

emerging threats, including pandemic influenza.

**DATES:** The Stakeholders Workshop 2009 & BARDA Industry Day will be held December 2–4, 2009. Each day will begin at 9 a.m.

**ADDRESSES:** The Workshop will be held at the Marriott Wardman Park Hotel, 2660 Woodley Road, NW., Washington, DC 20008.

*Registration:* There is no fee to attend; however, space is limited and registration is required. Registration and the preliminary agenda are available online at: <http://www.medicalcountermeasures.gov>.

**FOR FURTHER INFORMATION CONTACT:** L. Paige Rogers, Office of the Biomedical Advanced Research and Development Authority, Office of the Assistant Secretary for Preparedness and Response at 330 Independence Ave., SW., Room G640, Washington, DC 20201, e-mail at [BARDA@hhs.gov](mailto:BARDA@hhs.gov), or by phone at 202–260–1200.

Dated: October 27, 2009.

**Nicole Lurie,**

*Assistant Secretary for Preparedness and Response Rear Admiral, U.S. Public Health Service.*

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**BILLING CODE 4150–37–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, e-mail [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call the HRSA Reports Clearance Officer on (301) 443–1129.

Comments are invited on: (a) The proposed collection of information for the proper performance of the functions of the agency; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance 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.

#### Proposed Project Title: Combating Autism Act Initiative Evaluation (New)

*Background:* In response to the growing need for research and resources devoted to autism spectrum disorder (ASD) and other developmental disorders (DD), the U.S. Congress passed the Combating Autism Act (CAA) in 2006. This Act authorized federal programs to combat ASD and other DD through research, screening, intervention, and education. Through the CAA, the Health Resources and Services Administration (HRSA) is tasked with increasing awareness of ASD and other DD, reducing barriers to screening and diagnosis, promoting evidence-based interventions, and training health care professionals in the use of valid and reliable screening and diagnostic tools.

*Purpose:* HRSA's activities under this legislation are conducted by the Maternal and Child Health Bureau (MCHB), which is implementing the Combating Autism Act Initiative (CAAI) in response to the legislative mandate. The purpose of this evaluation is to design and implement a three-year evaluation to assess the effectiveness of MCHB's activities in meeting the goals and objectives of the CAAI, and to provide sufficient data to inform MCHB and the Congress as to the utility of the grant programs funded under the Initiative. To address the requirements for the Report to Congress, the evaluation will focus on short-term indicators related to: (1) Increasing awareness of ASD and other DD among health care providers, other MCH professionals and the general public; (2) reducing barriers to screening and diagnosis; (3) supporting research on evidence-based interventions; (4) promoting the development of evidence-based guidelines and tested/validated intervention tools; and (5) training professionals.

*Respondents:* Grantees funded by HRSA under the CAAI will be the

respondents for this data collection activity. The programs to be evaluated are listed below.

#### 1. Training Programs

- Leadership Education in Neurodevelopmental Disabilities (LEND) training programs with thirty nine grantees.
- Developmental Behavioral Pediatrics (DBP) training programs with six grantees; and
- A National Combating Autism Interdisciplinary Training Resource Center grantee.

#### 2. Research Programs

- Two Autism Intervention Research Networks that focus on intervention research, guideline development, and information dissemination;
- Five R40 Maternal and Child Health (MCH) Autism Intervention Research Program grantees that support research on evidence-based practices for interventions to improve the health and well-being of children and adolescents with ASD and other DD; and
- Two R40 MCH Autism Intervention Secondary Data Analysis Study (SDAS) Program grantees that support research on evidence-based practices for interventions to improve the health and well-being of children and adolescents with ASD and other DD, utilizing exclusively the analysis of existing secondary data.

#### 3. State Implementation Program Grants for Improving Services for Children and Youth With Autism Spectrum Disorder (ASD) and Other Developmental Disabilities (DD)

- Nine grantees will implement state autism plans and develop models for improving the system of care for children and youth with ASD and other DD and
- A State Public Health Coordinating Center grantee.

