

from the pilot and accounts for the burden involving all of the participants.

From September 28, 2009, through March 31, 2010, 79 sentinel worksites representing 16 different employers participated in the pilot study. Each week, ACOEM collected reports of aggregated absenteeism data from the medical directors of the participating companies using an emailed, standardized form. ACOEM replaced company names with coded unique identifiers, and sent the aggregated data to CDC/NIOSH for analysis.

The major strengths of the sentinel worksite approach to absenteeism surveillance were the use of existing, routinely collected data and timeliness. The use of existing, routinely collected data made the burden on participating companies negligible. Data were routinely compiled and thus could be collected and analyzed in near real time, making this approach useful, in principle, for providing current situational awareness and actionable intelligence that could be used to inform, prioritize, and evaluate intervention efforts during the pandemic. On the other hand, there were several limitations to the sentinel

worksite surveillance done in 2009–2010, and the activity was not maintained after the H1N1 pandemic ended.

At present, two new emerging infectious diseases, novel H7N9 influenza virus and a coronavirus circulating in the Middle East, have demonstrated the need to build additional capacity for national surveillance for health-related workplace absenteeism so that it can be used to monitor the impact of these or any other disease that might reach pandemic potential and spread to the U.S.

NIOSH/CDC requests permission to collect company absenteeism data, to be able to assess the impact of disease on a company and to identify trends in the spread of influenza or other novel disease states. This will provide an additional monitoring system to CDC. The proposed project builds on the 2009/10 initiative and modifies the reporting format to collect information on a daily versus weekly basis.

The companies in the program will be those that routinely collect absenteeism data thus the burden will be minimal. We will be asking companies to record

their daily absenteeism numbers into an Excel file which can be emailed to ACOEM on a weekly or monthly basis. The Excel file will be pre-populated with company name, site and dates to ease the reporting burden on companies.

ACOEM will transmit de-identified information on a weekly or monthly basis to NIOSH/CDC who will in turn conduct analysis on an aggregate basis. Data will be compiled by state and Department of Health and Human Services (HHS) region, as well as nationally to allow for trend analysis.

The initial 16 respondents in the 2009/10 study will be asked to participate and an additional 12 companies have indicated an interest in participating in the data collection activity. The employee population among these 28 companies is approximately 293,000.

The annualized estimated burden of time is 607 hours for the 28 respondents in the study. Respondents will complete the form daily; no more than 5 minutes per day/per respondent. This results in an annualized burden of 607 hours per year.

There are no costs to participants other than the time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Private companies	EXCEL data template	28	260	5/60	607
Total					607

Leroy 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: Rescue & Restore Regional Program Project Data.

OMB No.: 0970—NEW.

Description: The Trafficking Victims Protection Act of 2000 (TVPA), as amended, authorizes the Secretary of Health and Human Services (Secretary)

to expand benefits and services to victims of severe forms of trafficking in persons in the United States, without regard to the immigration status of such victims. Such benefits and services may include services to assist potential victims of trafficking in achieving certification (Section 107(b)(1)(B) of the TVPA, 22 U.S.C. 7105(b)(1)(B)). It also authorizes the President, acting through the Secretary and the heads of other Federal departments, to establish and carry out programs to increase public awareness, particularly among potential victims of trafficking, of the dangers of trafficking and the protections that are available for victims of trafficking (Section 106(b) of the TVPA, 22 U.S.C. 7104(b)).

The Secretary delegated authority to carry out these responsibilities to the Assistant Secretary for Children and Families who further delegated the

authority to the Director of the Office of Refugee Resettlement (ORR).

The intent of the *Rescue & Restore Victims of Human Trafficking* campaign, launched in 2004, is to increase the identification of trafficking victims in the United States and to help those victims receive the benefits and services they need to restore their lives. The purpose of the Rescue & Restore Victims of Trafficking Regional Program (Rescue & Restore Program) is to increase the identification and protection of foreign victims of human trafficking in the United States and to promote local capacity to prevent human trafficking and protect human trafficking victims. The Rescue & Restore Program also seeks to remove barriers to prevention and protection specific to foreign human trafficking victims who live in the United States.

The Rescue & Restore Program has the following objectives:

(1) Identification and Referral of Foreign Victims of Human Trafficking: To identify foreign victims of trafficking and refer them to service delivery systems.

(2) Training and Technical Assistance: To build local capacity by providing training and technical assistance on human trafficking to local organizations not involved in a local coalition.

