reliable data on child and family outcomes for their local evaluations. The inclusion of an impact study conducted on a subset of grantees with rigorous designs will also provide the Children's Bureau, Congress, grantees, providers, and researchers with information about the effectiveness of RPG programs.

A 60-Day **Federal Register** Notice was published for this study on September 19, 2013. This 30-Day **Federal Register** Notice covers the following data collection activities: (1) The site visits with grantees; (2) the web-based survey of frontline staff who provide direct services to children, adults, and families, and their supervisors; (3) the semi-annual progress reports; (4) enrollment and service data provided by grantees; (5) the web-based survey of grantee partners; and (6) outcome data provided by grantees.

*Respondents.* Respondents include grantee staff or contractors (such as local evaluators) and partner staff. Specific types of respondents and the expected number per data collection effort are noted in the burden table below.

*Annual burden estimates.* The following instruments are proposed for public comment under this 30-Day **Federal Register** Notice. Burden for all components is annualized over three years.

RPG Cross-Site Evaluation Annualized Burden Estimates

| Data collection activity | Total number of respondents | Number of responses per respondent (each year) | Average burden hours per response (in hours) | Estimated total burden hours | Total annual burden hours |
|---|---|---|---|---|---|
| **Implementation and Partnership Study** | | | | | |
| Program director individual interview | 17 | .67 | 2 | 68 | 22.6 |
| Program manager/supervisor group interview | 153 | .67 | 2 | 612 | 204 |
| Program manager/supervisor individual interviews | 102 | .67 | 1 | 204 | 68 |
| Frontline staff individual interviews | 102 | .67 | 1 | 204 | 68 |
| Semi-annual progress reports | 17 | 2 | 16.5 | 1,683 | 561 |
| Case enrollment data | 51 | 30 | 0.25 | 1,147.5 | 382.5 |
| Service log entries | 102 | 780 | .05 | 11,934 | 3,978 |
| Staff survey | 340 | .67 | 0.42 | 283.2 | 94.4 |
| Partner survey | 340 | .67 | 0.33 | 226.8 | 75.6 |
| **Data Entry for Outcomes Study** | | | | | |
| *Administrative Data.* | | | | | |
| Obtain access to administrative data | 17 | 1 | 42.6 | 2,175 | 725 |
| Report administrative data | 17 | 2 | 144 | 14,688 | 4,896 |
| *Standardized instruments.* | | | | | |
| Review and adopt reporting templates | 17 | .33 | 8 | 136 | 45.33 |
| Enter data into local database | 17 | 2 | 112.5 | 11,475 | 3,825 |
| Review records and submit | 17 | 2 | 100 | 10,200 | 3,400 |
| **Additional Data Entry for Impact Study** | | | | | |
| Data entry for comparison study sites (7 grantees) | 7 | 2 | 36.1 | 1,519 | 506.3 |
| Estimated Total Burden Hours | | | | | 18,852 |

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Children's Bureau within the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to Administration for Children and Families, Office of Administration, Office of Information, Service, 370 L'Enfant Promenade SW., Washington DC 20447, Attn: ACF Reports Clearance Officer. Email address: *infocollection@acf.hhs.gov.* All requests should be identified by the title of the information collection.

OMB is required to make a decision concerning 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. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: *OIRASUBMISSION@OMB.EoP.GOV,* Attn: Desk Officer for the Administration of Children and Families.

Dated: November 27, 2013.

**Robert Sargis,**

*Reports Clearance Officer.*

[FR Doc. 2013–28861 Filed 12–2–13; 8:45 am]

**BILLING CODE 4184–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

### National Vaccine Injury Compensation Program; List of Petitions Received

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) is publishing this notice of petitions received under the National Vaccine Injury Compensation Program (the Program), as required by Section 2112(b)(2) of the Public Health Service (PHS) Act, as amended. While the Secretary of Health and Human Services is named as the respondent in all proceedings brought by the filing of

petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

**FOR FURTHER INFORMATION CONTACT:** For information about requirements for filing petitions, and the Program in general, contact the Clerk, United States Court of Federal Claims, 717 Madison Place NW., Washington, DC 20005, (202) 357–6400. For information on HRSA's role in the Program, contact the Director, National Vaccine Injury Compensation Program, 5600 Fishers Lane, Room 11C–26, Rockville, MD 20857; (301) 443–6593.

**SUPPLEMENTARY INFORMATION:** The Program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of Title XXI of the PHS Act, 42 U.S.C. 300aa–10 *et seq.,* provides that those seeking compensation are to file a petition with the U.S. Court of Federal Claims and to serve a copy of the petition on the Secretary of Health and Human Services, who is named as the respondent in each proceeding. The Secretary has delegated this responsibility under the Program to HRSA. The Court is directed by statute to appoint special masters who take evidence, conduct hearings as appropriate, and make initial decisions as to eligibility for, and amount of, compensation.

A petition may be filed with respect to injuries, disabilities, illnesses, conditions, and deaths resulting from vaccines described in the Vaccine Injury Table (the Table) set forth at Section 2114 of the PHS Act or as set forth at 42 CFR 100.3, as applicable. This Table lists for each covered childhood vaccine the conditions which may lead to compensation and, for each condition, the time period for occurrence of the first symptom or manifestation of onset or of significant aggravation after vaccine administration. Compensation may also be awarded for conditions not listed in the Table and for conditions that are manifested outside the time periods specified in the Table, but only if the petitioner shows that the condition was caused by one of the listed vaccines.

Section 2112(b)(2) of the PHS Act, 42 U.S.C. 300aa–12(b)(2), requires that ''[w]ithin 30 days after the Secretary receives service of any petition filed under section 2111 the Secretary shall publish notice of such petition in the **Federal Register**.'' Set forth below is a list of petitions received by HRSA on October 1, 2013 through October 31, 2013. This list provides the name of petitioner, city and state of vaccination (if unknown then city and state of person or attorney filing claim), and case number. In cases where the Court has redacted the name of a petitioner and/or the case number, the list reflects such redaction.

Section 2112(b)(2) also provides that the special master ''shall afford all interested persons an opportunity to submit relevant, written information'' relating to the following:

1. The existence of evidence ''that there is not a preponderance of the evidence that the illness, disability, injury, condition, or death described in the petition is due to factors unrelated to the administration of the vaccine described in the petition,'' and

2. Any allegation in a petition that the petitioner either:

(a) ''Sustained, or had significantly aggravated, any illness, disability, injury, or condition not set forth in the Vaccine Injury Table but which was caused by'' one of the vaccines referred to in the Table, or

(b) ''Sustained, or had significantly aggravated, any illness, disability, injury, or condition set forth in the Vaccine Injury Table the first symptom or manifestation of the onset or significant aggravation of which did not occur within the time period set forth in the Table but which was caused by a vaccine'' referred to in the Table.

In accordance with Section 2112(b)(2), all interested persons may submit written information relevant to the issues described above in the case of the petitions listed below. Any person choosing to do so should file an original and three (3) copies of the information with the Clerk of the U.S. Court of Federal Claims at the address listed above (under the heading ''For Further Information Contact''), with a copy to HRSA addressed to Director, Division of Vaccine Injury Compensation Program, Healthcare Systems Bureau, 5600 Fishers Lane, Room 11C–26, Rockville, MD 20857. The Court's caption (Petitioner's Name v. Secretary of Health and Human Services) and the docket number assigned to the petition should be used as the caption for the written submission. Chapter 35 of title 44, United States Code, related to paperwork reduction, does not apply to information required for purposes of carrying out the Program.

Dated: November 27, 2013.

**Mary K. Wakefield,**

*Administrator.*

**List of Petitions Filed**

1. Douglas Swift, Robbinsdale, Minnesota, Court of Federal Claims No: 13–0763V
2. Aleskis Brown on behalf of Isaiah Harris, Memphis, Tennessee, Court of Federal Claims No: 13–0766V
3. Reshama Shaikh, Philadelphia, Pennsylvania, Court of Federal Claims No: 13–0767V
4. Tammy Andrisek, Hamilton, Ohio, Court of Federal Claims No: 13–0768V
5. Clifton C. Eastin on behalf of Betty A. Eastin, Deceased, Aurora, Nebraska, Court of Federal Claims No: 13–0769V
6. Jeffrey W. Magera, St. Cloud, Minnesota, Court of Federal Claims No: 13–0770V
7. Christine Ketcham, Manhasset, New York, Court of Federal Claims No: 13–0771V
8. Barbara Carroll, Boston, Massachusetts, Court of Federal Claims No: 13–0772V
9. Sherry G. Alexander, San Antonio, Texas, Court of Federal Claims No: 13–0775V
10. Huey Hampton, Beaumont, Texas, Court of Federal Claims No: 13–0776V
11. Shawn Kao, Bellevue, Washington, Court of Federal Claims No: 13–0777V
12. Brenda Theriot, Flower Mound, Texas, Court of Federal Claims No: 13–0778V
13. Misty and James Hogan on behalf of S.M.H., Reading, Pennsylvania, Court of Federal Claims No: 13–0780V
14. Kenneth Schultheis, Baltimore, Maryland, Court of Federal Claims No: 13–0781V
15. Donna Monarch, Washington, District of Columbia, Court of Federal Claims No: 13–0782V
16. Linda Wheeler, Bel Air, Maryland, Court of Federal Claims No: 13–0783V
17. James J. Cotner, Tucson, Arizona, Court of Federal Claims No: 13–0785V
18. Geraldine Jones, Lena, Mississippi, Court of Federal Claims No: 13–0786V
19. Summer Paolone, Philadelphia, Pennsylvania, Court of Federal Claims No: 13–0787V
20. Adrienne N. Severt, North Wilkesboro, North Carolina, Court of Federal Claims No: 13–0788V
21. Robert Rotterman, Orchard Park, New York, Court of Federal Claims No: 13–0791V
22. Vivian Morales Rivera, Guayama, Puerto Rico, Court of Federal Claims No: 13–0793V
23. Janet Buksa, Palos, Illinois, Court of Federal Claims No: 13–0795V
24. Kathleen Harman, Cedar Park, Texas, Court of Federal Claims No: 13–0796V
25. Luis Gamardo, Boston, Massachusetts, Court of Federal Claims No: 13–0797V
26. Connie C. Medina, Carson City, Nevada, Court of Federal Claims No: 13–0798V
27. Elizabeth and Andrew Fouch on behalf of Jessica Fouch, Manhattan Beach, California, Court of Federal Claims No: 13–0799V
28. Timothy P. Bombard and Jacqueline Bombard on behalf of Lucy Bombard, Somers Point, New Jersey, Court of Federal Claims No: 13–0801V
29. Debra L. Kuhn, North Willowgrove, Pennsylvania, Court of Federal Claims No: 13–0802V
30. Margaret Turiano, Philadelphia, Pennsylvania, Court of Federal Claims No: 13–0803V
31. Mark Cleveland, Toccoa, Georgia, Court

of Federal Claims No: 13–0804V
32. Patricia Okai, Oak Forrest, Illinois, Court of Federal Claims No: 13–0805V
33. Kimberly Bowman, Staten Island, New York, Court of Federal Claims No: 13–0807V
34. Jessica and Ryan Dean on behalf of Iris Dean, Phoenix, Arizona, Court of Federal Claims No: 13–0808V
35. Mavis E. Luther, Le Mars, Iowa, Court of Federal Claims No: 13–0810V
36. Tracy Fox, Southampton, Pennsylvania, Court of Federal Claims No: 13–0813V
37. Leona Faye Thompson, Marshall County, Alabama, Court of Federal Claims No: 13–0815V
38. Paul Grabarek, Chicago, Illinois, Court of Federal Claims No: 13–0817V
39. Alanna Sullivan Barker, Littleton, Colorado, Court of Federal Claims No: 13–0818V
40. Lisa Ann Hambleton, Tiffin, Ohio, Court of Federal Claims No: 13–0819V
41. Cathy A. Liva, Honolulu, Hawaii, Court of Federal Claims No: 13–0820V
42. Henry Simmons, Boston, Massachusetts, Court of Federal Claims No: 13–0825V
43. Ronniesha Thomas, Waterbury, Connecticut, Court of Federal Claims No: 13–0827V
44. Lisa Jones, Washington, District of Columbia, Court of Federal Claims No: 13–0828V
45. David D. Leoce, Clermont, Florida, Court of Federal Claims No: 13–0829V
46. Robin Harrison, Cincinnati, Ohio, Court of Federal Claims No: 13–0831V
47. Robert N. Jacobson, Putnam, Connecticut, Court of Federal Claims No: 13–0832V
48. Demetrice Bell-O'Neal on behalf of A.O., Sarasota, Florida, Court of Federal Claims No: 13–0835V
49. Charles Kiklis, Somerville, Massachusetts, Court of Federal Claims No: 13–0836V
50. Mae Miller, Pittsburgh, Pennsylvania, Court of Federal Claims No: 13–0837V
51. Brad Colvis, Sacramento, California, Court of Federal Claims No: 13–0841V
52. Kevin M. Meaney, Naples, Florida, Court of Federal Claims No: 13–0842V
53. Thomas O'Keeffe, Falmouth, Massachusetts, Court of Federal Claims No: 13–0847V
54. Debbie Harris, Boston, Massachusetts, Court of Federal Claims No: 13–0848V
55. Kristin Cooper and Arthur Writesel on behalf of SW., Boston, Massachusetts, Court of Federal Claims No: 13–0849V
56. Jeffrey Faucher and Filomena Faucher on behalf of C.F., Boston, Massachusetts, Court of Federal Claims No: 13–0850V
57. Seechel Patel, Coral Springs, Florida, Court of Federal Claims No: 13–0851V
58. Adam Luna on behalf of E.L., Court of Federal Claims No: 13–0852V
59. Gary Abdulla, Boston, Massachusetts, Court of Federal Claims No: 13–0853V
60. Douglas Andor, Chicago, Illinois, Court of Federal Claims No: 13–0858V
61. Aaron Sandoval, Phoenix, Arizona, Court of Federal Claims No: 13–0860V

[FR Doc. 2013–28889 Filed 12–2–13; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### Proposed Collection; 60-Day Comment Request; Rapid Throughput Standardized Evaluation of Transmissible Risk for Substance Use Disorder in Youth

**SUMMARY:** 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 National Institute on Drug Abuse (NIDA), the National Institutes of Health (NIH), will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (2) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical or other technological collection techniques or other forms of information technology.

*To Submit Comments and For Further Information:* To obtain a copy of the data collection plans and instructions, contact Dr. Augie Diana, Health Scientist Administrator, Prevention Research Branch, Division of Epidemiology, Services, and Prevention Research, NIDA, NIH, 6001 Executive Boulevard, Room 5163, Bethesda, MD 20892, or call non-toll-free number (301) 443–1942 or Email your request, including your address to: *dianaa@nida.nih.gov.* Formal request for additional plans and instruments must be requested in writing.

**DATES:** *Comments Due Date:* Comments regarding this information collection are best assured of having their full effect if received within 60 days of the data of this publication.

*Proposed Collection:* Rapid Throughput Standardized Evaluation of Transmissible Risk for Substance Use Disorder in Youth, 0925-New, National Institute on Drug Abuse (NIDA), National Institutes of Health (NIH).

*Need and Use of Information Collection:* This study will finalize the development of the Transmissible Liability Index (TLI), thereby advancing the TLI from a research tool to a practical instrument. The TLI is a psychometric tool for detecting youth at elevated risk for substance use disorder (SUD). The TLI, a web-based platform for assessing risk of SUD, is a highly efficient tool both in terms of the limited time commitment required as well as its low cost. The inexpensive and high efficiency of the TLI for identifying youths in need of prevention, and the strong cost-benefits to society for SUD prevention, portend strong demand for use in a variety of populations including family and social services, schools, mental health facilities, and youth protection agencies. To transform the TLI prototype into a practical instrument, three core tasks remain: (1) Standardization on a sample (N = 5,000) that is representative of the general population to generate norms that are specific to age, gender and ethnicity; (2) Construct validity analysis using standard parametric modeling techniques to show that heritability accounts for the major portion of variance on TLI scores; the sample (150 identical and 150 fraternal twins) will be representative of the same general population characteristics identified above; and (3) Psychometric analysis of validity and reliability based on the above data. Validating the TLI furthers NIDA's mission by legitimating the tool for exploring the attitudes and social predictors of addictive behaviors with the intention of reducing or eliminating drug-taking behavior. This research is squarely within NIDA's mission of research on drug abuse and addiction, as well as its focus on ensuring the rapid and effective dissemination and use of the results to significantly improve efforts to stem substance use disorder. To move the TLI from the research domain to practical use through commercial dissemination, the research and development team (''the R&D team'') needs to satisfy professional quality standards consistent with American Psychological Association regulations. To satisfy those standards, the R&D team must demonstrate the reliability and internal validity of the TLI against existing standardized psychometric studies for youth populations, ages 14 to 18. The 14-to-18 year old age range was selected because it encompasses the years typically spent in high school, which are known to be the timeframe when substance use is