

to understand how primary care physicians perceive, need, and implement the Guideline to make prescribing decisions; how they need, obtain, and use supplementary and promotional Guideline materials developed by CDC for professional development or patient education; and

what attitudinal and structural barriers may inhibit primary care provider adoption of the recommendations in the Guideline.

Over 10,000 respondents were queried and over 4,500 burden hours used during this time period. Because the availability of this ICR has been so

critical to programs in disseminating their materials and information to the public in a timely manner, OADC is requesting a three year extension of this information collection. The estimated annualized burden hours is 2,470. There is no cost to the 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)
Public Health Professionals, Health Care Providers, State and Local Public Health Officials, Emergency Responders, General Public.	Moderator's Guides, Eligibility Screeners, Interview Guides, Opinion Surveys, Consent Forms.	18,525	1	8/60	2,470
Total	2,470

Jeffrey M. Zirger,

Acting 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

Board of Scientific Counselors, National Center for Injury Prevention and Control

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of closed meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the CDC announces the following meeting for the Board of Scientific Counselors, National Center for Injury Prevention and Control, (BSC, NCIPC).

DATES: The meeting will be held on August 1, 2018, 1:00 p.m. to 3:00 p.m., EDT (CLOSED).

ADDRESSES: Teleconference.

FOR FURTHER INFORMATION CONTACT: Gwendolyn H. Cattledge, Ph.D., M.S.E.H., Deputy Associate Director for Science, NCIPC, CDC, 4770 Buford Highway NE, Mailstop F-63, Atlanta, GA 30341, Telephone (770) 488-1430, Email address: NCIPCBSC@cdc.gov.

SUPPLEMENTARY INFORMATION: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the

Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

Purpose: The Board of Scientific Counselors makes recommendations regarding policies, strategies, objectives, and priorities; and reviews progress toward injury and violence prevention. The Board also provides advice on the appropriate balance of intramural and extramural research, and guidance on the needs, structure, progress and performance of intramural programs. The Board also provides guidance on extramural scientific program matters, including the: (1) Review of extramural research concepts for funding opportunity announcements; (2) conduct of secondary peer review of extramural research grants, cooperative agreements, and contracts applications received in response to the funding opportunity announcements as they relate to the Center's programmatic balance and mission; (3) submission of secondary review recommendations to the Center Director relating to applications to be considered for funding support; (4) review of research portfolios, and (5) review of program proposals.

Matters To Be Considered: The agenda will include discussions on secondary peer review of extramural research grant and cooperative agreement applications received in response to two (2) Notice of Funding Opportunities (NOFOs): RFA-CE-18-001, Research Grants for Preventing Violence and Violence Related Injury (RO1); SBIR PA-17-302, PHS 2017-2 Omnibus Solicitation of the NIH, CDC and FDA for Small Business Innovation Research Grants. Agenda items are subject to change as priorities dictate.

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 the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Elaine Baker,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-18-0792]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled Environmental Health Specialists Network (EHS-NET) Program to the Office of Management and Budget (OMB) for review and approval. CDC previously published a "Proposed Data Collection Submitted for Public Comment and Recommendations" notice on April 17, 2018 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

- (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- (c) Enhance the quality, utility, and clarity of the information to be collected;
- (d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and
- (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570 or send an email to omb@cdc.gov. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

Proposed Project

Environmental Health Specialists Network (EHS-NET) Program (OMB #0920-0792, expiration 9/30/2018)—Revision—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Center for Environmental Health (NCEH), Centers

for Disease Control and Prevention (CDC), is requesting a three-year Paperwork Reduction Act (PRA) approval for the revision to the Environmental Health Specialists (EHS-Net) Program. The EHS-Net program focuses on identifying the environmental causes of foodborne illness. OMB approved the generic information collection for the EHS-Net program in October 2008, 2012, and 2015. To date, EHS-Net has had five genICs.

This revision will provide OMB clearance for EHS-Net data collections conducted in 2018 through 2021. The program is revising the generic information collection request in the following ways:

(1) The burden hours have increased to allow for additional statistical designs. The number of restaurants per site (8 EHS-Net sites, which has remained the same) has been increased from 47 to 50 restaurants (totaling 400 restaurants); the sample size was increased to detect a greater odds ratio and establish a stronger power.

(2) The number of respondents has increased to gather additional food worker responses per establishment. Collecting data from additional food workers (increased to 10 food workers per restaurant from 1 food worker per restaurant, totaling 4,000 food workers) will help minimize the potential bias of only having one worker represent all of food workers in a given establishment.

We expect to conduct up to three studies in a 5-year cooperative period; this is based on a more accurate study schedule in a 5-year EHS-Net cooperative agreement.

The goal of this information collection is to improve food safety and reduce foodborne illness, which supports the U.S. Department of Health and Human Services' Health People 2020 Goal. Reducing foodborne illness first requires identification and understanding of the environmental factors that cause these illnesses. We need to know how and why food becomes contaminated with foodborne illness pathogens. This information can then be used to

determine effective food safety prevention methods. Ultimately, these actions can lead to increased regulatory program effectiveness and decreased foodborne illness. The purpose of the information collection is to gather data that will help us identify and understand environmental factors associated with foodborne illness. Environmental factors associated with foodborne illness include both food safety practices (e.g., inadequate cleaning practices) and the factors in the environment associated with those practices (e.g., worker and retail food establishment characteristics). The information collected through this collection will be used to:

- (a) Describe retail food establishment food handling and food safety practices and manager/worker and establishment characteristics,
- (b) Determine how retail food establishment and worker characteristics are related to food handling and food safety practices.

