

Consequently, although financial, legal, and clerical personnel may be involved in the information collection process, FTC staff now assumes that mid-management personnel and outside legal counsel will handle most of the tasks involved in gathering and producing responsive information, and has applied an average rate of \$250/hour for all labor costs. Thus the labor costs per company may range between \$68,750 (275 hours × \$250/hour) and \$211,250 (845 hours × \$250/hour).

C. Estimated Annual Capital or Other Non-labor Costs

Staff anticipates that the capital or other non-labor costs associated with the information requests will be minimal. Although the information requests may require the respondent to store copies of the requested information provided to the Commission, responding Firms should already have in place the means to store information of the volume requested. Respondents may need to purchase minimal office supplies to respond to the request. Staff estimates that each respondent will spend \$500 for such costs regarding the information request, for a total additional non-labor cost burden of \$20,000 (\$500 × 40 Firms).

V. Request for Comment

Under the PRA, 44 U.S.C. 3501–3521, federal agencies must obtain approval from OMB for each collection of information they conduct or sponsor. “Collection of information” means agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. 44 U.S.C. 3502(3); 5 CFR 1320.3(c). As required by Section 3506(c)(2) of the PRA, 44 U.S.C. 3506, on October 3, 2013, the FTC published its First Notice seeking public comments on a study of PAE activity. The FTC will provide OMB with the comments received in response to the First Notice.

Pursuant to Section 3507 of the PRA, additional public comments regarding this information collection request may be submitted to OMB and the FTC. Comments received by June 18, 2014 will be considered. Written comments to OMB should be addressed to: Office of Information and Regulatory Affairs, Office of Management and Budget, Attention: Desk Officer for the Federal Trade Commission, New Executive Office Building, Docket Library, Room 10102, 725 17th Street NW., Washington, DC 20503. Comments sent to OMB by U.S. postal mail, however, are subject to delays due to heightened security precautions. Thus, comments

instead should be sent by facsimile to (202) 395–5167.

Postal mail addressed to the Commission is also subject to delay due to heightened security screening. As a result, we encourage you to submit your comments online. To submit your comment to the FTC online, write “PAE Reports: Paperwork Comment; Project No. P131203” on your comment, and file your comment online at <https://ftcpublic.commentworks.com/ftc/paestudypra2>, by following the instructions on the web-based form. If you prefer to file your comment on paper, mail your comment to the following address: Federal Trade Commission, Office of the Secretary, 600 Pennsylvania Avenue NW., Suite CC–5610, (Annex J), Washington, DC 20580, or deliver your comment to the following address: Federal Trade Commission, Office of the Secretary, Constitution Center, 400 7th Street SW., 5th Floor, Suite 5610, (Annex J), Washington, DC 20024. If this Notice appears at <http://www.regulations.gov/#/home>, you also may file a comment through that Web site.

Your comment, including your name and your state, will be placed on the public record of this proceeding, including, to the extent practicable, on the public Commission Web site, at <http://www.ftc.gov/os/publiccomments.shtml>. As a matter of discretion, the Commission tries to remove individuals’ home contact information from comments before placing them on the Commission Web site.

Because your comment will be made public, you are solely responsible for making sure that your comment does not include any sensitive personal information, like anyone’s Social Security number, date of birth, driver’s license number or other state identification number or foreign country equivalent, passport number, financial account number, or credit or debit card number.

You are also solely responsible for making sure that your comment does not include any sensitive health information, like medical records or other individually identifiable health information. In addition, do not include any “[t]rade secret or any commercial or financial information which is * * * privileged or confidential,” as discussed in Section 6(f) of the FTC Act, 15 U.S.C. 46(f), and FTC Rule 4.10(a)(2), 16 CFR 4.10(a)(2). In particular, do not include competitively sensitive information such as costs, sales statistics, inventories, formulas, patterns, devices, manufacturing processes, or customer names in your comment.

If you seek confidential treatment for your comment, you must file it in paper form, with a request for confidential treatment, and you must follow the procedure explained in FTC Rule 4.9(c), 16 CFR 4.9(c).³ Your comment will be kept confidential only if the FTC General Counsel grants your request in accordance with the law and the public interest.

Visit the Commission Web site at <http://www.ftc.gov> to read this Notice and the news release describing it. The FTC Act and other laws that the Commission administers permit the collection of public comments to consider and use in this proceeding as appropriate. The Commission will consider all timely and responsive public comments that it receives on or before June 18, 2014. You can find more information, including routine uses permitted by the Privacy Act, in the Commission’s privacy policy, at <http://www.ftc.gov/ftc/privacy.htm>.

By direction of the Commission.

Donald S. Clark,
Secretary.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–14–14AAO]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. To request more information on the below proposed project or to obtain a copy of the information collection plan and instruments, call 404–639–7570 or send comments to LeRoy Richardson, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to omb@cdc.gov.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of

³In particular, the written request for confidential treatment that accompanies the comment must include the factual and legal basis for the request, and must identify the specific portions of the comment to be withheld from the public record. See FTC Rule 4.9(c), 16 CFR 4.9(c).

Management and Budget (OMB) approval. Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information. Written comments should be received within 60 days of this notice.

