The following formula will be used to determine the fees:

$$\text{Average cost per inspection} = \frac{\text{Total cost of VSP}}{\text{Weighted number of annual inspections}}$$

Total cost of VSP = Total cost of operating the program, such as administration, travel, staffing, sanitation inspections, and outbreak response.

Weighted number of annual inspections = Total number of ships and inspections per year accounting for vessel size, number of inspectors needed for vessel size, travel logistics to conduct inspections, and vessel location and arrivals in U.S. jurisdiction per year.

The fee schedule was most recently published in the **Federal Register** on December 1, 2022 (87 FR 73767). The fee schedule for FY 2024 is presented in Appendix A.

Fee

The fee schedule (Appendix A) applies to inspections conducted from October 1, 2023, through September 30, 2024.

Applicability

The fees will apply to all passenger cruise vessels for which inspections are conducted as part of HHS/CDC's Vessel Sanitation Program.

Tiffany Brown,

Executive Secretary, Centers for Disease Control and Prevention.

Appendix A

FEE SCHEDULE FOR EACH VESSEL SIZE—OPERATIONAL SANITATION INSPECTIONS

Vessel size (GRT [1])	Inspection fee (US$)
Extra Small (<3,000 GRT)	1,495
Small (3,001–15,000 GRT)	2,990
Medium (15,001–30,000 GRT)	5,980
Large (30,001–60,000 GRT)	8,970
Extra Large (60,001–120,000 GRT)	11,960
Mega (120,001–140,000 GRT)	17,940
Super Mega (<140,001 GRT) ..	23,920

[1] Gross register tonnage in cubic feet, as shown in Lloyd's Register of Shipping (*https://www.lr.org/en/*).

Operational sanitation inspections and re-inspections involve the same procedures and require the same amount of time, so they are charged at the same rates.

FEE SCHEDULE FOR EACH VESSEL SIZE—CONSTRUCTION AND RENOVATION INSPECTIONS

Vessel size (GRT [1])	Inspection fee (US$)
Extra Small (<3,000 GRT)	2,990
Small (3,001–15,000 GRT)	5,980
Medium (15,001–30,000 GRT)	11,960
Large (30,001–60,000 GRT)	17,940
Extra Large (60,001–120,000 GRT)	23,920
Mega (120,001–140,000 GRT)	35,880
Super Mega (≤140,001 GRT) ...	47,840

[1] Gross register tonnage in cubic feet, as shown in Lloyd's Register of Shipping (*https://www.lr.org/en/*).

Construction and renovation inspections require at least twice the amount of time as operational sanitation inspections, so they are charged double the rates.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–23–23CU]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled ''Advancing Violence Epidemiology in Real-Time (AVERT)'' to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on 3/24/2023 to obtain comments from the public and affected agencies. CDC received one non-substantive comment related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Advancing Violence Epidemiology in Real-Time (AVERT)—NEW—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In FY2020, CDC funded the Firearm Injury Surveillance Through Emergency Rooms (FASTER) initiative, which provided funding for 10 U.S. jurisdictions to share firearm injury-related emergency department (ED) visit data with CDC. As firearm injuries increased significantly in recent years

and contribute to billions of dollars in medical and lost productivity costs every year, the FASTER initiative was funded to improve the availability and timeliness of nonfatal firearm injury data. As the 3-year FASTER initiative was implemented, the utility of syndromic surveillance data for monitoring other forms of nonfatal violence and mental health conditions (which may increase risk for or be a negative outcome associated with violence victimization) became clear. Timely state- and local-level data on ED visits for firearm injuries, other nonfatal injuries (*e.g.,* intimate partner violence, sexual violence, child abuse and neglect), and mental health conditions are currently limited; thus, the collection of near real-time data on ED visits for these conditions at the state- and local-level could improve the ability to identify, respond to, and prevent violence. These data can also be used to identify, track, and address disparities in ED visits for firearm injuries, other violence-related injuries, and mental health conditions.

The Advancing Violence Epidemiology in Real Time (AVERT) initiative, funded by CDC in FY2023, intends to integrate, expand, and enhance previous data sharing efforts with public health departments initiated under the FASTER program. The goal of AVERT is to build on the FASTER program and provide funding to a minimum of 10 jurisdictions to share timely ED data for all firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions. AVERT will support states to conduct routine monitoring of electronic health record data via syndromic surveillance to identify ED visits related to these conditions, as well as to analyze these data in a timely manner and share these data with CDC. To do this, AVERT will leverage ED syndromic surveillance data already routinely collected by state health departments and the District of Columbia health department through CDC's National Syndromic Surveillance Program (NSSP), which receives near real-time ED data from health departments. Descriptive analyses, such as frequencies and changes in the rate of ED visits involving a firearm injury, other violence-related injury, or mental health condition by region, state, and local jurisdiction, will be conducted. Longitudinal statistical analyses will be used to describe trends.

Understanding the full extent of the problem of firearm violence, other forms of nonfatal violence, and mental health conditions treated in EDs is crucial to informing prevention and response strategies and reducing future incidents.

CDC requests OMB approval for an estimated 30 annual burden hours. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Total number of responses per respondent	Average burden per response (hours)
Participating health departments sharing case-level ED data with CDC.	Emergency Department Form (ED Violence Data Form).	10	6	30/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Replication of Recovery and Reunification Interventions for Families-Impact Study (New Collection)

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) is proposing a data collection activity as part of the Replication of Recovery and Reunification Interventions for Families-Impact Study (R3-Impact). The R3-Impact Study aims to satisfy the legislative requirements called for by the 2018 SUPPORT for Patients and Communities Act by replicating and testing the efficacy of two recovery coaching interventions for families engaged in the child welfare system due to parental substance use disorders.

DATES: *Comments due within 30 days of publication.* The Office of Management and Budget *(*OMB) must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review-Open for Public Comments'' or by using the search function. You can also obtain copies of the proposed collection of information by emailing *OPREinfocollection@acf.hhs.gov.* Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The R3-Impact study will use experimental and quasi-experimental designs to test the effectiveness of the recovery coaching interventions on key child welfare and parent well-being outcomes. The implementation study will document the fidelity of program implementation, describe the services participants receive under each approach, and provide operational lessons gathered directly from practitioners. These goals represent ACF's interest in understanding whether recovery coaching interventions yield successful parental recovery and child welfare outcomes, and if so, whether the potential exists to scale the interventions for the benefit of more affected families. The proposed information collection activity consists of (1) Baseline data collection: collection of baseline demographic and parent well-being data from study participants; (2) Contact form: short form sent to study participants quarterly for one year after study enrollment to keep contact information current and generally maintain the participant's connection to the study; (3) Validation interviews: short interviews with a