Supporting Statement Part A

Survey to Promote Resources and Opportunities for aUtistic Teens and young adults (SPROUT)

New

Seema Gupta, MPH
Public Health Analyst
Centers for Disease Control and Prevention
Email: cvk9@cdc.gov
Phone: 770.488.6527

And

Angela Thompson-Paul, PhD, MSPH
Team Lead
Centers for Disease Control and Prevention
Email: eup4@cdc.gov
Phone: 770.488.8536

November 20, 2026

Table of Contents

Section A.1. Circumstances Making the Collection of Information Necessary....3
Section A.2. Purpose and Use of Information Collection....4
Section A.3. Use of Improved Information Technology and Burden Reduction....5
Section A.4. Efforts to Identify Duplication and Use of Similar Information....6
Section A.5. Impact on Small Businesses or Other Small Entities....6
Section A.6. Consequences of Collecting the Information Less Frequently....6
Section A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5....6
Section A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency....7
Section A.9. Explanation of Any Payment or Gift to Respondents....8
Section A.10. Assurance of Confidentiality Provided to Respondents....8
Section A.11. Justification for Sensitive Questions....10
Section A.12. Estimates of Annualized Burden Hours and Costs....10
Section A.13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers....12
Section A.14. Annualized Cost to the Government....12
Section A.15. Explanation for Program Changes or Adjustments....13
Section A.16. Plans for Tabulation and Publication and Project Time Schedule....13
Section A.17. Reason(s) Display of OMB Expiration Date Is Inappropriate....14
Section A.18. Exceptions to Certification for Paperwork Reduction Act Submissions....14

Attachments

Attachment 1. Authorizing Legislation (1a-1d)
Attachment 2. 60-day Federal Register Notice
Attachment 3. Public Comment 1
Attachment 4. Public Comment 2
Attachment 5. Caregiver survey for children ages 9-17
Attachment 6. Caregiver survey for young adults 18+
Attachment 7. Self-report survey for children ages 9-17
Attachment 8. Self-report survey for young adults 18+
Attachment 9. Research Determination
Attachment 10. Privacy Impact Assessment
Attachment 11. Invitation Letter for Caregivers
Attachment 12. Invitation Letter for Adolescents/Young Adults
Attachment 13. Participant Information Sheet for Caregivers
Attachment 14. Participant Information Sheet for Adolescents/Young Adults
Attachment 15. Thank You Letter
Attachment 16. References

Supporting Statement Part A. Justification

A. Justification

Goal of the project: The goal of this project is to collect longitudinal data on prior participants in the Study to Explore Early Development (SEED) in order to better understand 1) the healthcare utilization, service and support needs, and impact of co-occurring conditions on autistic adolescents and young adults and their families, and 2) the educational, social, and/or vocational needs and experiences of autistic adolescents and young adults.

Intended use of the resulting data: Information collected as a result of this project will inform community-based strategies for care coordination, clinical practice, and program planning, and identify and address barriers to needed treatment. This information may also inform environmental modifications (e.g., autism-inclusive environments), policy considerations (e.g., service eligibility requirements), and education and outreach efforts (e.g., provider training), among other public health impacts not addressed by other federal agencies or in other datasets, with the goal of improving the health and wellbeing of autistic people and their families, including reduced morbidity and mortality, and lessening the individual, familial, and societal costs associated with autism and its co-occurring conditions.

Methods to be used to collect: SEED included children with autism, a comparison group of children with other developmental delays and disabilities (DDs), and a comparison group of children randomly selected from the general population. Participating sites will work with CDC and each other to update contact information (contact tracing), recruit, and enroll caregivers and their children (who will be between ages 9 and 27) to participate in online surveys; one survey will be completed by the caregiver and the other survey will be completed by the child.

The subpopulation to be studied: Eligible caregivers, children, adolescents, and young adults (aged 9 to 27 years) who previously participated in SEED 1-3 (when the children were ages 2-5 years) and whose caregivers agreed to future contact. Participants will be from up to seven participating sites (not awarded yet).

How the data will be analyzed: Some examples of how data will be analyzed are comparisons of health-related outcomes (e.g., unmet service and support needs) between those with and without autism and descriptive analyses of commonly reported interventions to help resolve those needs. Since SPROUT is part of a longitudinal effort, we will also have the ability to identify early childhood predictors of later outcomes and how certain outcomes change over time.

