randomly selected households via a mailed pre-notification letter, which were subsequently screened for an in-home or telephone interview, resulted in an extremely low response rate. To increase the response rate, the SCOA survey recruitment effort was redesigned as a door-to-door walk-recruitment methodology. Field teams distribute door hangers on randomly selected households to provide prenotification that researchers will be knocking on doors asking for participation in a survey. A pilot survey conducted in the Washington metro area showed significant improvement in the response rate. Accordingly, to obtain the best information available, the SCOA survey data collection will continue to use this door-to-door recruitment methodology, recognizing that home visits by trained data collectors with inspection and testing provide much better-quality data compared to telephone or internet surveys. Accordingly, the Commission announces that it has submitted a request to OMB for approval of renewal of this collection of information.

Alberta E. Mills,

Secretary, Consumer Product Safety Commission.

[FR Doc. 2021–23249 Filed 10–25–21; 8:45 am]

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CONSUMER PRODUCT SAFETY COMMISSION

[Docket No. CPSC–2009–0102]

Agency Information Collection Activities; Submission for OMB Review; Comment Request; Follow-Up Activities for Product-Related Injuries Including NEISS

AGENCY: Consumer Product Safety Commission.

ACTION: Notice.

SUMMARY: As required by the Paperwork Reduction Act of 1995, the Consumer Product Safety Commission (CPSC or Commission) announces that the Commission has submitted to the Office of Management and Budget (OMB) a request for extension of approval for an information collection to obtain data on consumer product-related injuries, and follow-up activities for product-related injuries. OMB previously approved the collection of information under OMB Control No. 3041–0029. On July 20, 2021, CPSC published a notice in the **Federal Register** to announce the agency's intention to seek extension of approval of the collection of information. The Commission received no comments. Therefore, by publication of this notice, the Commission announces that CPSC has submitted to the OMB a request for extension of approval of this collection of information.

DATES: Submit written or electronic comments on the collection of information by November 26, 2021.

ADDRESSES: Written 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. In addition, written comments that are sent to OMB also should be submitted electronically at: *http://www.regulations.gov,* under Docket No. CPSC–2009–0102.

FOR FURTHER INFORMATION CONTACT: For further information, or a copy of the supporting statement, contact: Bretford Griffin, Consumer Product Safety Commission, 4330 East West Highway, Bethesda, MD 20814; (301) 504–7037, or by email to: *bgriffin@cpsc.gov.*

SUPPLEMENTARY INFORMATION: On July 20, 2021, CPSC published a notice in the **Federal Register** to announce the agency's intention to seek approval for extension of the collection of information. 86 FR 38316. The Commission received no comments. Accordingly, the Commission announces that it has submitted a request for approval for renewal of this collection of information to the OMB.

A. Background

Section 5(a) of the Consumer Product Safety Act, 15 U.S.C. 2054(a), requires the CPSC to collect information related to the causes and prevention of death, injury, and illness associated with consumer products. That section also requires the CPSC to conduct continuing studies and investigations of deaths, injuries, diseases, other health impairments, and economic losses resulting from accidents involving consumer products.

The CPSC obtains information about product-related deaths, injuries, and illnesses from a variety of sources, including newspapers, death certificates, consumer complaints, and medical facilities. In addition, the CPSC receives information through its internet website through forms reporting on product-related injuries or incidents. The CPSC also operates the National Electronic Injury Surveillance System (NEISS), which provides statistical data on consumer product-related injuries treated in hospital emergency departments in the United States. The CPSC also uses the NEISS system to collect information on childhood poisonings, in accordance with the Poison Prevention Packaging Act of 1970.

From these sources, CPSC staff selects cases of interest for further investigation, by contacting persons who witnessed or were injured in incidents involving consumer products. These investigations are conducted on-site (face-to-face), by telephone, or by the internet. On-site investigations are usually made in cases where CPSC staff needs photographs of the incident site, the product involved, or detailed information about the incident. This information can come from face-to-face interviews with persons who were injured or who witnessed the incident, as well as via contact with state and local officials, including police, coroners, and fire investigators, and others with knowledge of the incident.

