

ESTIMATED ANNUALIZED BURDEN HOURS

Projects	Number of participants	Number of responses/participant	Average hours per response
QDRL Interviews:			
(1) NCHS Surveys	120	1	1.25
(2) Other questionnaire testing	120	1	1.25
(3) Research on the effects of alternative questionnaire design	500	1	18/60
(4) General Methodological Research	60	1	1.25
Focus Groups (5 groups of 10)	50	1	1.5

Dated: November 9, 2006.

Joan F. Karr,

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

[FR Doc. E6-19373 Filed 11-15-06; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day-07-0607]

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) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

The National Violent Death Reporting System—extension—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Violence is an important public health problem. In the United States, homicide and suicide are the second and third leading causes of death, respectively, in the 1-34 year old age group. Unfortunately, public health

agencies do not know much more about the problem than the numbers and the sex, race, and age of the victims, all information obtainable from the standard death certificate. Death certificates, however, carry no information about key facts necessary for prevention such as the relationship of the victim and suspect and the circumstances of the deaths, thereby making it impossible to discern anything but the gross contours of the problem. Furthermore, death certificates are typically available 20 months after the completion of a single calendar year. Official publications of national violent death rates, *e.g.* those in *Morbidity and Mortality Weekly Report*, rarely use data that is less than two years old. Public health interventions aimed at a moving target last seen two years ago may well miss the mark.

Local and Federal criminal justice agencies such as the Federal Bureau of Investigation (FBI) provide slightly more information about homicides, but they do not routinely collect standardized data about suicides, which are in fact much more common than homicides. The FBI's Supplemental Homicide Report system (SHRs) does collect basic information about the victim-suspect relationship and circumstances, like death certificates, it does not link violent deaths that are part of one incident such as homicide-suicides. It also is a voluntary system in which some 10-20 percent of police departments nationwide do not participate. The FBI's National Incident Based Reporting System (NIBRS) addresses some of these deficiencies, but it covers less of the country than SHRs, still includes only homicides, and collects only police information. Also, the Bureau of Justice Statistics

Reports do not use data that is less than two years old.

CDC therefore proposes to continue a state-based surveillance system for violent deaths that will provide more detailed and timely information. It taps into the case records held by medical examiners/coroners, police, and crime labs. Data is collected centrally by each State in the system, stripped of identifiers, and then sent to the CDC. Information is collected from these records about the characteristics of the victims and suspects, the circumstances of the deaths, and the weapons involved. States use standardized data elements and software designed by CDC. Ultimately, this information will guide states in designing programs that reduce multiple forms of violence.

Neither victim families nor suspects are contacted to collect this information. It all comes from existing records and is collected by state health department staff or their subcontractors. Health departments incur an average of 2.0 hours per death in identifying the deaths from death certificates, contacting the police and medical examiners to get copies of or to view the relevant records, abstracting all the records, various data processing tasks, various administrative tasks, data utilization, training, communications, etc.

Violent deaths include all homicides, suicides, legal interventions, deaths from undetermined causes, and unintentional firearm deaths. There are 50,000 such deaths annually among U.S. residents, so the average state will experience approximately 1,000 such deaths each year.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 55,000.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Task name	Number of respondents	Number of responses/respondent	Average burden/response (in hours)
State Health Departments	Case Abstraction	20	1,000	2

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Respondents	Task name	Number of respondents	Number of responses/ respondent	Average burden/ response (in hours)
	Record Retrieval	20	1,000	0.5

Dated: November 9, 2006.

Joan F. Karr,

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

[FR Doc. E6-19374 Filed 11-15-06; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Identifying Promising Temporary Assistance for Needy Families (TANF) Diversion Practices.

OMB No.: New Collection.

Description: The Identifying Promising TANF Diversion Practices study is designed to understand States' and local offices' TANF diversion policies and practices. Since the passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, a majority of States have implemented formal diversion programs that provide assistance to families and/or impose program requirements on them when they apply for TANF in order to reduce the number of families who enroll in the

program. These programs can send a strong signal to applicants that TANF is a work-oriented program and/or prevent applicants' need to use time-limited welfare benefits. States have implemented three types of formal diversion programs: (1) Lump-sum payment programs targeted to work-ready applicants to help them through short-term crises; (2) "up-front" program requirements, such as mandatory participation in a program orientation or job search as a condition of eligibility; and (3) hybrid programs that provide short-term cash assistance and impose up-front requirements. The Administration for Children and Families has contracted with Mathematica Policy Research, Inc. to learn more about States' implementation of these programs and to identify best practices.

The study consists of a survey of States and in-depth visits to local sites. The survey of States will be administered in four stages: (1) A State survey to the TANF director in all 50 States and the District of Columbia to obtain a profile of States' diversion policies and practices; (2) a semi-structured, one-hour follow-up telephone interview with the State TANF director or designee in an

estimated 35 States with States with current diversion programs to gather additional information about these programs; (3) a semi-structured, 20-minute telephone interview with the State TANF director or designee in other States without current diversion programs to learn about future plans for diversion programs; and (4) a semi-structured, one-hour telephone interview with local TANF administrators from 30 selected local offices in States that provide local flexibility in administering diversion policies to learn about their practices.

To further understand the local implementation of diversion policies and practices, the study includes site visits to two local offices in each of three States with promising diversion programs. In each office, interviews will be conducted with one TANF administrator, an average of two supervisors or mid-level management staff members, an average of three line staff members, and an average of two staff members from partner organizations. Site visitors also will observe selected activities, such as intake, orientation, and job search.

Respondents: State TANF directors and administrators and local TANF administrators and line staff.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Survey of States				
Stage 1: State Survey	51	1	0.2	10.2
Stage 2: Interview State TANF Director with Diversion Program	35	1	1.0	35.0
Stage 3: Interview State TANF Director without Diversion Program	16	1	0.3	4.8
Stage 4: Interview Local TANF Administrator	30	1	1.0	30.0
Site Visit Protocols				
Administrator	6	1	1.5	9.0
Supervisor	12	1	1.0	12.0
Line Staff	18	1	1.0	18.0
Partner Organization	12	1	1.0	12.0
Observation	12	1		

Estimated Total Annual Burden Hours: 131.

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