

reaching beyond the workers to the general public.

As mandated in the Occupational Safety and Health Act of 1970 (Pub. L. 91–596), the mission of NIOSH is to conduct research and investigations on occupational safety and health. Related to this mission, the purpose of this project is to conduct research that will provide a detailed description of non-fatal occupational injuries and exposures incurred by fire fighters. This information will offer detailed insight into events that lead to the largest number of nonfatal injuries and exposures among fire fighters. The project will use two related data sources. The first source is data abstracted from medical records of fire fighters treated in a nationally stratified sample of emergency departments. These data are routinely collected through the occupational supplement to the National Electronic Injury Surveillance System (Neiss–Work). The second data source, for which NIOSH is seeking OMB approval for three years, is responses to telephone interview surveys of the injured and exposed fire fighters identified within Neiss–Work.

The proposed telephone interview surveys will supplement Neiss–Work data with an extensive description of fire fighter injuries and exposures, including worker characteristics, injury types, injury circumstances, injury outcomes, and use of personal protective equipment. Previous reports describing occupational injuries and exposures to fire fighters provide limited details on specific regions or sub-segments of the population. As compared to these earlier studies, the scope of the telephone interview data will be broader as it includes sampled cases nationwide and has no limitations in regards to type of employment (*i.e.*, volunteer versus career). Results from the telephone interviews will be weighted and reported as national estimates.

The sample size for the telephone interview survey is estimated to be approximately 240 fire fighters annually for the proposed three year duration of the study. This is based on the number of fire fighters identified in previous years of Neiss–Work data and a 30 to 40% response rate that is comparable to the rate of previously conducted

National Electronic Injury Surveillance System telephone interview studies. Each telephone interview will take approximately 30 minutes to complete, resulting in an annualized burden estimate of 120 hours. Using the routine Neiss–Work data, an analysis of all identified EMS workers will be performed to determine if there are differences between the telephone interview responder and non-responder groups.

The Division of Safety Research (DSR) within NIOSH is conducting this project. DSR has a strong interest in improving surveillance of fire fighter injuries and exposures to provide the information necessary for effectively targeting and implementing prevention efforts and, consequently, reducing occupational injuries and exposures to fire fighters. The Consumer Product Safety Commission (CPSC) will also contribute to this project, as they are responsible for coordinating the collection of all Neiss–Work data and for overseeing the collection of all telephone interview data.

There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Fire fighters	Follow-back survey	240	1	30/60	120
Total	120

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**

**Centers for Disease Control and
Prevention**

**Solicitation of Nominations for
Appointment to the Board of Scientific
Counselors, National Center for
Environmental Health/Agency for Toxic
Substances and Disease Registry
(BSC, NCEH/ATSDR)**

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC) is seeking

nominations for membership on the BSC, NCEH/ATSDR. The BSC, NCEH/ATSDR consists of 16 experts in fields associated with environmental public health or in related disciplines (*e.g.*, environmental law, preventive medicine, epidemiology, occupational and environmental health, environmental toxicology, environmental justice, laboratory sciences, risk assessment, public policy, behavioral social science, and health economics). Nominations are being sought for individuals who have expertise and qualifications necessary to contribute to the accomplishments of the Board’s objectives. Nominees will be selected based on expertise in the fields of environmental public health or related disciplines (*e.g.*, environmental law, preventive medicine, epidemiology, occupational and environmental health, environmental toxicology, environmental justice, laboratory sciences, risk assessment, public policy, behavioral social science,

and health economics). Federal employees will not be considered for membership. Members may be invited to serve for up to four-year terms. Selection of members is based on candidates’ qualifications to contribute to the accomplishment of BSC, NCEH/ATSDR objectives <https://www.atsdr.cdc.gov/science/>.

DATES: Nominations for membership on the BSC, NCEH/ATSDR must be received no later than April 29, 2018. Packages received after this time will not be considered for the current membership cycle.

ADDRESSES: All nominations should be mailed to Shirley Little, Program Analyst, NCEH/ATSDR, CDC, 4770 Buford Highway (MS–F45), Atlanta, Georgia 30341, Email addresses: slittle@cdc.gov. Telephone and facsimile submissions cannot be accepted.

