**SUPPORTING STATEMENT A**

**FOR PAPERWORK REDUCTION ACT STATEMENT SUBMISSION**

**National Park Service (NPS) Office of Public Health (OPH)**

**Disease Reporting and Surveillance Forms**

**OMB Control Number 1024-0286**

**Terms of Clearance:** None

**Justification**

**1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection.**

Each year, the National Park Service (NPS) Office of Public Health (OPH) responds to multiple incidents, service-wide, involving human disease transmission within the park system. Many of these incidents involve the spread of gastrointestinal illness and may be attributable to norovirus, which is a common and highly contagious virus spread through contaminated food or water, from person-to-person, or by contaminated surfaces, etc. In the event of illness incidents, public health responders also consider and investigate the possibility of other etiological agents. By utilizing DRSS, which provides information on the symptoms, duration, and location of illness, public health workers are able to work rapidly and appropriately to address the incidents.

The need for a real-time system to detect illness transmission became apparent after 2004, when a large norovirus outbreak occurred at Yellowstone National Park that affected employees and visitors. The illness spread quickly by multiple busloads of visitors entering and exiting the park and by person-to-person spread in employee dormitories. Controlling the outbreak was challenging, given the size of the park, the lack of cell phone coverage, and the different concessionaires scattered throughout the park.

The NPS OPH uses the “Disease Reporting and Surveillance System” (DRSS) to enhance surveillance, estimate the burden of illnesses, and improve knowledge about where these outbreaks were occurring within the park. DRSS documents concessionaire employees’ illnesses as well as illnesses occurring on tour buses through an on-line, real-time reporting system that allows concession management, the park, and the OPH to detect an increase in illness reports that may suggest the beginning of an outbreak. By identifying and responding early to small increases in illness reports, the park is able to be proactive in preventing larger, more extensive outbreaks.

The NPS Organic Act of 1916 (Organic Act) (54 U.S.C. §100101 et seq.) and the Public Health Service Act (42 U.S. Code Chapter 6A) gives the NPS broad authority to regulate the use of the park areas under its jurisdiction. The OPH is an internal agency-specific public health capability, managed, funded and operated by NPS that works to protect and promote visitor health across the National Parks. United States Public Health Service Commissioned Corps officers on detail to the agency primarily staff the OPH (NPS Management Policy 2006, 8.2.5.5). The DRSS is a joint effort of concession management and the NPS Office of Public Health.

**Legal Authorities:**

* 42 U.S. Code CHAPTER 6A—PUBLIC HEALTH SERVICE

**2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection. Be specific. If this collection is a form or a questionnaire, every question needs to be justified.**

This request is to renew our request for approval to continue using two forms “*Concession/Partner Employee Illness Report*” (NPS Form 10-685) and “*Tour Vehicle Passenger Illness Report*”) (NPS Form 10-686) at three parks including Yellowstone (YELL), Grand Teton (GRTE), and Glacier Bay (GLBA). We would like to add Yosemite (YOSE) and Grand Canyon (GRCA) to this collection because both are large parks experiencing recent large norovirus outbreaks. National Parks because visitors tend to visit these three parks in succession during a single trip. The surveillance and monitoring efforts in one park may help reduce the risk of disease transmission to other parks within the system.

We are seeking to make the following changes to update the forms.

(1) two questions at the beginning of both forms to get the name and email address of the reporter. This would not be the name or contact information of the ill person; it will allow us to reach the reporter to gather more information.

1. a question (on Form 10-685) about whether the sick employee received a diagnosis, this information will be used to respond to the outbreak based on a verified diagnosis
2. the Office of Public Health’s contact information, as suggested by the respondents (described in #8 below).

