Lystedt Law. Since there is currently no model law for managing youth sports-related concussions, 48 other states and the District of Columbia have developed their own laws independently. While there are similarities across the states, an examination of the laws shows considerable variation in the breadth and scope of the laws. Despite the proliferation of state laws and the dissemination of concussion education materials, little is known about the reach, use, and effectiveness of these laws in improving the management of youth sports-related concussions.

The major danger faced by young athletes who have experienced a concussive event is that they are allowed to return to play while still experiencing symptoms. If the state laws are effective, they should reduce the number of athletes who return to play while symptomatic.

The primary goal of the current proposal is to examine the relationship between state laws aimed at managing youth sports-related TBIs and youth athletes returning to play while symptomatic. In addition, the study also intends to assess variations in knowledge, attitudes, and behavior regarding concussions; the use of concussion education materials, including Heads Up; and state policies governing requirements for identification and management of concussions in youth athletics. With the data collected during the proposed study, CDC will be able to assess the effectiveness of state laws in reducing the number of youth athletes who return to play with concussion symptoms, the general knowledge and understanding of concussions, and the effectiveness of education and training about concussions. This will enable CDC to make recommendations for improving state policies and improve the agency's Heads Up concussion education training program.

CDC requests OMB approval for one year to collect data from three national subsamples: (1) Soccer coaches, coaching boys and girls ages 14–18 on club soccer teams; (2) boys and girls youth soccer players ages 14–18 playing club soccer; and (3) parents of boys and girls ages 14–18 who are club soccer players. The samples will be drawn from the U.S. Youth Soccer Association, a national youth soccer organization with over 3 million youth players.

CDC will use an online data collection tool for a pre-season survey, followed by a brief weekly surveillance survey administered through an automated phone system once a week for ten weeks. Respondents will receive a randomly generated identification number that will be used to complete the online and phone surveys. The database linking these identification numbers to participant data will only be available to a limited number of evaluation contractor staff.

The pre-season survey will be administered to the coaches, players, and parents, while the weekly surveillance survey will only be completed by players and parents. Athletes who report suffering a hit with associated concussive symptoms and the parent of such an athlete will also be administered a phone interview about the athlete's symptoms and management. These electronic data collection tools provide CDC the means to efficiently collect data from a large number of respondents from across the country.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total burden (hours)
U.S. Youth Soccer Coach	Pre-season survey	115	1	10/60	19
Parent	Pre-season survey	1,294	1	10/60	216
Parent	Weekly Surveillance survey	970	10	3/60	485
Parent	Injury Follow-up survey	576	1	10/60	96
Athlete	Pre-season survey	1,294	1	10/60	216
Athlete	Weekly Surveillance survey	970	10	3/60	485
Athlete	Injury Follow-up survey	576	1	10/60	96
Total					1,613

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.

[FR Doc. 2014–09763 Filed 4–29–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–4–14VN]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR), as part of their continuing efforts to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on a proposed information collection, as required by the Paperwork Reduction Act of 1995 (PRA).

Under the PRA, Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information and to allow 60 days for public comment in response to the notice.

In accordance with the requirements of the PRA, CDC/ATSDR may not conduct or sponsor, and the respondent is not required to respond to, an information collection unless it displays a currently valid Office of Management and Budget (OMB) control number.

CDC/ATSDR is soliciting comment concerning the renewal of its information collection titled, ''Generic

Clearance for the Collection of Qualitative Feedback on Agency Service Delivery.'' To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–7570 or send comments to Leroy A. Richardson, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

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. All comments received, including attachments and other supporting materials, are part of the public record and subject to public disclosure. Do not enclose any information in your comment or supporting materials that you consider confidential or inappropriate for public disclosure.

Proposed Project

Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery—Revision—Centers for Disease Control and Prevention (CDC) and Agency for Toxic Substances and Disease Registry (ATSDR).

Background and Brief Description

The information collection activity provides a means to garner qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Federal government's commitment to improving service delivery. By qualitative feedback we mean information that provides useful insights on perceptions and opinions, but are not statistical surveys that yield quantitative results that can be generalized to the population of study.

This feedback will provide insights into customer or stakeholder perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative and actionable communications between the Agency and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

The solicitation of feedback will target areas such as: Timeliness, appropriateness, accuracy of information, courtesy, efficiency of service delivery, and resolution of issues with service delivery. Responses will be assessed to plan and inform efforts to improve or maintain the quality of service offered to the public. If this information is not collected, vital feedback from customers and stakeholders on the Agency's services will be unavailable.

