

Estimated Total Annual Burden Hours:

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.

[FR Doc. 2017-24902 Filed 11-16-17; 8:45 am]

BILLING CODE 4184-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Variations in Implementation of Quality Interventions (VIQI) Project: Data Collection.

OMB No.: New Collection.

Description: The Administration for Children and Families (ACF), Office of Planning, Research and Evaluation (OPRE) proposes to collect information as part of the Variations in Implementation of Quality Interventions (VIQI): Examining the Quality-Child Outcomes Relationship in Child Care and Early Education Project.

The VIQI Project will inform policymakers, practitioners, and stakeholders about effective ways to support the quality and effectiveness of early care and education (ECE) centers for promoting young children's learning and development. In partnership with ECE centers across the United States that serve young children with diverse economic backgrounds, the VIQI Project aims to (1) identify dimensions of quality within ECE settings that are key levers for promoting children's outcomes; (2) inform what levels of quality are necessary to successfully support children's developmental gains; (3) identify drivers that facilitate and inhibit successful implementation of interventions aimed at strengthening quality; and (4) understand how these relations vary across different ECE settings, staff, and children. To achieve these aims, the VIQI Project will include a year-long pilot study that will pilot up to three curricular and professional development models, followed by a year-long impact evaluation and process study that involve testing the effectiveness of two curricular and professional development models that aim to strengthen teacher practices, the quality of classroom processes, and children's outcomes. The study will include up to 189 community-based and Head Start ECE centers spread across seven different metropolitan areas in the United States.

To test the effectiveness of the curricular and professional development models, the VIQI project will consist of a 3- or 4-group experimental design in the pilot study and a 3-group experimental design in the impact evaluation and the process study in which the initial quality and other characteristics of ECE centers are measured. The centers then will be stratified based upon select information collected—by setting type (e.g., Head Start and community-based ECE centers) and initial levels of quality—and randomly assigned to one of the intervention conditions where they will be offered curricular and professional development supports aimed at strengthening the quality of classroom and teacher practices, or to a business-as-usual comparison condition.

In the pilot study, 24 centers in one metropolitan area will participate in the VIQI Project. Information about center and staff characteristics and classroom and teacher practices will be collected (1) to stratify and randomly assign centers; (2) to describe how the different interventions are implemented and are experienced by centers and teachers; and (3) to document the treatment differentials across research conditions.

The information will then be used to adjust and to refine the research design and measures that will be used in the impact evaluation and process study.

In the impact evaluation and process study, 165 centers in seven metropolitan areas will participate in the VIQI Project. Information about center and staff characteristics and classroom and teacher practices will be collected (1) to stratify and randomly assign centers; (2) to identify subgroups of interest; (3) to describe how the interventions are implemented and are experienced by centers and teachers; (4) to document the treatment differentials across research conditions; and (5) to assess the impacts of each of the interventions on different dimensions of quality and teacher practices when compared to a business-as-usual comparison condition for the impact evaluation sample and separately for subgroups of interest. In addition, information about the background characteristics of families and children being served in the centers will be collected, as well as measures of children's skills at the beginning and end of the year-long impact evaluation for a subset of children in these centers. This information will also be used (1) to define subgroups of interest defined by family and child characteristics, and (2) to assess the impacts of each of the interventions on children's skills for the full impact evaluation sample and separately for subgroups of interest. Lastly, the information on quality, teacher practices and children's skills will be used in a set of analyses that will rigorously examine the nature of the quality-to-child outcomes relationship by exploring the effects of different dimensions and thresholds (or levels) of quality on child outcomes for the full impact evaluation sample and separately for subgroups of interest.

The data collection instruments for the VIQI Project include the following:

(1) *Instruments for Screening and Recruitment of ECE Centers* will be used in the pilot study, impact evaluation, and process study to assess ECE centers' eligibility, to inform the sampling strategy, and to recruit ECE centers to participate in the VIQI Project;

(2) *Baseline Instruments for the Pilot Study, Impact Evaluation, and Process Study* will be used to collect background information about centers, classrooms, center staff, and families and children being served in the centers. All of the instruments will be administered at the beginning of the pilot study, impact evaluation, and process study, with the exception of the baseline survey administered to parents of children enrolled in participating ECE centers and the protocol for

baseline assessments of children’s skills at the beginning of the impact evaluation and process study;

(3) *Follow-Up Instruments for the Pilot Study, Impact Evaluation, and Process Study* will be used to inform how centers, classrooms, teachers, and children changed and to assess the impacts of each of the interventions over the course of the pilot study, impact evaluation, and process study. All of the instruments will be administered at the end of the pilot

study, impact evaluation, and process study, with the exception of the protocol for follow-up assessments of children’s skills at the end of the impact evaluation and process study; and,

(4) *Fidelity of Implementation Instruments for Pilot Study and Process Study* will be used to document how the curricular and professional development models are delivered and experienced by staff, to document treatment differentials across research conditions, and to provide context for

interpreting the findings of the impact evaluation.