Concessionaires and OPH use the information in these forms to monitor Individual reports of illnesses of employees and tour bus visitors who report being sick, as well as the symptoms they are experiencing when they enter the park. This information is a means to detect disease emergence and potential clusters of outbreaks that need monitoring. Reported illnesses allow for early detection and enable concessionaires and OPH to develop rapid disease response protocols and control activities. Concessionaires will use the NPS Form 10-685 “*Concession/Partner Employee Illness Report*” to record information about an employee-reported illness. The questions on the form provide the following information:

**Table 2.1.** **NPS Form 10-685 “*Concession/Partner Employee Gastrointestinal Illness Report*”**

|  |  |
| --- | --- |
| **Information Collected** | **Purpose and Use** |
| **Employee Demographic** |  |
| **NEW** **Contact Information email address and name of person filling out the form** | To gather contact information to reach the reported to confirm, the report. |
| **On what date did the employee report the illness?** |
| **Which Company/Organization does the sick employee work for?** |
| **Symptoms** | |
| **Symptom onset** | This information will help concessionaires determine and track potential outbreaks or  health trends to inform appropriate public health interventions needed to prevent spread of illness to staff and visitors. Information provided will assist public health practitioners understand potential causes for the illnesses.  and help predict any cyclic occurrences of infectious illnesses. |
| **Timing and duration of illness** |
| **Location of the sick employee** |
| **Current status of the employee** |
| **Did this employee visit a healthcare provider?** |
| **NEW Diagnosis received** |

Upon check-in, concession employees at lodgings will use the “*Tour Vehicle Passenger Illness Report”* (NPS Form 10-686)torecord information about sick visitors entering the park in commercial or tour vehicles. The questions on the form will provide the following information:

**Table 2.2. NPS Form 10-686 “*Tour Vehicle Passenger Illness Report”***

| **Information Collected** | **Purpose and Use** |
| --- | --- |
| **Visitor Demographics** | |
| **NEW** **Contact Information email address and name for the person filling out the form** | To gather contact information to reach the reported to confirm, the report. Responses to these question will be used to understand the extent of the outbreak |
| **Number of passengers with GI symptoms** |
| **Timing and duration of illness** |
| **Concession Company** |
| **NPS Park Unit** |
| **Date of tour group check-in** |
| **Lodging Facility** |
| **Travel History of the Vehicle** | |
| **Tour company providing the report** | This information will help estimate the source and origin of the disease. It will also provide data to the appropriate local or state health departments to guide and enact public health measures.  This information will help determine the potential for the infection to spread illness to other people. Responses will inform appropriate public health interventions to prevent spread of illness to staff and other visitors |
| **Tour bus vehicle company** |
| **Type of tour vehicle** |
| **Tour group ID Number** |
| **Originating City and state** |
| **From which city did you enter the park** |
| **Tour type** |
| **Total number of passengers** |

**3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden and specifically how this collection meets GPEA requirements.**

The DRSS uses Microsoft Forms as an electronic platform to consolidate and analyze the data collected using the two proposed forms for this information collection. Microsoft Forms is a web-based application in Microsoft Office 365, with which the Department of the Interior has an agreement and meets its security requirements. Microsoft Forms will allow the NPS to enter and analyze data to create epidemiologic reports that will include real-time statistics, tables, graphs, and maps.

Both forms are fillable-fileable using an electronic format. This allows for easy data entry, database construction, and data analyses with epidemiologic statistics, maps, and graphs for public health professionals.

**4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.**

There is no duplication in effort. The Information is collected is a centralized, unique, integrated source used for early detection of infections for the specific site. No other Federal agency or NPS program collects this type of information in parks**.**

**5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.**

There is no additional burden or impacts on small businesses. The processing time is de minimis because this information is considered part of regular and routine duties.

**6. Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.**

Failure to collect this information will impede our abilities to monitor disease trends and will leave park programs and park concessioners (lodging, restaurants, general stores, and snack bars) at risk for potential disease outbreaks that grow quickly. The timeliness of information is one of the most critical factors in the rapid response process. Using this data to monitor the occurrence to prevent the spread of diseases throughout the park will be a part of an early warning and response system.

