Information will be collected for three years through a data collection contractor, which will serve as the SEARCH study Coordinating Center. Data will be transmitted electronically to the Coordinating Center through a secure, dedicated Web site. Information can be entered and transmitted at any time. The information collection has three components:

The Registry Study will collect information on newly diagnosed incident diabetes cases in youth age < 20 years. CDC estimates that each clinical site will identify and register an average of 255 cases per year. The items collected for each case include an Extended Core, Medication Inventory, Inpatient Survey, Specimen Collection (Registry version), and Physical Exam (Registry version). The total estimated annualized burden for this information collection is 744 hours.

The Cohort Study is a longitudinal research study about SEARCH cases whose diabetes was incident in 2002 or later. CDC estimates that each clinical site will conduct follow-up on an average of 142 cases per year. The items collected for each case include a Health Questionnaire (Youth version), an additional Health Questionnaire (Parent version), CES—Depression, Medical Record Validation, Quality of Care, Peds QL, SEARCH MNSI Neuropathy, Diabetes Eating Survey, Low Blood Sugar Survey, Supplemental Survey, Tanner Stage, Retinal Photo, Family Conflict Survey, Pediatric Quality of Life Scale, Physical Exam, and Specimen Collection.

Information will also be collected for the purpose of monitoring unanticipated occurrences and conditions. CDC estimates that each site will report an average of 13 unanticipated occurrences per year.

Respondents will be the five study sites funded for SEARCH Phase 3. Participation in the data collection is required for the study sites, but participation in the SEARCH study is voluntary for individuals who are followed at those sites. The estimated annualized burden per study site is 426.4 hours. The total estimated annualized burden for all sites is 2,132 hours.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response	Total burden (in hours)
SEARCH Clinical Sites (Registry Study).	Extended Core	5	255	10/60	213
	Medication Inventory			5/60	106
	Inpatient Survey			10/60	213
	Specimen Collection (Registry)			5/60	106
	Physical Exam (Registry)			5/60	106
SEARCH Clinical Sites (Cohort Study).	Health Questionnaire—Youth	5	142	15/60	178
	Health Questionnaire—Parent			15/60	178
	CES–Depression			4/60	47
	Medical Record Validation			10/60	118
	Quality of Care			13/60	154
	Peds QL			5/60	59
	SEARCH MNSI Neuropathy			5/60	59
	Diabetes Eating Survey			5/60	59
	Low Blood Sugar Survey			5/60	59
	Supplemental			10/60	118
	Tanner Stage			5/60	59
	Retinal Photo			5/60	59
	Family Conflict			5/60	59
	Pediatric Diabetes QOL Scale			5/60	59
	Physical Exam			5/60	59
	Specimen Collection			5/60	59
SEARCH Clinical Sites (Monitoring)	Unanticipated Occurrence/Condition Reporting Form.	5	13	5/60	5
Total					2,132

Dated: February 7, 2011.

Carol E. Walker,

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

[FR Doc. 2011–3081 Filed 2–10–11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–11–11CD]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 and send comments to Carol E. Walker, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.*

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (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. Written comments should be received within 60 days of this notice.

Proposed Project

Tourette Syndrome National Education and Outreach Program—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This program will collect program evaluation data from participants of educational workshops and recipients of educational resources on Tourette Syndrome (TS) conducted by the Tourette Syndrome Association in a cooperative agreement with the CDC.

TS is an inherited, neurobiological movement disorder characterized by involuntary motor and vocal tics that typically manifest during childhood. The exact number of people with TS is unknown. Data from the National Survey of Children's Health 2007 resulted in an estimate that 3 out of every 1,000 U.S. children (about 148,000) 6 through 17 years of age had been diagnosed with TS. Higher prevalence estimates obtained from community studies likely mean that there are a significant number of individuals who have TS, but who have not been diagnosed. TS is three to four times more common among males than females.

It is estimated that tens of thousands or Americans with TS either go undiagnosed or the clinical care they do receive is inadequate. There is no known cure. The disorder may express itself with mild symptoms for some, and severe symptoms for others. Depending on the severity and duration, tic symptoms may also be diagnosed as chronic motor or vocal tic disorder, transient tic disorder, and tic disorder not otherwise specified. TS is associated with a high rate of co-morbid conditions.

There is a lack of accurate treatment information among the medical community as well as the general public, and a limited number of expert physicians—all resulting in significant under-diagnosis, misdiagnosis, and inadequate treatment with scant follow-up care. Children also meet with stigma and inadequate responses in educational settings, limiting their educational and social success.

To address these issues, the Tourette Syndrome Association has developed educational workshops and materials to improve the recognition and awareness of TS diagnosis, treatment, co-occurring conditions, and quality of life for those impacted by TS. Health education programs have been developed for 3 groups of audiences: Health professionals, education professionals, and people with TS and their families. The format includes general education programs for the 3 groups, as well as two more in-depth medical training programs for physicians on TS and on the Comprehensive Behavioral Intervention for Tics (CBIT) treatment. In addition, a range of professional health education materials in various formats have been developed as educational resources and will be disseminated.

