questions and a follow-up survey seven months after intake. There is minimal burden associated with transmission of intake information to CDC, since this information is already collected by states that are eligible to participate in the study. The seven-month follow-up survey for the cessation study component is a modified version of the follow-up survey administered for the NQDW data collection, and will replace or supplement the NQDW follow-up process. The follow-up survey for the cessation study component will be administered online or by telephone.

The results of this study will provide TCPs, policymakers, CDC, and others with additional evidence for decisionmaking regarding the impact of promotional activities and the comparative effectiveness of traditional versus new and innovative cessation services. The proposed study will complement and extend the usefulness of a companion study of partnerships between CCC programs and tobacco control programs. Both studies are made possible by funding through the American Reinvestment and Recovery Act (ARRA).

OMB approval is requested for two and one-half years. 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 hr)	Total burden (in hr)
Tobacco Control Programs.	Quitline Promotion Activities Data	25	4	1	100
	Intake Data for QL Clients	2	4	15/60	2
	Follow-up Survey for QL Clients	2	1,000	15/60	500
	Intake Data for Web Services Clients	2	4	15/60	2
	Follow-up Survey for Web Services Clients	2	1,000	15/60	500
Total					1,104

Dated: June 8, 2011.

Daniel Holcomb,

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–11–11HI]

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 404–639–5960 and send written comments to Daniel Holcomb, CDC 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

Frame Development for the Long-Term Care Component of the National Health Care Surveys—NEW—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 health resources * * * [and] utilization of health care, including extended care facilities, and other institutions.''

NCHS seeks approval to collect data needed to develop an up-to-date sampling frame of residential care facilities. The sampling frame will be used to draw a nationally representative sample for a planned new survey, the National Survey of Long-Term Care Providers (NSLTCP). The frame-related data will be collected from officials in state regulatory agencies in the 50 states and the District of Columbia primarily via telephone calls, e-mails, and in a few cases, via formal written requests. The data to be collected from these state officials include (1) confirming 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. The NSLTCP study definition of a residential care facility is one that is licensed, registered, listed, certified, or otherwise regulated by the state; provides room and board with at least two meals a day; provides around-the-clock on-site supervision; helps with activities of daily living (*e.g.,* bathing, eating, or dressing) or medication supervision; serves primarily an adult population; and has at least four beds. Nursing homes, skilled nursing facilities, and facilities licensed to serve the mentally ill or the mentally retarded/developmentally disabled populations exclusively are excluded.

The electronic files we seek to obtain from the states should include the name and address of the residential care facility, name of facility director, licensure category, chain affiliation, and ownership.

NCHS also seeks approval to collect data on state licensing requirements regarding infection control practices during the frame development process. During the conversations with state officials to collect frame-related data,

state officials will be asked to provide limited information on state licensing requirements regarding infection control practices in licensed residential care facilities.

Expected users of aggregate-level summary estimates from this data collection effort include, but are not limited to CDC; 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 LeadingAge (formerly the American Association of Homes and Services for the Aging), National Center for Assisted Living, American Seniors Housing Association, and Assisted Living Federation of America; universities; foundations; and other private sector organizations.

We estimate telephone calls with state officials, including the production of the electronic files will take 90 minutes each. Two year clearance is requested. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Form name	Number of respondents	Number of responses/ respondent	Average burden/ response (in hours)	Response burden in hours
State Officials	Telephone script.	26	1	1.5	39
Total					39

Dated: June 8, 2011.

Daniel Holcomb,

Reports Clearance Officer, Office of the Chief Science Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day-11-0621]

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 404–639–5960, send comments to Daniel Holcomb, CDC 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

National Youth Tobacco Surveys (NYTS) 2012–2014—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Tobacco use is a major preventable cause of morbidity and mortality in the U.S. A limited number of health risk behaviors, including tobacco use, account for the overwhelming majority of immediate and long-term sources of morbidity and mortality. Because many health risk behaviors are established during adolescence, there is a critical need for public health programs directed towards youth, and for information to support these programs.

Since 2004, the Centers for Disease Control and Prevention (CDC) has periodically collected information about tobacco use among adolescents (National Youth Tobacco Survey (NYTS) 2004, 2006, 2009, 2011, OMB no. 0920–0621, exp. 12/31/2011). This surveillance activity builds on previous surveys funded by the American Legacy Foundation in 1999, 2000, and 2002.

At present, the NYTS is the most comprehensive source of nationally representative tobacco data among students in grades 9–12, moreover, the NYTS is the only source of such data for students in grades 6–8. The NYTS has provided national estimates of tobacco use behaviors, information about exposure to pro- and anti-tobacco influences, and information about racial and ethnic disparities in tobacco-related topics. Information collected through the NYTS is used to identify trends over time, to inform the development of tobacco cessation programs for youth, and to evaluate the effectiveness of existing interventions and programs.

CDC plans to request OMB approval to conduct additional cycles of the NYTS in 2012, 2013, and 2014. The survey will be conducted among nationally representative samples of students attending public and private schools in grades 6–12, and will be administered to students as an optically scannable, eight-page booklet of multiple-choice questions. Information supporting the NYTS also will be collected from state-, district-, and school-level administrators and teachers. During the 2012–2014 timeframe, a number of changes will be incorporated that reflect CDC's ongoing collaboration with FDA and the need to measure progress toward meeting strategic goals established by the Family Smoking Prevention and Tobacco Control Act. Information collection will occur annually and will include a number of new questions, as well as increased representation of minority youth.

The survey will examine the following topics: use of cigarettes, smokeless tobacco, cigars, pipes, bidis, and kreteks, as well as newer tobacco products (such as snus, electronic cigarette, and dissolvable tobacco products); knowledge and attitudes; media and advertising; access to tobacco products and enforcement of restrictions on access; school curriculum;