Through interagency agreements, the CPSC also uses the NEISS system to collect information on injuries for the Centers for Disease Control and Prevention (CDC) under the NEISS All Injury Program (NEISS–AIP). The NEISS–AIP is a sub-sample of approximately two-thirds of the full NEISS sample. In addition to the standard data variables collected on all NEISS injuries, the NEISS–AIP collects variables on several studies for CDC (Firearm-Related Injuries, Adverse Drug Events, Assaults, Self-Inflicted Violence, and Work-Related Injuries) and one study on non-crash, motor vehicle-related injuries for the National Highway and Transportation Safety Administration (NHTSA).

The current NEISS probability sample was drawn and recruited in 1995–1996, and implemented in 1997. The current NEISS sample consists of 96 hospital emergency departments grouped into four strata, based on size, as measured by the annual number of emergency department (ED) visits, and a fifth stratum for children's hospitals. When a hospital stops participating in the NEISS, staff recruits a hospital of similar size and geographic location as a replacement. If a participating hospital closes, it is not replaced, because its closure is presumed to represent other hospitals that have closed nationally. As of January 1, 2021, there are currently 81 hospitals participating in the NEISS.

In September 2019, CPSC contracted with Westat, Inc., under CPSC contract 61320619F0134, to give the agency an independent statistical assessment of

the NEISS and the NEISS–AIP samples.[1] The primary focus of this contract was to analyze the advantages and disadvantages of keeping, expanding, or resampling the current samples of NEISS and NEISS–AIP hospitals. Westat recommended that CPSC redesign the NEISS sample, and, consistent with that recommendation, CPSC is revising its sampling methodology.

In the redesigned NEISS sample, CPSC staff uses a resampling method that maximizes the probability of retaining as many of the current NEISS hospitals as possible, while maintaining the statistical integrity of the NEISS. Among eligible hospital emergency departments, some have migrated from one stratum to another; others have come into existence since the last resampling of the NEISS or ceased to exist. The method used in resampling the NEISS is an extension of the Keyfitz procedures for stratified simple random samples.[2] Staff identified several advantages of retaining as many of the current NEISS hospitals as possible, including: (1) The contracting, data-collection, and quality-control mechanisms already exist in the hospitals in the current sample; (2) it is a cost-effective procedure; and (3) there is less disruption in trend analysis. The new NEISS sample will contain a mixture of current NEISS hospitals, along with new hospitals recruited to join the NEISS, as follows:

NEW NEISS SAMPLE

Stratum	NEISS redesign	2021 NEISS: reporting (retained)	2021 NEISS: reporting (dropped)	2021 NEISS: replacements (retained)	2021 NEISS: replacements (dropped)	New
Small	43	30	0	8	3	5
Medium	26	14	1	1	0	11
Large	12	11	8	0	1	1
Very Large	11	9	0	2	0	0
Children's	8	7	1	0	0	1
Total	100	71	10	11	4	18

CPSC recognizes that one of the advantages of a long-running NEISS sample is the ability to track trends across time and updating the NEISS sample will impact that analysis. An overlap, or bridge period, during which data are collected from the old and the new samples, can adjust for any time series that crosses over two NEISS samples. CPSC plans to conduct a 12-month overlap as part of the implementation of the new NEISS sample. Having a full 12-month overlap period accounts better for seasonality of some consumer product-related injuries. By comparing estimates calculated from both samples, it is possible to adjust (backcast) old estimates to be consistent with the new sample. The overlap period will consist of all of calendar year 2023, but it is dependent upon the successful recruitment of the 11 replacement and 18 new hospitals. If NEISS hospital recruitment is successful, the overlap period will run all of calendar year 2023. The national estimates for 2023 will be calculated using the new NEISS sample with historical estimates from 2022, and prior years ''backcast'' to adjust for the sample update. If NEISS hospital recruitment is delayed, and the 12-month overlap period spans July 2023 through June 2024, then 2023 national estimates will be calculated using the old NEISS sample, and 2024 national estimates would use the new NEISS sample.

