PAPERWORK REDUCTION ACT SUBMISSION				
Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.				
1. AGENCY/SUBAGENCY ORIGINATING REQUEST	2. OMB CONTR	ROL NUMBER		
DOC/BOC				
	a. <u>0607</u>	0990 X b.	NONE	
3. TYPE OF INFORMATION COLLECTION (X one)		VIEW REQUESTED (> R SUBMISSION	X one)	
a. NEW COLLECTION A. NEW COLLECTION b. REVISION OF A CURRENTLY APPROVED COLLECTION	b. EMERGENCY - APPROVAL REQUESTED BY:			
c. EXTENSION OF A CURRENTLY APPROVED COLLECTION	ON	c. DELEGATED 5. SMALL ENTITIES		
d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED YES				
Le. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY		EXPIRATION DATE		
f. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTRACT OF THE STATE OF	X a THREE V			
7. TITLE National Survey of Children's Health				
8. AGENCY FORM NUMBER(S) (if applicable) N/A				
9. KEYWORDS				
N/A				
10. ABSTRACT				
This sumbission requests approval for a large-scale (N = 156,054 addresses) national Web and Paper-and-Pencil Interview (PAPI) survey. Incentives (\$2 bill) will be included in the initial invite letter for 90% of the sample, while the other 10% of the sample will not receive an incentive as a way to monitor incentive effectiveness. The survey will consist of two experiments to evaluate opportunities to incorporate efficiencies in the data collection process. The first experiment will test the efficacy of an infographic in the initial mail package and conditional upon funding, the second experiment will test the efficacy of incentives in the				
topical mailings. The design and content of the NSCH 2017 survey is based on preliminary 2016 NSCH results.         11. AFFECTED PUBLIC (Mark primary with "P" and all others that apply with "X")         12. OBLIGATION TO RESPOND (Mark primary with "P" and all others that apply with "X")				
P a. INDIVIDUALS OR HOUSEHOLDS d. FARM		P a. VOLUNTARY	others that apply with "X")	
	RAL GOVERNMENT			
c. NOT-FOR-PROFIT INSTITUTIONS f. STATI	E, LOCAL OR TRIBAL GOVERNMENT			
13. ANNUAL REPORTING AND RECORDKEEPING HOUR	R BURDEN 14. ANNUALIZ	ED COST TO RESPO	NDENTS (In thousands of dollars)	
a. NUMBER OF RESPONDENTS	81,805 a. TOTAL CAPI	TAL/STARTUP COSTS		
b. TOTAL ANNUAL RESPONSES 81,805 b. TOTAL ANNUAL COSTS (O&M)				
(1) Percentage of these responses collected electronically 60 % c. TOTAL ANNUALIZED COST REQUESTED				
c. TOTAL ANNUAL HOURS REQUESTED 16,573 d. CURRENT OMB INVENTORY				
d. CURRENT OMB INVENTORY	e. DIFFERENCE	(+ , -)		
e. DIFFERENCE (+ , -)	E (+ , -) f. EXPLANATION OF DIFFERENCE:			
f. EXPLANATION OF (1) Program change (+ , -) (1) Program change (+ , -)				
DIFFERENCE:         (2) Adustment (+ , -)         (2) Adustment (+ , -)				
15. PURPOSE OF INFORMATION COLLECTION (Mark primary with "P" and all others that apply with "X")       16. FREQUENCY OF RECORDKEEPING OR REPORTING (X all that apply)         a. RECORDKEEPING       b. THIRD PARTY DISCLOSURE				
a. APPLICATION FOR BENEFITS A PROGRAM PLANNING X C. REPORTING:				
b. PROGRAM EVALUATION OR MA			2) Weekly (3) Monthly	
P c. GENERAL PURPOSE STATISTICS X f. RESEA			5) Semi-Annually $X$ (6) Annually	
	LIANOL	,	3) Other (Describe)	
	<ol> <li>AGENCY CONTACT (Person w submission)</li> </ol>	ho can best answer que	estions regarding the content of this	
			TELEPHONE NUMBER (Include area code)	
X YES NO	Jason M. Fields		301-763-2465	

OMB CONTROL NUMBER	TITLE			
0607 - 0990	National Survey of Children's Health			
19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS				
a. PROGRAM OFFICIAL CERTIFICA	ATION (Internal DOC Use Only)	1		
Type name   Date     John H. Thompson, Director, U.S. Census Bureau		Date		
On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.				
NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. The certification is to be made with reference to those regulatory provisions as set forth in the instructions.				
The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:				
(a) It is necessary for the proper performance of agency functions;				
(b) It avoids unnecessary duplication;				
(c) It reduces burden on small entities;				
(d) It uses plain, coherent, and unambiguous language that is understandable to respondents;				
(e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;				
(f) It indicates the retention periods for recordkeeping requirements;				
(g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3) about:				
(i) Why the information is being collected;				
(ii) Use of information;				
(iii) Burden estimate;				
(iv) Nature of response (voluntary, required for a benefit, or mandatory);				
(v) Nature and extent of confidentiality; and				
(vi) Need to display currently valid OMB control number;				
(h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);				
(i) If applicable, it uses effective and efficient statistical survey methodology; and				
(j) It makes appropriate use of information technology.				
If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.				
b. SENIOR OFFICIAL OR DESIGNEE O				
D. JLINION OFFICIAL OK DESIGNEE				

Type name

Jennifer Jessup, Departmental Paperwork Clearance Officer