

Behavior Optimization; and Risk Management. To date, little empirical research has been conducted to address practical research questions related to each.

Therefore, the current research task is designed to investigate research questions related to the practical purpose, implementation, and evaluation of each element: (1) how is each of these HSMS elements best executed within mining organizations?; (2) how do you know an element has been successfully implemented within the organization?; and (3) what are the barriers to implementing these HSMS elements within mining organizations?

This study employs a strictly qualitative approach to answer the research questions. A qualitative approach allows researchers to probe participants and learn about their specific experiences through in-depth examples. A protocol that will be used during an interview and/or focus group was developed. The subject matter in the protocol is focused on implementing and evaluating specific elements within

managers' HSMS and possible barriers to implementation and evaluation.

NIOSH is seeking a three year approval for this project which will target mine sites for participation by reaching out to organizational leaders/managers of health and safety at respective mines for their participation. Data collection, in the form of interviews and/or focus groups will occur to answer the questions for this study.

Respondents targeted for this study include corporate or site mine managers (also referred to in some cases as leaders, executives, coordinators or supervisors). These individuals are responsible for the day-to-day administration and/or implementation of the HSMS. In some cases, more than one individual is responsible for certain aspects of the HSMS. Therefore, depending on how these responsibilities are designated at mine sites and how many of these leaders are interested at each mine site, researchers will either facilitate a single interview or a focus group with mine site leadership.

Participants will be recruited through members of mine management using a

mine recruitment script. It is estimated that a sample of up to 100 individuals (approximately 34 per year) will agree to participate among a variety of mine sites. Participants will be between the ages of 18 and 75, currently employed, and living in the United States. Participation will require no more than 60 minutes of workers' time (approximately five minutes for the informed consent process and 55 minutes for the interview or focus group—there is no cost to respondents other than their time).

Upon collection of the data, researchers will analyze and determine the effect that each element has on a mine's ability to develop, implement or maintain an HSMS. With that said, lines of theoretical inquiry will be used to inform the thinking behind the practical guidance ultimately provided to mining organizations. Essentially, best practices can be provided that are applicable across an HSMS, not respective to just one aspect or element. Therefore, the findings will be used to make an HSMS more feasible and applicable for the mining industry.

#### 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
Safety/health Mine Representative ...	Mine Manager Recruitment Script ...	8	1	5/60	1
Safety/health Mine Manager .....	Informed Consent Form .....	34	1	5/60	3
Safety/health Mine Manager .....	HSMS Interview/Focus Group Protocol.	34	1	55/60	31
Total .....	.....	.....	.....	.....	35

**Leroy A. Richardson,**

*Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.*

[FR Doc. 2014–29252 Filed 12–12–14; 8:45 am]

**BILLING CODE 4163–18–P**

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Centers for Disease Control and Prevention

[60Day-15–0900]

#### Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of

government information, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. To request more information on the below proposed project or to obtain a copy of the information collection plan and instruments, call 404–639–7570 or send comments to Leroy A. Richardson, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov).

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget (OMB) approval. 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; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to

a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information. Written comments should be received within 60 days of this notice.

### Proposed Project

Contact Investigation Outcome Reporting Forms (OMB Control No. 0920–0900, expiration date: October 31, 2017)—Revision -National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration and Quarantine (DGMQ), Centers for Disease Control and Prevention (CDC).

### Background and Brief Description

The Centers for Disease Control and Prevention (CDC), Division of Global Migration and Quarantine (DGMQ) requests revision to a currently approved information collection, OMB Control Number 0920–0900, Contact Investigation Outcome Reporting Forms. CDC is requesting the addition of Ebola-specific information collection tools to supplement the CDC's routine contact investigation activities so that CDC can better assess the risk to individuals who may have been exposed to a confirmed case of Ebola while traveling to or within the United States. These forms were approved by OMB under an

emergency clearance, OMB Control Number 0920–1032. The additional forms to be added are as follows:

- Ebola Airline passenger exposure questionnaire—This contact investigation form gathers information from airline passengers who traveled on plane(s) and sat within a 3 foot area around the suspected case and travel companions of the suspected case to determine the level of exposure and risk, as well as other passengers who may have had contact with the case's bodily fluids. Information gathered in this form is shared with the CDC to determine risk level. Risk levels are outlined in *CDC's Movement and Monitoring Guidance*.

- Ebola exposure Assessment Flight Crew—The flight exposure questionnaire is used to ascertain the same relevant information included in the passenger questionnaire for all crew who worked on flight(s) and came into contact with Ebola patient(s).

- Ebola exposure Assessment Cleaning Crew—This form collects the same information as the flight crew exposure questionnaire, used to determine the level of exposure a member of the cleaning crew who serviced a flight with an ill patient(s).

- Ebola exposure Assessment Airport or other port of entry staff—This questionnaire is utilized for airport staff who may have come into contact with

a person ill with Ebola. Airport staff members are identified through conversations with airport authority to determine which employees carried out tasks that would have put them in contact with the ill person or their body fluids.

- Passengers of other commercial conveyance Ebola exposure questionnaire—This questionnaire collects the same information as the airline passenger questionnaire but will be utilized for passengers of commercial conveyance that is land- or waterborne

- Finally, the introduction and confirmation script is to be used by CDC staff manning open call lines available for persons who traveled on planes that carried suspected or confirmed patients with Ebola. As with the other questionnaires, this script assesses the risk of a plan passenger who was not in the immediate vicinity of the Ebola patient but still has concerns about the level of exposure and risk of contracting the virus.

CDC is not proposing any changes to the routine contact investigation forms already approved under this information collection request.

The total burden associated with this revision is 10,949 hours, including both standard contact investigation forms and updated forms to account for Ebola transmission. 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	Total burden hours
State/local health department staff.	General Contact Investigation Outcome Reporting Form (Air).	12	1	5/60	1
Cruise Ship Physicians/Cargo Ship Managers.	General Contact Investigation Outcome Reporting Form (Maritime—word version).	100	1	5/60	8
Cruise Ship Physicians/Cargo Ship Managers.	General Contact Investigation Outcome Reporting Form (Maritime—Excel version).	100	1	5/60	8
State/local health department staff.	General Contact Investigation Outcome Reporting Form (Land).	12	1	5/60	1
Cruise Ship Physicians/Cargo Ship Managers.	TB Contact Investigation Outcome Reporting Form (Air).	1,244	1	5/60	104
Cruise Ship Physicians/Cargo Ship Managers.	TB Contact Investigation Outcome Reporting Form (Maritime—word version).	150	1	5/60	13
State/local health department staff.	TB Contact Investigation Outcome Reporting Form (Maritime—Excel version).	150	1	5/60	13
Cruise Ship Physicians/Cargo Ship Managers.	Measles Contact Investigation Outcome Reporting Form (Air).	964	1	5/60	80
Cruise Ship Physicians/Cargo Ship Managers.	Measles Contact Investigation Outcome Reporting Form (Maritime—word version).	63	1	5/60	5
State/local health department staff.	Measles Contact Investigation Outcome Reporting Form (Maritime—excel version).	63	1	5/60	5
Cruise Ship Physicians/Cargo Ship Managers.	Rubella Contact Investigation Outcome Reporting Form (Air).	95	1	5/60	8
Cruise Ship Physicians/Cargo Ship Managers.	Rubella Contact Investigation Outcome Reporting Form (Maritime—word version).	12	1	5/60	1
Cruise Ship Physicians/Cargo Ship Managers.	Rubella Contact Investigation Outcome Reporting Form (Maritime—excel version).	12	1	5/60	1

## ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response	Total burden hours
Passenger .....	Ebola Airline Exposure Assessment Passenger.	3,400	2	20/60	2,267
Flight Crew .....	Ebola Airline Exposure Assessment Flight Crew.	2,400	2	20/60	1,600
Cleaning Crew .....	Ebola Airline Exposure Assessment Cleaning Crew.	1,200	2	20/60	800
Airport or Other Port of Entry Staff.	Ebola Airline Exposure Assessment Airport or Other Port of Entry Staff.	1,000	2	20/60	667
Passengers on other commercial conveyances.	Ebola Exposure Questionnaire for Passengers on other commercial conveyances.	1,800	2	20/60	1,200
Traveler .....	Script—Introduction and Confirmation .....	50,000	1	5/60	4,167
Total .....	.....	.....	.....	.....	10,949

**Leroy A. Richardson,**

Chief, Information Collection Review Office,  
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

### Administration for Children and Families

#### Submission for OMB Review; Comment Request

Title: Case Plan Requirement, Title IV–E of the Social Security Act  
OMB No.: 0970–0428

*Description:* Under section 471(a)(16) of title IV–E of the Social Security Act (the Act), to be eligible for payments, states and tribes must have an approved title IV–E plan that provides for the development of a case plan for each child for whom the State or Tribe receives foster care maintenance payments and that provides a case review system that meets the requirements in section 475(5) and 475(6) of the Act.

The case review system assures that each child has a case plan designed to achieve placement in a safe setting that is the least restrictive (most family-like) setting available and in close proximity to the child's parental home, consistent with the best interest and special needs of the child. Through these requirements, States and Tribes also

comply, in part, with title IV–B section 422(b) of the Act, which assures certain protections for children in foster care.

The case plan is a written document that provides a narrative description of the child-specific program of care. Federal regulations at 45 CFR 1356.21(g) and section 475(1) of the Act delineate the specific information that should be addressed in the case plan. The Administration for Children and Families (ACF) does not specify a recordkeeping format for the case plan nor does ACF require submission of the document to the Federal government. Case plan information is recorded in a format developed and maintained by the State or Tribal child welfare agency.

Respondents: State and Tribe title IV–B and title IV–E agencies

#### ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Case Plan .....	512,515	1	4.80	2,464,893

Estimated Total Annual Burden Hours: 2,464,893.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov).

OMB Comment: 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: [OIRA\\_SUBMISSION@OMB.EOP.GOV](mailto:OIRA_SUBMISSION@OMB.EOP.GOV), Attn: Desk Officer for the Administration for Children and Families.

**Robert Sargis,**

Reports Clearance Officer.

[FR Doc. 2014–29235 Filed 12–12–14; 8:45 am]

**BILLING CODE 4184–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Submission for OMB Review; 30-Day Comment Request Evaluation of the NIH Academic Research Enhancement Award (NIH OD)

**SUMMARY:** Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH), has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information