

Environmental Health Assessment of Tribal Child Care Centers in the Pacific Northwest

June 5, 2017

Supporting Statement A

Justification

OMB Control No. NEW

Project Officer

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ABSTRACT

The Environmental Health Assessment of Tribal Child Care Centers in the Pacific Northwest is designed to measure existing levels of environmental contaminants in tribal child care centers located in the Pacific Northwest. In particular, we will conduct environmental sampling to assess lead levels in dust and soil, allergy-inducing constituent (allergen) levels in floor samples, pesticide levels in soil, floor and play/work surfaces, and polychlorinated biphenyl (PCB) levels in dust, soil, and play/work surfaces will be measured. This facility survey will collect data to help identify sources of lead, allergens, PCBs, and pesticides in child care centers; collect data to permit future analysis of hazard control strategies and costs, e.g., contaminated surface areas; and collect data to permit future analysis for regulation, policy and guidance that minimize regulatory burden. The survey will also serve as an initial investigation to determine the need for further studies if child care centers that may have lead, allergen, and PCB levels above selected thresholds. The Indian Health Service (IHS) and the U.S. Environmental Protection Agency (EPA) will also provide follow-up outreach and education with facilities to explain results and suggest corrective actions to remediate or reduce exposures from lead, allergens, pesticides, and PCBs that are detected in the facilities. Collaboration between the EPA and IHS serves to reduce survey costs and burden to survey participants.

Table of Contents

A.JUSTIFICATION	1
A.1. CIRCUMSTANCES MAKING THE COLLECTION OF INFORMATION NECESSARY	1
A.2. PURPOSE AND USE OF THE INFORMATION COLLECTION	2
A.3. USE OF IMPROVED INFORMATION TECHNOLOGY AND BURDEN REDUCTION	6
A.4. EFFORTS TO IDENTIFY DUPLICATION AND USE OF SIMILAR INFORMATION	7
A.5. IMPACT ON SMALL BUSINESSES OR OTHER SMALL ENTITIES	7
A.6. CONSEQUENCES OF COLLECTING THE INFORMATION LESS FREQUENTLY	8
A.7. SPECIAL CIRCUMSTANCES RELATING TO THE GUIDELINES OF 5 C.F.R 1320.5	8
A.9. EXPLANATION OF ANY PAYMENT OR GIFT TO RESPONDENTS	8
A.10. ASSURANCE OF CONFIDENTIALITY PROVIDED TO RESPONDENTS	9
A.12. ESTIMATES OF ANNUALIZED BURDEN HOURS AND COSTS	9
A.13. ESTIMATES OF OTHER TOTAL ANNUAL COST BURDEN TO RESPONDENTS AND RECORD KEEPERS	10
A.14. ANNUALIZED COST TO THE FEDERAL GOVERNMENT	10
A.15. EXPLANATION OF PROGRAM CHANGES OR ADJUSTMENTS	11
A.16. PLAN FOR TABULATION, PUBLICATION, AND PROJECT TIME SCHEDULE	12
A.17. REASON DISPLAY OF OMB EXPIRATION DATE IS INAPPROPRIATE	13

List of Appendices

APPENDIX A – DATA COLLECTION INSTRUMENTS

APPENDIX B – 60-DAY FEDERAL REGISTER NOTICE (FRN)

APPENDIX C – AUTHORIZING STATUTES

APPENDIX D – INSTITUTIONAL REVIEW BOARD DOCUMENTS

A. Justification

The Portland Area Indian Health Service (IHS) requests a new three-year approval for an information collection request (ICR) entitled “Environmental Health Assessment of Tribal Child Care Centers in the Pacific Northwest”. This ICR is authorized by Section 301 of the Public Health Service Act (42 U.S.C. § 241). The 60-day Federal Register Notice (FRN) was published on July 25, 2016 and is further discussed in Section A.8. This collection is necessary to assess children’s potential exposures to lead, allergens, pesticides, and polychlorinated biphenyls (PCBs) in tribal child care centers in the Pacific Northwest.