(3) Coalition Building: To lead or actively participate in a community-led effort to bring together and leverage local resources to address human trafficking in a region, such as a Rescue & Restore Coalition or law enforcement task force (“coalition”).

(4) Public Awareness: To promote the public’s awareness of human trafficking by educating the public about the dangers of human trafficking, possible indicators of sex and labor trafficking, and the protections available to victims.

To measure each grant project’s performance progress and the success of the program, and to assist grantees to assess and improve their projects over the course of the project period, ACF proposes to require grantees to input numbers for each numeric indicator and other information for qualitative indicators into a spreadsheet during the 36-month project period.

ACF proposes to collect data for the following indicators:

Identification and Referral of Foreign Victims of Human Trafficking

- The number of outreach events conducted by the grantee;
- The number of people reached at outreach events;
- The number of potential male and female, adult and minor foreign human trafficking victims identified through Rescue & Restore project efforts;
- The number of potential male and female, adult and minor foreign human trafficking victims referred by the grantee to service providers; and

- The number of male and female, adult and minor foreign human trafficking victims who receive Certification, Eligibility, and/or Interim Assistance Letters as a result of the grantee’s efforts.

Training and Technical Assistance

- The number of persons in social service agencies, law enforcement agencies, and other relevant professional, community-based, and faith-based organizations who were trained by the grantee;
- The number of persons whose knowledge of human trafficking measurably increased as a result of grantee training as evidenced by the use of established practices in assessing learning; and
- The number of social service, law enforcement, health, legal, education, or other professionals provided technical assistance on identifying human trafficking victims and referring them for services or to law enforcement.

Coalition Building

- The number and percentage of coalition meetings led or attended by the grantee; and
- The number of coalition meetings in which the applicant proposed or promoted new or more efficient ways to combat human trafficking, improve coalition effectiveness, or assist trafficking victims in the targeted geographic location.

Public Awareness

- The number of people, distinguished by professional, occupational, community, or demographic sector, reached during strategic public awareness activities conducted by the grantee; and
- The number of people who reported knowledge of human trafficking information that was distributed as a result of the applicant’s public awareness efforts.

In addition, ACF proposes to collect information on the victims and potential victims of trafficking (victims) identified as a result of each project’s activities. ACF will not collect information about U.S. citizens or Lawful Permanent Residents. ORR will aggregate this information to include in reports to Congress, which are available to the public, to help inform strategies and policies to prevent trafficking in persons and to protect victims. This information will also help ORR assess the project’s performance in identifying victims and referring them for services.

ORR proposes to collect the following information, if available, for each victim reached by a grant recipient or any partner organizations:

- Type of Trafficking (Labor, Sex, Labor and Sex, Unknown);
- Client Identifier (e.g., Initials, Date of Birth, and Country of Origin);
- Client information (Sex, Adult/Minor);
- Description of trafficking situation;
- Date that organization made contact with the victim began establishing trust and/or screened the person for victim status;
- Date that grantee positively identified person as a victim of a severe form of trafficking in persons;
- Documentation from the Department of Homeland Security (DHS) about the time of temporary status the victim is pursuing (e.g., Continued Presence, T Visa, U Visa, SIJS);
- Name of service agency assisting the victim;
- Date of HHS Certification or Eligibility; and
- Date the agency or victim terminated contact, with space for explanation.

Respondents: Rescue & Restore Victims of Human Trafficking Regional Program grantees.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Rescue and Restore Form	18	4	4	288

Estimated Total Annual Burden Hours: 288.

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 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.

Robert Sargis,

Reports Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program; List of Petitions Received

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA) is publishing this notice of petitions received under the National Vaccine Injury Compensation Program (the Program), as required by Section 2112(b)(2) of the Public Health Service (PHS) Act, as amended. While the Secretary of Health and Human Services is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

FOR FURTHER INFORMATION CONTACT: For information about requirements for filing petitions, and the Program in general, contact the Clerk, United States Court of Federal Claims, 717 Madison Place NW., Washington, DC 20005, (202) 357-6400. For information on HRSA's role in the Program, contact the Director, National Vaccine Injury Compensation Program, 5600 Fishers Lane, Room 11C-26, Rockville, MD 20857; (301) 443-6593.