**7. Explain any special circumstances that would cause an information collection to be conducted in a manner:**

**\* requiring respondents to report information to the agency more often than quarterly;**

**\* requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;**

**\* requiring respondents to submit more than an original and two copies of any document;**

**\* requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records, for more than three years;**

**\* in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study;**

**\* requiring the use of a statistical data classification that has not been reviewed and approved by OMB;**

**\* that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or**

**\* requiring respondents to submit proprietary trade secrets, or other confidential information, unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.**

Given the nature of illness and outbreaks, respondents are requested to report any illnesses that have caused concession employees to miss work or any illness that are observed on the tour buses. There are no other special circumstances.

**8. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the agency's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and in response to the PRA statement associated with the collection over the past three years, and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.**

**Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.**

**Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every three years — even if the collection of information activity is the same as in prior periods. There may be circumstances that may preclude consultation in a specific situation. These circumstances should be explained.**

On September 12, 2022, we published in the *Federal Register* notice (87 FR 55845) of our intent to request that OMB approve this information collection. In that Notice, we solicited comments for 60 days, ending on November 14, 2022. No comments were received.

In addition to the Federal Register Notice, nine individuals familiar with DRSS were asked to review the two forms and to provide feedback. The following table includes the titles and organizations of the eight individuals providing feedback to our request.

**Table 8.1 Consultation with representatives**

|  |  |
| --- | --- |
| **Position** | **Affiliation** |
| 1. Laura Calderwood | CDC / National Center for Immunizations and Respiratory Diseases |
| 1. Ariella Dale | Maricopa County Health Department |
| 1. Ronan King | USPHS Officer assigned to Grand Canyon National Park |
| 1. George Carroll | USPHS Officer assigned to Yosemite National Park |
| 1. Jessica Sharpe | USPHS Officer assigned to Yellowstone National Park |
| 1. Noah Isenstein | CDC / Center for State, Tribal, Local, and Territorial Support |
| 1. Subria Spencer | National Park Service, Communication and Education Specialist |
| 1. Sarah Nelson | General Manager, Delaware North at Yellowstone National Park |

***“Whether or not the collection of information is necessary, including whether or not the information will have practical utility; whether there are any questions they felt were unnecessary.”***

*Respondents’ comment(s):*

**Respondent #1:** This information is very important for detecting infectious disease outbreaks and limiting their spread.

**Respondent #2:** This information is practical and necessary for investigation into reports of illness. No questions included are unnecessary.

**Respondent #3:** This collection is necessary. I'm not sure the survey in itself is totally practical since it really doesn't identify potential routes of contamination (e.g., water, food, person-to-person")

* ***NPS Response/Action Taken:***This survey only aims to obtain initial information. Based on this initial survey, more investigation may be warranted, including searching for potential routes of transmission.

**Respondent #4:** It may be a good idea to continuously remind people that the information they are giving is voluntary. Just a thought.

* *NPS Response/Action Taken:* The form states clearly that information they are giving is voluntary.

**Respondent #5:** The collection of this information is necessary to increase the health and wellness of individuals in national parks.

**Respondent #6:** All questions were practical and necessary.

***“What is your estimate of the amount of time it takes to complete each form in order to verify the accuracy of our estimate of the burden for this collection of information?”***

*Respondents’ comment(s):*

**Respondent #1:** 5 minutes

**Respondent #2:** Five minutes

**Respondent #3:** Less than 10 minutes

**Respondent #4:** Both forms took me less than 5 minutes to fill out. It may take longer for an official who may need to reach out to gather this information or reporting on specific details of a trip.

**Respondent #5:** I would say that it would take less than 10 minutes to fill out each form. This time would account for processing the questions and ensuring that accurate responses are provided.

**Respondent #6:** 5-10 minutes at most

* **NPS Response/Action Taken:** Based on the respondents’ comments, we think that we made an accurate estimate of time for the form directions.

***“Do you have any suggestions for us on ways to enhance the quality, utility, and clarity of the information to be collected?”***

*Respondents’ comment(s):*

**Respondent #1:** No. This form seems well-designed.

**Respondent #2**

1. Helpful to define GI illness acronym in the intro text, would also suggest putting in contact information for OPH should someone have questions.

