

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
DP13–1315 Partners	Case Study Interview Guide for DP1–1315 Partners.	2	1	1
NCCCP and NSBT Program Directors, Staff, Coalition Members, and Partners.	Web-based survey	780	1	15/60
NCCCP and NSBT Program Directors, Staff, Coalition Members, and Partners.	In-Depth Interview Guide	5	1	0.5

Leroy A. Richardson,
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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

[60Day–17–17ADR; Docket No. CDC–2017–0042]

Proposed Data Collections 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 effort to reduce public burden and maximize the utility of government information, 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. This notice invites comment on the Study to Explore Early Development, Teen Follow-Up Study (SEED Teen).

DATES: Written comments must be received on or before June 30, 2017.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2017–0042 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. All relevant comments received will be posted without change to *Regulations.gov*, including any personal information provided. For access to the docket to read background documents or comments received, go to *Regulations.gov*.

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 Road 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. 6501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of the 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 the 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 OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

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

Study to Explore Early Development, Teen Follow-Up Study (SEED Teen)—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by impairments in social interaction and communication and stereotyped behaviors and interests. The U.S. prevalence of ASD is estimated at 1% to 2%. In addition to the profound, lifelong impacts on individuals' functioning given the core deficits in social-communication abilities, a high proportion of children with ASD also have one or more other developmental impairments such as intellectual disability or attention-deficit-hyperactivity-disorder and children with ASDs have higher than expected

prevalences of health conditions such as obesity, asthma and respiratory disorders, eczema and skin allergies, migraine headaches, and gastrointestinal symptoms and disorders.

Historically, young children have been the focus of ASD research: Diagnosis and symptom detection at young ages, prenatal or early-life risk factors, and the effect of early intervention programs. Meanwhile, the number of children diagnosed with ASD each year has steadily increased and, as children age, the prevalence of adults diagnosed with ASD will likewise increase for several decades. Despite this ongoing demographic shift—which some have called “the autism tsunami”—there has been relatively little research on ASD in adolescence and adulthood.

While there is research showing that the majority of ASD diagnoses made in early childhood are retained in adolescence with mostly stable in symptom severity, there are major gaps in our understanding of the health, functioning, and experiences of adolescents with ASD and other developmental disabilities. Many of these topics are especially relevant to public health: Adolescents and adults with ASD have been shown to have frequent health problems, high healthcare utilization and specialized service needs, high caregiving burden, require substantial supports to perform daily activities, are likely to be bullied, or isolated from society, and are likely to have food allergies or put on

restrictive diets of questionable benefit. Many of these problems emerge after early childhood, and more studies are needed to estimate the frequency, severity, and predictive factors for these important outcomes in diverse cohorts of individuals with autism and other developmental conditions.

SEED Teen is a follow-up study of children who participated in the first phase of the SEED case-control study (SEED 1) in 2007–2011 when they were 2 to 5 years of age. SEED includes one of the largest cohorts of children assembled with ASD. Children will be identified from four SEED sites in Georgia, Maryland, North Carolina, and Pennsylvania. Three groups of children will be included: Children with ASD, children with other developmental (non-ASD) conditions (DD comparison group), and children from the general population who were initially sampled from birth records (POP comparison group).

The children and parents previously enrolled in SEED 1 represent a unique opportunity to better understand the long-term trajectory of children identified as having ASD at early ages. Mothers or other primary caregivers who participated in SEED 1 will be re-contacted when their child is 13–17 years of age and asked to complete two self-administered questionnaires (SEED Teen Health and Development Survey and the Social Responsiveness Scale) about their child’s health, development, education, and current functioning. Information from this study will allow researchers to assess the long-term

health and functioning of children with ASD and other developmental disabilities, family impacts associated with ASD and other DDs, and service needs and use associated with having and ASD and other DDs, particularly during the teen years.

We estimate that 1,410 SEED families are potentially eligible to participate in SEED Teen. Reading the letter and other materials in the invitation mailing will take approximately five minutes. We estimate that a minimum of 60% of parents/caregivers sent the invitation mailing or will be successfully contacted and participate in the invitation call (approximately 15 minutes). We estimate that 80% of the families who participate in the invitation call will meet the eligibility criteria for SEED Teen and 70% of those will enroll in SEED Teen. We assume all enrolled families will complete the follow-up call to confirm data collection packet receipt (approximately 10 minutes) and will review the materials in the data collection packet. Finally, we estimate that 90% of enrolled parents/caregivers will complete two self-administered questionnaires (SEED Teen Health and Development Survey and the Social Responsiveness Scale) and two supplemental consent forms. The two questionnaires will take approximately 60 minutes to complete, plus an additional 5 minutes to read and sign the informed consent. Therefore, we estimate the total burden hours are 911. There are no costs to participants other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
Eligible families who were enrolled in SEED 1	Invitation Packet	1,410	1	5/60	118
Eligible families who were enrolled in SEED 1	Invitation Call Script	846	1	15/60	212
Families who agreed to participate in SEED Teen	Follow-up Call Checklist	474	1	10/60	79
Families who agreed to participate in SEED Teen	Data Collection Packet	474	1	5/60	40
Families who agreed to participate in SEED Teen	SEED Teen Health and Development Survey.	427	1	40/60	284
Families who agreed to participate in SEED Teen	Social Responsiveness Scale	427	1	20/60	142
Families who agreed to participate in SEED Teen	Supplemental Consent Forms	427	1	5/60	36
Total	911

