

from the ongoing BRFSS as well as additional questions taken from standardized scales or from other surveys designed to measure anxiety, depression, and potential stress-associated physical health effects.

The survey questionnaire was developed by DBS in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) and state public health and mental health departments from Louisiana, Mississippi, Alabama, and Florida, where the survey is being conducted.

Coastal counties within 32 miles of an area where fishing was closed due to the Deepwater Horizon Event were selected for inclusion. These include the following Gulf coast counties:

- Louisiana: Assumption Parish, Calcasieu Parish, Cameron Parish, Iberia Parish, Jefferson Parish, Jefferson Davis Parish, Lafourche Parish, Orleans Parish, Plaquemines Parish, St. Bernard Parish, St. Charles Parish, St. Mary Parish, St. Tammany Parish, Tangipahoa Parish, Terrebonne Parish, Vermilion Parish
- Mississippi: Hancock County, Harrison County, Jackson County
- Alabama: Baldwin County, Mobile County
- Florida: Escambia County, Okaloosa County, Santa Rosa County, Walton County

Since the publication of the 60-day **Federal Register** Notice, DBS proposes to include the following modifications to the Gulf States Population Survey.

- Addition of a Spanish translation of the questionnaire.
- Minor modifications in the wording of some survey questions to improve respondent's understanding of the question.
- Extension of the sample area to the entirety of the four states (AL, FL, LA, MS), which will allow comparison of results from the Gulf Coast counties to non-Gulf Coast counties.
- Addition of cellular phones to the sampling frame. Extension of the sample area to the entirety of the four states (AL, FL, LA, MS) will allow DBS to sample cellular phone responses in addition to land-line telephones. This will improve the survey representativeness because those who have a cellular phone, but no land-line telephone, have a demographic profile that differs from those who do have land-line telephones.

The objective of the survey is to provide state health and mental health departments, SAMHSA, and other appropriate organizations data they need to assess the need for mental and behavioral health services in the selected counties and to inform the provision of those services.

The telephone survey will collect data from a random sample of telephone households which include landline and cellular phone telephones in the selected counties. Approximately 2,500 interviews will be completed each month in the targeted coastal areas and approximately 1,250 interviews will be completed in the comparison areas. Adults 18 years or older will be asked to take part in the survey, but only one adult per household will be interviewed. Potential respondents will be notified through an introductory script that participation is voluntary and they will not be compensated for participating. For those who agree to participate, interviews should last approximately 30 minutes.

Since the OMB emergency clearance for the DBS Gulf States Population Survey expires April 30, 2011, DBS is submitting an information collection request (ICR) to continue data collection for one year.

Preliminary data from the survey will be available to SAMHSA and participating states monthly (pending sample size). The final dataset and analyses will be provided to SAMHSA and participating states in January 2012.

There is no cost to respondents other than their time. The total estimated annual burden hours are 20,000.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form	Group	Number of respondents	Number responses per respondent	Average burden per response (in hours)
Individuals	GSPS	Coastal Counties	30,000	1	30/60
		Comparison Group Counties	10,000	1	30/60

Catina Conner,
Acting Reports Clearance Officer, Centers for Disease Control and Prevention.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10232 and CMS-R-211]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the

Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Revision of currently approved collection; *Title of Information Collection:* State Plan Template to Implement Section 6062 of the Deficit Reduction Act; *Form No.:* CMS-10232 (OMB#: 0938-1045); *Use:* The Deficit Reduction Act (DRA) provides States with numerous flexibilities in operating their State Medicaid Programs. Section 6062 of the DRA (Opportunity for families of Disabled Children to Purchase Medicaid Coverage for Such Children) provides States the opportunity to provide Medicaid benefits to disabled children who would otherwise be ineligible because of family income that is above the State's highest Medicaid eligibility standards for children. States must establish a State Plan for medical assistance to implement this provision. To do this,

State Medicaid Agencies will complete the template. CMS will review the information to determine if the State has met all the requirements of the DRA provision; *Frequency*: Once; *Affected Public*: State, Federal, or Tribal Governments; *Number of Respondents*: 56; *Total Annual Responses*: 10; *Total Annual Hours*: 60. (For policy questions regarding this collection contact Barbara Washington at 410-786-9964. For all other issues call 410-786-1326.)