* **NPS Response/Action Taken:** We will add contact information for OPH should someone have questions.

1. It’s a bit discordant to write “all answers are voluntary” but then they are truly required (red asterisk).

* **NPS Response/Action Taken:** We will make all answers voluntary on the online form.

1. I suggest there we an added question regarding symptom duration, for overall illness and potentially per select symptoms that are particularly concerning.

* **NPS Response/Action Taken:** We agree that symptom duration is important information, but because the purpose of this form is to get an initial understanding of when people first become sick and managers will not yet know how long an employee will be sick for, we will not add a question on symptom duration. This may be additional follow-up information, but not part of this information collection system. However, we would like to add a question to the survey asking whether a person has received a diagnosis from a doctor.

1. It would be useful to ask if there were other sick employees on the trip, and if so how many.

* **NPS Response/Action Taken:** The Visitor Survey does collect information on the number of visitors on the bus who were sick. The Concession/Partner survey will be completed for each ill concessions/partner employee, which will give us the total number.

1. If possible, validation logic could be useful in preventing unrealistic dates or times being entered (e.g., a symptom onset weeks, months, or years as illness report date).

* **NPS Response/Action Taken:** We will incorporate validation logic to extent the software allows to prevent unrealistic dates or times.

1. I would consider if it were possible that an ill employee could work at multiple locations and if so, modify the Q10 to be select all that apply.

* **NPS Response/Action Taken:** It is unlikely, for these big parks, that employees would work at more than one park, so modifying question 10 to allow multiple locations to be entered is not thought necessary.

1. Finally, the display logic is a little strange on page one regarding “As a result of this sickness, has this employee been placed on sick leave?” and “What is your NPS park unit?” It would seem that these questions should be asked of everyone, regardless of answer to the question “Did this employee visit a healthcare provider?”

* **NPS Response/Action Taken:** The display logic on page one was reviewed and confirmed that all appropriate questions appear.

1. Suggest including an email or phone point of contact on the completion of submission page. It would also be helpful to have an easy way for them to loop back through the form if they need to make multiple illness reports (e.g., “Please click here if you need to report an additional illness in an employee: LINK”).

* **NPS Response/Action Taken:** We will add contact information at the end of the form.

**Respondent #3:** The group tour survey doesn't really apply to GRCA. Is there a way to make this more pertinent to individuals staying at lodging inside the Park? I would suggest a survey that is more scalable to operations aside from just tours. Additionally, recommend adding the final question or the tour survey to the other survey.

* **NPS Response/Action Taken:** Although we recognize potential spread outside of tour buses, this information collection focuses on tour buses, as they historically have been one of the larger drivers of infection.

**Respondent #4:**

1. For question 12 of the NPS DRSS Visitor Illness Report, the phrasing of the question may confuse some people. Would suggest either using “from” or moving the “through” to the end of the question: “From which city did the tour group enter the National Park?” or “Which city did the tour group enter the National Park through?”

* **NPS Response/Action:** We will rephrase question 12 to make it clearer

1. For question 15 of the NPS DRSS Visitor Illness Report, it may be helpful to include examples of GI symptoms in the question.

* **NPS Response/Action:** We will include examples of GI symptoms in question 15.

**Respondent #5:** I would suggest revising the following language below to enhance clarity:

**NPS DRSS Tour Vehicle Passenger Illness Report**

1. Question 5. What is the name of the tour operator or company providing the report ~~(company name)~~?

* **NPS Response/Action:** Recommended change made.

1. Question 6. What is the company (owner) of the tour bus or vehicle company? -This question is unclear to me. Are you asking who the individual owner is or what the name of the tour bus or vehicle company is?

* **NPS Response/Action:** We have clarified that it is the vehicle company, not the individual owner.

1. Question 9. ~~What~~ Which city and state did the tour or trip originate from?

* NPS Response/Action: Recommended change made.

