unique opportunity to establish an evidence base for obesity prevention communication efforts operating within the broader context of community-level change efforts.

As part of a multi-component evaluation plan for the CTG program, CDC is seeking OMB approval to collect the information needed to evaluate the effectiveness of NPAO-targeted local television media campaigns. The items of information to be collected focus on the following areas: Audience awareness and recall of local campaigns; reactions to and perceptions of campaign messages; NPAO-related knowledge, attitudes, and beliefs; support for NPAO-related policy/environmental change; intentions to change NPAO-related behaviors; NPAO-related behaviors; and socio-demographic characteristics. This information will be used to evaluate the impact of these efforts on key NPAO-related outcomes and to examine the extent to which campaign effectiveness varies by characteristics and stylistic features of different campaign advertisements. The information will inform the CTG Program and other NPAO-targeted media campaigns and help to improve the clarity, salience, appeal, and persuasiveness of messages and campaigns supporting CDC's mission.

Information will be collected through Web surveys to be self-administered at home on personal computers. Surveys will be administered to approximately 15,399 adult members of Research Now (RN) panel, a large online panel of the U.S. population. Information will be collected once, with an expected burden of approximately 30 minutes per survey. CDC estimates that approximately 25,665 individuals must be contacted for screening and consent in order to yield the target number of completed surveys. The estimated burden response for the initial contact is three minutes.

Participation is voluntary and there are no costs to respondents other than their time. CDC's authority to collect information for public health purposes is provided by the Public Health Service Act (41 U.S.C. 241) Section 301. Approval for this information collection is requested for one year. The total estimated annualized burden hours are 8,983.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Adults, ages 18–54 in the U.S	Welcome to the Health and Media Survey	25,665	1	3/60
	Health and Media Survey	15,399	1	30/60

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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

[30Day–13–0666]

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 (404) 639–7570 or send an email 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

National Healthcare Safety Network (NHSN) (OMB No. 0920–0666), exp. 01/31/2015—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Healthcare Safety Network (NHSN) is a system designed to accumulate, exchange, and integrate relevant information and resources among private and public stakeholders to support local and national efforts to protect patients and promote healthcare safety. Specifically, the data is used to determine the magnitude of various healthcare-associated adverse events and trends in the rates of these events among patients and healthcare workers with similar risks. The data will be used to detect changes in the epidemiology of adverse events resulting from new and current medical therapies and changing risks. The NHSN consists of four components: Patient Safety, Healthcare Personnel Safety, Biovigilance, and Long-Term Care Facility (LTCF). In general, the data reported under the Patient Safety Component protocols are used to (1) determine the magnitude of the healthcare-associated adverse events under study, trends in the rates of events, in the distribution of pathogens, and in the adherence to prevention practices, and (2) to detect changes in the epidemiology of adverse events resulting from new medical therapies and changing patient risks. Additionally, reported data will be used to describe the epidemiology of antimicrobial use and resistance and to understand the relationship of antimicrobial therapy to this growing problem. Under the Healthcare Personnel Safety Component protocols, data on events, both positive and adverse, are used to determine (1) the magnitude of adverse events in healthcare personnel and (2) compliance with immunization and sharps injuries safety guidelines. Under the Biovigilance Component, data on adverse reactions and incidents associated with blood transfusions are used to provide national estimates of adverse reactions and incidents. The Long-Term Care Facility (LTCF) Component is used to more specifically and appropriately capture data from the residents of skilled nursing facilities. Surveillance methods and definitions for this component specifically address the nuances of LTCF residents.

This revision submission includes major revisions to the Patient Safety Component—Outpatient Dialysis Center Practices Survey (Form 57.104) in an effort to provide further clarification to those collecting the information. Additionally, some of the changes have been made to improve surveillance data available for the outpatient dialysis population. Due to the CMS End Stage Renal Disease (ESRD) Quality Improvement Program (QIP) reporting

requirements, over 5,700 dialysis facilities have already enrolled or will enroll into NHSN to report data in 2012. Form 57.104 is completed by each facility upon enrollment into NHSN and then every January thereafter.