B. NEISS Estimated Burden

The NEISS system collects information on consumer product-related incidents and other injuries from a statistical sample of hospitals in the United States. The number of hospitals participating in CY 2021 through CY 2024 will fluctuate from the current 81 reporting, to as high as 110.

Respondents to NEISS include hospitals that directly report information to NEISS, and hospitals that allow access to a CPSC contractor who collects the data. Collecting emergency department records for review, correcting error messages, and other tasks takes from 2.5 to 6 hours weekly. Each record requires about 30 seconds to review. Coding and reporting records that involve consumer products or other injuries takes about 2 minutes per record. Coding and reporting on additional special study information (Adverse Drug Effects) takes about 2 minutes and 90 seconds per record for other special studies. Respondents also spend about 8 to 36 hours per year in related activities (training, evaluations, and communicating with other hospital staff).

During CY 2023, assuming there will be a total of 110 hospitals participating in the NEISS, with an estimated 160 NEISS respondents (total hospitals and CPSC contractors), these NEISS respondents will review an estimated 6 million emergency department records and report 1.2 million total cases (470,000 consumer product-related injuries for CPSC, and 730,000 other injuries for the NEISS–AIP). The table below lists the estimated number of reported cases, and the estimated number of reported cases with additional special study information.

Total NEISS cases reported	1.2 million
Consumer Product-Related Injuries	470,000
CDC NEISS–AIP	730,000
Special Studies Reported (subset of above)	
Child Poisoning (CPSC)	5,000
Adverse Drug Events (CDC)	94,000
Assaults (CDC)	84,000
Firearm-Related Injuries (CDC)	12,000
Self-Inflicted Violence (CDC)	22,000
Work-Related Injuries (CDC)	54,000
Motor Vehicle Non-Crash Injuries (NHTSA).	17,000

The total burden hours for all NEISS respondents are estimated to be 130,000 for CY 2023. The average burden hours per respondent is 800 hours. However, the total burden hours on each respondent varies, due to differences in the sizes of the hospitals (*e.g.,* small rural hospitals versus large metropolitan hospitals). The smallest hospital will report an estimated 250 cases, with a burden of about 150 hours; while the

[1] David Marker, Jim Green, Frost Hubbord, Richard Valliant, ''Statistical Assessment of the NEISS and NEISS–AIP Samples: Final Technical Report,'' Westat Inc., September 24, 2020.

[2] J. Michael Brick, David R. Morganstein, Charles, L. Wolter, ''Additional Uses for Keyfitz Selection,'' Westat Inc., 1987. (*http://www.asasrms.org/Proceedings/papers/1987_140.pdf*).

largest hospital will report an estimated 60,000 cases, with a burden of about 4,500 hours.

The total costs to NEISS respondents for CY 2023 are estimated at $6.5 million. NEISS respondents enter into contracts with CPSC and are compensated for these costs. The average cost per respondent is estimated to be $41,000. The average cost per burden hour is estimated to be $50 per hour (including wages and overhead). However, the actual cost to each respondent varies, due to the type of respondent (hospital versus CPSC contractor), size of hospital, and regional differences in wages and overhead. Therefore, the actual annual cost for any given respondent may vary from $3,000 for a small rural hospital, up to $450,000 for the largest metropolitan hospital.

C. Other Burden Hours

In cases that require more information regarding product-related incidents or injuries, CPSC staff conducts face-to-face interviews with approximately 375 persons each year. On average, an on-site interview takes about 4.5 hours. CPSC staff also conducts about 2,000 in-depth investigations (IDIs) by telephone annually using a Computer Assisted Telephone Interview (CATI) or self-administered Computer Assisted internet Interview (CAII) questionnaires. Each CATI or CAII IDI requires about 20 minutes. CPSC staff estimates 2,355 annual burden hours on these respondents: 1,688 hours for face-to-face interviews; 667 hours for in-depth telephone or internet interviews. CPSC's staff estimates the value of the time required for reporting is $38.60 an hour (U.S. Bureau of Labor Statistics, ''Employer Costs for Employee Compensation,'' March 2021). At this valuation, the estimated annual cost to the public is about $90,903. The cost to the government for the collection of this NEISS information is estimated to be about $8.9 million a year. However, this estimate includes $6.5 million in compensation to NEISS respondents, as described above.

