

90% response rate, the readiness and implementation assessment will be completed by about 684 staff. This survey requires 60 minutes to complete.

Site visits

Six site visits will be conducted during this period. Assuming an average

of 3 staff being a part of each site visit, about 18 staff would take part in the site visits that will take 4 hours to complete.

Exhibit 1 shows estimated annualized burden hours, and Exhibit 2 shows the estimated annualized cost burden associated with the respondents' time to

participate in this project. The total cost burden is estimated to be \$96,530 annually.

Estimated Annual Respondent Burden

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Safety culture survey	1,000	1	.25	250
Patient experience survey	980	1	0.37	363
Readiness and Implementation assessment	684	1	1	684
Site visits	18	1	4	72
Total	2,681	N/A	N/A	1,368

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Safety culture survey	500	125	^a \$121.17	\$15,146
Safety culture survey	500	125	^b 37.24	4,655
Patient experience survey	980	363	^d 27.54	9,997
Readiness and Implementation assessment	342	342	^a 121.17	41,440
Readiness and Implementation assessment	342	342	^c 55.37	18,937
Site visits	9	36	^a 121.17	4,362
Site Visits	9	36	^c 55.37	1,993
Total	2,682	1,368	N/A	96,530

National Compensation Survey: Occupational wages in the United States May 2019 "U.S. Department of Labor, Bureau of Labor Statistics:" http://www.bls.gov/oes/current/oes_stru.htm.

^aBased on the mean wages for 29-1240 Physicians and Surgeons.

^bBased on the mean wages for 29-1141 Registered Nurse.

^cBased on the mean wages for 11-9111 Medical and Health Services Managers.

^dBased on the mean wages for 00-0000 All Occupations.

Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501-3520, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent

request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: July 23, 2020.

Virginia L. Mackay-Smith,
Associate Director.

[FR Doc. 2020-16341 Filed 7-27-20; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[CDC-2018-0055, Docket Number NIOSH-156-D]

IDLH Value Profile for Bromine Trifluoride, Chlorine Trifluoride, and Ethylene Dibromide

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC),

Department of Health and Human Services (HHS).

ACTION: Notice of availability.

SUMMARY: NIOSH announces the availability of *IDLH Value Profiles for Bromine Trifluoride, Chlorine Trifluoride, and Ethylene Dibromide*.

DATES: The final documents were published on July 21, 2020 on the CDC website.

ADDRESSES: The documents may be obtained at the following links: Bromine Trifluoride: <https://www.cdc.gov/niosh/docs/2020-123/default.html>; Chlorine Trifluoride: <https://www.cdc.gov/niosh/docs/2020-124/default.html>; Ethylene Dibromide: <https://www.cdc.gov/niosh/docs/2020-125/default.html>.

FOR FURTHER INFORMATION CONTACT: R. Todd Niemeier (mail to: RNiemeier1@cdc.gov), National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 1090 Tusculum Ave, MS C-15,

Cincinnati, OH 45226. Phone (513) 533-8166 (not a toll-free number).

SUPPLEMENTARY INFORMATION: On June 8, 2018, NIOSH published a request for public review in the **Federal Register** [Federal Register Number 2018-12364] [83 FR 26685] on the draft versions of the documents *IDLH Value Profile for Bromine Trifluoride*, *IDLH Value Profile for Chlorine Trifluoride*, *IDLH Value Profile for Ethylene Dibromide*.

All comments received were carefully reviewed and addressed, where appropriate. In response to comments received, revisions were made to clarify the data used by NIOSH in its support of the development of the IDLH values for these chemicals. NIOSH Responses to Peer Review and Public Comments can be found in the Supporting Documents section on www.regulations.gov for this docket.

John J. Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 2020-16254 Filed 7-27-20; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-20-20QO; Docket No. CDC-2020-0084]

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 "Pilot Implementation of the Violence Against Children and Youth Survey (VACS) in the United States." This study is designed to conduct a pilot implementation of the Violence Against Children and Youth Survey (VACS) in the United States, which CDC has conducted in 24 countries globally.

DATES: CDC must receive written comments on or before September 28, 2020.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2020-0084 by any of the following methods:

- **Federal eRulemaking Portal:** *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*.

Please note: Submit all comments through the Federal eRulemaking portal (*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; and

4. Minimize the burden of the collection of information on those who are to respond, including using appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

5. Assess information collection costs.

Proposed Project

Pilot Implementation of the Violence Against Children and Youth Survey (VACS) in the United States—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Violence against children is a global human rights violation that spans every country worldwide and affects a billion children each year. In the U.S., many youths are the victims of multiple forms of violence and abuse. An estimated 10 million children in the U.S. 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 U.S. 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 U.S. 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 have contributed to research throughout the world, demonstrating the high prevalence of violence against children