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Administration for Children and Families****Proposed Information Collection Activity; Comment Request****Proposed Projects**

Title: Procedural Justice Informed Alternatives to Contempt (PJAC).
OMB No.: 0970—NEW.

Description

The Office of Child Support Enforcement (OCSE) within the Administration for Children and Families (ACF) is proposing data collection activity as part of the Procedural Justice Informed Alternatives to Contempt Demonstration (PJAC). In September 2016, OCSE issued grants to six child support agencies to provide alternative approaches to the contempt process with the goal of increasing parents' compliance with child support orders by building trust and confidence in the child support agency and its processes. PJAC is a five-year project (the first year of which is dedicated to planning) that will allow grantees to learn whether incorporating principles of procedural justice into child support business practices increases reliable child support payments. In addition to increasing reliable payments, the PJAC intervention aims to reduce arrears, minimize the need for continued enforcement actions and sanctions, and reduce the inefficient use of contempt proceedings.

The PJAC evaluation will yield information about the efficacy of applying procedural justice principles via a set of alternative services to the current contempt process. It will generate extensive knowledge regarding how PJAC programs operate, the effects the programs have, and whether their benefits exceed their costs. The information gathered will be critical to informing future policy decisions related to contempt.

The PJAC evaluation will include the following three interconnected components or “studies”:

1. *Implementation Study.* The goal of the implementation study is to provide a detailed description of the PJAC programs—how they are implemented, their participants, the contexts in which they are operated, and their promising practices. The implementation study will also assess whether the PJAC interventions are implemented as intended (implementation fidelity) as well as how the treatment implemented differed from the status quo (treatment contrast). The detailed descriptions will assist in interpreting program impacts and identifying program features and conditions necessary for effective program replication or improvement. Key activities of the implementation study will include: (1) A Management Information System (MIS) for collection and analysis of program participation data to track participant engagement in PJAC activities; (2) semi-structured interviews with program staff and staff from selected community partner organizations; (3) semi-structured interviews with program participants to learn about their experiences in PJAC; and (4) a staff questionnaire to gather broader quantitative information on program implementation and staff experiences.

2. *Impact Study:* The goal of the impact study is to provide rigorous estimates of the effectiveness of the six programs using an experimental research design. Program applicants who are eligible for PJAC services will be randomly assigned to either a program group that is offered program services or to a control group that is not offered those services. The random assignment process will require child support program staff to complete a brief data entry protocol. The impact study will rely on administrative data from state and county child support systems, court records, criminal justice records, and data from the National Directory of New Hires. Administrative records data will be used to estimate impacts on child support payments, enforcement actions, contempt proceedings, jail stays, and employment and earnings. The impact study will also include a follow-up survey of participants that will be administered approximately 12 months after random

assignment to a subset of the sample. The survey will gather information on participant experiences with the child support program and family court, family relationships, parenting and co-parenting, informal child support payments, and job characteristics. In an effort to enhance response rates, the PJAC survey firm will attempt to track survey sample members at a few points over the 12-month follow-up period in order to stay in touch with them and gather updated contact information from them.

3. *Benefit-Cost Study:* The benefit-cost study will estimate the costs and benefits associated with the implementation and impact of the PJAC interventions. The study will examine the costs and benefits from the perspective of the government, noncustodial parents, custodial parents and their children, and society. Once measured, particular impacts or expenditures will constitute benefits or costs, depending on which analytical perspective is considered. For each of the perspectives, pertinent benefits and costs will be added together to determine the net value of the program. Key hypothesized benefits and costs to be assessed include increased PJAC intervention costs, reduced costs for contempt actions, increased payments from non-custodial parents, reduced court costs, and reduced jail time, among others. The benefit-cost study will rely on the results of the impact study, analysis of participation data from the MIS, and results of a staff time study in order to quantify various PJAC-related costs and benefits.

This 60-Day Notice covers the following data collection activities: (1) Staff data entry for random assignment; (2) Study MIS to track program participation; (3) Staff and community partner interview topic guide; (4) Participant interview topic guide; and (5) Participant survey tracking letter.

Respondents

Respondents for the first information collection phase include study participants and grantee staff and community partners. Specific respondents per instrument are noted in the burden table below.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours	Total annual burden hours
Staff data entry for random assignment	120	150	0.05	900	300