of violence and abuse. An estimated 10 million children in the US have experienced child abuse and neglect. Each day, about a dozen youth are victims of homicide and more than 100 times that number (~1,400) are treated annually in emergency rooms for physical assault injuries.

Youth are also involved in high levels of peer violence, which is one of the leading causes of death for people ages 10–24. A body of research has shown that the impact of violence against children goes far beyond the initial incident, and that those who have experienced emotional, physical, and sexual violence can experience severe short to long-term health and social consequences. Given the serious and lasting impact on children, it is critical to understand the magnitude and nature of violence against children in order to develop effective prevention and response strategies. Currently, data to guide state and local violence prevention and response efforts in the United States are quite limited. While some studies have provided information on the risks and impact on violence against children, they are mostly limited in scale and cannot be generalized to the scope of violence against youth across the US or for specific regions.

VACS is a methodology which CDC has conducted in 24 countries globally to measure the magnitude of physical, sexual, and emotional violence against children as well as associated risk and protective factors. VACS has contributed to research throughout the world, demonstrating the high prevalence of violence against children in a variety of countries and cultures, and have proven to be critical tools that can fill data gaps in ways that are vital to informing strategic planning and evidence-based public health efforts in many countries. However, VACS have not been implemented in the U.S., and the existing representative datasets of violence against youth in the U.S. have significant limitations that prevent the data from being actionable for prevention planning by public health departments at the local level. VACS in the U.S will help fill this gap with rigorous probability-based estimates of the problem of youth violence combined with an internationally tested approach to embed the VACS survey into the local strategic planning process of local public health partners.

The present project will implement a pilot testing for the adapted VACS survey and methodology in two contexts: (1) a representative sample of 13–24 year old youth in Baltimore and (2) a convenience sample of 13–24 year old youth in rural Garrett County, Maryland to test the VACS in-person methodology in a rural location. Data will be collected through in-person probability-based household surveys, which will be conducted using a combination of interviewer-administration and Audio Computer-Assisted Self-Interview Software on tablets. Data will be analyzed using statistical software to account for the complexity of the survey design to compute weighted counts, percentages, and confidence intervals using probability-based survey data at the local level.

The findings from this pilot study will be used primarily to better understand the feasibility and effectiveness of implementing VACS in the U.S., which will ultimately determine the magnitude of violence against children and underlying risk and protective factors in order to make recommendations to national and international agencies and non-governmental organizations on developing strategies to identify, treat and prevent violence against children. CDC is requesting three years approval from OMB for this collection with a total estimated annualized burden of 800 hours There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (hours)
Head of Household	Invitation letter	3,121	1	2/60
	Screener Questionnaire	2,808	1	3/60
	Head of Household Consent	702	1	2/60
	Head of Household Questionnaire	632	1	15/60
Youth ages 13–24 in Baltimore or Garrett County, Maryland.	Youth participant consent/assent	632	1	3/60
	Core Youth Participant Questionnaire	377	1	1

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–21–1080]

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 HIV Outpatient 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 September 14, 2020 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. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function. 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

HIV Outpatient Study (HOPS) (OMB Control No. 0920–1080, Exp. 9/30/2021)—Extension—National Center for HIV/AIDS, Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention requests OMB approval to continue collecting information for HIV Outpatient Study (HOPS). The study is based on a prospective longitudinal cohort of adults living with HIV in outpatient care at eight well-established private HIV care practices and university-based clinics in the U.S. The HOPS study sites are located in six cities: Tampa, Florida; Washington, DC; Stony Brook, New York; Chicago, Illinois; Denver, Colorado; and Philadelphia, Pennsylvania. The study currently collects information on a maximum of 2,700 outpatients per year. A portion of HOPS participants are lost to follow-up each year (most due to transferring out of the HOPS clinics), and our target goal is to enroll up to 450 new participants (50–60 per site) annually. Patients are approached during one of their routine clinic visits and invited to participate in the HOPS.

There are two sources of information for the HOPS. First, clinical data are abstracted on ongoing basis from the medical records of study participants. Medical records provide data in five general categories: demographics and risk behaviors for HIV infection; symptoms; diagnosed conditions (definitive and presumptive); medications prescribed (including dose, duration, and reasons for stopping); and all laboratory values, including CD4+ T lymphocyte (CD4+) cell counts, plasma HIV–RNA determinations, and genotype, phenotype, and trophile results. Clinic charts also provide data about visit frequency, AIDS, and death. Medical records abstraction is conducted by trained study staff and does not impose ongoing burden on HOPS participants, however, CDC does account for burden associated with the initial study consent and orientation process. The estimated burden per response is 15 minutes.

The second source of HOPS information is the annual behavioral assessment, an optional activity scheduled in conjunction with the participant's annual clinic visit. For convenience, the behavioral assessment can be completed in either of two modes: A brief Telephone Audio-Computer Assisted Self-Interview (T–ACASI) survey or an identical Web-based Audio-Computer Assisted Self-Interview (ACASI). Data collection includes: Age, sex at birth, use of alcohol and drugs, cigarette smoking, adherence to antiretroviral medications, types of sexual intercourse, condom use, and disclosure of HIV status to partners. The estimated burden per response is seven minutes.

