Depository institutions that provide periodic statements are required to include information about fees imposed, interest earned, and the annual percentage yield earned during those statement periods. TISA and Regulation DD mandate the methods by which institutions determine the account balance on which interest is calculated. They also contain rules about advertising deposit accounts and overdraft services.

Current Actions: On March 1, 2011, the Federal Reserve published a notice in the **Federal Register** (76 FR 11246) requesting public comment for 60 days on the extension, without revision, of the disclosure requirements in connection with Regulation DD. The comment period for this notice expired on May 2, 2011. The Federal Reserve did not receive any comments.

Board of Governors of the Federal Reserve System, May 17, 2011.

Jennifer J. Johnson,

Secretary of the Board.

[FR Doc. 2011–12418 Filed 5–19–11; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-11–0138]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Pulmonary Function Testing Course Approval Program, 29 CFR 1910.1043—Extension—(OMB No.0920–0138, Exp 8/31/2011). The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background

NIOSH has the responsibility under the Occupational Safety and Health Administration's Cotton Dust Standard, 29 CFR 1920.1043, for approving courses to train technicians to perform pulmonary function testing in the cotton industry. Successful completion of a NIOSH-approved course is mandatory under the Standard. To carry out its responsibility, NIOSH maintains a Pulmonary Function Testing Course Approval Program. The program consists of an application submitted by potential sponsors (universities, hospitals, and private consulting firms) who seek NIOSH approval to conduct courses, and if approved, notification to NIOSH of any course or faculty changes during the approval period, which is limited to five years. The application form and added materials, including an agenda, curriculum vitae, and course materials are reviewed by NIOSH to determine if the applicant has developed a program which adheres to the criteria required in the Standard. Following approval, any subsequent changes to the course are submitted by course sponsors via letter or e-mail and reviewed by NIOSH staff to assure that the changes in faculty or course content continue to meet course requirements. Course sponsors also voluntarily submit an annual report to inform NIOSH of their class activity level and any faculty changes. Sponsors who elect to have their approval renewed for an additional 5 year period submit a renewal application and supporting documentation for review by NIOSH staff to ensure the course curriculum meets all current standard requirements. Approved courses that elect to offer NIOSH–Approved Spirometry Refresher Courses must submit a separate application and supporting documents for review by NIOSH staff. Institutions and organizations throughout the country voluntarily submit applications and materials to become course sponsor and carry out training. Submissions are required for NIOSH to evaluate a course and determine whether it meets the criteria in the Standard and whether technicians will be adequately trained as mandated under the Standard. There are no costs to the respondents other than their time. The estimated annual burden to respondents is 196 hours.

Forms for respondents	Number of respondents	Number of responses/ respondent	Average burden/ response (in hrs)
Initial Application	3	1	3.5
Annual Report	35	1	30/60
Report for Course Changes	12	1	45/60
Renewal Application	13	1	6.0
Refresher Course Application	10	1	8.0

Dated: May 13, 2011.

Daniel Holcomb,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011–12470 Filed 5–19–11; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–11–11BF]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Contact Investigation Outcome Reporting Forms—New—National Center for Emerging, Zoonotic and Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC proposes to collect passenger-level, epidemiologic, demographic, and health status data from state/local Health Departments and maritime operators at the conclusion of contact investigations of individuals believed to have been exposed to a communicable disease during travel. The information requested by CDC would be obtained by the health departments or maritime operators while conducting the contact investigation according to their established policies and procedures, and would be reported to CDC on a voluntary basis. This information will assist CDC in fulfilling its regulatory responsibility to prevent the importation of communicable diseases from foreign countries (42 CFR part 71) and interstate control of communicable diseases in humans (42 CFR part 70). To perform these tasks in a streamlined manner and ensure that all relevant information is collected in the most efficient and timely manner possible, Quarantine Stations use a number of forms: Contact Investigation Outcome Reporting Forms: (1) Optional TB Air/Land Contact Investigation Outcome Reporting, (2) Optional Measles, Mumps, or Rubella Air/Land Contact Investigation Outcome Reporting, (3) Optional General Air/Land Contact Investigation Outcome Reporting Form, (4) Optional TB Maritime Contact Investigation Outcome Reporting Form, (5) Optional Measles, Mumps or Rubella Maritime Contact Investigation Outcome Reporting Form, (6) Optional General Maritime Contact Investigation Outcome Reporting Form.

Section 361 of the Public Health Service (PHS) Act (42 U.S.C. 264) authorizes the Secretary of Health and Human Services to make and enforce regulations necessary to prevent the introduction, transmission or spread of communicable diseases from foreign countries into the United States. The regulations that implement this law, 42 CFR Parts 70 and 71, require conveyances to report an "ill person" or any death onboard to authorized quarantine officers and other personnel to inspect and undertake necessary control measures with respect to conveyances (*e.g.,* airplanes, cruise ships), persons, and shipments of animals and etiologic agents in order to protect the public health. The notification is made possible by contacting individuals who may have been exposed to a communicable disease during travel and their contacts, and investigating this exposure so that the necessary medical or public health interventions can be implemented.

CDC provides state and local health departments and maritime conveyance operators with information to notify and contact individuals and further investigate this exposure by contacting others who may have been potentially exposed to disease. However, there currently is no standardized tool or form to collect pertinent information regarding the outcome of such investigations.