1. Question 10: Through which city did the tour group enter the National Park? -Consider changing this question from open-ended to multiple choice

* **NPS Response/Action:** Recommended change made.

**NPS DRSS Concession Employee Gastrointestinal Illness Report**

1. Question 4: What was the approximate time of the employee's symptom onset? Please ~~either~~ provide either a time with AM or PM specified OR type 'unknown' if the time of symptom onset is unknown.

* **NPS Response/Action:** Recommended change made.

1. Question 15: Do you have any other comments? Please be specific without including personally identifiable information. Consider adding an example similar to the visitor form (e.g., do not include employee names).
   * **NPS Response/Action:** Recommended change made.

**Respondent #5:** I noticed on the actual physical form for the concession employee survey, there is a question regarding the position the employee has. However, on the online form, it no longer has that question. I assume that these surveys are only for concessions employees, which may be why the employee position is no longer asked. However, within the general stores, all our positions (retail, concessions, etc.) have close contact with each other (i.e., couples that work in separate departments). I think having that question on the online survey could help clarify the risk that person may have in spreading the illness.

* **NPS Response/Action Taken**: We have reviewed the branching logic and confirmed the question is not lost. Although we recognize that disease spread may occur through close contacts, this additional information will likely increase the burden of collection. Because the goal of this survey is to quickly identify spread at the beginning, we did not think the added burden was commensurate with the benefit.

***“Any ideas you might suggest which would minimize the burden of the collection of information on respondents?”***

***Respondents’ comment(s):***

**Respondent #1:** No. This form requires minimal time.

**Respondent #2:** I think the form is well-designed to minimize the burden on the employer. I think it’s helpful to provide a pdf copy of both forms so the companies are prepared for what will be asked of them. It would be helpful if it emails them a copy of the submission as well.

* **NPS Response/Action**: We will provide a pdf copy of both forms. We will also work on providing a copy of the submission if the software allows.

**Respondent #3**: This isn't too big a burden to complete.

**Respondent #4:** I would suggest adding language about not including any PII at the top of the form as well as the last question.

* **NPS Response/Action:** We will plan to add language about not including PII at the top of the form as well as the last question.

**Respondent #5**: No further suggestions.

**Respondent #6:** Not at this time.

**9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.**

No payments or gifts are provided to respondents.

**10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.**

We do not provide any assurance of confidentiality. Information is collected and protected in accordance with the Freedom of Information Act (FOIA) (5 U.S.C. 552). This collection will collect names and email addresses that will be used to follow up with respondents as needed. While no particular statements offering assurances of confidentiality are provided to the individual on the certification form, the NPS manages the forms in accordance with procedures established in the National Park Service System of Record INTERIOR/NPS-10 - Central Files — ([86 FR 50156](https://www.govinfo.gov/content/pkg/FR-2021-09-07/pdf/2021-19171.pdf) September 7, 2021). No personally identifiable information will appear in the context of the results nor in any of our reports or findings. The *Concession Employee Illness Report* will report information on the number of ill, the symptoms, and the status of the employee. The *Tour Vehicle Passenger Illness Report* will report information on the numbers of ill, the symptoms, and the origin and destination of the tour buses.

**11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.**

We do not ask questions of a sensitive nature.

**12. Provide estimates of the hour burden of the collection of information. The statement should:**

**\* Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desirable. If the hour burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated hour burden, and explain the reasons for the variance. Generally, estimates should not include burden hours for customary and usual business practices.**

**\* If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens.**

**\* Provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories. The cost of contracting out or paying outside parties for information collection activities should not be included here.**

This will be an ongoing collection consisting of two forms. These forms will be used to collect information from concession employees and visitors at the following five National Parks: Grand Teton, Yellowstone, Glacier Bay, Grand Canyon, and Yosemite. We estimate the combined annual respondent burden for this collection to be 106 hours. This includes receiving at least 500 *Concession Employee Illness Report (100 x 5 parks)* and 90 *Tour Vehicle Passenger Illness Report:* (18 x 5 parks) each year. We have estimated the respondent burden as follows:

* *Concession Employee Illness Report*: (83 hours). Less than one minute will be used to make initial contact with the employee and the remaining time will be used to complete the form. (10 minutes x 500).
* *Tour Vehicle Passenger Illness* *Report*: (23 hours). We estimate that there will be at least 90 completed forms each year. It will take the staff about 15 minutes to collect this information this includes the time to explain the purpose of the collection, answer any questions, and record the responses in electronic form. (15 minutes x 90 respondents).