Furthermore, minor revisions have been made to 28 other forms within the package to clarify and/or update surveillance definitions. Six forms have been removed for the purposes of simplification from the Healthcare Personnel Safety Component of the package due to changes within NHSN reporting of healthcare personnel influenza vaccination. Old functionality of individual level vaccination reporting will be removed from NHSN. CMS Inpatient Quality Reporting (IQR) requirements designate that all acute care facilities will report healthcare personnel vaccination counts at the summary level for the 2012–2013 flu season.

The previously approved NSHN package included 54 individual collection forms; the current revision request removes six forms for a total of 48 forms. The reporting burden will decrease by 415,523 hours, for a total of 3,562,653 hours.

Healthcare institutions that participate in NHSN report their data to CDC using a Web browser based technology for data entry and data management. Data are collected by trained surveillance personnel using written standardized protocols. Participating institutions must have a computer capable of supporting an Internet service provider (ISP) and access to an ISP. There is no cost to respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Form number and name	Type of respondents	Number of respondents	No. of responses per respondent	Avg. burden per response (in hours)
57.100: NHSN Registration Form	Registered Nurse (Infection Preventionist).	2,000	1	5/60
57.101: Facility Contact Information	Registered Nurse (Infection Preventionist).	2,000	1	10/60
57.103: Patient Safety Component—Annual Hospital Survey	Registered Nurse (Infection Preventionist).	6,000	1	30/60
57.104: Patient Safety Component—Outpatient Dialysis Center Practices Survey.	Registered Nurse (Infection Preventionist).	5,700	1	1.5
57.105: Group Contact Information	Registered Nurse (Infection Preventionist).	6,000	1	5/60
57.106: Patient Safety Monthly Reporting Plan	Registered Nurse (Infection Preventionist).	10,000	12	35/60
57.108: Primary Bloodstream Infection (BSI)	Registered Nurse (Infection Preventionist).	6,000	36	35/60
57.109: Dialysis Event	Staff RN	5,700	60	16/60
57.111: Pneumonia (PNEU)	Registered Nurse (Infection Preventionist).	6,000	72	32/60
57.112: Ventilator-Associated Event	Registered Nurse (Infection Preventionist).	6,000	144	25/60
57.114: Urinary Tract Infection (UTI)	Infection Preventionist	6,000	27	32/60
57.116: Denominators for Neonatal Intensive Care Unit (NICU).	Staff RN	6,000	9	3
57.117: Denominators for Specialty Care Area (SCA)/Oncology (ONC).	Staff RN	6,000	9	5
57.118: Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA).	Staff RN	6,000	18	5
57.119: Denominator for Outpatient Dialysis	Staff RN	5,700	12	6/60
57.120: Surgical Site Infection (SSI)	Registered Nurse (Infection Preventionist).	6,000	36	32/60
57.121: Denominator for Procedure	Staff RN	6,000	540	5/60
57.123: Antimicrobial Use and Resistance (AUR)—Microbiology Data Electronic Upload Specification Tables.	Laboratory Technician	6,000	12	5/60
57.124: Antimicrobial Use and Resistance (AUR)—Pharmacy Data Electronic Upload Specification Tables.	Pharmacy Technician	6,000	12	5/60
57.125: Central Line Insertion Practices Adherence Monitoring.	Registered Nurse (Infection Preventionist).	1,000	100	5/60
57.126: MDRO or CDI Infection Form	Registered Nurse (Infection Preventionist).	6,000	72	32/60
57.127: MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring.	Registered Nurse (Infection Preventionist).	6,000	24	10/60
57.128: Laboratory-identified MDRO or CDI Event	Registered Nurse (Infection Preventionist).	6,000	240	15/60
57.130: Vaccination Monthly Monitoring Form—Summary Method.	Registered Nurse (Infection Preventionist).	6,000	5	14
57.131: Vaccination Monthly Monitoring Form—Patient-Level Method.	Registered Nurse (Infection Preventionist).	2,000	5	2
57.133: Patient Vaccination	Registered Nurse (Infection Preventionist).	2,000	250	10/60
57.137: Long-Term Care Facility Component—Annual Facility Survey.	Registered Nurse (Infection Preventionist).	250	1	45/60
57.138: Laboratory-identified MDRO or CDI Event for LTCF	Registered Nurse (Infection Preventionist).	250	8	15/60