Respondents: The target population of the VIQI Project will include staff members working in Head Start grantee and community-based child care oversight agencies, staff members working in 189 ECE centers in seven metropolitan areas across the United States, and parents and children being served in these centers.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Annual burden hours
Instruments for Screening and Recruitment of ECE Centers					
Landscaping protocol with Stakeholder Agencies (staff burden in Head Start (HS) <i>grantee</i> and community-based child care <i>agencies</i>)	100	33	1	1.50	50
Screening protocol for phone calls (staff burden in HS <i>grantees</i> and community-based child care <i>agencies</i>)	110	37	1	2	74
Screening protocol for phone calls (HS and community-based child care <i>center</i> staff burden)	280	93	1	1.20	112
Protocol for in-person visits for screening and recruitment activities (staff burden in HS <i>grantees</i> and community-based child care <i>agencies</i>)	488	163	1	1.50	245
Protocol for in-person visits for screening and recruitment activities (HS and community-based child care <i>center</i> staff burden)	760	253	1	1.20	304
Baseline Instruments for the Pilot Study, Impact Evaluation, and Process Study					
Baseline administrator survey	236	79	1	0.60	47
Baseline coach survey	223	74	1	0.60	44
Baseline teacher/assistant teacher survey	1,358	453	1	0.60	272
Baseline parent/guardian information form in Impact Evaluation only	8,568	2,856	1	0.20	571
Baseline classroom observation protocol (teacher burden)	543	181	1	0.30	54
Baseline protocol for child assessments in Impact Evaluation only (child burden)	1,980	660	1	0.50	330
Follow-Up Instruments for Pilot Study, Impact Evaluation, and Process Study					
Follow-up administrator survey	189	63	1	0.50	32
Follow-up coach survey	178	59	1	0.50	30
Follow-up teacher/assistant teacher survey	1,086	362	1	0.75	272
Teacher reports to questions about children in classroom (administered as part of the follow-up teacher survey) ...	543	181	1	0.67	121
Follow-up classroom observation protocol (teacher burden)	543	181	2	0.30	109
Follow-up protocol for child assessments in Impact Evaluation only (child burden)	1,980	660	1	1	660
Fidelity of Implementation Instruments for Pilot Study and Process Study					
Coach log	117	39	55	0.25	536
Teacher/assistant teacher log	1,086	362	36	0.25	3258
Implementation fidelity observation protocol (teacher burden)	72	24	1	0.30	7
Interview/Focus group protocol (administrator, teacher/assistant teacher and coach burden)	322	107	1	1.5	161

Estimated Total Annual Burden Hours: 7,289.

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: OPRE Reports Clearance Officer. All requests should be identified by the

title of the information collection. Email address: OPREinfocollection@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.

[FR Doc. 2017-24901 Filed 11-16-17; 8:45 am]

BILLING CODE 4184-23-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity: Comment Request

Proposed Projects:

Community Services Block Grant (CSBG) State Plan Application for States
 Community Services Block Grant (CSBG) Eligible Entity Master List
 Community Services Block Grant (CSBG) ACSI Survey of Eligible Entities
Title: Community Services Block Grant (CSBG) State Plan Application
OMB Number: 0970-0382
Description: Section 676 of the Community Services Block Grant (CSBG) Act requires states, including the District of Columbia and the Commonwealth of Puerto Rico, and U.S. territories applying for CSBG funds to submit an application and plan (CSBG State Plan). The CSBG State Plan must meet statutory requirements prior to states and territories being funded with CSBG funds. Applicants have the option to submit a detailed plan annually or biannually. Entities that submit a biannual plan must provide an abbreviated plan the following year if substantial changes to the initial plan will occur.

This request is to revise the automated CSBG State Plan format for states and territories by revising

questions for clarity and system compatibility. It is not anticipated that these revisions will cause any additional burden to states as they have been completing the automated plan for three years. It is anticipated that the burden will continue to diminish in subsequent years due to improved automation.

In addition to the CSBG State Plan, states will be requested to complete a CSBG Eligible Entity Master List in year one, and then make updates as necessary in subsequent years. As the states have the information about their eligible entities (or sub-grantees), the burden will be minimal to the states to complete this the first year.

Lastly, the request includes a survey for the CSBG eligible entities (or sub-grantees). The survey focuses on the customer service that the eligible entities receive from the CSBG states. The survey is optional, and this will be the third time that the eligible entities that chose to submit will complete it.

Respondents: State Governments, including the District of Columbia and the Commonwealth of Puerto Rico, and U.S. territories, and local level sub-grantees.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
CSBG State Plan Application for States	56	1	31	1,736
CSBG State Plan Eligible Entity List	56	1	1	56
CSBG ACSI Survey of Eligible Entities	1,019	1	.15	152.85

Estimated Total Annual Burden Hours: 1,792 hours for states and territories; 152.85 for eligible entities.

In compliance with the requirements of the Paperwork Reduction Act of 1995 (Pub. L. 104-13, 44 U.S.C. Chap. 35), 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, 330 C Street SW., Washington, DC 20201. 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.

[FR Doc. 2017-24905 Filed 11-16-17; 8:45 am]

BILLING CODE 4184-27-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA-2017-N-4179]

Cardiac Troponin Assays; Public Workshop; Request for Comments; Extension of Comment Period

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; extension of comment period.

SUMMARY: The Food and Drug Administration (FDA or Agency) is extending the comment period provided in the notice entitled "Cardiac Troponin Assays; Public Workshop; Request for Comments" that appeared in the **Federal Register** on July 31, 2017. That notice announced the public workshop and requested comments by November 28, 2017; FDA is extending the public