during measles cases that have occurred in the U.S. associated with travel.

The respondents are Cruise Ship Medical Staff/Cargo Ship Managers and State/local health department staff.

There is no cost to respondents other than their time to complete the form and submit the data to CDC.

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)
Cruise Ship Physicians/ Cargo Ship Managers.	Clinically Active TB Contact Investigation Outcome Reporting Form—Maritime.	15	1	20/60	5
	Varicella Investigation Outcome Reporting Form	29	1	20/60	10
	Influenza Like Illness Investigation Outcome Reporting Form.	45	1	20/60	15
State/Local public health staff.	General Contact Investigation Outcome Reporting Form—Air.	34	1	5/60	3
	TB Contact Investigation Outcome Reporting Form—Air.	547	1	5/60	46
	Measles Contact Investigation Outcome Reporting Form—Air.	324	1	5/60	27
	Rubella Contact Investigation Outcome Reporting Form—Air.	27	1	5/60	3
	General Contact Investigation Outcome Reporting Form—Land.	15	1	5/60	2
Total					111

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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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–17–17BBV; Docket No. CDC–2017–0085]

Proposed Data Collection Submitted for Public Comment and Recommendations

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

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing efforts 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. This notice invites comment on ''Online training for law enforcement to reduce risks associated with shift work and long work hours''. This study will develop and pilot test a new, online, interactive training program tailored for the law enforcement community that relays the health and safety risks associated with shift work, long work hours, and related workplace sleep issues and presents strategies for managers and officers to reduce these risks.

DATES: CDC must receive written comments on or before December 12, 2017.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2017–0085 by any of the following methods:

- *Federal eRulemaking Portal: Regulation.gov.* Follow the instructions for submitting comments.
- *Mail:* Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *Regulations.gov*.

Please note: Submit all comments through the Federal eRulemaking portal (regulations.gov) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30329; phone: 404–639–7570; Email: *omb@cdc.gov*.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. 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;

2. Evaluate 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;

3. Enhance the quality, utility, and clarity of the information to be collected; and

4. 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 submissions of responses.

5. Assess information collection costs.

Proposed Project

Online Training for Law Enforcement to Reduce Risks Associated with Shift Work and Long Work Hours—NEW—National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Law enforcement officers work in stressful and dangerous conditions to enforce law and order, prevent crime, and protect persons and property. Police often work during the evening, at night, and sometimes irregular and long hours. Shift work and long work hours are linked to many health and safety risks due to disturbances to sleep, circadian rhythms, and personal relationships. These work schedules and inadequate sleep are likely critical contributors to the many health problems seen in police: shorter life spans, high occupational injury rates, and burden of chronic illnesses. One important strategy to reduce these risks is training programs to inform employers and law enforcement officers about the risks and strategies to reduce the risks. This is a new Information Collection Request for 1 year of data collection. The Occupational Safety and Health Act of 1970 authorizes the National Institute for Occupational Safety and Health to carry out this data collection.

The purpose of this project is to develop a training program to relay the risks linked to shift work and long work hours and give workplace strategies for employers and personal strategies for the officers to reduce the risks. Once finalized, the training will be available on the NIOSH Web site.

The training will be pilot tested with 30 recent graduates of a police academy in their first field experience and 30 experienced officers. CDC will recruit sixty law enforcement officers during a 15-minute phone call. All will work full time on fixed night shifts. The pilot test will use a pretest and posttest design to examine sleep (both duration and quality), worktime sleepiness, and knowledge retained. Pre-test measures will be collected 2 weeks before the training. CDC will collect post-test measures the week of the training, 1 week after the training and at 8 and 9 weeks after the training. Additional post-test measures will include feedback about the training and if specific behaviors changed.

Before starting the pretest, the respondent will sign an informed consent form. The pilot pre-test will start with the respondent filling out a 10 minute online survey that includes four short surveys: (1) Demographic information and work experience; (2) the Epworth Sleepiness Scale; (3) the Pittsburgh Sleep Quality Index; and (4) a knowledge test. The respondent will be fitted with a wrist actigraph, which will record activity and estimate the times of sleep. The respondents will keep an online sleep activity diary and wear the actigraph continuously during weeks 1 to 4 of the study. The online sleep activity diary takes approximately 2 minutes a day to complete. The sleep diary and actigraph are being used together to obtain a more accurate timing of respondent's sleep and activity.