A.1. Circumstances Making the Collection of Information Necessary

This survey will further the Indian Health Service (IHS)’s ability to ensure a safe and healthy environment for American Indian children to learn, play, and grow. The U.S. Environmental Protection Agency (EPA)’s theme *Taking Action on Toxics and Chemical Safety*, includes identifying and addressing children’s health risks in schools and homes. Goal 3 of EPA’s Strategic Plan (2014-2018) addresses cleaning up communities and advancing sustainable development. Additionally, EPA is coordinating with tribes and other governments to provide better support to communities, especially in overburdened, underserved, and economically distressed areas in the *Making a Visible Difference in Communities* research initiative. Combining the goals of IHS and EPA into a single survey will save significant public funds, reduce the survey response burden on the public, and substantially reduce the time needed to get the data IHS and EPA need for work described in Section A.2.

There is a significant data gap regarding the levels of lead, allergens, pesticides, and PCBs in child care centers within Portland Area Indian Country. This research will help us understand the potential for exposure to these chemicals among children who attend. *Eliminating Childhood Lead Poisoning: A Federal Strategy Targeting Lead Paint Hazards*, produced by the President’s Task Force on Environmental Health Risks and Safety Risks to Children, discusses the need for more data on lead levels in licensed child care facilities.

IHS is particularly interested in children’s exposure to environmental contaminants while they are present in schools, head start, and daycare facilities on tribal lands^{1,2} including lead³, indoor allergens⁴, pesticides⁵, and PCBs⁶.

The Portland Area IHS and EPA seek to conduct an environmental health assessment of tribal child care centers in Portland Area Indian Country. Portland Area Indian Country includes all federally recognized tribes within the states of Washington, Oregon, and Idaho. However, only tribes served by IHS environmental health direct service and the Northwest Washington Indian Health Board will be included in this survey.

More data is necessary to evaluate the interrelationships between exposure factors, building factors, and community factors and their combined impact on children’s exposures from chemical agents in child care environments. In addition to chemical exposure, this survey will collect non-chemical stressor data (e.g., noise, number of windows in the child care center, tree

cover, shade cover) to evaluate the interrelationships between chemical and non-chemical stressors and children's health. Community factors, such as mapping the locations of the child care facilities, roads, and agricultural operations, will be included in data collection in order to evaluate the relationship between indoor air quality and the outdoor environment.

IHS will work closely with each facility prior to sampling to ensure the facility directors (or designee) and staff, and/or appropriate tribal representative, know what to expect during sampling and have ample time to notify and educate parents. IHS and EPA will also incorporate follow-up outreach and education with each facility and tribal representative, if necessary, to explain results and suggest corrective actions to remediate or reduce exposures from lead, allergens, pesticides, and PCBs that are detected in the facilities. The data from this research project will help prioritize services and funding based on known needs and risks in order to help facilities obtain needed services. IHS will also provide indoor air quality kits to the facilities and environmental health training to center staff to provide methods and practices for preventing and controlling indoor environmental hazards.

Section 301 of the Public Health Service Act is the authorizing law for this survey collection. The authorities for the interagency agreement funding this survey are Federal Insecticide Fungicide and Rodenticide Act (FIFRA) Section 20(A), Toxic Substances Control Act (TSCA) Section 10, and 15 USC 2609.

A.2. Purpose and Use of the Information Collection

This survey will assess children's potential exposures to lead, allergens, pesticides, and PCBs in tribal child care centers in the Pacific Northwest. The survey findings will be assessed in the context to data measured in the National Survey (Tulve et al., 2006⁸; Viet et al., 2013⁹). We will generate hypotheses regarding results from the current study, which is a convenience sample, to explain the similarities or differences from the National Survey. We will take into account differences in monitoring technology, laboratory analysis standards, geographic factors, infrastructure/physical facilities, cultural and social factors, as policy changes in the intervening 15 years. As such, we will not be able to make a direct comparison between potential chemical exposures in child care facilities in Portland Area Indian Country with the chemical exposures measured in child care facilities in the National Survey. According to the results from Tulve et al., 2006⁸ and Viet et al., 2013⁹, more than 67% of the child care centers had detectable levels of pesticides on indoor wipe samples, 14% had significant lead hazards (defined by the HUD Lead Safe Housing Rule 24 CFR 35), and 8% had levels of allergens associated with asthma and allergic conditions (dust mite allergen above 10 µg/g dust; cockroach allergen above 8 units/g dust). According to HUD Lead Safe Housing Rule 24 CFR 35, if any of the following situations exist in a child care center, then a significant lead-based paint (LBP) hazard exists in the center under this definition:

