

falsified 35% of the copied references from *JAANP MS* and 25% of the copied references from *JGMS MS*, by changing volume numbers and/or publication years, apparently to hinder detection of the plagiarism. The data fabrication occurred when the Respondent altered or added values to Table 2 in each manuscript describing the demographic characteristics of the study population that was never studied.

ORI also finds that the Respondent engaged in research misconduct by plagiarizing text from Cho *et al.* 1993 in two NIH grant applications (1 L30 NR010444–01 and 1 R03 HD062761–01) by copying substantial word-for-word portions of the text describing the test instrument to be used in the proposed study without citing the Cho *et al.* 1993 paper.

Dr. Weber has voluntarily agreed for a period of three (3) years, beginning on September 7, 2011:

(1) To exclude himself from any contracting or subcontracting with any agency of the United States Government and from eligibility or involvement in nonprocurement programs of the United States Government referred to as “covered transactions” pursuant to HHS’ Implementation (2 CFR part 376 *et seq.*) of OMB Guidelines to Agencies on Governmentwide Debarment and Suspension, 2 CFR part 180 (collectively the “Debarment Regulations”); and

(2) to exclude himself from serving in any advisory capacity to PHS including, but not limited to, service on any PHS advisory committee, board, and/or peer review committee, or as a consultant.

FOR FURTHER INFORMATION CONTACT:
Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453–8800.

John Dahlberg, Ph.D.,
Director, Division of Investigative Oversight, Office of Research Integrity.

[FR Doc. 2011–25537 Filed 10–3–11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–11–0213]

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 the CDC Reports Clearance Officer on 404–639–5960 or 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 Vital Statistics Report Forms (OMB No. 0920–0213, Expiration Date April 30, 2012)—Extension—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The compilation of national vital statistics dates back to the beginning of the 20th century and has been conducted since 1960 by the Division of

Vital Statistics of the National Center for Health Statistics, CDC. The collection of the data is authorized by 42 U.S.C. 242k. This submission requests approval to collect the monthly and annually summary statistics for three years.

The Monthly Vital Statistics Report forms provide counts of monthly occurrences of births, deaths, infant deaths, marriages, and divorces. Similar data have been published since 1937 and are the sole source of these data at the National level. The data are used by the Department of Health and Human Services and by other government, academic, and private research and commercial organizations in tracking changes in trends of vital events. Respondents for the Monthly Vital Statistics Report Form are registration officials in each State and Territory, the District of Columbia, and New York City. In addition, local (county) officials in New Mexico who record marriages occurring and divorces and annulments granted in each county of New Mexico will use this form. This form is also designed to collect counts of monthly occurrences of births, deaths, infant deaths, marriages, and divorces immediately following the month of occurrence.

The Annual Vital Statistics Occurrence Report Form collects final annual counts of marriages and divorces by month for the United States and for each State. The statistical counts requested on this form differ from provisional estimates obtained on the Monthly Vital Statistics Report Form in that they represent complete counts of marriages, divorces, and annulments occurring during the months of the prior year. These final counts are usually available from State or county officials about eight months after the end of the data year. The data are widely used by government, academic, private research, and commercial organizations in tracking changes in trends of family formation and dissolution. Respondents for the Annual Vital Statistics Occurrence Report Form are registration officials in each State and Territory, the District of Columbia, and New York City.

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)	Total burden hours
State, Territory and New Mexico County officials.	Monthly Vital Statistics Report	91	12	10/60	182

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
State, Territory and other officials	Annual Vital Statistics Occurrence Report.	58	1	30/60	29
Total					211

Dated: September 28, 2011.

Daniel Holcomb,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011–25621 Filed 10–3–11; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–11–11AA]

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) 639–5960 or send an e-mail 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

Central America Water and Sanitation Program Sustainability Evaluation and Qualitative Interview—NEW—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

There is little information available on the longevity of infrastructure and hygiene behavior change after water, sanitation and hygiene education (WASH) interventions are provided. Sustainability of these WASH interventions is a crucial factor in maintaining the health and well-being of a community.

In the Latin American and Caribbean region, 20% of the rural population in 2008 had no access to an improved drinking water source. Forty-five percent of this population also has

unimproved sanitation facilities with 20% of that population not using any type of sanitation facility.

Sustainability of WASH interventions ties in to goal 7 of the Millennium Development Goals developed by the United Nations Development Program, to ensure environmental sustainability. Specifically, it is to “reduce by half the proportion of the population without sustainable access to safe drinking water and basic sanitation” by 2015.

In addition to this issue, significant natural disasters such as hurricanes and tropical storms have the potential to completely destroy infrastructure. In 1998, Central America (El Salvador, Guatemala, Honduras, and Nicaragua) was struck by Hurricane Mitch. After the hurricane, the American Red Cross (ARC) responded to the disaster and provided community- and household-level WASH to hundreds of communities. What began as a disaster response/reconstruction program in 1998, has developed into a study of the long-term sustainability of WASH interventions.

This research will focus on assessing up to 16 communities that were provided WASH interventions by the ARC post-Hurricane Mitch. This survey will help to evaluate the key factors that help communities to maintain their infrastructure. The results will be used to improve ARC programs as well as to help guide other non-governmental agencies on how to best maximize their investments to ensure long-term community health.

This research includes four components which will be done in each community: (1) A community survey with community leaders and/or the local water board; (2) a cross-sectional quantitative household survey and qualitative key informant interview; (3) water sampling and analysis of community water sources/systems and stored household water; and (4) an infrastructure inspection of the community water system and sanitation facilities. United States Agency for International Development (USAID) indicators were used as the basis for measuring WASH interventions using

performance indicators. Performance indicators are a way to measure the performance of disaster-related water and sanitation programs.

Four indicators will be used in this evaluation. To measure the water intervention we will estimate (1) the percent of households with access to an improved water source. The sanitation indicator measures (2) the percent of households with access to improved sanitation. Hygiene education is evaluated using two indicators, (3) the percent of households with appropriate hand washing behavior and (4) the percent of the population using hygienic sanitation facilities.

The sustainability evaluation will first conduct a face-to-face interview with the community leaders and/or members of the water board from a maximum of sixteen communities.

Second, a cross-sectional household survey (n=256) will be administered across all four countries with a randomly selected female head of household. This survey contains questions on water use, access and availability; sanitation access, use and maintenance; and hygiene education—when was the last time it was presented to the community, what topics were discussed, when was it provided and by whom. The household interview will record data using a personal data assistant (PDA), reviewed each day and then transferred into one electronic database for statistical analysis and calculation of the indicators. The survey will be done with the female head of household and take approximately 30 to 45 minutes.

Third, a qualitative key informant interview with randomly selected female head of household (n=32), will be conducted to gather study participants thoughts and opinions on the WASH services provided to them and their community. This survey will be administered verbally and responses will be tape recorded and should take approximately 45 minutes to 1 hour complete.

Every household surveyed in each country will include qualitative testing of drinking water that is stored in the home (n=288). Total coliforms and E.