We estimate the total dollar value of the annual burden hours for this collection to be $4,174 (rounded). We used the rates listed below in accordance with Bureau of Labor Statistics (BLS) News Release [USDL-22-2307](https://www.bls.gov/news.release/ecec.nr0.htm), September 2022 Employer Costs for Employee Compensation— released December 15, 2022.

* Private Industry Workers. Table 1 lists the total compensation as $38.91, including benefits.
* Private Individuals. Table 1 lists the total compensation as $41.03, including benefits.

**Table 12.1: Estimated Annual Respondent Burden**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Total Annual Responses** | **Avg. Time per Response (minutes)** | **Total Annual Burden Hours\*** | **Hourly Labor Costs (including benefits)** | **$ Value of Burden Hours** |
| *Concession Employee Illness Report* | 500 | 10 | 83 | $38.91 | $3,230 |
| *Tour Vehicle Passenger Illness Report* | 90 | 15 | 23 | $41.03 | $944 |
| **Total** | **590** |  | **106** |  | $4,174 |

**13. Provide an estimate of the total annual non-hour cost burden to respondents or recordkeepers resulting from the collection of information. (Do not include the cost of any hour burden already reflected in item 12.)**

**\* The cost estimate should be split into two components: (a) a total capital and start-up cost component (annualized over its expected useful life) and (b) a total operation and maintenance and purchase of services component. The estimates should take into account costs associated with generating, maintaining, and disclosing or providing the information (including filing fees paid for form processing). Include descriptions of methods used to estimate major cost factors including system and technology acquisition, expected useful life of capital equipment, the discount rate(s), and the time period over which costs will be incurred. Capital and start-up costs include, among other items, preparations for collecting information such as purchasing computers and software; monitoring, sampling, drilling and testing equipment; and record storage facilities.**

**\* If cost estimates are expected to vary widely, agencies should present ranges of cost burdens and explain the reasons for the variance. The cost of purchasing or contracting out information collection services should be a part of this cost burden estimate. In developing cost burden estimates, agencies may consult with a sample of respondents (fewer than 10), utilize the 60-day pre-OMB submission public comment process and use existing economic or regulatory impact analysis associated with the rulemaking containing the information collection, as appropriate.**

**\* Generally, estimates should not include purchases of equipment or services, or portions thereof, made: (1) prior to October 1, 1995, (2) to achieve regulatory compliance with requirements not associated with the information collection, (3) for reasons other than to provide information or keep records for the government, or (4) as part of customary and usual business or private practices.**

We have not identified any non-hour cost burden costs.

**14. Provide estimates of annualized cost to the Federal government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information.**

1. We estimate that the total annual cost to the Federal Government to administer this information collection is $27,607. We used the Office of Personnel Management Salary Tables to determine the hourly rates We used the Office of Personnel Management Salary Table [2023-DCB](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2023/DCB_h.pdf) to determine the hourly rates for the two NPS Epidemiologists and Table [2023-RUS](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/22Tables/html/RUS_h.aspx) (GS 12/5) to determine the hourly rates for each NPS Public Health Consultant at Grand Teton, Yellowstone, Glacier Bay, Grand Canyon, and Yosemite We multiplied the hourly rate by 1.6 to account for benefits in accordance with News Release [USDL-22-2307](https://www.bls.gov/news.release/ecec.nr0.htm), September 2022 Employer Costs for Employee Compensation— released December 15, 2022, to estimate average hourly wages and to calculate benefits.