During the third week of the study, the respondent will participate in a 3.5-hour online training program. Immediately after completing the training, the respondent will take the post-test knowledge test and will provide feedback about the training, to include barriers to using the training information and what influential people in their life would want them to do with the training information. At the end of week 4, the respondent will return the actigraph. No data collection will occur during weeks 5 to 9 of the study.

The second post-test period will be weeks 11 and 12 of the study (weeks 8 and 9 after the training) to gather longer-term outcomes. At the beginning of week 11, the respondents will be fitted with another ACTi graph. The respondent will wear the ACTi graph and complete the sleep activity diary for the next 14 days. At the end of week 12 of the study, respondent will complete the Epworth Sleepiness Scale, Pittsburgh Sleep Quality Index, and Changes in Behaviors after Training. The combined response time is 5 minutes. The respondent will return the ACTi graph and study ends.

The burden table lists three 10-minute meetings during the post-test period when they will return the ACTi graph at the end of week 4, be fitted with an ACTi graph at the beginning of week 11 and return it at the end of week 12. The respondents will complete the sleep activity diary for 42 days total for 2 minutes each day. The total burden hours is 84.

CDC will use the findings from the pilot test to make improvements to the training program. The research team will reinforce or expand training content that showed less than desired results on the pilot test. Potential impacts of this project include improvements in management practices such as the design of work schedules and improvements in officers' personal behaviors for coping with the demands of shift work and long work hours. The total estimated annualized burden hours is 389. There are no costs 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)
Law enforcement officers	Initial phone call to recruit participation.	60	1	15/60	15
Law enforcement officers	Informed consent	60	1	10/60	10
Law enforcement officers	Knowledge survey	60	5	5/60	25
Law enforcement officers	Epworth Sleepiness Scale	60	2	1/60	2
Law enforcement officers	Pittsburgh Sleep Quality Index	60	2	2/60	4
Law enforcement officers	Demographics and work experience	60	1	2/60	2
Law enforcement officers	Sleep diary	60	42	2/60	84
Law enforcement officers	Online training	60	1	3.5	210
Law enforcement officers	Feedback about Training, Barriers, and Influential People.	60	1	5/60	5
Law enforcement officers	Changes in Behaviors after Training	60	1	2/60	2

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Law enforcement officers	Actigraph fitting and return	60	3	10/60	30
Total					389

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. 2017–22201 Filed 10–12–17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–17–17ND]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on February 10, 2017 to obtain comments from the public and affected agencies. CDC received one comment related to the previous notice. The purpose of this notice is to allow an additional 30 days for public comments.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. 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

Annual Progress Report (APR) for Injury Control Research Centers (ICRC)—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Injury Control Research Centers (ICRCs) form a national network of ten comprehensive academic research centers that focus on three core functions: Research, training, and outreach. ICRCs are on the scientific front line conducting cutting-edge, multidisciplinary research on the causes, outcomes, and prevention of injuries and violence.

ICRC research focuses on issues of local and national importance including motor vehicle injuries; interpersonal violence and suicide; opioid overdoses; older adult falls; and traumatic brain injuries. ICRCs work with states and communities to ensure research is put into action to prevent injuries and violence. They provide technical assistance to disseminate and translate research findings which leads to increased awareness and influences action. ICRCs play a critical role training and developing the current and next generation of researchers and public health professionals. This helps ensure there is an adequate supply of qualified practitioners and researchers to advance prevention research, address new problems, and reach new populations across the nation.

The CDC seeks OMB approval for three years to collect Annual Progress Report (APR) information from 10 grantees funded under Grants for Injury Control Research Centers (ICRC). ICRC awardees will report activity information to CDC annually using three fillable electronic templates. The first Word-based template is the principal tool for the Indicators Data Collection (IDC), which is based on a set of program activity indicators and key ICRC evaluation questions. The second Word-based template collects information about non-CDC-funded studies, and the third template, which is Excel-based, collects information about ICRC personnel and publications. Information will be reported electronically to the NCIPC for program monitoring, and hard copies will be submitted to CDC's Office of Financial Resources (OFR). Together, the tools describe grantees' annual goals, objectives, progress, and performance towards overall cooperative agreement aims. The tools also describe how grantees implement and use evidence-based injury prevention and control strategies.

Information to be collected will provide crucial data for program performance monitoring, will allow CDC to analyze and synthesize information from grantees, help ensure consistency in documenting progress and technical assistance, enhance accountability of the use of federal funds, and provide timely reports as frequently requested by the Department of Health and Human Services, the White House, and Congress.

Submission of the Annual Progress Report is required for cooperative agreement grantees. The total estimated annualized burden hours are 500. There is no cost to respondents other than their time.