2. Estimated Hours Burden

For the mall intercept survey and related pretest, the FTC's contractor will screen respondents to identify parents with children ages 7 to 16 who have bought or rented a DVD movie for their child within the past year. Allowing for non-response, FTC staff estimates that the screening questions will be asked of approximately 2,000 respondents in order to obtain a large enough sample for the survey and the pretest. The FTC staff estimates that screening will require no more than two minutes per person for a maximum hour burden of 67 hours (2,000 respondents × 2 minutes for each).

The FTC intends to pretest the questionnaire on up to15 parents to ensure that all questions are easily understood, and expects that the pretest will require no more than 10 minutes per person. The hours burden imposed by the pretest will be approximately 2.5 hours (15 respondents × 10 minutes for each).

The FTC staff additionally estimates that the survey of 400 respondents also will require no more than 10 minutes per person or, cumulatively, approximately 67 hours (400 respondents × 10 minutes for each).

Thus, the estimated total hours burden attributable to the mall intercept survey is approximately 136 hours (67 + 2.5 + 67).

For the telephone survey and a pretest of the survey, the FTC's contractor will apply the same screening threshold, identifying respondents who are parents with children ages 7 to 16 who have bought or rented a DVD movie for their child within the past year. Allowing for non-response, the FTC staff estimates that the screening questions will be asked of approximately 9,000 respondents in order to obtain a large enough sample for the survey and the pretest. The FTC staff estimates that screening will require no more than one minute per person for a maximum hour burden of 150 hours (9,000 respondents × 1 minute for each).

The FTC intends to pretest the questionnaire on up to 15 parents to ensure that all questions are easily understood. The FTC expects that the pretest will require no more than 5 minutes per person. The hours burden imposed by the pretest will be approximately 1.3 hours (15 respondents × 5 minutes for each).

The FTC staff estimates that the survey of 1,000 respondents also will require no more than 5 minutes per person or 83.3 hours (1,000 respondents × 5 minutes for each).

Thus, the estimated total hours burden attributable to the telephone survey research is approximately 235 hours (150 + 1.3 + 83.3).

The combined total hours burden attributable to both research projects is 371 hours (235 + 136).

3. Estimated Cost Burden

The cost per respondent should be negligible. Participation is voluntary and will not require any labor expenditures by respondents nor capital, start-up, operation, maintenance, or other similar costs.

William Blumenthal,

General Counsel.

[FR Doc. E8–28848 Filed 12–4–08; 8:45 am]

BILLING CODE 6750–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, National Center for Health Marketing (BSC, NCHM)

Correction: This notice was published in the **Federal Register** on November 12, 2008, Volume 73, Number 219, pages 66900–66901. The meeting location was originally announced as CDC, 1600 Clifton Road, NE., Tom Harkin Global Communication Center, Building 21, Room 1204 A&B, Atlanta, Georgia 30333. The correct address for the meeting location is CDC, 1600 Clifton Road, NE., Tom Harkin Global Communication Center, Building 19, Auditorium B1/B2, Atlanta, Georgia 30333.

Times and Dates:

9 a.m.–5 p.m., December 8, 2008.

8:30 a.m.–12:30 p.m., December 9, 2008.

Contact Person for More Information: Dionne R. Mason, Committee Management Specialist, NCHM, 1600 Clifton Road, NE., Mail Stop E–21, Atlanta, Georgia 30333; Telephone (404) 498–2314, Fax (404) 498–2221.

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 the Agency for Toxic Substances and Disease Registry.

Dated: November 26, 2008.

Elaine L. Baker,

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

[FR Doc. E8–28813 Filed 12–4–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[OMB No.: 0970–0353]

Submission for OMB Review; Comment Request

Title: Regional Partnership Grant (RPG) Program Data Collection.

Description: On September 30, 2007, the Administration for Children and Families (ACF), Children's Bureau, awarded multi-year grants to 53 regional partnership grantees (RPGs) to improve the safety, permanency and well-being of children affected by methamphetamine or other substance abuse who have been removed or are at risk of removal from their homes. The Child and Family Services Improvement Act of 2006, the authorizing legislation for the RPG program, required that a set of performance indicators be established to periodically assess the grantees' progress on achieving outcomes. The legislation mandated that these performance indicators be developed through a consultative process involving ACF, the Substance Abuse and Mental Health Services Administration (SAMHSA), and representatives of the State or Tribal agencies who are members of the regional partnerships.

