and CMS document identifier, to *Paperwork@cms.hhs.gov.*

3. Call the Reports Clearance Office at (410) 786–1326.

FOR FURTHER INFORMATION CONTACT: Reports Clearance Office at (410) 786–1326.

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. The term ''collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* New collection (Request for a new OMB control number); *Title of Information Collection:* Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Mode Experiment; *Use:* Hospital-level scores derived from national implementation of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey are publicly reported quality data on CMS' Hospital Compare Web site. Our HCAHPS initiative allows vendors to select one mode of survey administration from four approved administration protocols (mail only, telephone only, mail-telephone mixed mode, and touch-tone IVR only). Before public reporting, HCAHPS scores are adjusted for the selected mode of administration, using mail administration as the comparison mode, to correct for any inflation or deflation of scores that are a result of mode. The current mode adjustments employed for HCAHPS are the product of two separate mode experiments conducted using different versions of the survey and different sample. The purpose of the planned HCAHPS mode experiment is to conduct a mode experiment of sufficient sample and scale to determine if the mode adjustments currently employed for the 32-item HCAHPS core survey need revision. An additional goal is to collect empirical evidence on the effect of the number of additional supplemental items on survey response rate and patterns of response to the HCAHPS core demographic items (known as ''About You'' items). *Form Number:* CMS–10542 (OMB control number 0938-New); *Frequency:* Once; *Affected Public:* Individuals and households; *Number of Respondents:* 8,160; *Total Annual Responses:* 8,160; *Total Annual Hours:* 1,322. (For policy questions regarding this collection contact Elizabeth Flow-Delwiche at 410–786–1718).

2. *Type of Information Collection Request:* New collection (Request for a new OMB control number); *Title of Information Collection:* Emergency Department Patient Experience of Care (EDPEC) Survey Mode Experiment; *Use:* This survey supports the six national priorities for improving care from the National Quality Strategy developed by the Department of Health and Human Services that was called for under the Affordable Care Act to create national aims and priorities to guide local, state, and national efforts to improve the quality of health care. The six priorities include: Making care safer by reducing harm caused by the delivery of care; ensuring that each person and family are engaged as partners in their care; promoting effective communication and coordination of care; promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease; working with communities to promote wide use of best practices to enable healthy living; and making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models. In 2012, we launched the development of the Emergency Department Patient Experience of Care Survey (EDPEC) to measure the experiences of patients (18 and older) with emergency department care. This survey will provide patient experience with care data that enables comparisons of emergency department and support for improving the quality of patient experience in the emergency department. *Form Number:* CMS–10543 (OMB control number 0938-New); *Frequency:* Once; *Affected Public:* Individuals and households; *Number of Respondents:* 4,951; *Total Annual Responses:* 4,951; *Total Annual Hours:* 923. (For policy questions regarding this collection contact Elizabeth Flow-Delwiche at 410–786–1718).

3. *Type of Information Collection Request:* Extension without change of a currently approved collection; *Title of Information Collection:* Laboratory Personnel Report (CLIA) and Supporting Regulations; *Use:* The information collected on this survey form is used in the administrative pursuit of the Congressionally-mandated program with regard to regulation of laboratories participating in CLIA. The surveyor will provide the laboratory with the CMS–209 form. While the surveyor performs other aspects of the survey, the laboratory will complete the CMS–209 by recording the personnel data needed to support their compliance with the personnel requirements of CLIA. The surveyor will then use this information in choosing a sample of personnel to verify compliance with the personnel requirements. Information on personnel qualifications of all technical personnel is needed to ensure the sample is representative of the entire laboratory; *Form Number:* CMS–209 (OMB control number 0938–0151); *Frequency:* Biennially; *Affected Public:* Private Sector—State, Local, or Tribal Governments; and Federal Government; *Number of Respondents:* 19,051; *Total Annual Responses:* 9,526; *Total Annual Hours:* 4,763. (For policy questions regarding this collection contact Kathleen Todd at 410–786–3385.)

Dated: February 10, 2015.