To address the need to inform CDC of additional actions that may be needed to further protect public health based on the outcome of the contact investigations, CDC has developed six forms to assist health departments and maritime conveyance operators in reporting back to CDC. The forms are specific to the nature of the investigation; Tuberculosis (TB), Measles, Mumps, and Rubella or the General forms specific to other diseases of public health concern. The purpose of the forms is the same: to collect information to help CDC quarantine officials to fully understand the extent of disease spread and transmission during travel and to inform the development and or refinement of investigative protocols, aimed at reducing the spread of communicable disease.

All six forms collect the following categories of information: Heath status of traveler, clinical history including diagnosis, and interventions related to exposure.

Respondents are state and local health departments and maritime conveyance operators. Respondents will use these standardized forms to submit data to CDC for each individual contacted via a secure means of their choice, e.g., web-based application, fax or e-mail.

The estimated total burden on the public, included in the chart below, can vary a great deal depending on the number of flights and the number of individuals identified as contacts that are assigned to a given health jurisdiction in the U.S. There is no cost to respondents other than their time. The total estimated annual burden hours are 280.

ESTIMATE ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses/ respondent	Average burden/ response (in hours)
State/Local health department staff	2154	1	5/60
State/Local health department staff	367	1	5/60
State/Local health department staff	456	1	5/60
Maritime Operators	190	1	5/60
Maritime Operators	140	1	5/60
Maritime Operators	40	1	5/60

Dated: May 13, 2011.

Daniel Holcomb,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011–12469 Filed 5–19–11; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–11–11CB]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

SEARCH for Diabetes in Youth Study—New—Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Diabetes is one of the most common chronic diseases among children in the United States. When diabetes strikes during childhood, it is routinely assumed to be type 1, or juvenile-onset, diabetes. Type 1 diabetes (T1D) develops when the body's immune system destroys pancreatic cells that make the hormone insulin. Type 2 diabetes begins when the body develops a resistance to insulin and no longer uses it properly. As the need for insulin rises, the pancreas gradually loses its ability to produce sufficient amounts of insulin to regulate blood sugar.

Reports of increasing frequency of both type 1 and type 2 diabetes in youth have been among the most concerning aspects of the evolving diabetes epidemic. In response to this growing public health concern, the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) funded the SEARCH for Diabetes in Youth Study.

The SEARCH for Diabetes in Youth Study began in 2000 as a multi-center, epidemiological study, conducted in six geographically dispersed Study Centers that reflected the racial and ethnic diversity of the U.S. Phases 1 (2000–2005) and 2 (2005–2010) produced estimates of the prevalence and incidence of diabetes among youth age < 20 years, according to diabetes type, age, sex, and race/ethnicity, and characterized selected acute and chronic complications of diabetes and their risk factors, as well as the quality of life and quality of health care.

CDC proposes to collect de-identified, case-level information from five SEARCH sites during Phase 3 of the SEARCH for Diabetes in Youth Study. Phase 3 brings together major and timely facets of childhood diabetes research: An epidemiologic component that assesses temporal trends in the incidence of diabetes in youth; a pathophysiologic component addressing the natural history of diabetes in youth; a health services research component to evaluate the processes and quality of care for youth with diabetes; and a public health perspective on case classification of diabetes in youth.

Information will be collected for three years through a data collection contractor, which will serve as the SEARCH Study Coordinating Center. Data will be transmitted electronically to the Coordinating Center through a secure, dedicated Web site. Information can be entered and transmitted at any time. The information collection has three components.

The Registry Study will collect information on newly diagnosed incident diabetes cases in youth age < 20 years. CDC estimates that each clinical site will identify and register an average of 255 cases per year. The items collected for each case include an inpatient survey, core information, medications, and physical exam data. The total estimated annualized burden for this information collection is 744 hours.

The Cohort Study is a longitudinal research study about SEARCH cases whose diabetes was incident in 2002 or later. CDC estimates that each clinical site will conduct follow-up on an average of 142 cases per year. The items collected for each case include health questionnaires for youth and parents, physical exam information, and surveys about eating behavior, blood sugar, neuropathy, family relationships, and quality of life. Information will also be collected to monitor unanticipated occurrences and conditions. CDC estimates that each site will report an average of 13 unanticipated occurrences per year.

Respondents will be the five study sites funded for SEARCH Phase 3. Participation in the data collection is required for the study sites, but participation in the SEARCH study is voluntary for individuals who are followed at those sites.

The total estimated annualized burden is 2,132 hours. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Form name	Average burden per response
SEARCH Clinical Sites: Registry Study	5	255	Extended Core	10/60
			Medication Inventory	5/60
			Inpatient Survey	10/60
			Specimen Collection (Registry)	5/60
			Physical Exam (Registry)	5/60
SEARCH Clinical Sites: Cohort Study	5	142	Health Questionnaire-Youth	15/60
			Health Questionnaire-Parent	15/60
			CES–Depression	4/60
			Medical Record Validation	10/60
			Quality of Care	13/60
			Peds QL	5/60
			SEARCH MNSI Neuropathy	5/60
			Diabetes Eating Survey	5/60