Section A.1. Circumstances Making the Collection of Information Necessary

This Information Collection Request is submitted under the classification "New" request. The length of data collection requested for Office of Management and Budget (OMB) approval is 3 years.

The National Center on Birth Defects and Developmental Disabilities (NCBDDD) at the Centers for Disease Control and Prevention (CDC) is making this request as authorized under Sections 301(a) [42 U.S.C 241(a)] and 317C of the Public Health Service Act [42 U.S.C. 247b-4)], as amended (**Attachment 1a**). Further authorization for autism is provided under Public Law No. 106-310 (Children's Health Act of 2000), Public Health Service Act (**Attachment 1b**); Public Law No. 109-416 (Combating Autism Act of

2006) (**Attachment 1c**); and Public Law No.118–180 (Autism CARES Act of 2024) as amended (**Attachments 1d**).

A copy of the agency's 60-day Federal Register Notice is attached (**Attachment 2**).

Background

In 2022, an estimated 1 in 31 children 8 years of age living in 16 communities across the United States had autism, a developmental disability that can cause significant social, communication, and behavior challenges. The Study to Explore Early Development (SEED) was implemented in 2006 to learn more about autism and other developmental disabilities in children 2-5-years of age. Extensive data, from interviews, in-person evaluations, and other sources were collected across three phases (SEED 1, 2, and 3) in eight geographic areas (California, Colorado, Georgia, Maryland, Missouri, North Carolina, Pennsylvania, and Wisconsin). SEED 1-3 collected data on 9,808 preschool-aged children with autism, another developmental delay or disability, or from the general population. To date, almost 100 analyses of SEED 1-3 data have been published in peer-reviewed journals.

To better understand transition and lifespan issues affecting people with autism as they age, caregivers of children enrolled in SEED 1 (2006-2011) were eligible to participate in a pilot follow-up survey when their child was between 12-16 years of age (2018-2021; SEED Teen). An important outcome of SEED Teen was to demonstrate that longitudinal data collection from SEED participants is feasible (i.e., contact was established with approximately 97% of eligible participants and, of those, 64% enrolled in SEED Teen). SEED Follow-Up was thus initiated in 2021 to survey the broader cohort of SEED 1-3 participants on adolescent and young adult health and well-being. SEED Follow-Up ended in June 2026.

The federal government identified a need to improve efforts to better understand lifespan issues among people with autism in the Autism CARES Act of 2024 and a report to Congress in 2017. Notably, the most recent draft of the 2026-2028 IACC strategic plan (open for public comment) states that "Federal planning can no longer be confined to early childhood, conventional research portfolios, or narrow diagnostic categories. It must reach across the lifespan, from the prenatal period and early childhood through the transition to adulthood, adulthood, and later life, and it must account for families, caregivers, and clinical care (pg. 18)." Both the SEED Teen and SEED Follow-Up surveys helped identify clinical care needs and experiences among adolescents with autism. However, gaps in understanding remain in how we can best support adolescents and young adults with autism and their families.

Draft chapters of the 2026-2028 IACC Strategic Plan Update identify several life course domains as priority areas for the federal government. Some of these domains are timely access to services, co-occurring mental health conditions, caregiver respite and support, housing and supportive living, employment and workforce participation, and transportation and mobility. Specific IACC objectives that are addressed in this NOFO are:

- Removing barriers that delay clinical action,
- Supporting continuity of care when moving from pediatric to adult systems,
- Improving respite capacity, caregiver stabilization, and benefits navigation,
- Understanding impacts of housing and supportive living arrangements,
- Building transition pathways from schools and day services into meaningful work, and
- Measuring factors beyond the existence of transportation benefit or referral (e.g., safety, reliability, and burden).

Other topics identified as important to the autistic community are social, education, and vocational experiences and outcomes.