The data gathered through this evaluation will be used to:

- Evaluate the grantees' performance in achieving the objectives of the CAAI during the three year grant period;
- Assess the short- and intermediate-term impacts of the grant programs on children and families affected by ASD and other DD;
- Measure the CAAI outputs and outcomes for the Report to Congress; and
- Provide foundation data for future measurement of the initiative's long-term impact.

TABLE 1—ESTIMATED HOUR AND COST BURDEN OF THE DATA COLLECTION

| Grant program                      | No. of respondents | Responses per respondent | Total responses | Average hours per response | Total hour burden | Wage rate | Total hour cost |
|------------------------------------|--------------------|--------------------------|-----------------|----------------------------|-------------------|-----------|-----------------|
| LEND .....                         | 39                 | 6                        | 234             | .75                        | 175.5             | \$39.36   | \$6,907.68      |
| DBP .....                          | 6                  | 6                        | 36              | .75                        | 27                | 39.36     | 1,062.72        |
| State Implementation Program ..... | 9                  | 6                        | 54              | .75                        | 40.5              | 38.22     | 1,547.91        |
| Research Program .....             | 9                  | 6                        | 54              | .75                        | 40.5              | 39.36     | 1,594.08        |
| Total .....                        | 63                 | .....                    | 378             | .....                      | 283.5             | .....     | 11,112.39       |

The estimated response burden is shown in Table 1.

E-mail comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA Reports Clearance Officer, Room 10-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: October 22, 2009.

**Alexandra Huttinger**,  
Director, Division of Policy Review and Coordination.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60 Day-10-10AD]

#### Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. Alternatively, to obtain a copy of the data collection plans and instrument, call 404-639-5960 and send comments to Maryam I. Daneshvar, CDC Reports Clearance Officer, 1600 Clifton Road NE., MS-D74, Atlanta, Georgia 30333; comments may also be sent by e-mail to [omb@cdc.gov](mailto:omb@cdc.gov).

Comments are invited 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 a practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance 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 information technology. Written comments should be received within 60 days of this notice.

#### Proposed Project

School Dismissal Monitoring System—New—National Center for Preparedness, Detection, and Control of Infectious Diseases (NCPDCID), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

During the spring 2009 H1N1 outbreak, the U.S. Department of Education (ED) and the Centers for Disease Control and Prevention (CDC) received numerous daily requests about the overall number of school dismissals nationwide including the number of students and teachers impacted by the outbreak. Illness among school-aged students (K-12) in many states and cities resulted in at least 1351 school dismissals due to rapidly increasing absenteeism among students or staff that impacted at least 824,966 students and 53,217 teachers.

Although a system was put in place to track school closures in conjunction with the Department of Education (ED), no formal monitoring system was established, making it difficult to monitor reports of school dismissal and to gauge the impact of the outbreak.

CDC has recently issued guidance for school closure for the 2009-2010 school

year. To address the need to monitor reports of school closure, CDC and ED have established a School Dismissal Monitoring System to report on novel influenza A (H1N1)-related school or school district dismissals in the United States. Although the School Dismissal Monitoring System is currently approved to collect data under OMB Control Number 0920-0008, Emergency Epidemic Investigations, CDC would like to continue the data collection long term. Thus, CDC is requesting a separate OMB Control Number for this data collection.

The purpose of the School Dismissal Monitoring System is to generate accurate, real-time, national summary data daily on the number of school dismissals and the number of students and teachers impacted by the school dismissals. CDC will use the summary data to fully understand how schools are responding to CDC community mitigation guidance among schools, students, household contacts and for overall awareness of the impact of influenza outbreaks on school systems and communities.

Respondents are schools, school districts, and local public health agencies. Respondents will use a common reporting form to submit data to CDC. The reporting form includes the following data elements: Name of school district; zip code of school district; date the school or school district was dismissed; and the date school or school district is projected to reopen. Optional data elements include: name of person submitting information; the organization/agency; phone number of the organization/agency; and e-mail address. There is no cost to respondents other than their time to complete the data collection.