

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.

Proposed Project

Survey of Musculoskeletal Disorders Prevention Tools/Methods: 10-year Follow-Up—New—National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. Under Public Law 91–596, sections 20 and 22 (Section 20–22, Occupational Safety and Health Act of 1970), NIOSH has the responsibility to conduct research to advance the health and safety of workers. In this capacity, NIOSH proposes to administer a survey of ergonomics professionals as a 10-year follow-up to a survey conducted of U.S. Certified Professional Ergonomists (CPEs) by Dempsey et al. and published in 2005 (A survey of tools and methods used by certified professional ergonomists. *Applied Ergonomics*, 36, 489–503). NIOSH is requesting a one year approval period for this data collection.

The project is planned to extend the original survey in two ways: (1) The

sample will be broadened to include international ergonomics practitioners (in Canada, the United Kingdom, New Zealand, and Australia), and, (2) the queried tools and methods have been updated to reflect new and emerging technologies not included in the original survey. The purpose of the survey will be unchanged—to gather information on the types of basic tools, direct and observational measurement techniques, and software used in the field by ergonomics practitioners to assess workplace risk factors for musculoskeletal disorders and to evaluate workplace interventions.

The motivation for the original 2005 survey was to better understand the types of tools and methods practitioners use, their opinions of these tools, and to potentially gain an understanding of the constraints or preferences that influence this selection. At the time of the 2005 survey, there were many tools reported in the literature, but little information on the extent to which these different tools were used by practitioners. Similarly, there was little published information on users’ experiences with these different tools. There has been considerable interest in the findings and the Dempsey et al (2005) publication has been widely cited. The program anticipates that a follow-up effort will result in even greater interest as changes in the practice of ergonomics and prevention of soft tissue MSDs can be inferred from comparisons between the two surveys time points.

Since publication of the initial survey findings there has been a proliferation of smart phone/smart device-embedded inertial and acceleration sensors and related “apps” for human motion and activity logging. Little is known about the extent to which ergonomics practitioners are using these newer technologies towards assessing workplace physical activity (and now, workplace inactivity and “sedentarism”) and other job demands. Thus, the survey will provide a contemporary perspective on the scope of use of assessment tools and methods by these professionals. This project will involve the collection of non-sensitive data via web-based survey questionnaire methods. Survey data relate only to respondents’ professional practice within the OS&H discipline of ergonomics and prevention of musculoskeletal disorders.

Only certified ergonomics professionals from five countries with specific certification credentials will be eligible and invited to participate. Their participation will be voluntary. The program has assumed an optimistic 80% response rate to estimate the number of respondents at 938 in the estimation of annualized burden hours.

In summary, this study will update information collected and published in 2005 on the methods and tools used by practicing ergonomists. NIOSH expects to complete data collection in 2017. The total estimated burden hours is 469. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	No. of respondents	No. of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Certified Ergonomics professionals ..	Practicing Ergonomist Survey of Tools and Methods.	938	1	30/60	469
Total	469

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

Board of Scientific Counselors,
National Center for Environmental
Health/Agency for Toxic Substances
and Disease Registry (BSC, NCEH/
ATSDR)

In accordance with section 10(a)(2) of
the Federal Advisory Committee Act
(Pub. L. 92–463), the Centers for Disease
Control and Prevention (CDC),

announces the following meeting of the
aforementioned committee:
Times and Dates: 8:30 a.m.–4:30 p.m.,
EDT, June 28, 2016; 8:30 a.m.–11:30
a.m., EDT, June 29, 2016.
Place: CDC, 4770 Buford Highway,
Atlanta, Georgia 30341.
Status: Open to the public, limited
only by the space available. The meeting
room accommodates approximately 60
people.
Purpose: The Secretary, Department
of Health and Human Services (HHS)
and by delegation, the Director, CDC
and Administrator, NCEH/ATSDR, are

authorized under Section 301 (42 U.S.C. 241) and Section 311 (42 U.S.C. 243) of the Public Health Service Act, as amended, to: (1) Conduct, encourage, cooperate with, and assist other appropriate public authorities, scientific institutions, and scientists in the conduct of research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and other impairments; (2) assist states and their political subdivisions in the prevention of infectious diseases and other preventable conditions and in the promotion of health and wellbeing; and (3) train state and local personnel in health work. The BSC, NCEH/ATSDR provides advice and guidance to the Secretary, HHS; the Director, CDC and Administrator, ATSDR; and the Director, NCEH/ATSDR, regarding program goals, objectives, strategies, and priorities in fulfillment of the agency's mission to protect and promote people's health. The board provides advice and guidance that will assist NCEH/ATSDR in ensuring scientific quality, timeliness, utility, and dissemination of results. The board also provides guidance to help NCEH/ATSDR work more efficiently and effectively with its various constituents and to fulfill its mission in protecting America's health.