The core areas of HOPS research extending through the present HIV treatment era include (i) investigating and characterizing (new) problems associated with long-term HIV infection and its treatments using the longitudinal cohort data, (ii) monitoring death rates and causes of death, (iii) characterizing the optimal patient management strategies to reduce HIV related morbidity and mortality (*e.g.,* effectiveness of antiretroviral therapies and other clinical interventions), (iv) assessing sexual and drug use behaviors and other patient reported outcomes that supplement data from chart abstraction, and (v) investigating disparities in the HIV care continuum by various demographic factors. In recent years, the HOPS has been instrumental in bringing attention to emerging issues in chronic HIV infection with actionable opportunities for prevention, including cardiovascular disease, fragility fractures, renal and

hepatic disease, and cancers. The HOPS remains an important source for multiyear trend data concerning conditions and behaviors for which data are not readily available elsewhere, including: rates of opportunistic illnesses, rates of comorbid conditions (*e.g.,* hypertension, obesity, diabetes) and antiretroviral drug resistance.

OMB approval is requested for three years. The estimated number of participants in the annual behavioral assessment will increase from 2,500 respondents to 2,700 respondents, resulting in an increase of 23 burden hours. There are no changes to the information collection forms or methods. Participation is voluntary and there are no costs to respondents other than their time. The total estimated annualized burden is 428 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
HOPS study Patients	Behavioral survey	2,700	1	7/60
HOPS Study Patients	Consent form	450	1	15/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2021–00003 Filed 1–6–21; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Child Care and Development Fund (CCDF) ACF–696T Financial Report (OMB #0970–0195)

AGENCY: Office of Child Care, Administration for Children and Families, HHS.

ACTION: Request for public comment.

SUMMARY: The Administration for Children and Families (ACF) is requesting a 3-year extension of the form ACF–696T: Child Care and Development Fund Annual Financial Report. This form is currently approved under the ACF Generic Clearance for Financial Reports (OMB #0970–0510; expiration May 31, 2021), and ACF is proposing to reinstate the previous OMB number under which this form had been approved. There are no changes requested to the form.

DATES: *Comments due within 60 days of publication.* In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: Copies of the proposed collection of information can be obtained and comments may be forwarded by emailing *infocollection@acf.hhs.gov.* Alternatively, copies can also be obtained by writing to the Administration for Children and Families, Office of Planning, Research, and Evaluation (OPRE), 330 C Street SW, Washington, DC 20201, Attn: ACF Reports Clearance Officer. All requests, emailed or written, should be identified by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The ACF–696T Financial Report along with the instruction for completion of Form ACF–696T Financial Reporting Form for the Child Care and Development Fund (CCDF) are being submitted for renewal with no changes. The form collects CCDF financial expenditures data for the 221 Tribal Lead Agencies that receive CCDF funding. This report form is submitted annually by the referenced CCDF grant recipients. The form collects expenditures data for all respondents that receive CCDF funding.

Respondents: The 221 Tribal Lead Agencies that receive CCDF funding.

ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
Child Care and Development Fund ACF–696T Financial Report	221	1	5	1,105

Estimated Total Annual Burden Hours: 1,105.

Comments: 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.

Authority: Section 658G(d), Pub. L. 113–186, 128 Stat. 1971.

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2021–00017 Filed 1–6–21; 8:45 am]

BILLING CODE 4184–43–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Mental Health Care Services for Unaccompanied Alien Children (New Collection)

AGENCY: Office of Refugee Resettlement, Administration for Children and Families, Department of Health and Human Services.

ACTION: Request for public comment.

SUMMARY: The Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is inviting public comments on the proposed collection. The request consists of several forms that allow the Unaccompanied Alien Children (UAC) Program to provide mental health care services to UAC.

DATES: *Comments due within 60 days of publication.* In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: Copies of the proposed collection of information can be obtained and comments may be forwarded by emailing *infocollection@acf.hhs.gov.* Alternatively, copies can also be obtained by writing to the Administration for Children and Families, Office of Planning, Research, and Evaluation (OPRE), 330 C Street SW, Washington, DC 20201, Attn: ACF Reports Clearance Officer. All requests, emailed or written, should be identified by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description

1. Initial Mental Health Evaluation (Form MH–1): This instrument is used by clinicians to document the UAC's mental state upon arrival to the care provider facility. It includes an assessment of the UAC's current mental state, psychiatric history, and substance use history.

2. Columbia Suicide Severity Rating Scale (SSRS) Risk Assessment (Form MH–2): This instrument is used by clinicians to assess suicide risk for UAC who verbalize or demonstrate suicidal thoughts or behavior. It is a shorter version of the standard Columbia SSRS used to triage mental health care for UAC, a tool designed to support suicide