ESTIMATE OF ANNUALIZED BURDEN HOURS—Continued

Form number and name	Type of respondents	Number of respondents	No. of responses per respondent	Avg. burden per response (in hours)
57.139: MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF.	Registered Nurse (Infection Preventionist).	250	12	5/60
57.140: Urinary Tract Infection (UTI) for LTCF	Registered Nurse (Infection Preventionist).	250	9	30/60
57.141: Monthly Reporting Plan for LTCF	Registered Nurse (Infection Preventionist).	250	12	5/60
57.142: Denominators for LTCF Locations	Registered Nurse (Infection Preventionist).	250	12	3
57.143: Prevention Process Measures Monthly Monitoring for LTCF.	Registered Nurse (Infection Preventionist).	250	12	5/60
57.150: LTAC Annual Survey	Registered Nurse (Infection Preventionist).	400	1	30/60
57.151: Rehab Annual Survey	Registered Nurse (Infection Preventionist).	1,000	1	25/60
57.200: Healthcare Personnel Safety Component Annual Facility Survey.	Occupational Health RN/Specialist.	100	1	8
57.203: Healthcare Personnel Safety Monthly Reporting Plan.	Occupational Health RN/Specialist.	100	9	10/60
57.204: Healthcare Worker Demographic Data	Occupational Health RN/Specialist.	100	200	20/60
57.205: Exposure to Blood/Body Fluids	Occupational Health RN/Specialist.	100	50	1
57.206: Healthcare Worker Prophylaxis/Treatment	Occupational Health RN/Specialist.	100	30	15/60
57.207: Follow-Up Laboratory Testing	Laboratory Technician	100	50	15/60
57.210: Healthcare Worker Prophylaxis/Treatment—Influenza.	Occupational Health RN/Specialist.	600	50	10/60
57.300: Hemovigilance Module Annual Survey	Medical/Clinical Laboratory Technologist.	500	1	2
57.301: Hemovigilance Module Monthly Reporting Plan	Medical/Clinical Laboratory Technologist.	500	12	2/60
57.302: Hemovigilance Module Monthly Incident Summary	Medical/Clinical Laboratory Technologist.	500	12	2
57.303: Hemovigilance Module Monthly Reporting Denominators.	Medical/Clinical Laboratory Technologist.	500	12	30/60
57.304: Hemovigilance Adverse Reaction	Medical/Clinical Laboratory Technologist.	500	120	10/60
57.305: Hemovigilance Incident	Medical/Clinical Laboratory Technologist.	500	72	10/60

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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

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects:

Title: Child Care and Development Fund Financial Report (ACF 696) for States and Territories

OMB No.: 0970–0163

Description: States and Territories use the Financial Report Form ACF–696 to report Child Care and Development Fund (CCDF) expenditures. Authority to collect and report this information is found in section 658G of the Child Care and Development Block Grant Act of 1990, as revised. In addition to the Program Reporting Requirements set forth in 45 CFR part 98, subpart H, the regulations at 45 CFR 98.65(g) and 98.67(c)(1) authorize the Secretary to require financial reports as necessary.

The form provides specific data regarding claims and provides a mechanism for States to request Child Care grant awards and to certify the availability of State matching funds. Failure to collect this data would seriously compromise ACF's ability to monitor Child Care and Development Fund expenditures. This information is also used to estimate outlays and may be used to prepare ACF budget submissions to Congress.

The American Recovery and Reinvestment Act (ARRA) of 2009, (Pub. L. 111–5) provides an additional $2 billion for the Child Care and Development Fund to help States, Territories, and Tribes provide child care assistance to low income working families. CCDF Program Instruction (CCDF–ACF–PI–2009–03) provided guidance on ARRA spending requirements.

Section 1512 of the ARRA legislation requires recipients to report quarterly spending and performance data on the public Web site, ''Recovery.gov''. Federal agencies are required to collect ARRA expenditure data and performance data and these data must be clearly distinguishable from the regular CCDF (non-ARRA) funds. To ensure transparency and accountability, the ARRA authorizes Federal agencies and grantees to track and report separately on expenditures from funds made available by the stimulus bill. Office of Management and Budget (OMB) guidance implementing the