

again at a six-month follow-up, after enrolling in the study. The intervention group will participate in ChiCAS after completing the baseline assessment and the delayed intervention group will participate in ChiCAS after completing the six-month follow up assessment.

CDC will also examine intervention experiences through in-depth interviews with 30 intervention group participants. The interviews will capture participants' general experiences with the ChiCAS intervention, as well as

their experiences and perceptions specific to the main study outcomes: PrEP knowledge, awareness, interest and use; condom skills and use; and hormone therapy knowledge, awareness, interest and use.

It is expected that 50% of transgender women screened will meet study eligibility. We expect the initial screening and contact information gathering to take approximately four minutes to complete. The baseline assessment will take 60 minutes to

complete and will be administered to 140 participants. The follow up assessment will take 45 minutes to complete and will be administered to 140 participants one time. The interview will take 90 minutes to complete and will be administered to 30 participants from the intervention group one time.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 155.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
General Public—Adults	Eligibility Screener	140	1	3/60
General Public—Adults	Contact Information	70	1	1/60
General Public—Adults	Baseline Assessment	70	1	60/60
General Public—Adults	Follow-up Assessment	70	1	45/60
General Public—Adults	Interview	15	1	90/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-21-0604; Docket No. CDC-2021-0057]

Proposed Data Collection Submitted for Public Comment and Recommendations

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

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies the opportunity to comment on a proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled "School-Associated Violent Deaths Surveillance System (SAVD)."

DATES: CDC must receive written comments on or before August 23, 2021.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2021-0057 by any of the following methods:

- *Federal eRulemaking Portal:* [Regulations.gov](https://www.regulations.gov). Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS-D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to [Regulations.gov](https://www.regulations.gov).

Please note: Submit all comments through the Federal eRulemaking portal ([regulations.gov](https://www.regulations.gov)) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS-D74, Atlanta, Georgia 30329; phone: 404-639-7570; Email: omb@cdc.gov.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new

proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. 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;
2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
3. Enhance the quality, utility, and clarity of the information to be collected;
4. 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 submissions of responses; and
5. Assess information collection costs.

Proposed Project

School Associated Violent Death Surveillance System (OMB No. 0920-0604, expiration 07/31/2022)—Revision—National Center for Injury Prevention and Control (NCIPC),

Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Division of Violence Prevention (DVP), National Center for Injury Prevention and Control (NCIPC), proposes to maintain a system for the surveillance of school-associated homicides and suicides. The system relies on existing public records and interviews with law enforcement officials and school officials. The purpose of the system is to (1) estimate the rate of school-associated violent death in the United States, and (2) identify common features of school-associated violent deaths. The system will contribute to the understanding of fatal violence associated with schools, guide further research in the area, and help direct ongoing and future prevention programs.

Violence is the leading cause of death among young people, and increasingly recognized as an important public health and social issue. In 2016, over 3,600 school-aged children (five to 18 years old) in the United States died violent deaths due to suicide, homicide, and unintentional firearm injuries. The vast majority of these fatal injuries were not school associated. However, whenever a homicide or suicide occurs in or around school, it becomes a matter of particularly intense public interest and concern. NCIPC conducted the first scientific study of school-associated violent deaths (SAVD) during the 1992–99 academic years to establish the true extent of this highly visible problem. Despite the important role of schools as a setting for violence research and prevention interventions, relatively little scientific or systematic work has been done to describe the nature and level of fatal violence associated with

schools. Until NCIPC conducted the first nationwide investigation of violent deaths associated with schools, public health and education officials had to rely on limited local studies and estimated numbers to describe the extent of school-associated violent death.

SAVD is an ongoing surveillance system that draws cases from the entire United States in an attempt to capture all cases of school-associated violent deaths that have occurred. Investigators review public records and published press reports concerning each school-associated violent death. For each identified case, investigators also contact the corresponding law enforcement agency and speak with an official in order to confirm or reject the case as an SAVD, and to request a copy of the official law enforcement report for confirmed SAVD cases.

In past years, investigators would interview an investigating law enforcement official (defined as a police officer, police chief, or district attorney), and a school official (defined as a school principal, school superintendent, school counselor, school teacher, or school support staff) who were knowledgeable about the case in question; however, moving forward, the interviews with these respondents will be eliminated, and instead CDC study personnel will abstract data from law enforcement reports to enter using a Data Abstraction Tool. Data to be abstracted from the law enforcement report include the following: Information on both the victim and alleged offender(s)—including demographic data, their criminal records, and their relationship to one another; the time and location of the incident precipitating the fatality; the circumstances, motive, and method of the fatal injury; and the security and

violence prevention activities in the school and community where the death occurred, before and after the fatal injury event. The revised data collection process eliminates the use of telephone interviews and will greatly reduce respondents’ burden.

This is a revision request for the currently approved “School-Associated Violent Deaths Surveillance System” (SAVD; OMB No. 0920–0604, expiration 07/31/2022). CDC seeks to (1) collect the majority of the data on school-associated violent deaths through the National Violent Death Reporting System (NVDRS), (2) eliminate the use of abstraction of law enforcement reports through the SAVD, and (3) transition to abstraction of published press reports by SAVD study staff. The overall burden for the collection of school-associated violent deaths will be increased by six hours. Data collection will transition entirely to the NVDRS once cases from 2020 are fully abstracted and there is the capability for nationwide coverage of the collection of school-associated violent deaths through NVDRS. All data are secured using technical, physical, and administrative controls. Hard copies of data are kept under lock and key in secured offices, located in a secured facility that can be accessed only by presenting the appropriate credentials. Digital data are password protected and then stored (and backed up routinely) onto a secure Local Area Network that can only be accessed by individuals who have been appropriately authorized. Study data are reported in the aggregate, such that no individual case can be identified from the reports.

CDC requests approval for an estimated 23 annual burden hours. There are no costs to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Response burden (hours)	Total burden hours
Public Agencies	Retrieving and refiling records	45	1	30/60	23
Total	23

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