- Deteriorated LBP – LBP with deterioration larger than the de minimis levels per Section 35.1350(d) of the Lead Safe Housing rule, viz., deterioration of more than 20 square feet (exterior) or 2 square feet (interior) of LBP on large surface area components (walls, doors) or damage to more than 10 percent of the total surface area of interior small surface area components types (window sills, baseboards, trim). LBP is defined as any

paint or other surface coating (e.g., varnish, lacquer, or wallpaper over paint) that contains lead equal to or greater than 1.0 mg/cm²; or

- Lead-Contaminated Dust – As measured by wipe sampling, dust on floors with greater than or equal to 40 µg/ft² lead, dust on window sills with greater than or equal to 250 µg/ft² lead; or
- Bare, Lead-Contaminated Soil – Any bare soil with a lead concentration greater than or equal to 400 parts per million (ppm) in a play area.

The PCB results will be analyzed according to existing studies on PCBs in school environments or other settings where children may spend significant amounts of time. The data will also be used to inform participating child care centers of findings and provide training materials and recommended actions to reduce exposures and risks that exist in their facility. EPA will assess non-chemical stressors and how they may modify the response to chemical exposures and impact children's health and well-being.

The main objective of this project is to provide data about the levels of lead, allergens, pesticides, and PCBs in child care facilities located in Portland Area Indian Country. Table A-1 lists the information collection summary. Table A-2 lists the multimedia sample collection. Though the samples in this survey are considered convenience samples and not related to statistical power analysis and subsequent stratified sampling, the data will be very valuable. The data from this project will help prioritize services and funding based on known needs and risks in order to help facilities obtain needed services. Because of this survey, tribes may secure funding from the federal Head Start program and other funding sources for repairs, rehabilitations or other corrective action. This survey may also provide federal Head Start and Tribal Programs with data to improve standards and initiate policy changes, if necessary. This project may be replicated in other IHS areas in the future.

The mechanism for funding and delivering this project is an interagency agreement between the two federal agencies, EPA and IHS. Therefore, due to accessibility, resources and authority, only child care centers served by IHS community environmental health staff will be covered in this survey. The NW Washington Indian Health Board (NWIHB) and their service tribes are included in this survey because the NW Washington Indian Health Board's environmental health staff is an IHS employee who is in a Memorandum of Agreement (MOA) detail to the board. There are 43 tribes in Washington, Oregon, and Idaho. However, IHS does not provide services to all 43 tribes, so the tribes that do not receive services are not included in this survey. Thirty-seven (37) centers are available to participate in this survey. Portland Area Office of the IHS is responsible for ensuring environmental health settings for American Indian children are safe and provide a healthy environment in which to learn, play, and grow. This survey falls within the IHS scope of existing services provided to child care facilities. However, the facility director (or designee) or appropriate tribal representative has the final approval to include their facility in the survey.

Table A-1. Information Collection Summary

Information Type	Purpose
Child Care Center Director Questionnaire	During the site visit a questionnaire will be administered to the child care center director. The questionnaire responses will elicit information from the center director (or designee) needed to: 1) perform data analysis for lead, allergen, pesticide levels, and PCBs by population group, and 2) assess potential exposures from contaminants found in the center and 3) provide appropriate targeted outreach. Information will be collected about age and renovation history of the building; center cleaning and maintenance activities; the children’s age; type of heating and other ventilation; the presence of pests; and the use of pesticides.
Pesticide Applicator Questionnaire	The Pesticide Applicator Questionnaire will seek information to supplement the data provided by the center director. The questionnaire asks pesticide applicators for specific information about the pesticides applied in the center within the past twelve months.
Room Observations	A room observation form will seek information about flooring type, room dimensions, noise level, temperature and humidity, pest conducive observations, number of windows, signs of pest activity, safety observations, room cleanliness, and room clutter. These observations assess characteristics not captured in the director questionnaire. Some of these center characteristics could influence environmental measurements.
Outdoor Observations	An outdoor observation form will seek information about noise level, temperature and humidity, building type, signs of pest harborage, and outdoor debris.

Table A-2. Multimedia Sample Collection

Sample	Purpose
Vacuum dust	Indoor vacuum dust samples will be analyzed for allergens and PCBs.
Surface wipes	Dust from surface wipes will be analyzed for pesticides, lead, and PCBs.
Soil samples	Soil samples from outdoor play areas will be analyzed for pesticides, lead, and PCBs.

With regard to lead hazards, the survey will:

- Estimate lead levels in dust and soil in centers served by this survey.
- Estimate the number and percent of centers with dust and soil lead levels above selected thresholds, especially those in HUD's "1012/1013 Rule" on federally-owned and -assisted housing (24 CFR 35, subparts B-R, et al.).
- Provide data that can be used to target outreach for education and awareness of how lead impacts health and ways to remediate or reduce exposures.

The principal purpose for the allergen portion of the survey is to develop a scientific description of the existing allergen types and levels in the child care centers served by this survey. In addition, the survey of allergens will:

- Estimate the number and percent of centers with allergen levels above selected thresholds (dust mite allergen above 10 µg/g dust; cockroach allergen above 10 units/g dust).
- Provide data that can be used to target outreach for education and awareness of how allergens impact health and ways to remediate or reduce exposures.

The principal purpose for the pesticide portion of the survey is to develop a scientific description of pesticide residue levels and types in centers served by this survey. In addition, the survey will:

- Characterize pesticide use patterns in and around child care centers served by this survey.
- Characterize the spatial and temporal distribution of pesticides in each child care center served by this survey.
- Provide data that can be used to target outreach for education and awareness of how pesticides impact health and ways to remediate or reduce exposures.

The principal purpose for the PCB portion of the survey is to develop a scientific description of PCB residue levels and types in centers served by this survey. In addition, the survey will:

- Estimate the levels of PCBs in dust and soil in centers served by this survey.
- Estimate the number and percent of centers with PCB levels above EPA and FDA regulations. The EPA has set a limit of 0.0005 milligrams of PCBs per liter of drinking water (0.0005 mg/L). The Food and Drug Administration (FDA) requires that infant foods, eggs, milk and other dairy products, fish and shellfish, poultry and red meat contain no more than 0.2-3 parts of PCBs per million parts (0.2-3 ppm) of food. Because young children have constant hand-to-mouth exposure, data will be compared to both regulated concentrations.
- Provide data that can be used to target outreach for education and awareness of how PCBs impact health and ways to remediate or reduce exposures.

IHS and EPA will share the data and results with interested parties by preparing one or more articles to peer reviewed scientific journals, making presentations at scientific conferences, and using it to ground future policy decisions in good science.

Timely data collection is very important since lead, allergen, PCB, and pesticide reduction strategies are currently being implemented, e.g., lead information disclosure during housing sale or lease transactions, certification of lead paint professionals, and integrated pest management programs. Subsequently, IHS will use this data to provide more comprehensive, targeted services to the child care centers which they serve by providing actionable information on reducing exposures and improving health outcomes.

A.3. Use of Improved Information Technology and Burden Reduction

IHS will use all available information technology in an effort to reduce the burden to all respondents. Respondent contact information (names, addresses, and phone numbers) is already available in IHS' current electronic databases. Existing information about the child care centers will be used to the extent possible to reduce respondent burden. Thorough training and practice field data collection activities will enable the field staff to move efficiently through the questionnaire and collect environmental samples on-site with the least disturbance to the centers. Respondents may receive questionnaires in advance to reduce data collection time during visits by the IHS field staff, if necessary. However, IHS field staff will collect and record questionnaire data as a quality control measure to ensure accuracy and completeness.

The childcare director and pesticide applicator questionnaires will be administered by pen and paper or, if available, by tablet using an electronic database. The respondents will have minimal burden in providing their responses because they do not have to read questions or write answers; the data collectors record all of their verbal responses. All survey data will eventually be entered into an electronic database which enables electronic transmission of data to researchers.

IHS and EPA will use computer technology to maintain survey center contact information, generate mailing labels and personalized cover letters. Respondents will receive personalized

thank you letters and summary reports informing them of the findings. Data and information collected will be stored electronically in databases accessible by both IHS and EPA. Only staff from IHS and EPA will have access to these electronic databases through a subscription process that requires a password.

A.4. Efforts to Identify Duplication and Use of Similar Information

Every effort will be made to avoid duplication and ease respondent burden. Respondents have been identified based on those centers that currently receive environmental health services by both the Portland Area IHS and the NWIHB. All identified centers will be included unless they choose to opt out, as per the discretion of each facility director (or designee) or appropriate tribal representative. Collection of environmental samples and administration of the child care center director questionnaire will occur in only one visit to each selected child care center. Administration of a telephone questionnaire to pest control companies that service the child care centers in this study will be conducted as needed.