This program is conducted by the Environmental Health Specialists Network (EHS-Net), a collaborative project of CDC, FDA, USDA, and local and state sites. Through this collection, we will continue to collect data from those who prepare food (i.e., food workers) and on the environments in which the food is prepared (i.e., retail food establishment kitchens). Thus, data collection methods for this generic package include: (1) Screener, (2) manager and food worker interviews/surveys, and (3) observation of kitchen/restaurant environments. Both methods allow data collection on food safety practices and environmental factors associated with those practices.

For each data collection, we will collect data in approximately 50 retail food establishments per site. Thus, there will be approximately 400 establishments per data collection (an estimated 8 sites * 50 establishments). The total estimated annual burden for each data collection will be 1,777 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Managers	EHS-Net Manager Recruiting Script	889	1	3/60
Managers	EHS-Net Manager Informed Consent and Interview	400	1	30/60
Food Workers	EHS-Net Food Worker Recruiting Screener, Consent, and Interview.	4,000	1	20/60
HD staff	EHS-Net Restaurant Observation	400	1	30/60

Jeffrey M. Zirger,

Acting 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: Evaluation of the Family Unification Program.

OMB No.: New Collection.

Description: The Administration for Children and Families (ACF) is proposing an information collection activity to assess the impact, through rigorous evaluation, of participation in the Family Unification Program (FUP) on child welfare involvement and child maltreatment. The Department of Housing and Urban Development (HUD) funds and administers FUP. Through the program, vouchers are provided to families for whom the lack of adequate housing is a primary factor in (a) the imminent placement of the family's

child, or children, in out-of-home care or (b) the delay in the discharge of the child, or children, to the family from out-of-home-care. The program aims to prevent children's placement in out-of-home care, promote family reunification for children placed in out-of-home care, and decrease new reports of abuse and neglect. Vouchers may also be provided to youth transitioning from foster care who do not have adequate housing, although this population is not the focus of this evaluation.

The evaluation will contribute to understanding the effects of FUP on project participants' child welfare involvement. The evaluation will be conducted in approximately ten sites, with random assignment of FUP-eligible families to program and control groups. The evaluation consists of both an impact study and an implementation study. Data collection for the impact study will be exclusively through administrative data. Data collection for the implementation study will be through site visits and collection of program data. Data collection activities will span 3 years.

Implementation study data collection will occur at three points in time: (1) Prior to the implementation ("first site visit"), (2) 6-9 months into the implementation ("second site visit",

and (3) 18-21 months into implementation ("third site visit"). Semi-structured interviews will be conducted with agency/organization management (first and second site visits) and FUP management (second and third site visits), and focus groups will be conducted with front-line staff (second and third site visits). In addition, semi-structured interviews will be conducted with parents (second and third site visits). Program data, collected using a housing status form, a referral form and questionnaires about housing assistance and other services, will be completed by frontline staff. FUP management staff will complete an online randomization tool and a form ("dashboard") to facilitate monitoring of the evaluation.

This evaluation is part of a larger project to help ACF build the evidence base in child welfare through rigorous evaluation of programs, practices, and policies. It will also contribute to HUD's understanding of how housing can serve as a platform for improving quality of life.

Respondents: Public housing authority staff, public child welfare agency staff, Continuums of Care (CoC) staff, other service provider staff, and the parent of families housed using FUP vouchers.

ANNUAL BURDEN ESTIMATES

	Total number of respondents	Annual number of respondents	Number of responses per respondent	Average burden hour per response	Annual burden hours
Guide for Recruitment with PHA and PCWA Administrators	30	10	1	1.00	10
Guide to Develop an Evaluation Plan for PCWA FUP Management	10	4	1	1.00	4
Guide to Develop an Evaluation Plan for PHA FUP Management	10	4	1	1.00	4
Guide for Implementation Study for PCWA Management ..	10	4	1	1.00	4
Guide for Implementation Study for PHA Management	10	4	1	1.00	4
Guide for Implementation Study for CoC Management	10	4	1	1.00	4
Guide for Implementation Study for Referral Provider Administrators	14	5	1	1.00	5
Guide for Implementation Study with PCWA FUP Management (Second)	10	4	1	1.00	4
Guide for Implementation Study for PHA FUP Management	10	4	1	1.00	4
Guide for Implementation Study Focus Groups with PHA Frontline Workers	30	10	1	1.50	15
Guide for Implementation Study for Parents (Second, Third)	120	40	1	1.50	60
Guide for Implementation Study Focus Groups with Frontline Workers	440	147	1	1.50	221
Guide for Implementation Study for PCWA FUP Management (Third)	10	4	1	1.00	4
Guide for Implementation Study for Service Provider Management	18	6	1	1.00	6
Housing Status Form	616	206	31	0.04	255
Referral Form	200	67	6	0.17	68
Randomization Tool	10	4	106	0.02	9
Housing Assistance Questionnaire	200	67	3	0.09	18
Ongoing Services Questionnaire	200	67	3	0.09	18
Dashboard	20	7	27	0.17	32