Matters for Discussion: The agenda items for the BSC Meeting will include NCEH/ATSDR Office of the Director updates; update on Climate and Health; NCEH/ATSDR Program Responses to BSC Guidance and Action Items; NCEH/ATSDR Support for the Public Health Emergency in Flint; Rethinking the Strategy for the NCEH Lead Surveillance Program; CDC's Blood Reference Value for Lead; NCEH/ATSDR's Strategy for PFCs in the Environment; NCEH/ATSDR's Safe Drinking Water Program: Developing a Public Health Strategy; updates from the National Institute of Environmental Health Sciences, the National Institute for Occupational Safety and Health, the US Department of Energy and the US Environmental Protection Agency.

Agenda items are subject to change as priorities dictate.

Supplemental Information: The public comment period is scheduled on Tuesday, June 28, 2016 from 3:15 p.m. until 3:30 p.m., and on Wednesday, June 29, 2016 from 10:30 a.m. until 10:45 a.m.

Contact Person for More Information: Sandra Malcom, Committee Management Specialist, NCEH/ATSDR,

4770 Buford Highway, Mail Stop F-45, Atlanta, Georgia 30341; Telephone 770/488-0575 or 770/488-0577, Fax: 770/488-3377; Email: smalcom@cdc.gov. The deadline for notification of attendance is June 21, 2016.

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 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

[CFDA Number: 93.092]

Announcement of a Single-Source Award to Healthy Families San Angelo, San Angelo, TX

AGENCY: Family and Youth Services Bureau, ACYF, ACF, HHS.

ACTION: Notice of award of a Single-Source Award under the Competitive Personal Responsibility Education Program (Competitive PREP) to Healthy Families of San Angelo (HFSA) in San Angelo, Texas to support continued participation in the federal PREP impact evaluation.

SUMMARY: The Administration for Children and Families (ACF), Administration on Children, Youth and Families (ACYF), Family and Youth Services Bureau (FYSB), announces a single-source award in the amount of \$750,000 to HFSA in San Angelo, TX for the purpose of continued participation in the federal impact evaluation. The award allows sufficient time to complete evaluation related activities of the Steps to Success program. Steps to Success is a comprehensive, culturally appropriate intervention that seeks to postpone subsequent pregnancies and increase safe sex behaviors for high-risk pregnant and parenting teens.

DATES: The period of support under this single-source award is February 1, 2016, through June 30, 2017.

FOR FURTHER INFORMATION CONTACT:

LeBretia White, Manager, Adolescent Pregnancy Prevention Program, Division of Adolescent Development and Support, Family and Youth Services Bureau, 330 C Street SW., Washington, DC 20024. Telephone: 202-205-9605; Email: LeBretia.White@acf.hhs.gov.

SUPPLEMENTARY INFORMATION: HFSA was selected as a site for the PREP federal impact evaluation as a result of a strong program design. The impact evaluation addresses significant gaps in the teen pregnancy prevention evidence base. Currently, there is little rigorous evidence on strategies effective in reducing repeat pregnancies among adolescent mothers. HFSA's program will help fill that gap due to its focus on reducing subsequent pregnancies and long acting reversible contraception. If impacts are found, the HFSA program can be added to the U.S. Department of Health and Human Services teen pregnancy evidence review list. This award allows time for evaluation activities to be completed including the collection and analysis of data.

Statutory Authority: Section 2953 of the Patient Protection and Affordable Care Act of 2010, Pub. L. 111-148, added Section 513 to Title V of the Social Security Act, codified at 42 U.S.C. 713, authorizing the Personal Responsibility Education Program.

Christopher Beach,

Senior Grants Policy Specialist, Division of Grants Policy, Office of Administration.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Refugee Microenterprise and Refugee Home-Based Child Care Microenterprise Development.

OMB No.: New.

Description: New data collection tool for refugee microenterprise and Refugee Home-Based Child Care Microenterprise Program.

Respondents: Refugee Microenterprise Development Grantees and Refugee Home-Based Child Care Microenterprise Development.