Each center will be sent a letter and factsheet from IHS and EPA project officers. The letter will introduce the survey, explain the need for it, indicate the importance and advantages of participation, briefly outline the data collection procedures, and advise the visit by IHS and NWIHB field staff in the near future. This letter will reduce the time required for the field staff to explain the survey during their first visit with the respondent. In addition, the field staff will confirm the data collection visit with the respondent a day or two before the scheduled appointment. These efforts will improve communication and commitment between field staff and the respondent, and help ensure the respondent is ready for the data collection. This will reduce the extra burden associated with waiting for the field team and/or rescheduling the data collection.

In cases where a respondent is reluctant to participate, the interviewer will attempt to use standard refusal avoidance techniques to the appropriate tribal representative responsible for approving sampling efforts at that center, including referral to the official introductory letter, answering questions the respondent might have, providing additional details about the data collection procedures, and the importance of data to understand needed services.

This survey is not duplicative because there is no data on the environmental health of tribal child care centers in the Pacific Northwest.

A.5. Impact on Small Businesses or Other Small Entities

The collection of this information does not directly impact small businesses or small entities.

A.6. Consequences of Collecting the Information Less Frequently

IHS and EPA are making every attempt to use a survey design that answers the survey questions and at the same time requires the minimum frequency of data collection. Only one data collection request will be made from each respondent. Less frequent data collection (i.e., none) would, thus, eliminate the ability to conduct the survey. This survey will not assess changes or trends over time, and so a one-time collection is appropriate.

A.7. Special Circumstances Relating to the Guidelines of 5 C.F.R 1320.5

This request fully complies with the regulation.

A.8. Comments in Response to the *Federal Register* Notice and Efforts to Consult Outside the Agency

- A. A notice was published in the Federal Register on July 25, 2016 and no public comments were received.
- B. During the design phase of this survey, EPA and IHS reviewed published literature on children’s exposure pathways. EPA and IHS will consult with the following individuals from the Region 10 Agency for Toxic Substances and Disease Registry (ATSDR), reviewing study protocols and providing guidance on risk communication:

Name	Title	Affiliation	Contact Information	Year of Consultation
Rhonda Kaetzel, Ph.D., DABT	Regional Director/ Toxicologist	ATSDR Region 10	206-553-0530 vnc2@cdc.gov	2016
Arthur Wendel, MD, MPH	Regional Representative/Medical Officer	ATSDR Region 10	(206) 553-0454 dvq6@cdc.gov	2016

A.9. Explanation of Any Payment or Gift to Respondents

There will be no remuneration to the respondents. Individualized outreach materials such as indoor air quality and integrated pest management tool kits will be provided after the results are provided to the child care centers. Environmental health training will also be offered to center staff and parents, if appropriate, to provide methods and practices for preventing and controlling indoor environmental hazards.

A.10. Assurance of Confidentiality Provided to Respondents

Each respondent will be informed of the authority for the survey, the purpose and use of the survey, the voluntary nature of the survey, and the effects on the respondents, if any, of not responding. Names of the child care centers and directors may be collected during the questionnaires, but no other identifiable private information will be collected, as defined by 45

CFR 46.102(f)(2). The IRB of record (Portland Area Indian Health Service IRB) has deemed the research to be exempt according to 40 CFR 26.101(b)(2) because no personal identifiable information will be included in the final report. See the attached letter in Appendix D.

For this study, IHS and EPA will ensure confidentiality of individual center information in any published or presentation material even though facility information is not included in the provisions of the Privacy Act of 1974. Analysis and publication of findings will be in terms of aggregated statistics only.

A.11. Justification of Sensitive Questions

The survey collects no private information on individual people, but rather focuses on the center building, maintenance patterns, and aggregate data on children served. None of the data collection effort requires responses to any sensitive questions.

A.12. Estimates of Annualized Burden Hours and Costs

Table A-3 presents the estimated response burden. The total time required to complete the project work includes a questionnaire to the respondents, on-site sample collection by field staff, and a follow-up telephone call to the pesticide applicator for each center who uses such a service for either indoor or outdoor applications. Up to 37 centers have been identified for participation; however, 25 center directors are included in the burden estimate because some directors oversee multiple child care centers. We estimate that 24 of the centers in the survey use pesticide contractors. For the purposes of this information collection request, we will use a high estimate of 30 to contribute to the calculation of total time required to complete the project work. The burden for the center director to respond to the questionnaire is 90 minutes per center. The burden for pesticide applicators is 30 minutes per applicator.

