

Estimated Total Annual Burden Hours: 2,856.

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, 330 C Street SW., Washington, DC 20201, Attn: 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.

Mary Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: National Child Abuse and Neglect Data System.

OMB No.: 0970-0424.

Description: The Administration on Children, Youth and Families in the U.S. Department of Health and Human Services (HHS) established the National Child Abuse and Neglect Data System (NCANDS) to respond to the 1988 and 1992 amendments (Pub. L. 100-294 and Pub. L. 102-295) to the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 *et seq.*), which called for the creation of a coordinated national data collection and analysis program, both universal and case specific in scope, to examine standardized data on false, unfounded, or unsubstantiated reports.

In 1996, the Child Abuse Prevention and Treatment Act was amended by Public Law 104-235 to require that any state receiving the Basic State Grant work with the Secretary of the Department of Health and Human Services (HHS) to provide specific data on child maltreatment, to the extent

practicable. These provisions were retained and expanded upon in the 2010 reauthorization of CAPTA (Pub. L. 111-320). Item (17) below was enacted with the Justice for Victims of Trafficking Act of 2015 (Pub. L. 114-22). The law goes into effect in 2017 and it is anticipated that states will begin reporting with FFY 2018 data. Item (18) below was enacted with the Comprehensive Addiction and Recovery Act of 2016 (CARA) (Pub. L. 114-198). The law goes into effect in 2017 and it is anticipated that states will begin reporting with FFY 2018 data. Each state to which a grant is made under this section shall annually work with the Secretary to provide, to the maximum extent practicable, a report that includes the following:

1. The number of children who were reported to the state during the year as victims of child abuse or neglect.

2. Of the number of children described in paragraph (1), the number with respect to whom such reports were—

- A. substantiated;
- B. unsubstantiated; or
- C. determined to be false.

3. Of the number of children described in paragraph (2)—

A. the number that did not receive services during the year under the state program funded under this section or an equivalent state program;

B. the number that received services during the year under the state program funded under this section or an equivalent state program; and

C. the number that were removed from their families during the year by disposition of the case.

4. The number of families that received preventive services, including use of differential response, from the state during the year.

5. The number of deaths in the state during the year resulting from child abuse or neglect.

6. Of the number of children described in paragraph (5), the number of such children who were in foster care.

7. A. The number of child protective service personnel responsible for the—

- i. intake of reports filed in the previous year;
- ii. screening of such reports;
- iii. assessment of such reports; and
- iv. investigation of such reports.

B. The average caseload for the workers described in subparagraph (A).

8. The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect.

9. The response time with respect to the provision of services to families and

children where an allegation of child abuse or neglect has been made.

10. For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the state—

A. information on the education, qualifications, and training requirements established by the state for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions;

B. data of the education, qualifications, and training of such personnel;

C. demographic information of the child protective service personnel; and

D. information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor.

11. The number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse or neglect, including the death of the child.

12. The number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children.

13. The annual report containing the summary of activities of the citizen review panels of the state required by subsection (c)(6).

14. The number of children under the care of the state child protection system who are transferred into the custody of the state juvenile justice system.

15. The number of children referred to a child protective services system under subsection (b)(2)(B)(ii).

16. The number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 *et seq.*).

17. The number of children determined to be victims described in subsection (b)(2)(B)(xxiv).

18. The number of infants—

- (A) identified under subsection (b)(2)(B)(ii);

- (B) for whom a plan of safe care was developed under subsection (b)(2)(B)(iii); and

- (C) for whom a referral was made for appropriate services, including services for the affected family or caregiver, under subsection (b)(2)(B)(iii).

The Children’s Bureau proposes to continue collecting the NCANDS data through the two files of the Detailed Case Data Component, the Child File (the case-level component of NCANDS) and the Agency File (additional aggregate data, which cannot be collected at the case level). Technical assistance will be provided so that all states may provide the Child File and Agency File data to NCANDS.

The reauthorization of CAPTA, subsection (b)(2)(B)(xxiv), specifies for “requiring identification and assessment of all reports involving children known or suspected to be victims of sex trafficking (as defined in section 103(10) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7102 (10)); and S. 178–38.” To comply with the new reporting requirements for item 17, NCANDS will use a new field in the Child File.

The Children’s Bureau proposes to modify the Child File by modifying the maltreatment fields.

- Add a new maltreatment type code, 7=sex trafficked, to the existing Fields

26, 28, 30, 32 (Maltreatment-1 Type, Maltreatment-2 Type, Maltreatment-3 Type, Maltreatment-4 Type).

The reauthorization of CAPTA, subsection (b)(2)(B)(ii), specifies collecting the number of (A) screened-in and screened-out referrals from healthcare providers involved in the delivery or care of infants and who referred such infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder; (B) of those screened-in, for whom a plan of safe care was developed, under subsection (b)(2)(B)(iii); and (C) of those screened-in, for whom a referral was made for appropriate services, including services for the affected family or caregiver, under subsection (b)(2)(B)(iii). To comply with the new reporting requirements for item 18, NCANDS will use a combination of existing fields in the Child File and a new field in the Agency File.

The Children’s Bureau proposes to modify the Agency File by adding 1 new

field, under Section 2, Referrals and Reports.

- 2.5. Number of screened-out referrals from healthcare providers involved in the delivery or care of infants and who referred such infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.

The Children’s Bureau proposes to modify the Child File by adding two new fields.

- Field 151, Has A Safe Care Plan: The Safe Care Plan field will establish a flag as to whether a child has a safe care plan.
- Field 152, Referral to CARA-Related Services: The Referral to CARA-related Services field will establish a flag as to whether a referral was made for appropriate services, including services for the affected family or caregiver.

Respondents: State governments, the District of Columbia, and the Commonwealth of Puerto Rico.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Detailed Case Data Component (Child File and Agency File)	52	1	149	7,717

Estimated Total Annual Burden Hours: 7,717.

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Desk Officer for the Administration for Children and Families.

Mary Jones,
ACF/OPRE Reports Clearance Officer.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Eunice Kennedy Shriver National Institute of Child Health and Human Development; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the Board of Scientific Counselors, NICHD.

The meeting will be open to the public as indicated below, with the attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting will be closed to the public as indicated below in accordance with the provisions set forth in section 552b(c)(6), Title 5 U.S.C., as amended for the review, discussion, and evaluation of individual intramural programs and projects conducted by the EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT, including consideration of personnel qualifications and performance, and the competence of individual investigators, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Board of Scientific Counselors, NICHD.

Date: December 1, 2017.

Open: 8:00 a.m. to 11:30 a.m.

Agenda: A report by the Scientific Director, NICHD, on the status of the NICHD Division of Intramural Research; talks by various intramural scientists, and current organizational structure.

Place: National Institutes of Health, Building 31A, Conference Room 2A48, 31 Center Drive, Bethesda, MD 20892.

Closed: 11:30 a.m. to 4:00 p.m.