**Table 3. Federal Employee Salaries and Benefits**

| **Position** | **GS Level** | **Hourly Rate** | **Hourly Rate incl. benefits**  *(1.6 x hourly rate)* | **Estimated time**  **(hours)** | **Total Annual Cost** |
| --- | --- | --- | --- | --- | --- |
| NPS Epidemiologist | **13/5** | **$60.83** | **$97.33** | **26** | **$2,531** |
| NPS Epidemiologist II | **12/5** | **$51.15** | **$81.84** | **26** | **$2,128** |
| NPS Public Health Consultants (GRTE) | **12/5** | **$44.98** | **$71.97** | **52** | **$3,742** |
| NPS Public Health Consultant (YELL)) | **12/5** | **$44.98** | **$71.97** | **52** | **$3,742** |
| NPS Public Health Consultant (GLBA) | **12/5** | **$44.98** | **$71.97** | **52** | **$3,742** |
| NPS Public Health Consultant (GRCA) | **12/5** | **$44.98** | **$71.97** | **52** | **$3,742** |
| NPS Public Health Consultant (YOSE) | **12/5** | **$44.98** | **$71.97** | **52** | **$3,742** |
| **TOTAL** | | | | | **$23,369** |

We estimate the total annual dollar value for all non-federal employees collecting this information for each form at each park (GRTE, YELL, GLBA, GRCA, and YOSE) to be $4,238. We used the total compensation of $39.61 to estimate the cost per hour worked by private industry workers. This estimate includes the benefit costs used in the aforementioned Bureau of Labor Statistics news release [USDL-22-1892](https://www.bls.gov/news.release/pdf/ecec.pdf).

**Table 4. Non-Federal Employee and Operational Expenses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reporting Form** | **Number of Employees** | **Total Annual Hours** | **Total Compensation**  **(including benefits)** | **Total Annual Cost** |
| *Concession Employee Illness Form* | 5 | 84 | $39.61 | $3,327 |
| *Tour Vehicle Passenger Illness Form* | 5 | 23 | $39.61 | $911 |
| **TOTAL** | | | | **$4,238** |

**15. Explain the reasons for any program changes or adjustments in hour or cost burden.**

With this renewal, we are reporting a net increase of 200 annual responses and an increase of 33 annual burden hours. The increase is due in part to the addition of three parks (YOSE and GRCA). Previously, the forms were combined and collectively reported by activity versus the number of responses per form. This reporting more accurately accounts for the burden for each form versus the collective burden for the activity to complete the full application process.

|  | **Anticipated Completed**  **Responses** | | | **Anticipated Respondent Burden (hours)** | | |
| --- | --- | --- | --- | --- | --- | --- |
| Activity | Current  Request | Previous | Net Change | Current | Previous | Net Change |
| *Concession Employee Illness Form* | 500 | 300 | +200 | 83 | 50 | +33 |
| *Tour Vehicle Passenger Illness Form* | 90 | 90 | **0** | 23 | 23 | 0 |
| TOTAL | 590 | 390 | **+200** | 106 | 73 | +33 |

The following changes were made to the forms:

|  |  |
| --- | --- |
| **NPS Form 10-685 “*Concession/Partner Employee Gastrointestinal Illness Report*”** | |
| **NEW** **Contact Information email address and name of person filling out the form** | To gather contact information to reach the reported to confirm, the report. |
| **NEW Diagnosis received** | Information provided will assist public health  predict any cyclic occurrences of infectious illnesses. |
| **NPS Form 10-686 “*Tour Vehicle Passenger Illness Report”*** | |
| **NEW** **Contact Information email address and name for the person filling out the form** | To gather contact information to reach the reported to confirm, the report |

**16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.**

The data from this collection will not be published.

**17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.**

We will display the OMB control number and expiration date on the form and on the opening page of the web-based information system.

**18. Explain each exception to the topics of the certification statement identified in "Certification for Paperwork Reduction Act Submissions."**

There are no exceptions to the certification statement.