Funding for the activities necessitating this information collection is intended to be through a cooperative agreement. The cooperative agreement will fund a longitudinal follow-up of participants who participated in SEED Phases 1, 2, and 3. Each phase of SEED was funded by CDC through the following cooperative agreements: CDC-RFA-DD06-003 (Phase 1, 2007-2012), CDC-RFA-DD11-002 (Phase 2, 2012-2016), and CDC-RFA-DD16-001 (Phase 3, 2017-2021). SEED Teen was also funded through cooperative agreement CDC-RFA-DD16-001 as a pilot for the previous follow-up study in order to show feasibility for implementing the previous proposed information collection.

Section A.2. Purpose and Use of Information Collection

The purpose of this information collection is to conduct longitudinal follow-up surveys that offer unique information about autistic adolescents and young adults, thereby addressing the priorities established in the Autism CARES Act of 2024 and draft 2026-2028 IACC Strategic Plan.

Given the size of the original SEED birth cohorts and the wealth of baseline and follow-up information collected, additional surveys of participants can help address critical information gaps. Specifically, the information collected from the Survey to Promote Resources and Opportunities for aUtistic Teens and young adults (SPROUT) will allow us to better understand 1) the healthcare utilization of, service and support needs of, and impact of co-occurring conditions on autistic people and their families, 2) the educational, social, and/or vocational needs and experiences of autistic adolescents and young adults, and 3) parent views of systematic inventions reported in the literature to address service and support barriers. This information can then be used by advocates and stakeholders to prioritize different aspects of care coordination and program planning.

Participants will be recruited from up to 7 sites. One survey will be administered to caregivers and another is a self-report survey administered to children, adolescents, and young adults ages 9-17 (henceforth referred to as youth). The survey version will be based on the youth's age and ability to self-report on healthcare utilization, service and support needs, co-occurring conditions, and healthcare transition.

Section A.3. Use of Improved Information Technology and Burden Reduction

SPROUT will apply information technology broadly to collect data efficiently, to assure both the quality of the collected data and the privacy and security of the collected data, and to minimize the burden to the project participants. All data will be collected using advanced information technology.

SPROUT participants will complete locally-hosted, standardized REDCap-administered online surveys. Participants will receive a weblink and responses to questions will be automatically recorded in the database. In case of missing or inconsistent responses, project staff may follow up with participants by phone. Project staff will encourage participants to complete the survey instruments online, to maximize the use of information technology and automate skip patterns; however, participants that are unable to use the online survey can complete the survey by telephone with a project team member, who will record responses from the participant for the survey directly into REDCap.

Section A.4. Efforts to Identify Duplication and Use of Similar Information

No similar data are gathered or maintained by CDC or are available from other sources known to CDC.

Stakeholder surveys and focus groups identified provider training, more benefits and insurance coverage, help with system navigation, support for caregivers, and education, social, and/or vocational needs and experiences as important topics to the autistics community. The novel survey questions on ways to improve access to services and overall quality of life for autistic people and their families that will be employed for this Information Collection Request were developed using information from these and other sources. As an example, one systematic review of stakeholder priorities identified skills development and training (e.g., employment) as one of the top three research priorities of the autistic community (the others being physical and mental health and well-being and availability and accessibility of services; Roche et al., 2020). Another study of parent perspectives found that educational resources and supports and socialization were the top research priorities for supporting autistic children in school settings (Clark & Adama, 2020).

This Information Collection Request will expand upon previous data collection efforts on ways to improve access to services and supports and overall health and wellbeing of autistic people and their families. Most existing surveys collecting data on these topics inquire about the need to improve access to services and supports and overall health and wellbeing but not how to accomplish these goals. Uniquely, the SPROUT surveys will collect data on parent views of systematic interventions to improve problems experienced in these areas so that these interventions can be prioritized by advocates and stakeholders for care coordination and program planning. Further, SPROUT surveys will collect data on the impact of individual co-occurring conditions on overall functioning so that the most impactful conditions can be prioritized for treatment research and clinical practice.

Section A.5. Impact on Small Businesses or Other Small Entities

This data collection will not involve small businesses or other small entities.

Section A.6. Consequences of Collecting the Information Less Frequently

This information collection will fill gaps in our understanding of how autism affects young adults as they transition into adulthood. Understanding information about the services and supports needed will help maximize the quality of life for people with autism and other developmental disabilities. The consequence of not collecting the information would be to have insufficient information to guide policies and the implementation of services and supports that can improve the quality of life for individuals with autism and other developmental disabilities as they progress into adulthood.

