conducts laboratory and field research on communication systems, tracking systems and monitoring systems as needed to ensure their viability and safety during routine mining operations as well as post-disaster conditions.

Fires and Explosions Branch (CCRG). (1) Conducts experiments and studies at the Bruceton Experimental Mine, the Bruceton Safety Research Coal Mine, and similar facilities as well as field experiments at operating mines to prevent catastrophic events such as mine explosions, mine fires, and gas and water inundations to better understand cause and effect relationships which initiate such events; (2) develops new or improved strategies and technologies for mine fire prevention, detection, control, and suppression; (3) investigates and develops an understanding of the critical parameters and their interrelationships governing the mitigation and propagation of explosions, and develops and facilitates the implementation of interventions to prevent mine explosions; (4) develops new controls and strategies for eliminating explosions or fires or minimizing the impact of explosions on the safety of mine workers by improving suppression systems, improving detection of sentinel events; (5) works with the mining industry and other government agencies to ensure research gaps and technology needs are met for preventing any and all types of events that could lead to mine explosions, sustained fires or inundations; and (6) identifies and evaluates emerging health and safety issues as mining operations move into more challenging and dangerous geologic conditions.

Workplace Health Branch (CCRH). (1) Plans and conducts laboratory and field research on all aspects of workplace health including noise-induced hearing loss in miners, cumulative and repetitive injuries and the identification of potential related health and safety hazards; (2) specific to excessive noise levels, conducts field dosimetric and audiometric surveys to assess the extent and severity of the problem; (3) specific to cumulative and repetitive injuries, conducts laboratory and field studies to identify the risk factors most responsible for causing injuries to mine workers at surface and underground operations and develops interventions, conducts evaluations and recommends intervention strategies for cumulative and repetitive injuries; (4) conducts field and laboratory research to identify noise generation sources and develops, tests, and demonstrates new control technologies for noise reduction; (5) evaluates the technical and economic feasibility of noise reduction controls; (6) designs and conducts surveillance based research studies to identify and classify risk factors that cause, or may cause, repetitive and cumulative injuries to miners; (7) conducts research studies to further the understanding of operating equipment on the role of mine worker musculoskeletal disorders in the underground and surface environment; and (8) develops strategies, technologies and approaches for improving the operational aspects of mining systems for mine worker comfort and health.

Spokane Mining Research Division (CCS). (1) Provides leadership for prevention of work-related illness, injury, and death in the mining industry with an emphasis on the special needs in the western United States; (2) develops numerical models and conducts laboratory and field investigations to better understand the causes of catastrophic failures in underground metal/nonmetal mines that may lead to multiple injuries and fatalities; (3) develops new design practices and tools, control technologies, and work practices to reduce the risk of these global and local ground failures in underground metal/nonmetal mines; (4) conducts numerical studies and field investigations to understand the problems of ventilating deep and multilevel underground mines, and develops improved design approaches and engineering controls to reduce the concentration of toxic substances in the mine air; (5) conducts laboratory and field studies to help leverage and support the Institute's mining research program; (6) develops and recommends appropriate criteria for new standards, NIOSH policy, documents, or testimony related to health and safety in the mining industry.

Delete in its entirety the title and function statements for the *Office of Mine Safety and Health Research (CCM).*

James Seligman,

Acting Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2015–24007 Filed 9–21–15; 8:45 am]

BILLING CODE 4160–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-15–0941; Docket No. CDC–2015–0084]

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 efforts to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection entitled *Evaluation of Dating Matters: Strategies to Promote Healthy Teen Relationships.* CDC will use the information to continue the ongoing longitudinal follow-up for CDC's teen dating violence (TDV) prevention initiative, Dating Matters®: Strategies to Promote Healthy Teen Relationships.

DATES: Written comments must be received on or before November 23, 2015.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2015–0084 by any of the following methods:

Federal eRulemaking Portal: *Regulation.gov.* Follow the instructions for submitting comments.

Mail: Leroy A. Richardson, 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. All relevant comments received will be posted without change to *Regulations.gov*, including any personal information provided. For access to the docket to read background documents or comments received, go to *Regulations.gov.*

Please note: *All public comment should be submitted 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 the 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 OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

Comments are invited 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) ways to enhance the quality, utility, and clarity of the information to be collected; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information.

Proposed Project

Evaluation of Dating Matters®: Strategies to Promote Healthy Teen Relationships (OMB Control Number 0920–0941, expiration date 5/30/2016)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) is seeking a revision request that will enable continued longitudinal follow-up for CDC's teen dating violence (TDV) prevention initiative, Dating Matters®: Strategies to Promote Healthy Teen Relationships. The initial evaluation of this initiative, a cluster randomized controlled trial (RCT), is covered under the current OMB-approved Information Collection Request entitled, *''Evaluation of Dating Matters®: Strategies to Promote Healthy Teen Relationships,''* (OMB Control Number 0920–0941, Expiration 5/30/2016). Approval of this revision request will allow us to continue to assess the effectiveness of the CDC-developed comprehensive approach to TDV for longer-term follow-up as the students in our sample age and their engagement in dating relationships increases. The current evaluation of Dating Matters® tests a comprehensive approach to prevent TDV among youth in high-risk urban communities.

In order to address gaps in effective prevention programming for youth in urban communities with high crime and economic disadvantage, who may be at highest risk for TDV perpetration and victimization, *Dating Matters®* focuses on middle school youth with universal primary prevention strategies aimed at building a foundation of healthy relationship skills before dating and/or TDV is initiated. All data collected as part of this request will be used in the longitudinal outcome evaluation of the Dating Matters® initiative. No teen dating violence comprehensive program has been developed and implemented specifically for high risk urban communities. Further, no other data source exists to examine the effectiveness of the Dating Matters® initiative for preventing dating violence.

