

environmental public health regulators' efforts to respond more effectively to outbreaks and prevent future, similar outbreaks.

The information system was developed by the Environmental Health Specialists Network (EHS-Net), a collaborative project of federal and state public health agencies. The EHS-Net has developed a standardized instrument for reporting data relevant to foodborne illness outbreak environmental assessments.

State, local, tribal, and territorial food safety programs are the primary respondents for this data collection. Although it is not possible to determine how many programs will choose to participate, as NVEAIS is voluntary, the maximum potential number of program respondents is approximately 3,000.

These programs will be reporting data on outbreaks and factors related to outbreaks, not their programs or

personnel. It is not possible to determine exactly how many outbreaks will occur in the future, nor where they will occur. However, we estimate, based on existing data, that a maximum of 1,400 foodborne illness outbreaks will occur annually. Only programs in the jurisdictions in which these outbreaks occur would report to NVEAIS.

Assuming each outbreak occurs in a different jurisdiction, there will be one respondent per outbreak.

There are two data collection activities. The first is entering all requested environmental assessment data into NVEAIS. This will be done once for each outbreak by food safety program personnel. This will take approximately 60 minutes per outbreak.

The second data collection activity is the manager interview that will be conducted at each establishment associated with an outbreak by the state

food safety programs. Most outbreaks are associated with only one establishment; however, some are associated with multiple establishments. We estimate that a maximum average of 4 manager interviews will be conducted per outbreak. Each interview will take about 20 minutes.

Additionally, all food safety program personnel participating in NVEAIS will be required to attend a LiveMeeting (i.e., webinar) training session conducted by CDC staff. We estimate the burden of this training to be a maximum of 2 hours. Respondents will only have to take this training one time. Assuming a maximum number of outbreaks of 1,400, the estimated burden for this training is 2,800 hours.

The total estimated annual burden is 6,067 hours. There is no cost to the respondents other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hrs)
Food safety program personnel .....	NVEAIS Data Reporting Instrument .....	1,400	1	1
Retail food personnel .....	NVEAIS Manager interview .....	5,600	1	20/60
Food safety program personnel .....	NVEAIS Food safety program personnel training.	1,400	1	2

Dated: March 20, 2013.

**Ron A. Otten,**

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-13-120G]

**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) 639-7570 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**

Science to Practice: Developing and Testing a Marketing Strategy for Preventing Alcohol-related Problems in College Communities—NEW—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Each year, 1,700 college students die and more than 1.4 million are injured as a result of alcohol-related incidents. Additionally, about 25% of students report negative academic consequences due to alcohol. Despite the enormous public health burden of college-age alcohol misuse, there have been few rigorous evaluations of environmental strategies to address alcohol misuse in college settings. Environmental strategies typically involve implementing and enforcing policies that change the environments that influence alcohol-related behavior and subsequent harm. Further, studies show

that the typical lag time between identifying effective interventions and obtaining widespread adoption can stretch to well over a decade. Given the number of students harmed, there is an urgent need to develop more efficient and timely strategies for moving effective science to widespread practice. This project will address this exact issue by systematically developing a marketing strategy for The Safer Campuses and Communities intervention, a comprehensive, community-based environmental prevention program with proven efficacy in reducing intoxication and alcohol-impaired driving among college students.

The CDC proposes an on-line information collection, which will take place during the spring and fall semester of the 2012-2013 academic years, and will constitute a marketing strategy targeting a national sample of 4-year colleges and universities. The Institutional Data Archive (IDA) on American Higher Education is a dataset consolidated by researchers at the University of California, Riverside for the Colleges & Universities 2000 Project. The dataset includes: earned degrees,

enrollments, finances, faculty salaries, technology transfer activities, and institutional rankings over a 40-year period, 1970–2011. IDA also includes census information concerning neighborhoods surrounding colleges and universities.

160 Institutes of Higher Education (IHE) will be sampled from the IDA in order to collect information from key informants and key leaders from the surrounding community. Information gathered from these respondents will be

used to: (1) Develop and revise customized marketing and program materials targeting potential campus and community stakeholders; and (2) inform strategies for the marketing plan, which aims to facilitate adoption of the Safer Campuses and Communities intervention by IHEs.

The online survey will be completed by: College Administrators and staff, campus and municipal police; as well as selected community leaders. The IHEs will be contacted via email, with a

maximum of 12 participants per IHE for a total of 1800 respondents. All respondent information will be maintained in a secure, electronic format accessible to a limited number of project staff. The amount of time required for a respondent to complete the survey is estimated to be 1 hour.

There are no costs to respondents other than their time. The total estimated annual burden hours are 1,800.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)
College Administrator .....	CDC Questionnaire (Attachment C) .....	600	1	1
Police officer .....	CDC Questionnaire (Attachment C) .....	600	1	1
Community Leader .....	CDC Questionnaire (Attachment C) .....	600	1	1

Dated: March 28, 2013.

**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.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60-Day-13-13PV]

**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 Kimberly S. Lane, 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**

“Study to Explore Distribution, Reach, and Influence of Educational Children’s Book *Amazing Me. It’s Busy Being 3!* in Pediatric Office Settings”—NEW—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Developmental disabilities have reached epidemic proportions in the U.S., with approximately 17 percent of children experiencing developmental delays. Impairment in physical, learning, language, or behavior areas can have a lifetime impact on everyday activities of life for a child and into adulthood. Research has shown that parents can be reliable sources of information about their children’s development. Several studies have found that parents’ concerns about their children’s development are generally valid and predictive of developmental delays. These studies suggest that efforts to raise parental awareness of developmental milestones can increase the likelihood that children with developmental disabilities are identified

early and connected with appropriate services and support.

Using a children’s picture book format, CDC developed *Amazing Me: It’s Busy Being 3!* to increase awareness of developmental milestones among parents of 3-year-olds and actively engage them in the monitoring of their child’s development. CDC partnered with Lysol and Reach Out and Read (ROR), a non-profit organization that promotes early literacy among low-income families by distributing books in pediatric exam rooms, to disseminate copies of *Amazing Me* to parents. In spring 2012, 250 of ROR’s largest pediatric clinics each received 300 copies of *Amazing Me* for distribution to parents of 3-year-old children during well-child visits. Distribution of *Amazing Me* through ROR practices was used as a vehicle to reach those at higher risk for developmental delays and disabilities: children insured by Medicaid and children from families with low incomes.

Preliminary data gathered from a web survey of ROR clinical staff indicates that clinical staff are not only receptive to but supportive of the *Amazing Me* book. However, the web survey of ROR clinical staff does not provide information from the book’s target audience—parents. If CDC wishes to expand book distribution beyond ROR clinical settings, it will be important to gather data on parents’ experiences receiving the *Amazing Me* book as part of a pediatric visit, and what kind of influence, if any, the book has had on their knowledge, attitudes, and beliefs about developmental milestones.