supplement which represents the fourth and final year of awardee blood lead
surveillance data under this program
announcement.

Over the last three years, seven states
have adopted the HHLPSS and 13 are in
beta-testing. Since October 2014, CDC
has funded up to 40 state and local
blood lead surveillance programs. All of
these programs or their subcontractors
at the local level are submitting lead
surveillance data for an additional year.

The objectives for this surveillance
system remain two-fold. First, the
HHLPSS allows CDC to systematically
track how the state and local programs
conduct case management and follow-up
of residents with housing-related
health outcomes. Second, the system
allows for identification and collection
of information on other housing-related
risk factors. Childhood and adult lead
poisoning is just one of many adverse
health conditions that are related to
common housing deficiencies. Multiple
hazards in housing (e.g., mold, vermin,
radon and the lack of safety devices)
continue to adversely affect the health
of residents. HHLPSS offers a
coordinated, comprehensive, and
systematic public health approach to
eliminate multiple housing-related
health hazards.

HHLPSS enables flexibility to
evaluate housing where the risk for lead
poisoning is high, regardless of whether
children less than 6 years of age
currently reside there. Thus, HHLPSS
supports CDC efforts for primary
prevention of childhood and adult lead
poisoning. Over the past several decades
there has been a remarkable reduction
in environmental sources of lead,
improved protection from occupational
lead exposure, and an overall decreasing
trend in the prevalence of elevated
blood lead levels (BLLs) in U.S. adults.
As a result, the U.S. national BLL
global mean among adults was 1.2
µg/dL during 2009–2010. Nonetheless,
lead exposures continue to occur at
unacceptable levels. Current research
continues to find that BLLs previously
considered harmless can have harmful
effects in adults, such as decreased renal
function and increased risk for
hypertension and essential tremor at
BLLs <10 µg/dL.

There is no cost to respondents other
than their time. The total estimated time
burden hours is 640 hours. There are no
costs to the requested burden hours
or the data collection.

<table>
<thead>
<tr>
<th>Type of respondents</th>
<th>Form name</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Average burden per response (in hours)</th>
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<tr>
<td>State, Local, and</td>
<td>Healthy</td>
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<td>Poisoning</td>
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<td>Surveillance System (HHLPSS) Variables.</td>
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</table>

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. 2018–05914 Filed 3–22–18; 8:45 am]
BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Centers for Disease Control and
Prevention

[60Day–18–1050; Docket No. CDC–2018–
0023]

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, invite the
general public and other Federal
agencies the opportunity to comment on
a proposed and/or continuing
information collection, as required by

This notice invites comment on
proposed information collection
projects under a mechanism titled
Generic Clearance for the Collection of
Qualitative Feedback on Agency Service
Delivery. CDC currently collects agency
service delivery data under the
following Office of Management and
Budget (OMB) Control numbers:

- 0920–0940
- 0920–0953
- 0920–0974
- 0920–1009
- 0920–1027
- 0920–1050
- 0920–1071

The information collection activities
provide a means to garner qualitative
customer and stakeholder feedback in
an efficient, timely manner, in
accordance with the Federal
government’s commitment to improving
service delivery.

DATES: CDC must receive written
comments on or before May 22, 2018.

ADDRESSES: You may submit comments,
identified by Docket No. CDC–2018–
0023 by any of the following methods:

- Federal eRulemaking Portal:
  Regulations.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
RoadC, 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**

Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery (OMB Control Number 0920–1050, expires 6/30/2019)—Revision—Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

The information collection activities provide a means to garner qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Federal government’s commitment to improving service delivery. By qualitative feedback we mean information that provides useful insights on perceptions and opinions, but are not statistical surveys that yield quantitative results that can be generalized to the population of study.

This feedback will provide insights into customer or stakeholder perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative and actionable communications between the Agency and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

The solicitation of feedback will target areas such as: Timeliness, appropriateness, accuracy of information, courtesy, efficiency of service delivery, and resolution of issues with service delivery. Responses will be assessed to plan and inform efforts to improve or maintain the quality of service offered to the public. If this information is not collected, vital feedback from customers and stakeholders on the Agency’s services will be unavailable.

