

## ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State or Local Health Departments, or their Bona Fide Agents.	Childhood Blood Lead Surveillance (CBLS) Variables—Text Files.	47	4	4
State or Local Health Departments, or their Bona Fide Agents.	CBLS—Aggregate Records Form .....	1	4	2
State or Local Health Departments, or their Bona Fide Agents.	Adult Blood Lead Epidemiology and Surveillance (ABLES) Case Records Form and Brief Narrative Report.	32	1	8
State or Local Health Departments, or their Bona Fide Agents.	ABLES Aggregate Records Form and Brief Narrative Report.	8	1	3

**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. 2017–24417 Filed 11–8–17; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention.

[60Day–18–18AF]

#### Proposed Data Collection Submitted for Public Comment and Recommendations—Assessments To Inform Program Refinement for HIV, Other STD, and Pregnancy Prevention Among Middle and High-School Aged Youth

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice; Correction.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC) requested publication of a document in the **Federal Register**. Document 2017–24317, Proposed Data Collection Submitted for Public Comment and Recommendations—*Assessments to Inform Program Refinement for HIV, other STD, and Pregnancy Prevention among Middle and High-School Aged Youth*, has been scheduled to publish on November 8, 2017. The document provided the incorrect docket number (CDC–2018–0093).

**FOR FURTHER INFORMATION CONTACT:** Leroy Richardson, 1600 Clifton Road, MS D–74, Atlanta, GA 30333; telephone (404) 639–4965; email: [omb@cdc.gov](mailto:omb@cdc.gov).

#### Correction

Correct the docket number to read:  
[Docket No. CDC–2017–0093]

Dated: November 3, 2017.

**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

### Centers for Disease Control and Prevention

[30Day–18–17AMO]

#### Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled “Assessment of Ill Worker Policies Study” to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on July 14, 2017 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information,

including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.*, permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov). Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW., Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

#### Proposed Project

Assessment of Ill Worker Policies Study—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

The Centers for Disease Control and Prevention (CDC) is requesting a new three-year OMB clearance to conduct information collection entitled “Assessment of Ill Worker Policies Study.” CDC’s National Center for Environmental Health implements the Environmental Health Specialists Network (EHS-Net) program, which conducts studies to identify and understand environmental factors associated with foodborne illness outbreaks and other food safety issues (*e.g.*, ill food workers). These data are

essential to environmental public health regulators' efforts to respond more effectively to and prevent future outbreaks by identifying underlying causes and intervention strategies.

EHS-Net is a collaborative project of the CDC, the U.S. Food and Drug Administration (FDA), the U.S. Department of Agriculture (USDA), industry partners and eight state and local public health departments (California, Minnesota, New York, New York City, Rhode Island, Tennessee, Southern Nevada Health District, and Harris County Texas). CDC funds these state and local health departments, which enables them to collaborate on study design, collect study data, and co-analyze study data with CDC. The federal partners also provide funding and input into study design and data analysis. Ill food service workers have long been identified as a source of contamination in restaurants. The 2013 FDA Food Code specifically addresses food worker health under section 2–201. However, even with these regulations in place food workers continue to serve as a source for disease transmission (e.g., Norovirus).

The FDA Food Code also calls for excluding food workers from working in the restaurant that are diagnosed with an illness or have symptoms. Research has indicated that many food service

workers have reported working while sick and that the reasons provided are multi-faceted. To assist in reducing this national disease burden, it is critical to develop and implement successful interventions that address the reasons that restaurant workers continue to work while sick. The goals of this study include:

- (1) Assess restaurant ill worker management practices and plans; and
- (2) Assess whether an educational intervention will result in restaurants enhancing their ill worker management procedures.

The data from this study can be used to further develop educational materials, trainings, and tools that are targeted towards improving retail food establishment ill worker management practices.

This data collection request aims to address data gap by surveying restaurants on their ill worker policies through a quasi-experimental nonequivalent group pre- post-test design, with implementation of an educational intervention to randomly selected independently-owned restaurants in the EHS-Net area. Data will be collected by study personnel from restaurants that are split into two groups, intervention and control restaurants requiring up to three visits. The assessments at each site visit will

be the same in both the intervention and control restaurants.

Data collection will consist of a manager interview to understand the current practices in the restaurant, a facility observation to observe the practices in place to prevent contamination from an employee, and a food worker survey to obtain their beliefs towards the current policies. The educational intervention planned in the study is designed to encourage restaurants to develop ill worker management policies that have provisions to address the reasons that workers have reported working while ill. The success of the intervention will be measured using a pre- post-test nonequivalent groups design. If the intervention is resulting in having restaurants enhance their ill worker management policies; at the follow up visit, the intervention will be provided to the control restaurants and an additional follow up visit will occur in these restaurants.

For the purpose of the burden hours, eight sites will collect data in 40 restaurants. The total estimated annualized burden hours averaged over the three-year study period are 352 burden hours. Participation in this proposed information collection is voluntary. There is no cost 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 (in hours)
Restaurant Managers (Intervention and Control Restaurants).	Manager Recruiting Script .....	237	1	3/60
Restaurant Managers (Intervention Restaurants) Visit 1.	Manager Informed Consent and Interview Form.	54	1	20/60
Restaurant Managers (Intervention Restaurants) Visit 2.	Manager Informed Consent and Interview Form.	54	1	20/60
Food Workers (Intervention Restaurants) Visit 1.	Food Worker Informed Consent and Survey	270	1	5/60
Food Workers (Intervention Restaurants) Visit 2.	Food Worker Informed Consent and Survey	270	1	5/60
Health Department Workers (Intervention Restaurants) Visit 1.	Restaurant Environment Observation Form ..	54	1	30/60
Health Department Workers (Intervention Restaurants) Visit 2.	Restaurant Environment Observation Form ..	54	1	30/60
Restaurant Managers (Control Restaurants) Visit 1.	Manager Informed Consent and Interview Form.	54	1	20/60
Restaurant Managers (Control Restaurants) Visit 2.	Manager Informed Consent and Interview Form.	54	1	20/60
Restaurant Managers (Control Restaurants) Visit 3.	Manager Informed Consent and Interview Form.	54	1	20/60
Food Workers (Control Restaurants) Visit 1 ..	Food Worker Informed Consent and Survey	270	1	5/60
Food Workers (Control Restaurants) Visit 2 ..	Food Worker Informed Consent and Survey	270	1	5/60
Food Workers (Control Restaurants) Visit 3 ..	Food Worker Informed Consent and Survey	270	1	5/60
Health Department Workers (Control Restaurants) Visit 1.	Restaurant Environment Observation Form ..	54	1	30/60
Health Department Workers (Control Restaurants) Visit 2.	Restaurant Environment Observation Form ..	54	1	30/60

## ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Health Department Workers (Control Restaurants) Visit 3.	Restaurant Environment Observation Form ..	54	1	30/60

**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. 2017–24416 Filed 11–8–17; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity; Comment Request

#### Proposed Projects

*Title:* Prenatal Alcohol and Other Drug Exposures in Child Welfare (PAODE–CW) Study.

*OMB No.:* New Collection.

*Description:* The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS) is proposing a data collection activity as part of the Prenatal Alcohol and Other Drug Exposures in Child Welfare (PAODE–CW) Study. The study examines the current state of child welfare practice regarding the identification and provision of services for children with prenatal substance exposures, including alcohol and other drugs.

The descriptive study will document the policies and practices of child welfare agencies and related organizations to identify, assess, and refer to services children who may have been exposed to prenatal substances and/or diagnosed with a resulting condition such as fetal alcohol spectrum

disorders (FASD). The study will document procedures as well as challenges faced and lessons learned to inform the field of practice as well as policy makers, program administrators, and funders at various levels.

The proposed information collection activities consist of semi-structured interviews and surveys conducted at 28 child welfare agency sites. Focus groups conducted at 8 of the 28 sites will gather information on needs, challenges, and strategies to support children with prenatal substance exposures and their families within the child welfare system.

*Respondents:* State and child welfare agency directors, child welfare staff and supervisors; agency partners and service providers; and family members and caregivers of children who have been prenatally exposed to substances.

### ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Local Agency Staff Interview Protocol—Frontline Only .....	27.5	1	1	27.5
Local Agency Staff Interview Protocol—Ongoing Only .....	27.5	1	1	27.5
Local Agency Staff Interview Protocol—Frontline and Ongoing .....	15	1	1.25	18.75
Local Agency Medical Staff Interview Protocol .....	14	1	1	14
Local Agency Director Interview Protocol .....	14	1	1	14
Focus Group of Caregivers .....	32	1	1.5	48
Local Agency Staff Survey .....	280	1	.33	92.4
Service Provider Survey .....	12	1	.33	3.96
Local Agency Data Staff Interview Protocol .....	6	1	1.5	9

*Estimated Total Annual Burden Hours:* 255.11.

In compliance with the requirements of the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. Chap 35) 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, 330 C Street SW., Washington, DC 20201. Attn: ACF Reports Clearance Officer. Email address: [infocollection@acf.hhs.gov](mailto: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. 2017–24420 Filed 11–8–17; 8:45 am]

**BILLING CODE 4184–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. FDA–2017–N–5994]

#### Tobacco Products Scientific Advisory Committee; Notice of Meeting

**AGENCY:** Food and Drug Administration, HHS.