Each respondent will be asked to respond once. This information has not been collected previously.

There are no legal obstacles to reduce the burden.

Section A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with regulation 5 CFR 1320.5.

Section A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A copy of the agency's 60-day Federal Register Notice is attached (**Attachment 2**). The notice, as required by 5 CFR 1320.8 (d), was published on January 27, 2026 (Vol. 91, No. 17, pages 3502-3504). CDC received two public comments in response to this notice.

Public Comment 1 (Attachment 3):
This program shouldn't be funded due to the massive multimillion dollar fraud in autism programs statewide that you haven't audited. Additionally, you don't update your documents regularly enough to support such a program. Could you please articulate WHY the tuberculosis outbreak in Chicago has not been added to CDC's Health Alert Network Health Alert Network (HAN) | HAN | CDC? The last HAN update was TWO MONTHS AGO. There should be health alerts EVERY MONTH. Please put us in touch with whatever idiot vaccinated up to their eyeballs and scrolling Reddit is managing HAN.

Next, the tuberculosis outbreak in Chicago has gotten so bad that criminals are missing court hearings: Illegal migrant accused of executing Loyola student Sheridan Gorman has rare contagious infection, fails to show for court. Loyola students are being gunned down in the streets after fighting tuberculosis infections among illegals. Sheridan's murderer, Jose Medina-Medina, should've been in custody for a string of robberies dating back to 2023. If he had been in custody, he could've been treated for the tuberculosis strain he brought from Venezuela and an 18-year-old college student would still be alive. Medina-Medina was allegedly caught on camera shooting Sheridan, with his own mother helping ID him when investigators shared the footage, the Tribune reported. He was charged with first-degree murder, attempted murder and weapons counts. His next hearing was scheduled for Friday, though it remains unclear when he will appear in court after news of his illness — but Medina-Medina will remain in custody, even while hospitalized, until then. Currently, none of the courts have any sort of disinfection procedure for tuberculosis transport, putting juries and judges at risk.

Suspect in killing of Sheridan Gorman: What we know – NBC Chicago
Rogers Park, Chicago shooting: New details about Jose Medina, suspect in death of Sheridan Gorman,

Loyola student shot and killed - ABC7 Chicago
Migrant arrested in Loyola student's murder has been AWOL from court case since 2023: records - CWB Chicago
To the CDC: please shut down Loyola campus for a massive citywide disinfection and deportation effort in Chicago.

SAY HER NAME: SHERIDAN GORMAN
SAY HER NAME: SHERIDAN GORMAN
SAY HER NAME: SHERIDAN GORMAN

Response to Public Comment 1: Thank you for your comment. Issues related to tuberculosis and Health Alert Network are beyond the scope of this Information Collection Request.

Public Comment 2 (Attachment 4):
To Whom It May Concern:

I am writing in support of the proposed information collection for the Survey to Promote Resources and Opportunities for aUtistic Teens and Young Adults (SPROUT). As a parent of two children with autism who are now young adults, I have personally experienced many of the challenges that families face as children with autism transition into adolescence and adulthood. For this reason, I believe that collecting longitudinal data on healthcare utilization, service needs, and vocational and social outcomes is extremely important and has practical public health value.

One of the biggest challenges families face is the transition from pediatric services to adult services. Many supports available during childhood become much harder to access in adulthood, and families often struggle to navigate healthcare systems, insurance coverage, employment services, and independent living support. Collecting data on these issues will help identify service gaps and may inform future programs, funding decisions, and provider education.

I also agree that it is important to collect data on co-occurring conditions such as anxiety, sleep disorders, gastrointestinal issues, and attention difficulties, as these conditions often have a significant impact on quality of life and healthcare utilization for individuals with autism and their families. Understanding these needs can help improve healthcare planning and provider training.

In terms of burden, the estimated time to complete the surveys appears reasonable, especially given the importance of the information being collected. However, I would recommend that the CDC ensure surveys are easy to complete, available electronically, and written in clear language to reduce the burden on families and young adults who complete them.