For any centers who refuse to participate in the survey (including sampling), in lieu of completing the questionnaire the facility director (or designee) or appropriate tribal representative will be asked to sign a refusal form. This form is expected to take 5 minutes or less per respondent. Because this burden is distinctly separate and less than the burden associated with the questionnaire, it is not included in the time or cost calculations since it would subtract (rather than add) from the total burden.

The director of each child care center may also have additional time burden during sampling activities. The director does not need to be present during sampling activities; however, the mild disturbance to the center may require the director's assistance and/or associated staff to facilitate the classes to move to different rooms during sampling activities. A 4 hour burden per center has been attributed to general sampling disturbance for all staff.

Table A-3. Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (hours)	Total Burden (hours)
Child Care Center Director	Director Questionnaire	25	1	1.5	37.5
Pesticide Applicator	Pesticide Applicator Questionnaire	30	1	0.5	15
Director and Staff (1 count per center)	N/A: general sampling disturbance	37	N/A	4	148
Total	-	92	-	-	200.5

Table A-4 lists the estimated annualized burden costs.

Table A-4. Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate ¹	Total Respondent Costs
Child Care Center Director	37.5	\$27.60	\$1,035
Pesticide Applicator	15	\$20.42	\$306.30
Director and Staff	148	\$27.60	\$4,084.80
Total	200.5	-	\$5,426.10

A.13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

There is no anticipated cost burden to the respondents resulting from the collection of information, except the costs associated with their time. There are no capital/startup costs associated with this collection of information.

A.14. Annualized Cost to the Federal Government

This project is conducted by IHS and EPA personnel. The overall estimated cost of this research to the federal government is \$379,082 distributed as shown in Table A-5. This estimate includes all survey development activities that have been conducted through to the final survey reports.

¹ Wages based on Washington State Employment Security Department's 2015 Report of Occupational Employment and Wage Estimates. Accessed May 9, 2016. <<https://fortress.wa.gov/esd/employmentdata/reports-publications/occupational-reports/occupational-employment-and-wage-estimates>> See average for "Directors, Religious Activities & Education" and "Pest Control Workers"

Table A-5. Overall Cost of Proposed Survey (EPA & IHS, Includes In-Kind)

Category	Project Costs
Development	\$51,855.38
Operations:	
Data and sample collection	\$38,525.38
Travel	\$21,000.00
Total operations	\$59,525.38
Laboratory Analyses:	
Lead, Pesticides, PCBs	\$28,710.00
Allergens (Contracted)	\$55,800.00
Total laboratory	\$84,510.00
Data analysis and reporting	\$48,815.38
Outreach:	
Site visits	\$48,815.38
Travel	\$19,440.00
Materials	\$51,120.00
Environmental Health Training	\$15,000.00
Total outreach	\$134,375.38
Total costs	\$379,081.50

This project will be conducted within two years from the date of the first sample collection. The average annual cost is \$189,540.75. The EPA will provide \$100,000.00 to the IHS for the project through an interagency agreement. This project includes environmental health services routinely provided by IHS, so much of the IHS costs are “in-kind” as part of IHS’s annual budget.

A.15. Explanation of Program Changes or Adjustments

There are no program changes or adjustments. This is a new collection.

A.16. Plan for Tabulation, Publication, and Project Time Schedule

One or more reports will be prepared after the field data collection effort has ended. They will include a summary of design and survey methodology and the following parameters:

- Percentage of child care centers with dust lead loadings and soil lead concentrations above selected thresholds, especially those in the HUD 1012/1013 Rule;
- Percentage of child care centers with PCB concentrations above selected thresholds;
- Percentage of centers with loadings of specified allergens: *Der f I*, *Der p I*, *Bla g I*, *Rat n I*, *Mus m 1* above selected thresholds;
- Arithmetic and geometric means and standard deviations, median, and percentiles of dust lead loadings, and bare and covered soil lead concentrations in and around centers;
- Arithmetic and geometric means and standard deviations, median, and percentiles of allergen loadings in and around centers;
- Arithmetic and geometric means and standard deviations, median, and percentiles of PCB loadings in and around centers;
- Arithmetic and geometric means and standard deviations, median, and percentiles of pesticide loadings in and around centers;
- Estimates of the potential biases in the above estimates;
- Estimates of the impact of measurement error on above estimates;
- Characterize pesticide use patterns in and around child care centers;
- Characterize the spatial distribution of pesticides in each child care center