CDC will only submit a collection for approval under these generic clearances if they meet the following conditions:
- The collections are voluntary;
- The collections are low-burden for respondents (based) on considerations of total burden hours, total number of respondents, or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
- The collections are non-controversial and do not raise issues of concern to other Federal agencies;
- Any collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the near future;
- Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
- Information gathered is intended to be used only internally for general service improvement and program management purposes and is not intended for release outside of the agency (if released, the agency must indicate the qualitative nature of the information);
- Information gathered will not be used for the purpose of substantially informing influential policy decisions;
- Information gathered will yield qualitative information; the collections will not be designed or expected to yield statistically reliable results or used as though the results are generalizable to the population of study.

Feedback collected under CDC generic clearances provides useful information, but it does not yield data that can be generalized to the overall population. This type of generic clearance for qualitative information will not be used for quantitative information collections that are designed to yield reliably actionable results, such as monitoring trends over time or documenting program performance. Such data uses require more rigorous designs that address: the target population to which generalizations will be made, the sampling frame, the sample design (including stratification and clustering), the precision requirements or power calculations that justify the proposed sample size, the expected response rate, methods for assessing potential non-response bias, the protocols for data collection, and any testing procedures that were or will be undertaken prior to fielding the study. Depending on the degree of influence the results are likely to have, such collections may still be eligible for submission for other generic mechanisms that are designed to yield quantitative results.

As a general matter, information collections will not result in any new system of records containing privacy information and will not ask questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. To streamline CDC’s approvals for its service delivery and customer feedback information collection activities, the agency intends to consolidate seven separate generic information collection plans (OMB Control Numbers listed above in the Summary) into one plan. The revision of this one plan will result in an annual increases of 129,750 additional burden hours and 231,200 responses.
In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled “Information on Law Enforcement Officers” 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 March 16, 2017 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 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, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

**Proposed Project**

**Anthropometric Information on Law Enforcement Officers—New—National Institute for Occupational Safety and Health (NIOSH), 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. The Occupational Safety and Health Act of 1970, Public Law 9–596 (Section 20) [a][1] authorizes NIOSH to conduct research to advance the health and safety of workers.

In 1975, the National Bureau of Standards (NBS) released its manually measured anthropometric data of law enforcement officers (LEOs). The data have largely become outdated due to demographic changes in the LEO workforce (e.g., gender and race/ethnicity) that have occurred in the past 43 years. NIOSH has initiated a national study on LEO anthropometry, using both traditional and three-dimensional (3D) scanning techniques to advance the safety and health of approximately 817,000 U.S. LEOs. Collecting traditional anthropometry will ensure easy comparison of data between this and previous studies, while 3D scan information (body contours and spatial relations between body parts) will be used for advanced anthropometric analysis, computer simulation, and human body modeling. Study results will be used to enhance design and standards for LEO vehicle configuration and personal protective equipment (PPE), such as cabins, seats, body restraints, vehicle accesses, and body armors.

The improved vehicle configurations will help enhance safe operation (due to improved driver visibility and control operation) and increase post-crash survivability (due to enhanced seats and restraint system configurations). Body armor, helmet, gloves, and boots are important elements of an integrated LEO personal protective system, especially for handling violent acts. Poor equipment fit may compromise the protective capabilities of PPE and may result in LEOs not wearing the PPE because of discomfort.

By establishing an anthropometric database for LEOs, the designers and manufacturers of these types of equipment will be able to produce products that are more effective and reduce the problems associated with sizing and stocking these items. Data collection will occur in 4 U.S. geographic areas using traditional anthropometric techniques for whole body measurements, 3D scanning techniques for head, foot, and whole body measurements, and a 2D scanning technique for hand measurements. An anthropometer, a beam caliper (rearranged pieces of the anthropometer), tape measures, and an electronic scale will be used to collect the traditional anthropometry data in the study. A hand scanner, head scanner, foot scanner, and whole body scanner, housed in a mobile trailer, are used for 2D and 3D body shape measurements.

The study population will be current law enforcement officers employed by...