Overall, I support this proposed data collection because it addresses an important gap in understanding the long-term needs of autistic adolescents and young adults. The information collected has the potential to improve public health programs, healthcare services, and support systems for individuals with autism and their families.

Thank you for the opportunity to provide comments on this proposed information collection.

Response to Public Comment 2: Thank you for your comment and for your support of this project.

Section A.9. Explanation of Any Payment or Gift to Respondents

Respondents will receive a thank you letter (**Attachment 15**) and $30 digital gift card upon completion of the survey as a token of appreciation. Research suggests that providing tokens of appreciation to eligible participants increases response rates and prevents bias, making findings more generalizable to U.S. children, adolescents, and young adults. Literature examining the benefit of tokens of appreciation for participation was summarized by Yu J, et al. in their paper "A quantitative review of research design effects on response rates to questionnaires". It reviewed 497 response rates found in 93 journal articles and found that response rates increased with monetary and non-monetary gifts to participants.

Section A.10. Assurance of Confidentiality Provided to Respondents

The proposed data collection will have no anticipated effect on the respondent's privacy.

The research determination for this project has declared it "Not Research – Public Health Surveillance" and therefore exempt from IRB review (**Attachment 9**). However, this data collection effort does include Personally Identifiable Information (PII) and is subject to the Privacy Act and will be managed in accordance with CDC's System of Records Notice (SORN) #09-20-0136, Epidemiologic Studies and Surveillance of Disease Problems, Department of Health and Human Services/CDC/National Center for Infectious Diseases. A privacy impact assessment for this project was reviewed and approved by a CDC Senior Official for Privacy (**Attachment 10**). The following Privacy Statement will be added to all data collection forms:

"*The Centers for Disease Control and Prevention (CDC) is authorized to collect this information under Sections 301(a) [42 U.S.C. § 241(a)] and 317C of the Public Health Service Act [42 U.S.C. § 247b-4], as amended, including Public Law No. 106-310 (Children's Health Act of 2000), Public Law No. 109-416 (Combating Autism Act of 2006), and Public Law No. 118–180 (Autism CARES Act of 2024). CDC will use this information to support surveillance activities related to autism spectrum disorder (ASD), and to inform the development, implementation, and evaluation of public health programs and services aimed at improving outcomes for individuals with ASD and their families.*

The Privacy Act of 1974, 5 U.S.C. §552a, governs the collection and use of this information. The information maintained by CDC will be covered by CDC's System of Records Notice (SORN) No. 09-20-0136, Epidemiologic Studies and Surveillance of Disease Problems. See 57 Fed. Reg 62811 (Dec. 31, 1992). CDC will only disclose information from the system outside the CDC and the U.S. Department of Health and Human Services as the Privacy Act permits, including in accordance with the routine uses published for this system in the Federal Register, and as authorized by law. These uses may include, but are not limited to, sharing information with authorized contractors, collaborating researchers, or other federal, state, or local agencies, as permitted by law. Providing this information is voluntary. There are no penalties for not participating. However, failure to provide requested information may limit the completeness or usefulness of the data for public health surveillance and program planning purposes."

Data will be stored at the sites and shared with CDC through secure data-transfer systems. Electronic data will be kept on password protected systems only accessible by site and CDC project staff. The sites will conduct initial data cleaning and the CDC data manager will clean and remove Information in Identifiable Form from the survey data and create a dataset for use by project staff. The dataset will not include Information in Identifiable Form. Project staff at funded sites may be given access to project data stored at CDC through secure data-transfer systems. Before obtaining the data, project staff must sign a Confidentiality and Data Use Acknowledgement form assuring they will not use these data in any way

except for statistical reporting and analysis; they will not share the individual-level data with anyone not named on the data sharing and confidentiality form; they will not attempt to use the dataset to learn the identity of any person or establishment, and they will use reasonable measures to protect all individual-level data from eye observation, theft, or accidental loss or misplacement.

An invitation letter (**Attachments 11 and 12**) and participant information sheet (**Attachments 13 and 14**) will be provided to all caregivers and youth eligible to serve as respondents. The participant information sheet 1) informs potential respondents about the purpose and procedures of the project, 2) states that no personal identifying information will be collected, 3) states there is no benefit to completing the survey, but answers may help identify the impact of autism which can be used to inform future activities aimed at improving the health and wellbeing of individuals with autism. Further, respondents will be reminded that 1) their participation is voluntary and 2) they may choose not to answer a question at any time or may withdraw their survey from the project.

