



PAPERWORK REDUCTION ACT (PRA) EXECUTIVE SUMMARY FORM

TITLE OF COLLECTION:	2017 National Survey of Children's Health (NSCH)		
OMB CONTROL NUMBER:	0607-0990		
DIVISION/PROGRAM OFFICE:	Associate Director of Demographic Programs – Survey Operations (ADDP – SO)		
AGENCY CONTACT:	Jason M. Fields		
TYPE OF INFORMATION COLLECTION REQUEST:			
<input type="checkbox"/>	New collection		
<input checked="" type="checkbox"/>	Revision of a currently approved collection	[current expiration date: 4/30/2019]	
<input type="checkbox"/>	Extension, without change, of a currently approved collection	[current expiration date:]	
<input type="checkbox"/>	Reinstatement, without change, of a previously approved collection for which approval has expired		
<input type="checkbox"/>	Reinstatement, with change, of a previously approved collection for which approval has expired		
<input type="checkbox"/>	Existing collection in use without an OMB Control Number		
PURPOSE OF COLLECTION:			
<p>Sponsored by the U.S. Department of Health and Human Services' (HHS') Health Resources Services Administration's Maternal and Child Health Bureau (HRSA MCHB), the National Survey of Children's Health (NSCH) is designed to produce data on the physical and emotional health of American children under 18 years of age. The NSCH collects information on factors related to the well-being of children, including access to health care, in-home medical care, family interactions, parental health, school and after-school experiences, and neighborhood characteristics.</p> <p>For the 2017 NSCH, a sample frame of 156,054 household addresses will be used. The sample file is selected from the Census Master Address File (MAF) and supplemented with an administrative records-based flag identifying households with children. The target population consists of children aged 17 or younger living in mailable residential housing units in the United States.</p>			
DATA COLLECTION START DATE:	7/19/2017		
REQUESTED OMB EXPIRATION DATE:	<input checked="" type="checkbox"/> Three years from approval date	<input type="checkbox"/> Other date: []	
60-DAY FEDERAL REGISTER CITATION:	81 FR 95562-95565		DATE PUBLISHED: 12/28/2016
MANDATORY OR VOLUNTARY COLLECTION?	<input type="checkbox"/> Mandatory	<input checked="" type="checkbox"/> Voluntary	<input type="checkbox"/> N/A
IS THIS A REIMBURSABLE COLLECTION CONDUCTED BY CENSUS ON BEHALF OF ANOTHER AGENCY/ENTITY?			
<input checked="" type="checkbox"/> Yes [Specify agency/entity: HRSA MCHB]			
<input type="checkbox"/> No			
<input type="checkbox"/> Shared Sponsorship [Specify agency/entity:]			

LEGAL AUTHORITY(IES) FOR INFORMATION COLLECTION:	
Census Authority: 13 U.S.C. Section 8(b)	
HRSA MCHB Authority: Section 501(a)(2) of the Social Security Act (42 USC §701)	
USDA Authority: The Healthy, Hunger-Free Kids Act of 2010, Pub. L. 111-296. In particular, 42 U.S.C. 1769d(a) authorizes USDA to conduct research on the causes and consequences of childhood hunger included in 1769d(a)(4)(B), the geographic dispersion of childhood hunger and food insecurity.	
CDC/NCBDDD Authority: Public Health Service Act, Section 301, 42 U.S.C. § 241	
EPA Authority: FIFRA: Section 20(a); Toxic Substances Control Act: Section 10; 15 U.S.C. § 2609	
SURVEY INFORMATION:	
What is the source of the sampling frame for this collection? Census Master Address File (MAF)	
What are the mode(s) for collection? <input checked="" type="checkbox"/> Paper <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Computer Assisted Personal Interviewing (CAPI)	
<input type="checkbox"/> Computer Assisted Telephone Interviewing (CATI) <input checked="" type="checkbox"/> Other Telephone Questionnaire Assistance (TQA) has the ability to collect responses over the phone when respondents call in through the Centurion Web Instrument	
PUBLIC BURDEN:	
Average Estimated Time per Response:	Hours 5-30 Minutes
ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN:	
Number of Respondents	81,805
Number of Responses	81,805
Requested Annual Burden Hours	16,573
Current Annual OMB Inventory	54,117
Difference (+, -)	-37,544
Reason for Difference in Burden Hours:	<input checked="" type="checkbox"/> Program Change <input type="checkbox"/> Adjustment <input type="checkbox"/> No Difference
Explanation of Difference (if applicable): Due to budgetary limitations, the sponsoring agency had to reduce the sample size of the survey from 2016 to 2017 which then in turn reduced the number of respondents and total annual burden hours.	
PRIVACY ACT (PA):	
Is this collection a Privacy Act System of Records?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - <i>If yes, a Privacy Act Statement that identifies the appropriate Systems of Records Notice (SORN) is required.</i>
TITLE 13 CONFIDENTIALITY:	
Is this collection of information confidential under Title 13, Section 9?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If yes, has the confidentiality pledge been updated per the Federal Cybersecurity Enhancement Act of 2015 ¹ ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the respondent messaging been reviewed and updated in the collection materials per the “Updates to Census Bureau Confidentiality Messaging and PRA Required Language” memo, if applicable?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PLACEMENT OF REQUIRED PAPERWORK REDUCTION ACT AND PRIVACY ACT LANGUAGE: In the table below, please indicate where the following PRA/PA statement requirements are located in the respondent materials:								
Required PRA/PA Language	PRA	PA Statement	Invitation letter	FAQs	Collection Instrument	Instructions	Other	N/A
Reason/purpose for the information collection, including the way the information will be used.	X	X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The legal authority(ies) that authorize the collection of information.	X	X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Whether responses are mandatory or voluntary (citing the authority)	X	X	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The nature and extent of confidentiality to be provided (if any) citing authority	X		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
An estimate of the average respondent burden together with a request that the public direct to the agency any comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden	X		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
OMB control number	X		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
A statement that an agency may not conduct (and a person is not required to respond to) an information collection request unless it displays a currently valid OMB control number.	X		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Published routine use for which information is subject and citation to relevant SORN		X	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The effects on the individual for not providing the requested information		X	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

¹ Please refer to the “[Updates to Census Bureau Confidentiality Messaging and PRA Required Language](#)” Memo

Date: 3/7/2017

PLACEMENT OF REQUIRED PAPERWORK REDUCTION ACT AND PRIVACY ACT LANGUAGE: In the table below, please indicate where the following PRA/PA statement requirements are located in the respondent materials:								
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Comments:								
ADDITIONAL INFORMATION: Please include any special circumstances or other information that would help expedite the review of this package (ex. if the collection is at the request of a congressional inquiry).								
Clearance needed no later than 6/15/17 in order to allow for enough time for overprinting on the paper questionnaires and initial invite letters.								