Descriptive statistics will be performed on quantitative data obtained from the questionnaires. Many of these analyses will present basic frequencies on the center demographics and characteristics thought to influence lead, allergen, pesticide, and PCB levels in a child care center e.g., the observed cleanliness of the center. Other analyses will provide two-way or three-way cross-tabulations of selected characteristics. Means and other measures of central tendency will be computed, as appropriate.

IHS and EPA will share the data and results with interested parties by preparing printed reports, submitting one or more articles to peer reviewed scientific journals, and making presentations at scientific conferences, and using it to ground future policy decisions in good science. The published reports will be descriptive of the aggregate data. A report for all findings for an individual child care center will be sent to the respective center director and/or appropriate tribal

representative prior to the follow-up visit. Risk communication to the centers about the findings and recommended actions to reduce or remediate exposures will be part of the follow-up visit.

The research project will be conducted within 3 years after OMB approval. Table A-6 shows the projected schedule of accomplishments and milestones for the project.

Table A-6. Proposed Project Time Schedule

Activity	Months after OMB approval
Finalize Quality Assurance Project Plan and Standard Operating Procedures	6
Train field staff to collect environmental, survey, and clinical data	6
Contract with laboratory to analyze for allergens collected during the survey	2
Purchase field supplies	By approval
Data collection	6-12
Summary of laboratory results from all EPA laboratory and contracted lab	8-14
Summary of questionnaire results	8-14
Conduct statistical analysis	10-16
Conduct follow-up with participating facilities	10-18
Submit article(s) for peer review in journal(s)	20
Give webinar to tribal and environmental health community	24-26

A.17. Reason Display of OMB Expiration Date is Inappropriate

Display of the OMB expiration date is appropriate.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

Appendix A

Data Collection Instruments

Appendix B

Federal Register Notice

Appendix C
Authorizing Statutes

Appendix D

Institutional Review Board Documents

End Notes

- ¹Indian Health Service Division of Environmental Health Services. “Children’s Environmental Health Priority Factsheet.” [(accessed on 6 May 2016)]; Available online: <https://www.ihs.gov/dehs/includes/themes/newihsttheme/display_objects/documents/priorities/ChildrensEnvironment.pdf>
- ² US EPA (U.S. Environmental Protection Agency). “Children Are Not Little Adults!” [(accessed 6 May 2016)]; Available online: <<https://www.epa.gov/children/children-are-not-little-adults>>
- ³ US EPA (U.S. Environmental Protection Agency) “Learn About Lead.” [(accessed 6 May 2016)]; Available online: <<https://www.epa.gov/lead/learn-about-lead#effects>>
- ⁴ CDC (Centers for Disease Control and Prevention). “Most Recent Asthma Data,” [(accessed 6 May 2016)]; Available online: <http://www.cdc.gov/asthma/most_recent_data.htm>
- ⁵ Environmental Protection Agency “Children Are at Greater Risks from Pesticide Exposure,” [(accessed 6 May 2016)]; Available online: <<https://archive.epa.gov/pesticides/regulating/laws/fqpa/web/html/kidpesticide.html>>
- ⁶ US EPA (U.S. Environmental Protection Agency). “Health Effects of PCBs.” [(accessed 6 May 2016)]; Available online: <https://www.epa.gov/pcbs/learn-about-polychlorinated-biphenyls-pcbs#healtheffects>
- ⁸Tulve, N.S.; P.A. Jones; M.G. Nishioka; R.C. Fortmann; C.W. Croghan; J.Y. Zhou; A. Fraser; C. Cave; W. Friedman. 2006. Pesticide measurements from the first national environmental health survey of child care centers using a multi-residue GC/MS analysis method. *Environ. Sci. Technol.* 40(20) 6269-6274
- ⁹ Viet, S.M.; J. Rogers; D. Marker; A. Fraser; W. Friedman; D. Jacobs; J. Zhou; N. Tulve. 2013. Lead, allergen and pesticide levels in licensed child care centers in the United States. *J. Environ. Health.* 76 (5) 8-14