Section A.11. Justification for Sensitive Questions

Some topics covered in the data collection activities may be sensitive for some participants. However, these questions are essential to meeting the goals of the information collection.

SPROUT surveys include questions that may be sensitive topics for caregivers of children who cannot report on their own healthcare needs and have intellectual disability. These questions include planning for when they are no longer able to care for their child. Previous research suggests that less than half of parents of adults with intellectual disability conduct future planning (Burke, Arnold, & Owen, 2018), although many worry about their child's future. (Marsack-Topolewski & Graves, 2019). Some barriers to future planning include financial challenges and reluctance/lack of alternate caregivers (Burke, Arnold, & Owen, 2018). To mitigate the potential effects of these sensitive questions, caregivers will be told at the beginning of the survey that they do not need to answer any question that makes them feel uncomfortable. Additionally, at the end of the section on future planning, a statement will read "You can find information on future planning at www.longtermcare.gov."

SPROUT surveys also include questions that may be sensitive topics for youth and young adults with autism who can report on their own healthcare needs. These questions include feeling depressed, having thoughts about suicide, and being satisfied with their overall wellbeing. A recent systematic review found that people with autism have an up to eightfold increased risk of death by suicide compared to people without autism (Brown et al., 2024). Another study found that people with autism more often reported dissatisfaction with life (78%) than people without autism (38%) (Tsermentseli, 2022). To mitigate the potential effects of these sensitive questions, participants will be told at the beginning of the survey that all answers are kept private to the extent allowed by law and that they do not need to answer any question that makes them feel uncomfortable. Additionally, information for the National Suicide Prevention Lifeline will be provided after questions on suicide, and for how to talk about mental health (How to Talk About Mental Health | SAMHSA) after the questions on life satisfaction, as passive referral options.

Incorporating questions about future planning, depression/suicide, and life satisfaction into SPROUT surveys may improve knowledge of the resource needs and opportunities for people with autism and their families, which is one of the primary goals outlined in the program logic model.

Section A.12. Estimates of Annualized Burden Hours and Costs

Estimated Annualized Burden Hours

Based on a target completion rate of 65% of eligible caregivers and 50% eligible youth, it is estimated that approximately 8,000 respondents will complete the survey over the 18-month data collection period, resulting in an estimate of 5,300 respondents per calendar year for annualized burden hour and cost estimates. Caregivers will complete one survey that will take between 10-30 minutes to complete depending on the age of their child. Youth ages 9-27 will complete one self-report survey that will take 15-30 minutes to complete. The youth's age and ability to self-report on healthcare utilization, service and support needs, co-occurring conditions, and healthcare transition will determine which version of the survey caregivers and youth will be asked to complete.

The total number of annualized burden hours for this information collection request is estimated to be 1,867 hours.

A.12.A. Estimated Annualized Burden Hours

Type of Respondents	**Form Name**	**No. of Respondents**	**No. Responses per Respondent**	**Average Burden per Response (in hours)**	**Total Burden Hours**
Caregivers of children ages 9-17 and young adults who can't self-report	Caregiver survey for children ages 9-17 and young adults who can't self-report (Attachment 5)	1,400	1	30/60	700
Caregivers of young adults 18+	Caregiver survey for young adults 18+ (Attachment 6)	1,600	1	10/60	267
Children and adolescents (ages 9-17)	Self-report survey for children ages 9-17 (Attachment 7)	1,000	1	15/60	250
Young adults who can self-report (age 18+)	Self-report survey for young adults 18+ (Attachment 8)	1,300	1	30/60	650
TOTAL		**5,300**			**1,867**

Estimated Annualized Burden Costs

There are no costs to respondents other than their time to participate.

Annualized burden costs are summarized in the table below. The hourly wage estimates are based on the U.S Bureau of Labor Statistics, May 2025 National Occupational Employment and Wage Estimates (available at Occupational Employment and Wage Statistics). The hourly mean wage rate for all occupations ($33.54) was used for all respondents.

Each respondent will receive a $30 gift card as a token of appreciation for his or her time to complete the SPROUT survey.