This information collection request excludes the burden associated with other publicly available Consumer Product Safety Information Databases, such as internet complaints, Hotline, and Medical Examiners and Coroners Alert Project (MECAP) reports, which are approved under OMB control number 3041–0146. This information collection request also excludes the burden associated with follow-up investigations conducted by other federal agencies.

Alberta E. Mills,

Secretary, Consumer Product Safety Commission.

[FR Doc. 2021–23302 Filed 10–25–21; 8:45 am]

BILLING CODE 6355–01–P

DELAWARE RIVER BASIN COMMISSION

Notice of Public Hearing and Business Meeting; November 10 and December 8, 2021

Notice is hereby given that the Delaware River Basin Commission will hold a public hearing on Wednesday, November 10, 2021. A business meeting will be held the following month on Wednesday, December 8, 2021. Both the hearing and the business meeting are open to the public. Both meetings will be conducted remotely. Details about the remote platform and how to attend will be posted on the Commission's website, *www.drbc.gov,* on or after October 29, 2021 for the public hearing and no later than November 26, 2021 for the business meeting.

Public Hearing. The Commission will conduct the public hearing remotely on November 10, 2021, commencing at 1:30 p.m. Hearing items will include draft dockets for withdrawals, discharges, and other projects that could have a substantial effect on the basin's water resources. The list of draft dockets scheduled for hearing, including project descriptions, will be posted on the Commission's website, *www.drbc.gov,* in a long form of this notice at least ten days before the hearing date.

Written comments on matters scheduled for hearing on November 10, 2021 will be accepted through 5:00 p.m. on November 16, 2021.

The public is advised to check the Commission's website periodically prior to the hearing date, as items scheduled for hearing may be postponed if additional time is needed to complete the Commission's review, and items may be added up to ten days prior to the hearing date. In reviewing docket descriptions, the public is also asked to be aware that the details of projects may change during the Commission's review, which is ongoing.

Public Meeting. The public business meeting on December 8, 2021 will begin at 10:30 a.m. and will include: Adoption of the Minutes of the Commission's September 09, 2021 business meeting; announcement of upcoming meetings and events; a report on hydrologic conditions; reports by the Executive Director and the Commission's General Counsel; and consideration of any items for which a hearing has been completed or is not required.

After all scheduled business has been completed and as time allows, the business meeting will be followed by up to one hour of Open Public Comment, an opportunity to address the Commission outside the context of a duly noticed, on-the-record public hearing, on any topic concerning management of the Basin's water resources.

There will be no opportunity for additional public comment for the record at the December 8 business meeting on items for which a hearing was completed on November 10 or a previous date. Commission consideration on December 8 of items for which the public hearing is closed may result in approval of the item (by docket or resolution) as proposed, approval with changes, denial, or deferral. When the Commissioners defer an action, they may announce an additional period for written comment on the item, with or without an additional hearing date, or they may take additional time to consider the input they have already received without requesting further public input. Any deferred items will be considered for action at a public meeting of the Commission on a future date.

Advance Sign-Up for Oral Comment. Individuals who wish to comment on the record during the public hearing on November 10 or to address the Commissioners informally during the Open Public Comment portion of the meeting on December 8 are asked to sign up in advance through EventBrite. Links to EventBrite for the public hearing and the business meeting will be available at *www.drbc.gov* at least 10 days before the public hearing. For assistance, please contact Ms. Patricia Hausler of the Commission staff, at *patricia.hausler@drbc.gov.*

Submitting Written Comment. Written comment on items scheduled for hearing may be made through the Commission's web-based comment system, a link to which is provided at *www.drbc.gov.* Use of the web-based system ensures that all submissions are captured in a single location and their receipt is acknowledged. Exceptions to the use of this system are available based on need, by writing to the attention of the Commission Secretary, DRBC, P.O. Box 7360, 25 Cosey Road, West Trenton, NJ 08628–0360. For assistance in using the web-based comment system, please contact Patricia Hausler of the Commission staff, at *patricia.hausler@drbc.gov.*