CDC/ATSDR will only submit a collection for approval under this generic clearance if it meets the following conditions:

- The collections are voluntary;
- The collections are low-burden for respondents (based on considerations of total burden hours, total number of respondents, or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
- The collections are non-controversial and do not raise issues of concern to other Federal agencies;
- Any collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the near future;
- Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
- Information gathered is intended to be used only internally for general service improvement and program management purposes and is not intended for release outside of the agency (if released, the agency must indicate the qualitative nature of the information);
- Information gathered will not be used for the purpose of substantially informing influential policy decisions; and
- Information gathered will yield qualitative information; the collections will not be designed or expected to yield statistically reliable results or used as though the results are generalizable to the population of study.

Feedback collected under this generic clearance provides useful information, but it does not yield data that can be generalized to the overall population. This type of generic clearance for qualitative information will not be used for quantitative information collections that are designed to yield reliably actionable results, such as monitoring trends over time or documenting program performance. Such data uses require more rigorous designs that address: The target population to which generalizations will be made, the sampling frame, the sample design (including stratification and clustering), the precision requirements or power calculations that justify the proposed sample size, the expected response rate, methods for assessing potential non-response bias, the protocols for data collection, and any testing procedures that were or will be undertaken prior to fielding the study. Depending on the degree of influence the results are likely to have, such collections may still be eligible for submission for other generic mechanisms that are designed to yield quantitative results.

As a general matter, information collections will not result in any new system of records containing privacy information and will not ask questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Average expected annual number of activities	Average number of respondents per activity	Annual responses	Frequency of response (per request)	Average burden per response (in hrs.)	Total burden (in hrs.)
Individuals and Households, Businesses and Organizations, State, Local or Tribal Government	50	6,000	300,000	1	30/60	150,000
Total						

Leroy 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.

[FR Doc. 2014–09765 Filed 4–29–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–14–14VT]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–7570 or send comments to LeRoy Richardson, at 1600 Clifton Road, MS D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov*.

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; 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. Written comments should be received within 60 days of this notice.

Proposed Project

Reaching Underserved Populations through *Learn the Signs. Act Early*. Materials—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The *Learn the Signs. Act Early*. (LTSAE) campaign, developed by the Centers for Disease Control and Prevention, is designed to increase awareness of developmental milestones among parents, healthcare professionals, childcare providers and others who regularly interact with young children. Increased awareness is expected to lead to increased developmental screening, the first in a series of steps toward early intervention which is essential for the health and well-being of children with developmental delays.

Developmental delays are increasingly common among all young children, with recent national estimates ranging from 13–15%. However, children from minority and low-income groups are particularly vulnerable due to lags in identification. Not only do healthcare and early childhood professionals frequently fail to identify children with developmental disabilities, but parents also need to be educated about child development, especially parents living in poverty who are less likely to recognize a child's special needs. Because early identification of developmental delays is critical to positive outcomes, young children from minority and low-income groups may miss a critical window of opportunity if developmental concerns are not identified in a timely way.

The purpose of this study is to understand how the LTSAE campaign is meeting the needs of underserved families when delivered as part of the Women, Infant and Children (WIC) nutrition program. By understanding how LTSAE materials and messages affect awareness and behavior of WIC participants and staff, the CDC can determine what improvements may be needed in order to effectively reach this at-risk population. The three phases of the study will measure changes in parents' awareness, knowledge and intention to act, and WIC staff responses to the LTSAE materials and messages. This information will help guide the CDC in developing the messages, materials, partnerships and strategies that are most effective for families served by WIC.

The data collection system consists of four questionnaires and a structured focus group. These form the basis of three phases of the study designed to determine the effectiveness of LTSAE materials and messages with WIC participants and staff.

In Phase 1, pre- and post-implementation parent-report surveys will determine the LTSAE campaign's impact on parental awareness, knowledge and intention to act if there is a developmental concern. These will be paper surveys administered during routine WIC clinic visits. The parent survey was pilot tested by three parents receiving WIC services and reviewed by 14 WIC staff. The Pre-intervention Survey will be completed by 450 respondents, who are parents/guardians of children enrolled in the WIC Nutrition Program at nine WIC clinics in four counties in the St. Louis, Missouri area. The Post-intervention Survey will be completed by the same 450 parents/guardians of children enrolled in the WIC Nutrition Program who completed the Pre-intervention Survey.

In Phase 2, a referral outcome tracking form will be completed by 100 parents/guardians of children enrolled in the WIC Nutrition Program and will document whether the study protocols will impact the behavior of parents of children with possible delays. If a developmental delay is suspected, WIC staff will give the parent a referral to the child's doctor and encourage the parent to talk with the doctor about the child's development. WIC staff will complete a referral outcome tracking form during the parent's subsequent visits to the WIC clinic to determine whether the parent followed up with the doctor, how