CDC requests OMB approval to collect program evaluation information from workshop participants and recipients of educational materials over a three-year period. Participants of the workshops and recipients of educational resources will be completing program evaluation forms to provide information on whether the workshop or resource met the educational goals. The information will be used to improve future workshops.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)	Total burden hours
Health professionals	Medical Education Program Evaluation	1,000	1	2/60	33
Teachers/Educators	Education Program Evaluation	1,000	1	2/60	33
Public	Family/Public Education Program Evaluation.	200	1	2/60	7
Public	Family/Public Medical Program Evaluation.	200	1	2/60	7
Health professionals	CBIT Education Program Evaluation	500	1	2/60	17
Health professionals	CBIT pre-post test	500	2	3/60	50
Health professionals	Physician Retreat pre-post test	50	2	3/60	5
Health professionals	Physician Training Retreat follow up	30	1	2/60	1
Health professionals	CBIT Program 3 month follow-up	300	1	1/60	5
Health professionals	CBIT Online Evaluation	50	1	1/60	1
Teachers/Educators	Education Resource Dissemination	210	1	2/60	7
Public	Family Resource Dissemination	200	1	2/60	7
Health professionals	Medical Resource Dissemination	210	1	2/60	7
Total					180

Dated: February 7, 2011.

Carol E. Walker,

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

[FR Doc. 2011–3080 Filed 2–10–11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Implementation of the James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L. 111–347)

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS) announces a public meeting for receiving comments from the public on implementing the provisions of the James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L. 111–347). The Federal government is developing an implementation plan, and comments from the public will assist in this process by gaining perspectives from interested parties on ways to meet the Act's requirements.

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Date and Time: March 3, 2011, 9 a.m.–4:45 p.m., Eastern Time. Please note that public comments may end before the time indicated, following the last call for comments. Members of the public who wish to provide public comments should plan to attend the meeting at the start time listed.

Addresses: Jacob K. Javits Federal Building, 26 Federal Plaza, Broadway entrance, 6th Floor, Conference Room A/B, New York, New York 10278.

Status: The meeting is open to the public, limited only by the space available. The meeting space accommodates approximately 300 people. In addition, there will be an audio conference setup for those who cannot attend in person. The conference line will accommodate up to 300 callers. The USA toll-free dial-in number is 800–619–8873; pass code 8693287. Additionally, there is no registration fee to attend this public meeting.

Security Considerations: Due to mandatory security clearance procedures at the Jacob K. Javits Federal Building, in-person attendees must present valid government-issued picture identification to security personnel upon entering the building and go through an airport-type security check.

Non-U.S. citizens are encouraged to participate in the audio conferencing due to the extra clearance involved with in-person attendance. To attend in-person, a non-U.S. citizen will have to call or send an e-mail before February 16, 2011, to the contact person in this Notice, and provide passport information. If clearance is received, you will be notified; otherwise, you will not be able to attend the meeting in-person.

Speaker Registration: Individuals wishing to speak during the meeting may sign up on the speaker registration list which will be available at the meeting site beginning at 8:30 a.m., and during the meeting.

Agenda: The meeting will begin with a brief introduction by Federal officials, followed by presentations from attendees who register to speak. Each speaker will be limited to five minutes in order to maximize the number of presentations during the meeting. If all registered presentations are made before the end time, there will be an open session to receive comments from anyone who has not signed up on the speaker registration list who may wish to speak. Open session comments will also be limited to five minutes per person. After the last speaker or at 4:45 p.m., whichever occurs first, the meeting will be adjourned.

Contact Person for More Information: Roy Fleming, Sc.D., NIOSH, CDC, 1600 Clifton Road, NE., Mailstop E–20, Atlanta, Georgia 30333, Toll free: 1–866–426–3673, e-mail: *nioshdocket@cdc.gov.*

SUPPLEMENTARY INFORMATION:

I. Background

The James Zadroga 9/11 Health and Compensation Act of 2010 established a program known as the World Trade Center (WTC) Health Program within HHS. The program shall be administered by the WTC Program Administrator; the Act includes:

(1) *Medical Monitoring for Responders*—Medical monitoring, including clinical examinations and long-term health monitoring and analysis for enrolled WTC responders who were likely to have been exposed to airborne toxins that were released, or to other hazards, as a result of the September 11, 2001, terrorist attacks.

(2) *Initial Health Evaluation for Survivors*—An initial health evaluation, including an evaluation to determine eligibility for follow-up monitoring and treatment.

(3) *Follow-up Monitoring and Treatment for WTC–Related Health Conditions for Responders and Survivors*—Provision of follow-up monitoring and treatment and payment for all medically necessary health and mental health care expenses of an individual with respect to a WTC-related health condition (including necessary prescription drugs).

(4) *Outreach*—Establishment of an education and outreach program to potentially eligible individuals concerning the benefits under this title.

(5) *Clinical Data Collection and Analysis*—Collection and analysis of health and mental health data relating to individuals receiving monitoring or treatment benefits in a uniform manner in collaboration with the collection of epidemiological data.

(6) *Research on Health Conditions*—Establishment of a research program on health conditions resulting from the September 11, 2001, terrorist attacks.

A full copy of the James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L. 111–347) is available in NIOSH Docket #226, at: *http://www.cdc.gov/niosh/docket/.*

II. Matters To Be Discussed

Input from the public is sought on any of the provisions of the James Zadroga 9/11 Health and Compensation Act of 2010. The Federal government is developing an implementation plan, and comments from the public will assist in this process by gaining perspectives from interested parties on ways to meet the Act's requirements.

III. Transcripts

Transcripts will be prepared and posted to NIOSH Docket #226 within 30 days after the meeting. If a person making a comment gives his or her name, no attempt will be made to redact that name. NIOSH will take reasonable steps to ensure that individuals making public comments are aware of the fact that their comments (including their name, if provided) will appear in a transcript of the meeting posted on a public Web site. Such reasonable steps include: (a) A statement read at the start of the meeting stating that transcripts will be posted and names of speakers will not be redacted; and (b) A printed copy of the statement mentioned in (a) above will be displayed on the table where individuals sign up to make