A.12.B. Estimated Annualized Burden Costs

Type of Respondents	Form Name	Total Burden Hours	Average Hourly Wage Rate	Total Cost Burden	Wage Rate Multiplier	Fully-loaded Cost Burden
Caregivers of children ages 9-17 and young adults who can't self-report	Caregiver survey for children ages 9-17 and young adults who can't self-report (Att 5)	700	$33.54	$23,478	x 2	$46,956
Caregivers of young adults 18+	Caregiver survey for young adults 18+ (Att 6)	267	$33.54	$8,955	x 2	$17,910
Children and adolescents (ages 9-17)	Self-report survey for children ages 9-17 (Att 7)	250	$33.54	$8,385	x 2	$16,770
Young adults (age 18+)	Self-report survey for young adults 18+ (Att 8)	650	$33.54	$21,801	x 2	$43,602
TOTAL		1,867	$33.54	$62,619	x 2	**$125,238**

Section A.13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There are no costs to respondents associated with either capital and startup efforts or operation and maintenance of services for this project.

Section A.14. Annualized Cost to the Government

The average annualized cost to the Government to collect this information is $4,031,000 for this 3-year OMB approval period that is requested.

		Total ($) based on FY26 salaries for actual staff	Wage Rate Multiplier (x2)	Fully Loaded Wage ($)
Federal Government Personnel Costs	CDC Principal Investigator and Epidemiologist	$83,000	x 2	$166,000
	CDC Project Officer	$137,000		$274,000
	CDC Behavioral Scientist	$120,000		$240,000
	CDC Health Scientist	$87,000		$174,000
	CDC Health Scientist	$104,000		$208,000
	CDC Health Scientist	$68,000		$136,000
	CDC Statistician	$20,000		$40,000
	CDC Data Analyst	$15,000		$30,000
	Subtotal for Government Personnel Costs			**$1,268,000**
Contract Costs				**$363,000**
Cooperative Agreement Costs	Up to seven awards to SPROUT sites			**$2,400,000**
Total Costs				**$4,031,000**

Section A.15. Explanation for Program Changes or Adjustments

This is a new information collection; therefore, program changes or adjustments do not apply at this time.

Section A.16. Plans for Tabulation and Publication and Project Time Schedule

Data collection will commence one month after OMB approval is obtained (or within three months of issuance of Notice of Awards for the Cooperative Agreement funding SPROUT, whichever occurs latest) and is expected to continue for 3 years. Data cleaning, analytic preparation and quality checks of all SEED/SPROUT analytic data files (including harmonization of SPROUT data with data from SEED 1, 2, 3, Teen, and Follow-up) will take up to 1 year following data collection. Data analysis will begin as soon as the analytic files are finalized.

The recruitment materials will be finalized in the first month after OMB approval. Throughout the first to 36 months after OMB approval, recruitment materials, which include the invitation letter, participant information sheet and survey questionnaires, will be distributed by the surveillance sites to caregivers and youth that are eligible to participate in SPROUT . Each site will aim to invite all eligible participants in the first project year. Thank you letters and $30 digital gift cards will be sent to all respondents upon completion of the survey. Sites will clean, de-identify, and share data with CDC. Finally, data analysis and dissemination of findings is expected to occur between 36 and 48 months after OMB approval, although some preliminary results may be disseminated sooner.

A.16.—Project Time Schedule		
Activity	**Timeframe**	
Identify and Recruit Participants	Invitation letters sent to eligible participants	Immediately after start of project*
	Data collection begins	3 months after start of project
	Complete data collection	21 months after start of project
Prepare for data analysis	Finalize data cleaning and send to CDC and prepare analytic data files and harmonize all SPROUT data files	24 months after start of project
Data analysis	Begin data analysis	36 months after start of project
Data product dissemination	Public health product development and dissemination	42 months after start of project

*Project start date will be one month after OMB approval is obtained or within three months of issuance of Notice of Awards for the Cooperative Agreement funding SPROUT, whichever occurs latest.

Section A.17. Reason(s) Display of OMB Expiration Date Is Inappropriate

Not applicable – The OMB expiration date will be displayed on necessary materials and documents.

Section A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.