William N. Parham, III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2015–03036 Filed 2–12–15; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Objective Work Plan (OWP) and Objective Progress Report (OPR).

OMB No.: 0970–0452.

Description: Content and formatting changes are being made to the OPR and OWP. The information in OPR is currently collected on quarterly basis to monitor the performance of grantees and better gauge grantee progress. The OWP is used by applicants when they submit their proposals and then by grantees to monitor their projects once the award is made by ANA. ANA has determined that the requirement for ANA grantees to submit information about the project activities on quarterly basis creates undue burden for Grantees. Therefore, ANA has reformatted the OPR to require

Grantees submit semi-annual reports instead of quarterly report. This will reduce the administrative burden on Grantees, especially the smaller organizations. The majority of content being requested from the grantees essentially remain same except for the frequency of reporting.

OPR: The following are proposed content changes to the document: Grantee Information: Report Frequency—This section of OPR will be reformatted to request semi-annual or final project data instead of quarterly information. The other sections of the document with reference to ''quarterly'' information will be changed to reflect the shift from four-times a year reporting requirement to twice per year.

Objective Work Plan Update: Content remains the same. No changes are proposed for this section of the OPR.

Impact indicator: Current Status of Expected Results and Current Status of Expected Benefits which are reported separately on the OPR will be combined to read ''Current Status of Expected Results and Benefits.'' The content requested in this section is similar to the previous OPR without the added burden of having the reporting organizations provide the analysis that distinguish between 'results and benefits''. Every section of the document will be rewritten to reflect this change.

OWP: ANA proposes to reformat the OWP (content is same) by swapping the Objective field with Problem Statement. In other words, this section will require respondents to begin with a concise statement about the problem the project is designed to address and will be followed by more details about the objectives of the project.

The two fields ''Results Expected and Benefits Expected'' will be combined into one field to read ''Results and benefits Expected''. This will reduce redundancy and help reduce the burden on Grantees.

Respondents: Tribal Government, Native non-profit organizations, Tribal Colleges & Universities.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
OWP	500	1	2	1000
OPR	275	2	1	550

Estimated Total Annual Burden Hours: 1,550.

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: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: *infocollection@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 recommendation for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Fax: 202–395–7285, Email: *OIRA_SUBMISSION@OMB.EOP.GOV,* Attn: Desk Officer for the Administration for Children and Families.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2015–03032 Filed 2–12–15; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2010–N–0161]

Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Export of Food and Drug Administration Regulated Products: Export Certificates; Correction

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; correction.

SUMMARY: The Food and Drug Administration is correcting a notice entitled ''Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Export of Food and Drug Administration Regulated Products: Export Certificates '' that appeared in the **Federal Register** of February 6, 2015 (80 FR 6728). The document announced that a proposed collection of information has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995. The document was published with three errors. This document corrects those errors.

FOR FURTHER INFORMATION CONTACT: FDA PRA Staff, Office of Operations, Food and Drug Administration, 8455 Colesville Rd., COLE–14526, Silver Spring, MD 20993–0002, *PRAStaff@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION: In the **Federal Register** of Friday, February 6, 2015, in FR Doc. 2015–02348, the following corrections are made:

1. On page 6728, in the third column, under the heading Export of Food and Drug Administration Regulated Products: Export Certificates—(OMB Control Number 0910–0498)—Extension, the following sentence is added at the end of the first paragraph: ''In January 2011, section 801(e)(4)(A) was amended by the Food Safety Modernization Act (Pub. L. 111–353) to provide authorization for export certification fees for food and animal feed.''

2. On page 6728, in the third column, under the heading Export of Food and Drug Administration Regulated Products: Export Certificates—(OMB Control Number 0910–0498)—Extension, in the second paragraph, the first sentence is revised to read as follows: ''This section of the FD&C Act authorizes FDA to issue export certificates for regulated food, animal feed, pharmaceuticals, biologics, and devices that are legally marketed in the United States, as well as for these same products that are not legally marketed but are acceptable to the importing country, as specified in sections 801(e) and 802 of the FD&C Act.''

3. On page 6729, Table 2 is corrected as follows: