ESTIMATE OF ANNUALIZED BURDEN HOURS—Continued

Form number and name	Respondents	Number of respondents	Responses per respondent	Burden per response (in hours)	Total annual burden (in hours)
57.137: Patient Safety Component—Annual Facility Survey for LTCF.	Registered Nurse (Infection Preventionist).	250	1	25/60	104
57.138: Laboratory-identified MDRO or CDI Event for LTCF.	Registered Nurse (Infection Preventionist).	250	8	30/60	1,000
57.139: MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF.	Registered Nurse (Infection Preventionist).	250	3	7/60	88
57.140: Urinary Tract Infection (UTI) for LTCF	Registered Nurse (Infection Preventionist).	250	9	30/60	1,125
57.202: Healthcare Worker Survey	Occupational Health RN/Specialist.	600	100	10/60	10,000
57.203: Healthcare Personnel Safety Monthly Reporting Plan.	Occupational Health RN/Specialist.	600	9	10/60	900
57.204: Healthcare Worker Demographic Data ...	Occupational Health RN/Specialist.	600	200	20/60	40,000
57.205: Exposure to Blood/Body Fluids	Occupational Health RN/Specialist.	600	50	1	30,000
57.206: Healthcare Worker Prophylaxis/Treatment.	Occupational Health RN/Specialist.	600	10	15/60	1,500
57.207: Follow-Up Laboratory Testing	Laboratory Technician ..	600	100	15/60	15,000
57.208: Healthcare Worker Vaccination History ..	Occupational Health RN/Specialist.	600	300	10/60	30,000
57.210: Healthcare Worker Prophylaxis/Treatment—Influenza.	Occupational Health RN/Specialist.	600	50	10/60	5,000
57.211: Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel.	Occupational Health RN/Specialist.	600	1	10/60	100
57.212: Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel.	Occupational Health RN/Specialist.	600	1	10/60	100
57.213: Healthcare Personnel Influenza Vaccination Monthly Summary.	Occupational Health RN/Specialist.	6,000	6	2	72,000
57.300: Hemovigilance Module Annual Survey ...	Medical/Clinical Laboratory Technologist.	500	1	2	1,000
57.301: Hemovigilance Module Monthly Reporting Plan.	Medical/Clinical Laboratory Technologist.	500	12	2/60	200
57.303: Hemovigilance Module Monthly Reporting Denominators.	Medical/Clinical Laboratory Technologist.	500	12	30/60	3,000
57.304: Hemovigilance Adverse Reaction	Medical/Clinical Laboratory Technologist.	500	120	10/60	10,000
57.305: Hemovigilance Incident	Medical/Clinical Laboratory Technologist.	500	72	10/60	6,000
Total Est Annual Burden Hours	.....	.....	.....	.....	3,914,125

Dated: October 5, 2010.

Carol E. Walker,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010–25695 Filed 10–12–10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–11–0729]

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 project or to obtain a copy of data collection plans and instruments, call 404–639–5960 or send comments to Carol E. Walker, Acting Reports Clearance Officer, 1600 Clifton Road, MS D–74, Atlanta, GA 30333 or send an e-mail to *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 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

Customer Surveys Generic Clearance for the National Center for Health Statistics (0920–0729 exp. 6/30/2009)—Reinstatement—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

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 "the extent and nature of illness and disability of the population of the United States." This is a reinstatement request for a generic

approval from OMB to conduct customer surveys over the next three years.

As part of a comprehensive program, the National Center for Health Statistics (NCHS) plans to continue to assess its customers' satisfaction with the content, quality and relevance of the information it produces. NCHS will conduct voluntary customer surveys to assess strengths in agency products and services and to evaluate how well it addresses the emerging needs of its data users. Results of these surveys will be used in future planning initiatives.

The data will be collected using a combination of methodologies appropriate to each survey. These may include: Evaluation forms, mail surveys, focus groups, automated and electronic technology (*e.g.,* e-mail, Web-based surveys), and telephone surveys. Systematic surveys of several groups will be folded into the program. Among these are Federal customers and policy makers, state and local officials who rely on NCHS data, the broader educational, research, and public health community, and other data users. Respondents may include data users who register for and/or attend NCHS sponsored conferences; persons who access the NCHS Web site and the detailed data available through it; consultants; and others. Respondent data items may include (in broad categories) information regarding respondent's gender, age, occupation, affiliation, location, etc., to be used to characterize responses only. Other questions will attempt to obtain information that will characterize the respondents' familiarity with and use of NCHS data, their assessment of data content and usefulness, general satisfaction with available services and products, and suggestions for improvement of surveys, services and products.

The resulting information will be for NCHS internal use. There is no cost to respondents other than their time to participate in the survey.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of survey	Respondents	Number of respondents	Number of responses/ respondent	Average burden/response (in hours)	Total burden hours
Questionnaire for conference registrants/attendees.	Public/private researchers, Consultants, and others.	3,000	1	10/60	500
Focus groups	Public/private researchers, Consultants, and others.	240	1	1	240
Web-based	Public/private researchers, Consultants, and others.	3,600	1	10/60	600
Other customer surveys	Public/private researchers, Consultants, and others.	1,200	1	15/60	300
Total		8,040			1,640

Dated: October 6, 2010.

Carol E. Walker,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–11–0776]

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 project or to obtain a copy of the data collection plans and instruments, call 404–639–5960 or send comments to Carol E. Walker, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *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

Economic Analysis of the National Breast and Cervical Cancer Early Detection Program—Revision—Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC administers the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), the largest organized cancer screening program in the United States. The NBCCEDP provides critical breast and cervical cancer screening services to uninsured and underserved low-income women in all 50 States, the District of Columbia, five U.S. territories, and 12 American Indian/Alaska Native organizations. The program provides breast and cervical cancer screening for eligible women who participate in the program as well as diagnostic procedures for women who have abnormal findings. During the past decade, the NBCCEDP has provided over 9.2 million breast and cervical cancer screening and diagnostic exams to over 3.7 million low-income women. Those who are diagnosed with cancer through the program are eligible for Medicaid coverage through the Breast and Cervical Cancer Prevention and Treatment Act passed by Congress in 2000.

In 2008, CDC received OMB approval to collect one year of activity-based economic cost data from NBCCEDP grantees. In 2009, CDC received OMB approval to collect two additional cycles of cost data for fiscal year 2009 (FY09)