The final set of RPG performance indicators was approved by ACF and disseminated to the funded grantees in January 2008. It includes a total of 23 indicators across four outcome domains: child/youth (9 indicators), adult (7 indicators), family/relationship (5 indicators), and regional partnership/service capacity (2 indicators). It also includes a core set of child and adult demographic elements that will provide important context needed to properly analyze, explain and understand the outcomes. No other national data collection measures these critical child, adult, family, and RPG outcomes specifically for these children and families. The data also will have significant implications for policy and program development for child well-being programs nationwide.

To minimize reporting burden, many of the data elements are already being collected by counties and States in order to report Federally mandated data for the Adoption and Foster Care Analysis and Reporting System (AFCARS), the Treatment Episode Data Set (TEDS) and the National Outcome Measures (NOMs); in addition, all States voluntarily submit data for the Federal National Child Abuse and Neglect Data System (NCANDS). Therefore, most

child welfare data elements included in the RPG performance measures can be found in a State's automated case management system, which is often a Federally funded Statewide Automated Child Welfare Information System (SACWIS). If the State elects to implement a SACWIS, the system is expected to be a comprehensive automated case management tool that meets the needs of all staff involved in foster care and adoption case management. A SACWIS is required to support reporting of data to AFCARS semi-annually, and annually to NCANDS. AFCARS reports information on all children in foster care, while NCANDS reports information on State child maltreatment reports. TEDS admission and discharge data are collected by State substance abuse agencies according to their own information systems for monitoring substance abuse treatment admissions and transmitted monthly or quarterly to the SAMHSA contractor.

As a result of prior Federal government reporting requirements, States are already collecting several data elements needed by the RPGs. The RPGs can download information from these existing systems to obtain data to monitor their program outcomes, thereby reducing the amount of primary data collection needed.

Beginning in year two, grantees will submit a data file with their required indicator data, according to their final set of indicators, every six months.

Respondents: RPG Grantees.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
State, local, or Tribal Government	31	2	175.50	10,881
Private Sector	22	2	175.50	7,722

Estimated Total Annual Burden Hours: 18,603.

Additional Information: Copies of the proposed collection may be obtained 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. All requests should be identified by the title of the information collection. E-mail address: *infocollection@acf.hhs.gov*.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, *Fax:* 202–395–6974, *Attn:* Desk Officer for the Administration for Children and Families.

Dated: December 1, 2008.

Janean Chambers,

Reports Clearance Officer.

[FR Doc. E8–28736 Filed 12–4–08; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2008–N–0612]

Sentinel Initiative: Structure, Function, and Scope; Public Workshop; Request for Comments

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of public workshop; request for comments.

The Food and Drug Administration (FDA) is announcing a public workshop entitled Sentinel Initiative: Structure, Function, and Scope. The workshop is co-sponsored by the Food and Drug Administration and the eHealth Initiative Foundation, and convened by the Engelberg Center for Health Care Reform at the Brookings Institution. The workshop is intended to bring together academia; government; patient, consumer, and provider groups; health care data owners; industry; and other interested organizations for an update on the current status of the Sentinel Initiative and to allow for comment from all interested stakeholders. Specific topics for discussion include potential governance models and their implications, and approaches for ensuring continued involvement of all stakeholders as the Initiative evolves.

Date and Time: The public workshop will be held on December 16, 2008, from 9 a.m. to 3:30 p.m.

Location: The public workshop will be held at the Omni Shoreham Hotel, 2500 Calvert Street NW., Washington, DC 20008.

Contact Person: Melissa Robb, Office of Critical Path Programs (HF–18), Food and Drug Administration, 5600 Fishers Lane, Rockville MD 20857, 301–827–1516, or e-mail: *Melissa.Robb@fda.hhs.gov*.

Registration: To register, please visit: *http://guest.cvent.com/* and insert ''7SN5MQKXSVQ'' for the event code. For questions regarding registration, e-mail: *engelbergevents@brookings.edu*.

If you need special accommodations due to a disability, please contact Keviar Warner, 202–624–3271, or e-mail: *Keviar.Warner@ehealthinitiative.org* at least 7 days in advance.

Comments: FDA is holding this public workshop to provide an update on the current status of the Sentinel Initiative. The deadline for submitting comments regarding this topic is January 16, 2009.

Regardless of attendance at the public workshop, interested persons may submit written or electronic comments to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630Fishers Lane, rm. 1061, Rockville, MD 20852. Submit electronic comments to *http://www.regulations.gov*. Submit a single copy of electronic comments or two paper copies of any mailed comments, except that individuals may submit one paper copy. Comments are to be identified with the docket number found in brackets in the heading of this document. Received comments may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

Please note that on January 15, 2008, the FDA Division of Dockets Management Web site transitioned to the Federal Dockets Management