriculum; changes in participant knowledge and changes in communication; collaboration; and service delivery related to domestic violence. All participants in the local trainings will be asked to complete several brief surveys, which will be conducted online or by phone. A subsample of participants will also be asked to complete a semi-structured phone interview.

Respondents: Head Start staff.

ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
Knowledge of Domestic Violence Survey	250	1	.25	63
Collaboration Quality Survey	250	1	.25	63
Services & Referrals Survey	250	1	.125	31
Domestic Violence Knowledge, Attitudes, and Practices: Semi-Structured Interview	20	1	.5	10