

Citizens State Bank, Hudson, Wisconsin.

Board of Governors of the Federal Reserve System, February 8, 2005.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. 05-2774 Filed 2-11-05; 8:45 am]

**BILLING CODE 6210-01-S**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request**

*Title:* Head Start National Training and Technical Assistance System Quality Assurance Study.

*OMB No:* New collection.

*Description:* The Head Start National Training and Technical Assistance Quality Assurance Study is being undertaken to document and provide feedback on the work of the newly designed Head Start Training and Technical Assistance (T/TA) system. The Head Start Bureau awarded this contract to Mathematica Policy Research, Inc., and its subcontractor, Xtria LLC, in October 2004.

Providing training and technical assistance has long been a crucial component of the national-regional Head Start system. Through the new T/TA system, however, the Head Start Bureau has placed greater emphasis on quality and consistency of T/TA service delivery. Under the new T/TA system,

the Head Start Bureau's T/TA Branch annually sets national priorities. Regional Office T/TA liaisons oversee the system's 12 contracts, awarded in December 2003, which include locally based content experts in the areas of disabilities, early literacy, child development, fiscal administration and management, health, and family and community partnerships. These content experts support locally based TA specialists (TAS), who work with a caseload of 10 to 12 programs to develop T/TA training plans based on each grantee's self-assessment and the results from the Program Review Instrument for Systems Monitoring (PRISM) process. National contractors provide training and other resources according to priorities determined by the Head Start Bureau and in line with Administration initiatives. Programs can also use their special T/TA grant funds and, when necessary, additional funds from their basic Head Start grant funds to hire consultants or attend training events.

In addition, through Higher Education Grants, universities provide coursework to meet Head Start staff's credentialing needs in partnership with Head Start programs. The Higher Education grantees (HEGs) are organized into three consortia, representing Historically Black Colleges and Universities, Tribal Colleges and Universities and Hispanic/Latino-serving institutions.

For the regional Head Start system, the Quality Assurance Study will assess (1) each Head Start region's implementation and structure of the new system, (2) regional T/TA strategies

and services provided to grantees, (3) grantees' progress in assessing T/TA needs and identifying appropriate ways to meet those needs, (4) grantees' annual T/TA plans, and (5) grantees' perceptions about the system's impact on program quality and child outcomes. The study also will analyze whether the HEGs meet their goal of increasing the early childhood credentials of Head Start staff and teachers. In 2005, the study will collect information about the delivery of T/TA services to Head Start and Early Head Start programs through site visits to 48 representative programs (about 4 per region) and site visits to 15 HEGs (5 of each of the 3 types of HEGs). In 2006, the study will visit 36 of the 48 representative Head Start and Early Head Start programs to learn about changes in the T/TA system. All data collection activities have been designed to minimize the burden on respondents by minimizing the time required to respond. Participation in the study is voluntary.

The research will provide the Head Start Bureau and the Administration for Children and Families with information about exemplary practices as well as areas in the T/TA system that could be improved.

*Respondents:* Early Head Start and Head Start directors, coordinators, specialists, center administrators, teachers and home visitors; locally based TA specialists; university-based HEG project directors, university faculty, Head Start program administrators, and Head Start program staff and teachers.

**ESTIMATED RESPONSE BURDEN FOR RESPONDENTS FOR THE HEAD START T/TA QUALITY ASSURANCE STUDY**

Instrument	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total burden (hours)
<b>Program Site Visit Protocols (2005)</b>				
Director .....	48	1	1.5	72
Coordinator/Specialist (group) .....	144	1	1.25	180
Center Administrator (group) .....	288	1	1.25	360
Teacher/Home Visitor (group) .....	480	1	1.25	600
Locally Based TA Specialist .....	48	1	1.5	72
Program Reviews <sup>a</sup> .....	48	1	.5	24
<b>HEG Site Visit Protocols (2005)</b>				
HEG Project Director/Coordinator .....	15	1	1.5	22.5
HEG Staff/Faculty (group) .....	45	1	1	45
HS Director .....	30	1	1	30
HS Staff (group) .....	60	1	1	60
Total for 2005 .....				1,465.5
<b>Grantee Site Visit Protocols (2006)</b>				
Director .....	36	1	1.5	54
Coordinator/Specialist (group) .....	108	1	1.25	135

ESTIMATED RESPONSE BURDEN FOR RESPONDENTS FOR THE HEAD START T/TA QUALITY ASSURANCE STUDY—  
Continued

Instrument	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total burden (hours)
Center Administrator (group) .....	216	1	1.25	270
Teacher/Home Visitor (group) .....	360	1	1.25	450
Locally Based TA Specialist .....	36	1	1.5	54
Program Reviews <sup>a</sup> .....	36	1	.5	18
Total for 2006 .....				981
Total for 2005 and 2006 .....				2,446.5
Estimated Average Burden Hours .....				1,223.25

<sup>a</sup> These reviews will be conducted with the locally based TA specialists.

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: [grjohnson@acf.hhs.gov](mailto:grjohnson@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, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: February 4, 2005.

**Robert Sargis,**

*Reports Clearance Officer.*

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**BILLING CODE 4184-01-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institutes of Health/National Institute of Environmental Health Sciences; Proposed Collection; Comment Request; Active Living by Design Program Evaluation

*Summary:* 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 National Institute of Environmental Health Sciences (NIEHS), the National Institute of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

*Proposed Collection: Title:* Active Living by Design Program Evaluation.

*Type of Information Collection Request:* New.

*Need and Use of Information Collection:* The purpose of this study is to provide NIEHS with an overall evaluation of the Active Living by Design (ALbD) program to determine the extent to which program strategies to increase physical activity influence change, as measured by increased physical activity and reduction of Body Mass Index (BMI), in residents of participating communities. The two objectives of this study are to determine:

- The degree to which the changes in the built environment, communication strategies and policy as a result of ALbD's program has impacted physical activity and BMI in residents within the twenty-five (25) participating communities relative to a set of ten (10) control communities; and
- The degree to which the ALbD program's communication strategies has

positively impacted residents' knowledge and perceptions of features and conditions that impede and facilitate physical activity within their (participating) communities.

Two types of data collection will occur throughout the study. A telephone and Internet survey, which relies on self-reports, will be conducted on a large sample of the population. A smaller population sample will be used during clinical surveys, which will collect physical activity data using measures of physical activity such as, accelerometers; measures of BMI and include a face-to-face interview on respondents' perceptions of their neighborhood. The findings of this study will provide valuable information concerning: (1) The direct impact ALbD strategies have on increasing physical activity and bringing about positive changes in health associated with exercise, such as weight loss; (2) possible reduction of health risks and diseases related to physical inactivity through implementation of ALbD strategies.

*Frequency of Response:* Three times over a period of five (5) years; specifically during study years One (1), Three (3), and Five (5).

*Affected Public:* Individuals or households.

*Type of Respondents:* Respondents to telephone and internet surveys, includes adults, children ages 12 through 17 years and parents responding on behalf of children ages 6 through 11; Respondents to clinical surveys, includes adults and children ages 6-17. The clinical procedures require respondents under 18 years of age to be accompanied by their parent/guardian, therefore the burden has been doubled for these respondents. The annual reporting burden is represented in the following table: