of the individual who is the subject of the record.

g. To an expert, consultant, or contractor of GSA in the performance of a Federal duty to which the information is relevant.

h. To the National Archives and Records Administration (NARA) for records management purposes.

i. To appropriate agencies, entities, and persons when (1) The Agency suspects or has confirmed that the security or confidentiality of information in the system of records has been compromised; (2) the Agency has determined that as a result of the suspected or confirmed compromise there is a risk of harm to economic or property interests, identity theft or fraud, or harm to the security or integrity of this system or other systems or programs (whether maintained by GSA or another agency or entity) that rely upon the compromised information; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with GSA's efforts to respond to the suspected or confirmed compromise and prevent, minimize, or remedy such harm.

j. To the workspace and room scheduling system. When an individual swipes their card the information automatically checks them into previously reserved workspace. This is done as a convenience so the individual won't lose a seat assignment or conference room.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF SYSTEM RECORDS:

STORAGE:

System records and documents are electronically stored on servers and/or compact discs.

RETRIEVABILITY:

Records may be retrieved by name and/or other personal identifier or appropriate type of designation.

SAFEGUARDS:

System records are safeguarded in accordance with the requirements of the Privacy Act, the Computer Security Act, and the System Security Plan. Technical, administrative, and personnel security measures are implemented to ensure confidentiality and integrity of the data. Security measures include password protections, assigned roles, and transaction tracking.

RETENTION AND DISPOSAL:

Disposition of records will be according to the National Archives and Records Administration (NARA) guidelines, set forth in the GSA Records Maintenance and Disposition System (OAD P 1820.2A) handbook.

SYSTEM MANAGER AND ADDRESS:

Office of Mission Assurance (OMA), Identity, Credential and Access Management, 1800 F Street, NW., Washington DC 20405.

NOTIFICATION PROCEDURES:

Individuals may obtain information about their records from the E–PACS Program Manager at the above address.

RECORD ACCESS PROCEDURES:

Requests from individuals for access to their records should be addressed to the E–PACS Program Manager. GSA rules for individuals requesting access to their records are published in 41 CFR part 105–64.

CONTESTING RECORD PROCEDURES:

Individuals may contest their records' contents and appeal determinations according to GSA rules published in 41 CFR part 105–64.

RECORD SOURCE CATEGORIES:

Information is obtained from individuals who are receiving credentials to enter a federal facility and the Government credentialing authorities.

[FR Doc. 2014–29719 Filed 12–18–14; 8:45 am]

BILLING CODE 6820–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier HHS–OS–0990-New-30D]

Agency Information Collection Activities; Submission to OMB for Review and Approval; Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, has submitted an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB) for review and approval. The ICR is for a new collection. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public on this ICR during the review and approval period.

DATES: Comments on the ICR must be received on or before January 20, 2015.

ADDRESSES: Submit your comments to *OIRA_submission@omb.eop.gov* or via facsimile to (202) 395–5806.

FOR FURTHER INFORMATION CONTACT: Information Collection Clearance staff, *Information.CollectionClearance@hhs.gov* or (202) 690–6162.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the Information Collection Request Title and document identifier HHS–OS–0990–New—30D for reference.

Information Collection Request Title: National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care: Evaluation of Awareness, Adoption, and Implementation

Abstract: The Office of Minority Health (OMH), Office of the Secretary (OS), Department of Health and Human Services (HHS) is requesting a new approval from OMB for data collection on an evaluation project entitled ''National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care: Evaluation of Awareness, Adoption, and Implementation.'' The purpose of this assessment is to systematically describe and examine the awareness, knowledge, adoption, and implementation of the HHS OMH's National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (hereafter referred to as the National CLAS Standards) in a sample of health and health care organizations, and to use the resultant data to develop a preliminary, model of implementation to guide organizational adoption and implementation of the National CLAS Standards. Originally released in 2001, the HHS OMH's National CLAS Standards are a set of recommended action steps intended to advance health equity, improve quality, and help eliminate health care disparities. The National CLAS Standards, revised in 2013, are comprised of 15 Standards that provide health and health care organizations with a blueprint for successfully implementing and maintaining culturally and linguistically appropriate services.

Despite increased recognition of the National CLAS Standards as a fundamental tool for health and health care organizations to use in their efforts to become more culturally and linguistically competent, neither the original nor the enhanced National CLAS Standards have been systematically evaluated in terms of public awareness, organizational

adoption and implementation, or impact on health services outcomes. There is a need, then, to collect information from health and health care organizations to understand how and to what extent the *National CLAS Standards* have been utilized by its intended audiences.

Likely Respondents: The information to be collected as part of this assessment will come from five categories of respondents: Training and Development Specialists and Managers; Other Management; Health and Health Care Organization Executives and Managers; Health and Health Care Providers, Managers, and Support Staff; Health Care Practitioners; and Technical Staff.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Type of respondent	Number of respondent	Number responses per respondent	Average burden per response (hours)	Total burden (hours)
National CLAS Standards Stakeholder Interview.	Training and Development Specialists and Managers; Other Management Occupations (that contributed to development of National CLAS Standards).	21	1	45/60	16
CLAS Stakeholder Interview	Training and Development Specialists and Managers; Other Management Occupations (with subject matter expertise in cultural competence or cultural and linguistic appropriate services).	21	1	1	21
Health and Health Care Organization Leadership Interview.	Health and Health Care Organization Executives and Managers.	140	1	1	140
Health and Health Care Organization Staff Survey.	Health and Health Care Providers, Managers, and Support Staff.	2,500	1	15/60	625
Health and Health Care Organization Screener Survey.	Health and Health Care Organization Executives.	50,000	1	5/60	4,167
National CLAS Standards Experience Form.	Health Care Practitioners and Technical Occupations.	240,000	1	10/60	40,000
Total	.....	.....	.....	.....	44,969

Darius Taylor,

Information Collection Clearance Officer.

[FR Doc. 2014–29740 Filed 12–18–14; 8:45 am]

BILLING CODE 4150–29–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Announcement of a Workshop and a Request for Public Comment on Questions Regarding Dietary Reference Intakes and Chronic Disease Endpoints

AGENCY: Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The Dietary Reference Intakes (DRI) Committees of the U.S. and Canadian governments will hold a workshop entitled ''Options for Consideration of Chronic Disease Endpoints for Dietary Reference Intakes.'' The objective of the workshop is to critically evaluate key scientific issues involved in using chronic disease endpoints for setting DRIs and, in this context, to provide information for future decisions as to whether and/or how chronic disease endpoints can be incorporated into the setting of DRI values. In preparation for this meeting, the DRI Committees are asking for public comment on the set of questions that the meeting panelists will discuss.

DATES: This meeting will be held on March 10, 2015 from 8:30 a.m. to 5:00 p.m. E.D.T. and on March 11, 2015 from 8:30 a.m. to 12:30 p.m. E.D.T.

ADDRESSES: The workshop will be held at the Lister Hill Auditorium, National Institutes of Health, in Bethesda, Maryland, USA. The workshop will be open to the public either in-person (seating is limited) or by videocast on the Internet.

FOR FURTHER INFORMATION CONTACT: Additional information about this workshop and the agenda will be made available on the Internet at *http://www.health.gov/dri/as the meeting approaches.* You may also send emails to *DRI@hhs.gov.*

SUPPLEMENTARY INFORMATION:

Background Information

The current DRI approaches for selecting indicators of adequacy and toxicity and for estimating dose-response relationships between nutrient intakes and selected outcomes derive from several Food and Nutrition Board committee reports published by the Institute of Medicine (IOM) in 1994 [1] and 1998.[2] These committees recommended that DRIs for adequacy be expressed as Estimated Average Requirements (EARs) and Recommended Dietary Allowances (RDAs, representing 97.5% of population requirements). They also recommended that reference values for Tolerable Upper Intake Levels (ULs) be included in future DRI evaluations. Additionally, the 1994 IOM committee concluded that future RDA processes (now called DRIs) should include the concept of chronic disease risk reduction in addition to the classical nutrient deficiency endpoints. The approaches recommended by the 1994 and 1998 committees were applied, with a few additions (*e.g.,* Adequate Intakes, Acceptable Macronutrient Distribution Ranges), for all seven of the DRI reviews published from 1997 to 2011. These reports can be accessed at the following Web site: *http://*

[1] Food and Nutrition Board, Institute of Medicine. 1994. *How Should the Recommended Dietary Allowances Be Revised?* National Academy Press, Washington, DC.

[2] *Dietary Reference Intakes: A Risk Assessment Model for Establishing Upper Intake Levels for Nutrients.* National Academy Press, Washington, DC.