SUPPLEMENTARY INFORMATION: The Program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of Title XXI of the PHS Act, 42 U.S.C. 300aa-10 *et seq.*, provides that those seeking compensation are to file a petition with the U.S. Court of Federal Claims and to serve a copy of the petition on the Secretary of Health and Human Services, who is named as the respondent in each proceeding. The Secretary has delegated this responsibility under the Program to HRSA. The Court is directed by statute to appoint special masters who take

evidence, conduct hearings as appropriate, and make initial decisions as to eligibility for, and amount of, compensation.

A petition may be filed with respect to injuries, disabilities, illnesses, conditions, and deaths resulting from vaccines described in the Vaccine Injury Table (the Table) set forth at Section 2114 of the PHS Act or as set forth at 42 CFR 100.3, as applicable. This Table lists for each covered childhood vaccine the conditions which may lead to compensation and, for each condition, the time period for occurrence of the first symptom or manifestation of onset or of significant aggravation after vaccine administration. Compensation may also be awarded for conditions not listed in the Table and for conditions that are manifested outside the time periods specified in the Table, but only if the petitioner shows that the condition was caused by one of the listed vaccines.

Section 2112(b)(2) of the PHS Act, 42 U.S.C. 300a-12(b)(2), requires that “[w]ithin 30 days after the Secretary receives service of any petition filed under section 2111 the Secretary shall publish notice of such petition in the **Federal Register**.” Set forth below is a list of petitions received by HRSA on June 1, 2014, through June 30, 2014. This list provides the name of petitioner, city and state of vaccination (if unknown then city and state of person or attorney filing claim), and case number. In cases where the Court has redacted the name of a petitioner and/or the case number, the list reflects such redaction.

Section 2112(b)(2) also provides that the special master “shall afford all interested persons an opportunity to submit relevant, written information” relating to the following:

1. The existence of evidence “that there is not a preponderance of the evidence that the illness, disability, injury, condition, or death described in the petition is due to factors unrelated to the administration of the vaccine described in the petition,” and

2. Any allegation in a petition that the petitioner either:

(a) “Sustained, or had significantly aggravated, any illness, disability, injury, or condition not set forth in the Vaccine Injury Table but which was caused by” one of the vaccines referred to in the Table, or

(b) “Sustained, or had significantly aggravated, any illness, disability, injury, or condition set forth in the Vaccine Injury Table the first symptom or manifestation of the onset or significant aggravation of which did not occur within the time period set forth in

the Table but which was caused by a vaccine” referred to in the Table.

In accordance with Section 2112(b)(2), all interested persons may submit written information relevant to the issues described above in the case of the petitions listed below. Any person choosing to do so should file an original and three (3) copies of the information with the Clerk of the U.S. Court of Federal Claims at the address listed above (under the heading **FOR FURTHER INFORMATION CONTACT**), with a copy to HRSA addressed to Director, Division of Vaccine Injury Compensation Program, Healthcare Systems Bureau, 5600 Fishers Lane, Room 11C-26, Rockville, MD 20857. The Court's caption (Petitioner's Name v. Secretary of Health and Human Services) and the docket number assigned to the petition should be used as the caption for the written submission. Chapter 35 of title 44, United States Code, related to paperwork reduction, does not apply to information required for purposes of carrying out the Program.

Dated: June 18, 2014.

Mary K. Wakefield,
Administrator.

List of Petitions Filed

- Jeanne Daniels, Bedford, New Hampshire, Court of Federal Claims No: 14-0461V
- Leslie Fox, Salinas Valley, California, Court of Federal Claims No: 14-0462V
- John Haak, Santa Cruz, California, Court of Federal Claims No: 14-0463V
- Danette Colagregco, Wayne, Pennsylvania, Court of Federal Claims No: 14-0465V
- Jeanna Terrell, Maysville, North Carolina, Court of Federal Claims No: 14-0467V
- Laura Cechanowicz, Los Angeles, California, Court of Federal Claims No: 14-0469V
- Dorothy Shields on behalf of Najee Shields, Deceased, Chicago, Illinois, Court of Federal Claims No: 14-0470V
- Carie Brown on behalf of K.B., Ellsworth, Kansas, Court of Federal Claims No: 14-0471V
- Alisa Pattaluga on behalf of D.P., Warwick, New York, Court of Federal Claims No: 14-0472V
- Kelly Hayes McAlonie, Boston, Massachusetts, Court of Federal Claims No: 14-0473V
- William Cartwright, Boston, Massachusetts, Court of Federal Claims No: 14-0474V
- Marlon Sporer, New York, New York, Court of Federal Claims No: 14-0475V