

for the Year 2000, 2010, and 2020 Healthy People Objectives.

There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
<b>HOSPITAL</b>					
Hospital CEO/CFO .....	Hospital Eligibility Questions .....	500	1	1	500
Hospital CEO/CFO .....	Recruitment Survey Presentation ....	167	1	1	167
Hospital CEO/CFO .....	Annual Hospital Interview (includes inpatient and ambulatory).	500	1	2	1000
Medical and Health Services Manager.	Ambulatory Unit Induction .....	2,000	1	15/60	500
Department of Health Information Management (DHIM) or Health Information Technology (DHIT) staff.	Prepare and transmit UB-04 (2013-2015) for inpatient and ambulatory.	500	4	1	2,000
Medical Record Clerk .....	Pulling and re-filing Patient Records (ED, OPD, and ASL).	1,125	100	1/60	1,875
<b>FREESTANDING AMBULATORY SURGERY CENTERS (FSASC)</b>					
FSASC Chief Executive Officer .....	Annual FSACS Interview .....	250	1	30/60	125
FSASC DHIM or DHIT .....	Prepare and transmit UB-04 (2013-2015).	250	4	1	1000
FSASC Medical Record Clerk .....	Pulling and re-filing Patient Records	125	100	1/60	208
Total .....	.....	.....	.....	.....	7,375

Dated: October 2, 2012.

**Ron A. Otten,**

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60-Day-13-0728]

**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. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-7570 and send comments to Ron Otten, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email 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 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 automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

Title: National Notifiable Disease Surveillance System (NNDSS), OMB Control No. 0920-0728, Revision Exp. 01/31/2014, Office of Surveillance, Epidemiology, and Laboratory Services (OSELs), Public Health Surveillance and Informatics Program Office (PHSIPO) {Proposed} Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The Public Health Services Act (42 U.S.C. 241) authorizes CDC to disseminate nationally notifiable condition information. CDC's *Morbidity*

and *Mortality Weekly Report* publishes incidence and prevalence tables for nationally notifiable conditions for the reporting of case notification data from 57 reporting jurisdictions (50 states, 2 cities, and 5 territorial health departments) using the National Electronic Disease Surveillance System (NEDSS) umbrella of systems and including the National Electronic Telecommunications System for Surveillance (NETSS) and other surveillance data sources to NNDSS. Each year, the Council of State and Territorial Epidemiologists (CSTE) establishes the public health surveillance priorities and policies for the nation which are voted on by the Chief Epidemiologist in each U.S. State and Territory. In 2012, CSTE members voted to have Leptospirosis added to the CSTE List of Notifiable Conditions. In response to this CSTE position statement, the CDC Leptospirosis Program is requesting a change to NNDSS to include Leptospirosis on the NNDSS list so that reporting jurisdictions can start submitting core surveillance data to CDC. The annualized burden hours and cost to reporting jurisdictions to submit this data to CDC will not change significantly.

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
<b>Weekly Reporting</b>				
States .....	50	52	3	7,800
Territories .....	5	52	1.5	390
Cities .....	2	52	3	312
<b>Annual Reporting</b>				
States .....	50	1	16	800
Territories .....	5	1	10	50
Cities .....	2	1	16	32
Total .....				9,384

Dated: October 2, 2012.

**Ron A. Otten,**

*Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60-Day-13-0941]

**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. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-7570 or send comments to Ron Otten, at 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email 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 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 automated collection techniques or other forms of information

technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

Evaluation of Dating Matters: Strategies to Promote Healthy Teen Relationships™ (0920-0941, Expiration 6/13/2015)—REVISION—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Dating Matters: Strategies to Promote Healthy Teen Relationships™ is the Centers for Disease Control and Prevention's new teen dating violence prevention initiative.

To address the gaps in research and practice, CDC has developed *Dating Matters*, teen dating violence prevention program that includes programming for students, parents, educators, as well as policy development. Dating Matters is based on the current evidence about what works in prevention and focuses on high-risk, urban communities where participants include: middle school students age 11 to 14 years; middle school parents; brand ambassadors; educators; school leadership; program implementers; community representatives; and local health department representatives in the following communities: Alameda County, California; Baltimore, Maryland; Broward County, Florida; and Chicago, Illinois.

The primary goal of the current proposal is to expand and add instruments to the approved outcome and implementation evaluation of Dating Matters in the four metropolitan cities to determine its feasibility, cost, and effectiveness. In the evaluation, a standard model of TDV prevention (Safe Dates administered in 8th grade) will be compared to a comprehensive model (programs administered in 6th, 7th, and

8th grade as well as parent, educator, policy, and communications interventions).

*Population.* The study population includes students in 6th, 7th and 8th grades at 44 schools in the four participating sites. At most, schools are expected to have 6 classrooms per grade, with an average of 30 students per classroom yielding a population of 23,760 students (44 schools × 3 grades × 6 classrooms per grade × 30 students per classroom). All student evaluation activities will take place during the school year. The sampling frame for parents, given that we would only include one parent per student, is also 23,760 for the three years of data collection covered by this package. If we assume 40 educators per school, the sampling frame for the educator sample is 1,760.

*Students:* In each year of data collection, we will recruit 11,880 students (30 students per classroom × 3 classrooms per grade × 3 grades × 44 schools). We assume a 95% participation rate (n = 11,286) for the baseline student survey and 90% participation rate (n = 10,692) at follow-up survey. In this revision, we request to drop the mid-term survey to reduce burden on schools.

*Parents:* We will recruit a sample of 2,020 parents. We expect that 95% of the 2,020 parents will agree to participate at baseline (n = 1,919) and 90% will participate in the follow-up survey (n = 1,818) parents.

*Educators:* We will attempt to recruit all educators in each school (44 schools × 40 educators per school = 1,760). We expect a 95% participation rate for an estimated sample of 1,672 educators at baseline and 90% participation rate at follow-up for an estimated sample of 1,584.

*School data extractors:* We will attempt to recruit one data extractor per 44 schools to extract school data to be