Proposed Project

Testing Act Early Messages and Materials for "Learn the Signs. Act Early."—Phase II,—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Developmental milestones are used to track growth and development in children. Various milestones correspond to specific stages in a child's growth and development (e.g. crawling, walking, smiling, and waving "bye-bye"). Not all children develop at the same pace; however, these developmental milestones serve as a guide in monitoring children as they grow. According to the CDC, approximately one in six children in the United States have developmental-behavioral

disabilities such as autism, intellectual disability, or attention-deficit/hyperactivity disorder. Despite the fact that most of these children will show mild developmental delays (i.e., failing to reach some of the milestones associated with their stage of development) by the age of two, less than half of these children will be identified before they start school. Missing this window of opportunity for diagnosing developmental delays in children creates a serious public health problem. The late identification of developmental delays can lead to increased costs for future interventions and can be detrimental to the child's ability to learn.

The CDC initiated the "Learn the Signs. Act Early." (LTSAE) campaign in 2004 in an effort to improve the likelihood that children with developmental disabilities are identified and connected with appropriate services at the earliest age possible. To this end, one of the campaign's overall goals is to empower parents to "act early" if they have concerns about their child's development. Children from families insured by Medicaid and those from families with low incomes are often identified with developmental delays and disabilities at a later age than other children, and thus are the target audience for the campaign.

The study described in this information collection request seeks to assess the impact of "act early" messages embedded within LTSAE campaign materials. To achieve this goal, CDC will work with a contractor, Westat, to test revised draft messages and materials with low-income parents through focus groups and intercept interviews administered via the web on a tablet device. Parents/guardians who are age 18–55 and who have children age 5 or younger will be recruited from six primary care practices (3 in the Washington, DC/Baltimore, Maryland metropolitan area and three in the Atlanta, Georgia metropolitan area) to participate in focus groups and/or an intercept interview.

Selected primary care practices will see children from low-income families as part of their patient population. Each of the six selected practices will receive study promotional materials, including a poster to hang in the office and waiting room as well as handouts to leave at the front desk. These materials

will advertise the focus groups and outline eligibility criteria.

Parents interested in participating will be advised to call an 800 number to be screened and scheduled for a group discussion (if eligible). The 800 number will be staffed by the Westat study team who will be responsible for screening and scheduling. Representatives from each of the practices will be provided with brief "talking points" and study (Frequently Asked Questions (FAQs) to refer to if interested parents have any basic questions about the study.

It is estimated that 80 respondents will have to be screened in order to recruit 40 participants for the focus groups. Each screening will take approximately five minutes. The estimated response burden for the screening process is seven hours. The focus groups will have 10 participants each. Four focus groups will be conducted in two locations (the metropolitan areas of Atlanta, Georgia and Washington, DC/Baltimore, Maryland), yielding a total of 40 participants. Parents/guardians will be asked to complete an informed consent, which will take approximately 15 minutes to review, and the focus group discussion using the moderator's guide will take 60 minutes to complete. Focus group activities will have a total burden of 50 hours.

The intercept interviews will take place in the waiting rooms or right outside the waiting rooms if feasible. Parents will be recruited as they are waiting for their appointment. Again, it is estimated that 80 respondents will have to be screened in order to recruit 40 participants. The screening process should take approximately five minutes. The estimated response burden for the screening process is seven hours. We plan to conduct a total of 40 intercept interviews. Twenty interviews will be conducted in each of two locations (Atlanta, Georgia metropolitan area and Washington, DC/Baltimore, Maryland metropolitan area). The intercept interview will be conducted as a computer-assisted personal interview (CAPI) and will take each respondent approximately 15 minutes to complete, for an estimated total burden of 10 hours.

The total estimated burden for this data collection is 74 hours. There is no cost to respondents other than their 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
Focus Groups					
Parents/Guardians	Screener	80	1	5/60	7
Parents/Guardians	Informed Consent	40	1	15/60	10
Parents/Guardians	Focus Group Moderator's Guide	40	1	1	40
Intercept Interviews					
Parents/Guardians	Screener	80	1	5/60	7
Parents/Guardians	Intercept Interview	40	1	15/60	10
Total	74

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

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: National Extranet Optimized Runaway and Homeless Youth

Management Information System (NEORHYMIS) Version 3.0.
 OMB No.: 0970-0123.
Description: The Runaway and Homeless Youth Act, as amended by Public Law 106-71 (42 U.S.C. 5701 et seq.), mandates that the Department of Health and Human Services (HHS) report regularly to Congress on the status of HHS-funded programs serving runaway and homeless youth. Such reporting is similarly mandated by the Government Performance and Results Act. Organizations funded under the Runaway and Homeless Youth program are required by statute (42 U.S.C. 5712, 42 U.S.C. 5714-2) to meet certain data collection and reporting requirements. These requirements include maintenance of client statistical records on the number and the characteristics of

the runaway and homeless youth, and youth at risk of family separation, who participate in the project, and the services provided to such youth by the project.

Respondents: States localities, private entities and coordinated networks of such entities. Typical respondents are non-profit community based organizations who are reporting on the youth that they serve through their Basic Center, Transitional Living and Street Outreach programs.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Youth Profile: Basic Center Program (one for each youth)	291	118	0.20	6,868
Youth Profile: Transitional Living Program (one for each youth)	199	16	0.250	796
Youth Profile: Street Outreach Program (one for each youth)	108	6,186	0.073	48,770
Brief Contacts (4 data elements per youth)	491	153	0.05	3,756
BCP/TLP Turnaways (5data elements per youth)	491	33	0.05	810
Data Transfer	599	1	0.50	300

Estimated Total Annual Burden Hours: 61,300.

In compliance with the requirements of Section 506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded 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. Email address: *infocollection@acf.hhs.gov*. All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d)

ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Robert Sargis,
 Reports Clearance Officer.
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