FOR FURTHER INFORMATION CONTACT: Shirley Little, NCEH/ATSDR Program Analyst, CDC, 4770 Buford Highway,

Atlanta, Georgia 30341, telephone (770) 488-0577; slittle@cdc.gov.

SUPPLEMENTARY INFORMATION: The U.S. Department of Health and Human Services policy stipulates that committee membership be balanced in terms of points of view represented, and the committee's function. Appointments shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, gender identity, HIV status, disability, and cultural, religious, or socioeconomic status. Nominees must be U.S. citizens, and cannot be full-time employees of the U.S. Government. Current participation on federal workgroups or prior experience serving on a federal advisory committee does not disqualify a candidate; however, HHS policy is to avoid excessive individual service on advisory committees and multiple committee memberships. Committee members are Special Government Employees, requiring the filing of financial disclosure reports at the beginning and annually during their terms. CDC reviews potential candidates for BSC, NCEH/ATSDR membership each year, and provides a slate of nominees for consideration to the Secretary of HHS for final selection. HHS notifies selected candidates of their appointment near the start of the term in June, or as soon as the HHS selection process is completed. Note that the need for different expertise varies from year to year and a candidate who is not selected in one year may be reconsidered in a subsequent year.

Nominees must be U.S. citizens, and cannot be full-time employees of the U.S. Government. Candidates should submit the following items:

- Current curriculum vitae, including complete contact information (telephone numbers, mailing address, email address)
- At least one letter of recommendation from person(s) not employed by the U.S. Department of Health and Human Services. (Candidates may submit letter(s) from current HHS employees if they wish, but at least one letter must be submitted

by a person not employed by an HHS agency (e.g., CDC, NIH, FDA, etc.).

Nominations may be submitted by the candidate him- or herself, or by the person/organization recommending the candidate.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both CDC and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: 2019 National Survey of Early Care and Education.

OMB No.: 0970-0391.

Description: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is proposing a data collection activity as part of the 2019 National Survey of Early Care and Education (NSECE) to be conducted October 2018 through August 2019. The objective of the 2019 NSECE is to document the nation's current supply of early care and education services (that is, home-based providers, center-based providers, and the center-based provider workforce). The 2019 NSECE will collect information on child care and early education providers that serve families with children from birth to 13 years in the country, as well as the early care and education (ECE) workforce providing these services. The proposed collection will consist of three

coordinated nationally representative surveys:

1. A survey of individuals providing care for children under the age of 13 in a residential setting (Home-based Provider Interview),

2. A survey of providers of care to children ages 0 through 5 years of age (not yet in kindergarten) in a non-residential setting (Center-based Provider Interview), and

3. A survey conducted with individuals employed in center-based child care programs working directly with children in classrooms (Workforce Interview).

Both the home-based and center-based provider surveys will require a screener to determine eligibility for the main survey.

The 2019 NSECE data collection efforts will provide urgently needed information about the supply of child care and early education available to families across all income levels, including providers serving low-income families of various racial, ethnic, language, and cultural backgrounds, in diverse geographic areas. The provider data will include programs that do or do not participate in the child care subsidy program, are regulated, registered, or otherwise appear in state or national lists and are home-based providers or, center-based programs (e.g., private, community-based child care, Head Start, and state or local Pre-K). Accurate data on the availability and characteristics of early care and education programs are essential to assess the current and changing landscape of child care and early education programs since the 2012 NSECE data collection, and to provide insights to advance policy and initiatives in the ECE field.

Respondents: Home-based providers serving children under 13 years, center-based child care providers (including public schools) serving children ages 0 through 5 years of age (not yet in kindergarten), and selected instructional staff members from these center-based child care providers.

ANNUAL BURDEN HOURS

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Estimated annual burden hours
Home-Based Provider Interview, including Screener	4,000	1	.67	2,680
Home-based Provider Screener, no interview	2,015	1	.03	60
Center-Based Provider Interview, including Screener	7,800	1	.8	6,240
Center-based Provider Screener, no interview	7,640	1	.1	764
Workforce Provider Interview	5,600	1	.33	1,848
Estimated Total Annual Burden Hours				11,592