2. *Type of Information Collection Request*: Revision of currently approved collection; *Title of Information Collection*: Model Application Template and Instructions for State Child Health Plan Under Title XXI of the Social Security Act, State Children’s Health Insurance Program; *Form No.*: CMS-R-211 (OMB#: 0938-0707); *Use*: The information will be used to assess State plan performance and health outcomes and to evaluate the amount of substitute private coverage and the effect of subsidies on access to coverage; *Frequency*: Yearly, occasionally; *Affected Public*: State, Federal, or Tribal Governments; *Number of Respondents*: 40; *Total Annual Responses*: 40; *Total Annual Hours*: 3,200. (For policy questions regarding this collection contact Nancy Goetschius at 410-786-0707. For all other issues call 410-786-1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS’ Web site at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, or call the Reports Clearance Office at 410-786-1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration,

comments and recommendations must be submitted in one of the following ways by *May 9, 2011*:

1. *Electronically*. You may submit your comments electronically to <http://www.regulations.gov>. Follow the instructions for “Comment or Submission” or “More Search Options” to find the information collection document(s) accepting comments.

2. *By regular mail*. You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: February 28, 2011.

Michelle Shortt,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Measurement Development: Quality of Caregiver-Child Interactions for Infants and Toddlers (Q-CCIIT).

OMB No.: New Collection.

Description: The Office of Planning, Research and Evaluation (OPRE), Administration for Children and Families (ACE), U.S. Department of Health and Human Services (HHS), is proposing to develop a new observation measure to assess the quality of child care settings, specifically the quality of caregiver-child interaction for infants and toddlers in nonparental care. The

measure will be appropriate for use across child care settings, center-based and family child care settings as well as single- and mixed-age classrooms.

The two-year data collection activity will include two phases: (1) A pilot test and (2) a psychometric field test. We will request information about the child care setting, its classrooms and families for recruitment into the study. Information will be collected through observations, focus groups, and questionnaires.

In the pilot and field tests, the new Q-CCIIT observation measure will include observing a small group activity structured with a common task and asking follow-up observation questions. Caregivers observed will also complete a background questionnaire. Focus groups to obtain stakeholder input on caregiver-child interactions will be conducted separately with parents, caregivers, and training and technical assistance providers. Focus group participants will also complete a demographic questionnaire. Parents of children served by caregivers will complete a questionnaire on their child’s competencies related to cognitive, language/communication, and social-emotional development. Parents will complete this questionnaire, which will also include family and child characteristics, once in the pilot test and twice in the field test, at the start of the field test and 6 months later to assess growth.

The purpose of this data collection is to support the 2007 reauthorization of the Head Start program (Pub. L. 110-134), which calls for periodic assessments of Head Start’s quality and effectiveness.

Respondents: Child care setting representatives (directors or owners), caregivers (center-based and family child care settings), parents of children in those child care settings, and training and technical assistance providers.

ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Number of responses per hour per respondent	Average burden hour per response	Estimated annual burden hours
Child care setting recruitment form	190	1	0.5	95
Q-CCIIT measure-small group activity and follow-up	290	1	0.25	73
Caregiver background questionnaire	520	1	0.25	130
Focus group interview guide	20	1	1.90	38
Parent focus group demographic questionnaire	10	1	0.10	1
Caregiver focus group demographic questionnaire	5	1	0.10	1
Training and technical assistance provider focus group demographic questionnaire	5	1	0.10	1
Parent-report child competence questionnaire	880	2	0.75	1,320