

implementation manual, training materials and dissemination plan for

dissemination. A final study report will also be created.

There are no costs to the respondents other than their time. The total estimated annual burden hours are 740.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)
CEO	Screen	400	1	15/60
Emergency Preparedness Coordinator/Manager ..	Survey	320	1	2

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

[30Day-14-14VK]

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. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (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. Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Improving the Understanding of Traumatic Brain Injury through Policy and Program Evaluation Research—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Traumatic brain injury (TBI) is one of the highest priorities in public health because of its magnitude, economic and human impact, and preventability. Improving the recognition and management of mild TBIs—such as concussions that occur during youth sports—can help reduce the harm caused by such injuries and prevent future consequences.

More than 7 million U.S. high school students participate in organized sports each year. Sports-related concussions are common injuries among youth and have potentially serious consequences. CDC's public health efforts have included the development of the Heads Up education campaign, which focuses on raising awareness of the signs and symptoms of concussions and improving the management of concussions among youth athletes.

Individual states and the District of Columbia have taken the initiative and passed laws aimed at improving the management of youth sports-related concussions. In 2009, Washington State enacted the first such law to manage youth sports-related concussions—the

Lystedt Law. Since there is currently no model law for managing youth sports-related concussions, 49 other states and the District of Columbia developed their own laws independently. While there are similarities across the states, an examination of the laws shows considerable variation in the breadth and scope of the laws. Despite the proliferation of state laws and the dissemination of concussion education materials, little is known about the reach, use, and effectiveness of these laws in improving the management of youth sports-related concussions. The major danger faced by young athletes who have experienced a concussive event is that they are allowed to return to play while still experiencing symptoms. If the state laws are effective, they should reduce the number of athletes who return to play while symptomatic.

The primary goal of the current proposal is to examine the relationship between state laws aimed at managing youth sports-related TBIs and youth athletes returning to play while symptomatic. In addition, the study also intends to assess variations in knowledge, attitudes, and behavior regarding concussions; the use of concussion education materials, including Heads Up; and state policies governing requirements for identification and management of concussions in youth athletics. With the data collected during the proposed study, CDC will be able to assess the effectiveness of state laws in reducing the number of youth athletes who return to play with concussion symptoms, the general knowledge and understanding of concussions, and the effectiveness of education and training about concussions. This will enable CDC to make recommendations for improving state policies and improve the agency's Heads Up concussion education training program.

CDC requests OMB approval to collect data from three national subsamples: (1) Soccer coaches, coaching boys and girls ages 14–18 on club soccer teams; (2)

boys and girls youth soccer players ages 14–18 playing club soccer; and (3) parents of boys and girls ages 14–18 who are club soccer players. The samples will be drawn from U.S. Youth Soccer, a national youth soccer organization with over 3 million youth players.

CDC will use an online data collection tool for a pre-season survey, followed by a brief weekly surveillance survey administered through an automated

phone system once a week for ten weeks. Respondents will receive a randomly generated identification number that will be used to complete the online and phone surveys. The database linking these identification numbers to participant data will only be available to a limited number of evaluation contractor staff.

The pre-season survey will be administered to the coaches, players, and parents, while the weekly

surveillance reports will only be completed by players and parents. Athletes who report suffering a hit with associated concussive symptoms and the parent of such an athlete will also be administered a phone interview about the athlete's symptoms and management.

There are no costs to respondents other than their time. The total estimated annual burden hours are 2,452.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (hours)
U.S. Youth Soccer Coach	Pre-season survey	180	1	10/60
Parent	Pre-season survey	2,025	1	10/60
Parent	Weekly Surveillance survey	1,518	10	3/60
Parent	Injury Follow-up survey	683	1	10/60
Athlete	Pre-season survey	2,025	1	10/60
Athlete	Weekly Surveillance survey	1,518	10	3/60
Athlete	Injury Follow-up survey	683	1	10/60

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. 2014–23369 Filed 9–30–14; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

HIV/AIDS Surveillance and Service Data Analysis in the Republic of Haiti Under the President's Emergency Plan for AIDS Relief (PEPFAR)

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

ACTION: General notice; notice of expansion supplement award.

SUMMARY: The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS) announces intent to award additional expansion supplement funds to Centre pour le Développement et la Santé (CDS) Cooperative Agreement Number PS001802 in the amount of \$1,420,000.

FOR FURTHER INFORMATION CONTACT: Project Officer: Christen Suhr, Centers for Disease Control, Center for Global Health, Division of Global Health Protection, 3400 Port-au-Prince Place,

Washington, DC 20521–3400 Email: DZE0@cdc.gov.

SUPPLEMENTARY INFORMATION: The purpose of this award is to build on the existing USAID-supported maternal and child health programs in Haiti, as well as on PEPFAR- and Global Fund-supported HIV services implemented in a network of five (5) facilities to: (1) Expand and strengthen integrated counseling and testing (CT), prevention of mother to child transmission (PMTCT), palliative care, TB/HIV, and laboratory services in all of these facilities, and (2) Expand and strengthen HIV services in the TB directly observed therapy, short-course (DOTS) clinics located in the North East Department currently supported by USAID and the Global Fund.

The funds solicited will ensure continuation of ongoing projects and clinical activities to support health systems growth and transiting to government ownership and oversight in Haiti including: HIV Voluntary Testing & Counseling, Primary Prevention of HIV/AIDS and Co-Infections, Prevention of Mother-to-Child Transmission (PMTCT), Pediatric Case Finding and Treatment Services, and Integrated HIV/TB Care & Treatment.

Initial award date 9/30/2009–9/29/2014; additional funds and time needed to carryout award 9/30/2014–9/30/2015. Project Number is CDC–RFA–PS09–917.

Dated: September 25, 2014.

Ron A. Otten,

Acting Deputy Associate Director for Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

HIV/AIDS Surveillance and Service Data Analysis in the Republic of Haiti Under the President's Emergency Plan for AIDS Relief (PEPFAR)

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

ACTION: General notice; notice of expansion supplement award.

SUMMARY: The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS) announces intent to award additional expansion supplement funds to National Alliance of State & Territorial AIDS Directors (NASTAD) Cooperative Agreement Number PS001842 in the amount of \$1,250,000.

FOR FURTHER INFORMATION CONTACT: Project Officer: Christen Suhr, Centers for Disease Control, Center for Global Health, Division of Global Health Protection, 3400 Port-au-Prince Place,