

eligible voters have the opportunity to cast their ballots without undue delay, and to improve the experience of voters facing other obstacles in casting their ballots.

*Agenda:* The purpose of this meeting is for the PCEA to discuss, consider and adopt a plan and schedule for the collection of data and information relevant to its deliberations on the subjects set forth in Executive Order 13639, as amended. The agenda will be as follows:

- Introductions & Statement of Plan for The Meeting
- Ceremonial Swearing In of Commission Members
- Dates, Locations and Formats for Public meetings
- Areas of Research Focus
- Uses of the Commission Web site
- Next Steps for the Commission

*Meeting Access:* The PCEA will convene its meeting in the General Services Administration Auditorium, 1800 F Street NW., Washington, DC 20405. This site is accessible to individuals with disabilities. The meeting may also be webcast or made available via audio link. Please refer to PCEA's Web site, <http://www.supportthevoter.gov>, for the most up-to-date meeting agenda and access information.

*Availability of Materials for the Meeting:* Individuals interested in attending the meeting must register in advance because of limited space. Please contact Mr. Nejbauer at the email address above to register to attend this meeting and obtain meeting materials. Materials may also be accessed online at <http://www.supportthevoter.gov>. To attend this meeting, please submit your full name, organization, email address, and phone number to Mark Nejbauer by 5:00 p.m. eastern standard time on Tuesday, June 18, 2013. Detailed meeting minutes will be posted within 90 days of the meeting.

*Procedures for Providing Public Comments:* In general, public comments will be posted on the PCEA Web site (see above). All comments, including attachments and other supporting materials, received are part of the public record and subject to public disclosure. Any comments submitted in connection with the PCEA meeting will be made available to the public under the provisions of the Federal Advisory Committee Act.

The public is invited to submit written comments for this meeting until 5:00 p.m. eastern time on Tuesday, June 18th, 2013, by either of the following method:

*Electronic or Paper Statements:* Submit electronic statements to Mr. Nejbauer, Designated Federal Officer at [mark.nejbauer@supportthevoter.gov](mailto:mark.nejbauer@supportthevoter.gov); or send paper statements in triplicate to Mr. Nejbauer at the PCEA GSA address above.

Dated: May 30, 2013.

**Kathleen M. Turco**,  
Associate Administrator, Office of  
Government-wide Policy, General Services  
Administration.

[FR Doc. 2013-13496 Filed 6-6-13; 8:45 am]

**BILLING CODE 6820-14-P**

---

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-13-0445]

#### 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](mailto: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

School Health Policies and Practices Study (formerly titled School Health Policies and Programs Study, OMB No. 0920-0445, exp. 9/30/2012)—Reinstatement with Changes—Division of Adolescent and School Health (DASH), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention, (CDC).

#### Background and Brief Description

CDC has previously examined the role schools play in addressing health risk behaviors through the School Health Policies and Programs Study (SHPPS, OMB NO. 0920-0445), a series of data collections conducted at the state, district, school, and classroom levels in 1994 (OMB No. 0920-0340, exp. 1/31/1995), 2000 (OMB No. 0920-0445, exp. 10/31/2002), 2006 (OMB No. 0920-0445, exp. 11/30/2008), and 2012 (OMB No. 0920-0445, exp. 9/30/2012).

CDC plans to reinstate data collection in 2014 and 2016 with changes. SHPPS will assess the characteristics of eight components of school health programs at the elementary, middle, and high school levels: health education, physical education, health services, mental health and social services, nutrition services, healthy and safe school environment, faculty and staff health promotion, and family and community involvement. This data collection will take place at the school- and classroom-levels in 2014 and at the district level in 2016. The school- and classroom-level data collection proposed for 2014 was approved for 2012 but was not conducted because of insufficient funds.

Sixteen questionnaires will be used: seven at the district level, seven at the school level and two at the classroom level. The school- and classroom-level questionnaires will be identical to those approved for data collection in 2012. The district-level questionnaires will include minor modifications to the 2012 questionnaires. For example, question wording will be revised to improve clarity. The school-level data collection also will include vending machine observations, which will yield the only nationally representative dataset of snack and beverage offerings available to students through school vending machines. These observations were a part of the 2012 study protocol but were not conducted because of insufficient funds.

The SHPPS data collection will have significant implications for policy and program development for school health programs nationwide. The results will be used by Federal agencies, state and local education and health agencies, the private sector, and others to support school health programs; monitor progress toward achieving health and education goals and objectives; develop educational programs, demonstration efforts, and professional education/training; and initiate other relevant research initiatives to contribute to the reduction of health risk behaviors among our nation's youth. SHPPS data also will be used to provide measures for 14 Healthy People 2020 national health objectives. No other national source of data exists for these objectives. The data also will have significant implications for policy and program development for school health programs nationwide. The combined total burden hours estimated for the 2014 and 2016 SHPPS and associated support activities are 9,722.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Officials .....	State Recruitment Script (for 2014 study) .....	42	1	30/60
	State Recruitment Script (for 2016 study) .....	44	1	30/60
District Officials .....	District Recruitment Script (for 2014 study) .....	320	1	30/60
	District Recruitment Script (for 2016 study) .....	902	1	60/60
	District Health Education .....	685	1	30/60
	District Physical Education and Activity .....	685	1	40/60
	District Health Services .....	685	1	40/60
	District Nutrition Services .....	685	1	30/60
	District Healthy and Safe School Environment .....	685	1	60/60
	District Mental Health and Social Services .....	685	1	30/60
	District Faculty and Staff Health Promotion .....	685	1	20/60
School Officials .....	School Recruitment Script .....	821	1	60/60
	School Health Education .....	640	1	20/60
	School Physical Education and Activity .....	640	1	40/60
	School Health Services .....	640	1	50/60
	School Nutrition Services .....	640	1	40/60
	School Healthy and Safe School Environment .....	640	1	75/60
	School Mental Health and Social Services .....	640	1	30/60
	School Faculty and Staff Health Promotion .....	640	1	20/60
Classroom teachers .....	Classroom Health Education .....	1,229	1	50/60
	Classroom Physical Education and Activity .....	1,229	1	40/60

**Ron A. Otten,**

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

[FR Doc. 2013-13525 Filed 6-6-13; 8:45 am]

BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-13-0912]

**Agency Forms Undergoing Paperwork 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 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

**Proposed Project**

Frame Development for the Residential Care Component of the National Study of Long-Term Care Providers (OMB No. 0920-0912, expired 1/31/2013)—Reinstatement no change—National Center for Health Statistics

(NCHS), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

NCHS seeks approval to collect data needed to develop up-to-date sampling frames of residential care facilities. Three year clearance is requested. Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, “shall collect statistics on health resources. . . [and] utilization of health care, including extended care facilities, and other institutions.”

The sampling frames will be used to draw nationally representative samples for two waves of the National Study of Long-Term Care Providers (NSLTCP). The frame-related data will be collected from representatives in state regulatory agencies in the 50 states and the District of Columbia primarily via telephone calls, emails, and in a few cases, via formal written requests. The frame information was first collected in 2012 (OMB No. 0920-0912, expired 1/31/2013). The data to be collected from these state officials include (1) confirming that we have identified the appropriate licensure categories of residential care facilities within each state that meet the NSLTCP definition and (2) for each relevant licensure category, requesting an electronic file of the licensed residential care facilities for which the agency is responsible if such files with the needed variables are not downloadable from the state’s Web site.

The NSLTCP study definition of a residential care facility is one that is licensed, registered, listed, certified, or otherwise regulated by the state to provide room and board with at least two meals a day, provide around-the-clock on-site supervision, and help with activities of daily living (e.g., bathing, eating, or dressing) or health related services, such as medication supervision; serves primarily an adult population; and has at least four licensed, certified, or regulated beds. Facilities licensed to serve the mentally ill or the intellectually disabled/developmentally disabled populations exclusively are excluded. Nursing homes and skilled nursing facilities are also excluded, unless they have a unit or wing meeting the above definition and residents can be separately enumerated.

The electronic files we seek to obtain from the states should include the name, address, phone number, and Web site (if available) of the residential care facility; name, phone number, and email address (if available) of facility director; licensure category; chain affiliation; ownership type; and bed size. Data on individual facilities are confidential and a public-use file will not be produced.

Expected users of the findings from the frame data include, but are not limited to CDC’s NCHS and its contractors; other Department of Health and Human Services (DHHS) agencies, such as the Office of the Assistant Secretary for Planning and Evaluation and the Agency for Healthcare Research and Quality; associations, such as