

ATSDR's national and regional policies, practices, and programs.

Matters To Be Discussed: The agenda will include a review of the draft coordinating center Environmental Justice Policy; a report on coordination efforts with the Program Peer Review Subcommittee; and a review and comment period on recently completed agency-funded programs related to health disparities and environmental justice communities. The public comment period will be from 2–2:15 p.m.

Items are subject to change as priorities dictate.

Supplementary Information:

To participate in the teleconference, please dial 877/315–6535 and enter conference code 383520.

Contact Person for More Information:

Sandra Malcom, Committee Management Specialist, Office of Science, NCEH/ATSDR, M/S E–28, 1600 Clifton Road, NE., Atlanta, Georgia 30333, telephone 404/498–0003.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both CDC and ATSDR.

Dated: February 2, 2006.

Diane Allen,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E6–1676 Filed 2–7–06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Building Strong Families (BSF) Demonstration and Evaluation—Implementation and Impact Study.

OMB No.: New Collection.

Description: This proposed information collection activity is for two types of data collections: (1) Interview and focus group protocols for use with program staff and couples enrolled in BSF programs and (2) a telephone survey to be administered to both partners in couples enrolled in the BSF research sample about 15 months after enrollment.

These data collections are a part of the BSF evaluation, which is an important opportunity to learn if well-designed interventions can help low-income couples develop the knowledge and relationship skills that research has shown are associated with healthy marriages. BSF programs will provide instruction and support to improve marriage and relationship skills and enhance couples' understanding of marriage. In addition, BSF programs will provide links to a variety of other services that could help couples sustain a health relationship (e.g., employment assistance). The BSF evaluation uses an

experimental design that randomly assigns couples who volunteer to participate in BSF programs to a program or to a control group.

The BSF evaluation has two parts, an implementation study and an impact study. For the implementation study, the BSF evaluation will use the interview and focus-group protocols to document how the programs worked and the experiences of staff and couples enrolled. For the impact study, the BSF evaluation will use telephone surveys to determine whether the BSF programs helped couples form healthier marriages.

Respondents: For the implementation study, respondents will be BSF program managers and staff, couples who participated in the BSF group sessions, and couples who dropped out of the program or never participated in the BSF groups. Information from staff will be obtained in face-to-face interviews. Information from participating couples will be collected in focus groups. Non-participating couples and couples who dropped out of the program will be interviewed by phone. For the impact study, the respondents for the 15-month survey will be all couples in the BSF evaluation. They will be interviewed by telephone. Both types of information collection will take place over about a 24-month period.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per responses	Total burden hours
Implementation Study				
Staff interview protocol	126	1	1.5	189
Focus group protocol	70	1	1.5	105
Telephone interview protocol (non-participants/drop-outs)	84	1	.17	14
Impact Study				
15-month Survey (females)	1,434	1	.91	1,305
15-month Survey (males)	1,434	1	.83	1,190
Estimated Total Annual Burden Hours				2,803

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of

information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447. Attn: ACF Reports Clearance Officer. E-mail address:

infocollection@acf.hhs.gov. All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: February 2, 2006.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 06-1159 Filed 2-7-06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: National Implementation of Head Start National Reporting System on Child Outcomes.

OMB No.: 0970-0249.

Description: The Administration on Children, Youth and Families (ACYF), within the Administration for Children and Families (ACF) of the Department of Health and Human Services (HHS), is requesting comments on plans to implement the Head Start National Reporting System (HSNRS) on Child Outcomes. Child-outcomes information collected by this implementation is expected to enhance Head Start programs' accountability and quality.

HSNRS addresses Presidentially mandated reforms and Congressionally mandated requirements for information on specific child outcomes and provides Head Start program managers and

teachers with useful information to support program-improvement strategies.

HSNRS has three major goals. First, HSNRS will provide local Head Start programs with information about the progress of groups of children on a limited number of performance measures. This information is captured by measuring how children are doing at the beginning and at the end of each program year. Second, HSNRS will capture the same set of information across the nation in a consistent manner, allowing for creation of normative comparison groups. Individual programs can use this information to target needs for training and technical assistance. Third, the child-outcomes information captured in HSNRS should serve as one component of the current national progress monitoring effort, which involves on-site, systematic review of programs. The Head Start Bureau can use compiled HSNRS data as part of the process for ensuring the effectiveness of services. These results can highlight the needs of specific groups of children, identify local programs' technical assistance and training needs, and contribute to the accountability of Head Start.

The first three rounds of the HSNRS national implementation (2003-04, 2004-05, and 2005-06 program years) were successful. In each round of the data collection, over 400,000 assessments were completed, making this the largest assessment of preschool children ever conducted. Over 99 percent of Head Start programs and Head Start parents and children cooperated fully with the HSNRS procedures. The HSNRS data show good internal reliability, both in terms of Item Response Theory (IRT) reliability and Cronbach's Coefficient Alpha at the individual child-level, for both English-language and Spanish-language assessments. IRT estimates of the

internal reliability of the program-level English-language assessment scores were excellent, with most IRT-reliability coefficients greater than .90.

For each program year, participating local Head Start programs received HSNRS Program Reports at the aggregated program-level for the fall assessment (baseline) and the spring assessment (fall-spring growth). These reports provided local Head Start programs with information about the progress of their children in all assessed domains and demonstrated how these scores compared to all other Head Start children (national-level reference tables) as well as children in similar programs (sub-group reference tables).

HSNRS will continue to collect child-outcomes information from children who are four years old or older and who will enter Kindergarten next year. As in the previous three years, all eligible Head Start children will be assessed twice a year using a standardized direct child-assessment battery. The assessment battery will address a limited set of early literacy, language, and numeracy skills.

Twice a year, HSNRS will also collect teachers' reports of social-emotional development of Head Start children using standardized rating scales. These social-emotional rating scales will be field-tested in spring 2006 prior to national implementation in fall 2006. Head Start teachers will rate children in their classrooms on the aspects of cooperative classroom behaviors, preschool learning behaviors, and problem behaviors.

HSNRS will also collect health and safety information on children and programs, including children's height and weight, immunization status, receipt of dental care, and occurrences of injuries requiring medical attention.

Respondents: Head Start children and Head Start staff.

ANNUAL BURDEN ESTIMATES

Respondents and activities	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Fall Implementation				
Head Start Children: Participate in Child Assessments	425,000	1	1/4	106,250
Head Start Staff (Assessors): Participate in Training on Child Assessments	25,000	1	4	100,000
Head Start Staff (Local HSNRS Trainers): Participate in Training on Child Assessments	1,800	1	4	7,200
Head Start Staff (Assessors): Administer Child Assessments	25,000	17	1/4	106,250
Head Start Teachers: Participate in Training on Social-Emotional Development Ratings	38,500	1	1	38,500
Head Start Teachers: Complete Social-Emotional Development Ratings	38,500	11	1/6	70,583
Head Start Teachers: Complete Child Health Questions	38,500	11	1/12	35,292
Head Start Staff: Complete Health and Safety of Program Questions	1,800	1	1/12	150