

3. assess the impact of the incidents on health services use and share lessons learned for use in hospital, local, and state planning for chemical incidents; and

4. identify cohorts that may be followed and assessed for persistent health effects resulting from acute releases.

Because each chemical incident is different, it is not possible to predict in advance exactly what type of and how many respondents will need to be consented and interviewed to effectively evaluate the incident. Respondents typically include, but are not limited to emergency responders such as police, fire, hazardous material technicians, emergency medical services, and personnel at hospitals where patients from the incident were treated. Incidents may occur at businesses or in the community setting; therefore, respondents may also include business owners, managers, workers, customers, community residents, pet owners, and those passing through the affected area.

Data will be collected by the multi-disciplinary ACE team consisting of staff from ATSDR, the Centers for Disease Control and Prevention (CDC), and the requesting agencies. ATSDR has developed a series of draft survey forms that can be quickly tailored in the field to collect data that will meet the goals of the investigation. They will be administered based on time permitted and urgency. For example, it is preferable to administer the general survey to as many respondents as possible. However, if there are time constraints, the shorter household survey or the Rapid Response Registry form may be administered instead. The individual surveys collect information about exposure, acute health effects, health services use, medical history, needs resulting from the incident, communication during the release, health impact on children and pets, and demographic data. Hospital personnel are asked about the surge, response and

communication, decontamination, and lessons learned.

Depending on the situation, data may be collected by face-to-face interviews, telephone interviews, written surveys, mailed surveys, or on-line surveys. Medical and veterinary charts may also be reviewed. In rare situations, an investigation might involve collection of clinical specimens. In the past, ACE investigations have been performed in response to requests for assistance from state, regional, local, or tribal health departments under OMB No. 0920-0008, which expires July 31, 2014. ATSDR anticipates up to four ACE investigations per year. The number of participants has ranged from 30-715, averaging about 300 per year. Therefore, the total annualized estimated burden will be 591 hours per year.

Participation in ACE investigations is voluntary and there are no anticipated 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 hrs.)	Total burden (in hrs.)
ACE Investigation on Respondents ..	General Survey	800	1	30/60	400
	Household Survey	120	1	15/60	30
	Rapid Response Registry Form	50	1	7/60	6
	Hospital Survey	40	1	30/60	20
	Medical Chart Abstraction Form	250	1	30/60	125
	Veterinary Chart Abstraction Form ..	30	1	20/60	10
Total					591

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

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Subsidized and Transitional Employment Demonstration (STED) and Enhanced Transitional Jobs Demonstration (ETJD).

OMB No.: 0970-0413.

Description: The Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) is conducting a national

evaluation called the Subsidized and Transitional Employment Demonstration (STED). At the same time, the Employment and Training Administration (ETA) within the Department of labor (DOL) is conducting an evaluation of the Enhanced Transitional Jobs Demonstration (ETJD). These evaluations will inform the Federal government about the effectiveness of subsidized and transitional employment programs in helping vulnerable populations secure unsubsidized jobs in the labor market and achieve self-sufficiency. The projects will evaluate twelve subsidized and transitional employment programs nationwide.

ACF and ETA are collaborating on the two evaluations. In 2011, ETA awarded grants to seven transitional jobs programs as part of the ETJD, which is testing the effect of combining transitional jobs with enhanced services to assist ex-offenders and noncustodial parents improve labor market outcomes,

reduce criminal recidivism and improve family engagement.

The STED and ETJD projects have complementary goals and are focusing on related program models and target populations. Thus, ACF and ETA have agreed to collaborate on the design of data collection instruments to promote consistency across the projects. In addition, two of the seven DOL-funded ETJD programs are being evaluated as part of the STED project. ACF is submitting information collection requests on the behalf of both collaborating agencies. Data for the study is collected from the following three major sources. All data collection described below, other than the 30-month follow-up survey has been reviewed and approved by OMB (see OMB #0970-0413):

Baseline Forms. Each respondent will be asked to complete three forms upon entry into the study: (1) An informed consent form; (2) a contact sheet, which will help locate the respondent for follow-up surveys; and (3) a baseline

information form, which will collect demographic data and information on the respondent's work and education history.

Follow-Up Surveys. Follow-up telephone surveys will be conducted with all participants. There will be three follow-up surveys in each of the STED and ETJD sites (including the two sites that are also part of ETJD), approximately 6, 12, and 30 months after study entry.

Implementation Research and Site Visits. Data on the context for the

programs and their implementation is collected during two rounds of site visits to each of the twelve sites, including interviews, focus groups, observations, and case file reviews. These data will be supplemented by short questionnaires for program staff, clients, worksite supervisors, and participating employers, as well as a time study for program staff.

This notice is specific to the request for approval of the 30-month survey, which will measure the differences in

employment, wage progression, income, and other outcomes between the program groups and similar group of respondents who were randomly assigned to a control group. The information collection request will also include increased burden hours to include additional respondents. This increase is a result of the actual enrollment numbers at recruited sites.

Respondents: Study participants in the treatment and control groups.

ANNUAL BURDEN ESTIMATES—NEW INSTRUMENT

Instrument	Total number of respondents	Annual number of respondents	Number of responses per respondent	Average burden hour per response	Total annual burden hours ¹
Participant 30-month survey	11,840	3,947	1	.5	1,974

ANNUAL BURDEN ESTIMATES—CHANGES TO ESTIMATED NUMBER OF RESPONDENTS

[Instruments previously approved]

Previously approved instrument	Updates to total number of respondents	Updates to annual number respondents	Number of responses per respondent	Average burden hour per response	Updated annual burden hours ¹
Participant Contact Information Form (5 STED sites).	2800 additional respondents	933	1	.08	75
Participant Baseline Information Form (5 STED sites).	2800 additional respondents	933	1	.17	159
Participant STED tracking letters	2178 additional respondents	726	5	.05	182
Participant 6-month survey (Adult sites)	960 additional respondents	320	1	.5	160
Participant 6-month survey (Young Adult sites).	960 fewer respondents	-320	1	.5	-160
Participant 12-month survey (Adult sites)	1440 additional respondents	480	1	.75	360
Participant 12-month survey (Young Adult sites).	800 additional respondents	267	1	.75	200

Increase in Est. Annual Burden Hours for Previously Approved ICs: 976.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: OPRE Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: OPREinfocollection@acf.hhs.gov.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following:

Office of Management and Budget,
Paperwork Reduction Project,
Email: OIRA_SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for the Administration for Children and Families.

Karl Koerper,

Reports Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: DRA TANF Final Rule.

OMB No.: 0970-0338.

Description: When the Deficit Reduction Act of 2005 (DRA) reauthorized the Temporary Assistance for Needy Families (TANF) program, it imposed a new data requirement that States prepare and submit data verification procedures and replaced other data requirements with new versions including: the TANF Data Report, the SSP-MOE Data Report, the Caseload Reduction Documentation Process, and the Reasonable Cause/Corrective Compliance Documentation Process. The Department of Health and Human Services Appropriations Act, P.L. 113-76 extended the TANF program through September 2014. We are proposing to continue these information collections without change.

Respondents: States, Territories and Tribes.