The evaluation utilizes a cluster randomized design in which 46 schools in four funded communities (Alameda County, California; Baltimore, Maryland; Broward County, Florida; and, Chicago, Illinois), were randomized to either Dating Matters® or standard practice, and we seek to continue evaluation activities in these four communities. Therefore, this data collection is critical to understand the effectiveness, feasibility, and cost of Dating Matters® and to inform decisions about disseminating the program to other communities.

OMB approval is requested for three years for this revision. The only cost to respondents will be time spent on responding to the survey.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden hours (in hrs.)
Student Program Participant	Student Outcome Survey Follow-up—Attachment E: and web version.	4,399	1	45/60	3,299
Total					3,299

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2015–24030 Filed 9–21–15; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Announcement of Requirements and Registration for Healthcare Associated Venous Thromboembolism Prevention Challenge

Authority: 15 U.S.C. 3719

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

Award Approving Official: Thomas R. Frieden, MD, MPH, Director, Centers for Disease Control and Prevention, and Administrator, Agency for Toxic Substances and Disease Registry.

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC) located within the Department of Health and Human Services (HHS) announces the launch of the Healthcare Associated Venous Thromboembolism (HA–VTE) Prevention Challenge on November 2, 2015. The challenge will be open until January 10, 2016.

Venous thromboembolism (VTE), blood clots occurring as deep vein thrombosis (DVT), pulmonary embolism (PE), or both, is an important and growing public health issue. Prevention of healthcare associated VTE (HA–VTE) is a national hospital safety priority. Many HA–VTEs can be prevented, but VTE prevention strategies and are still not being applied regularly or effectively across the United States.

To support and promote HA–VTE prevention, HHS/CDC is announcing the 2015 HA–VTE Prevention Challenge. The challenge will bring prestige to organizations that invest in VTE prevention, improve understanding of successful implementation strategies at the health system level, and motivate health systems to strengthen their VTE prevention efforts. The top-judged organizations found to have implemented innovative and effective VTE prevention strategies will be recognized as HA–VTE Prevention Champions. HHS/CDC will document these successful strategies and highlight the systems, processes, and staffing that contributed to exceptional VTE prevention outcomes achieved by Champions. Champions will receive a cash prize (if eligible) and other forms of recognition.

DATES: Contest begins on November 2, 2015 and ends on January 10, 2016.

FOR FURTHER INFORMATION CONTACT: Michele Beckman, Division of Blood Disorders, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, 1600 Clifton Road NE., Mailstop E–64, Atlanta, GA 30329, Telephone: 404–498–6474, Fax: 404–498–6799, Attention: HA–VTE Prevention Challenge, Email: *havtechallenge@cdc.gov.*

SUPPLEMENTARY INFORMATION: The challenge is authorized by Public Law 111–358, the America Creating Opportunities to Meaningfully Promote Excellence in Technology, Education and Science Reauthorization Act of 2010 (COMPETES Act).

Subject of Challenge Competition

Entrants of the HA–VTE Prevention Challenge will be asked to describe the VTE prevention strategy and reasons that support the strategy choice developed by their organization. In addition, entrants will be asked to describe the specific intervention(s) (*e.g.* implementation of VTE protocols and order sets, risk assessment, electronic alerts, clinical decision support tools, performance monitoring systems and dashboards, patient and/or provider education and awareness, post-discharge follow-up, etc.), methods, and systems used to implement, support and evaluate the strategy. Entrants will be asked to submit at least one quantitative measure showing an increase of VTE prevention (*e.g.* number of patients assessed for VTE risk, number of at risk patients receiving appropriate VTE prevention, number of patients and/or providers receiving education on VTE prevention, etc.) and/or decrease in HA–VTE rates for the organization's population of interest. Each measure submitted must include two data points: One for the control or pre-intervention period and a second for the post-intervention period. Control/pre-intervention and post-intervention measures must cover a period of at least six months. This information collection is approved by the Office of Management and Budget under OMB Control Number 0990–0390, expiration April 30, 2018.

Eligibility Rules for Participating in the Competition

To be eligible to win a monetary prize under this challenge, an individual or entity—

(1) Shall have completed and submitted the nomination form in its entirety to participate in the competition under the rules promulgated by HHS/CDC;

(2) Must be a hospital, multi-hospital system, hospital network or managed care organization, incorporated in and maintaining a primary place of business in the United States that provides inpatient medical care for patients.

(3) May not be a Federal entity or Federal employee acting within the scope of their employment (Federal entities or employees are eligible to participate in the challenge; however, they are not eligible to receive a monetary prize. Federal entities are eligible for non-monetary recognition only.);

(4) Shall not be an HHS employee working on their applications or submissions during assigned duty hours;

(5) Shall not be an employee or contractor at HHS/CDC;

(6) Federal grantees may not use Federal funds to develop COMPETES Act challenge applications unless consistent with the purpose of their grant award.

(7) Federal contractors may not use Federal funds from a contract to develop COMPETES Act challenge applications or to fund efforts in support of a COMPETES Act challenge submission;

(8) Must agree to participate in a data validation process to be conducted by an HHS/CDC-selected contractor. To the extent applicable law allows, data will be kept confidential by the contractor and will be shared with the CDC in aggregate form only; *i.e.,* the VTE prevention coverage rate for the practice not individual data;

(9) Must have a data management system (electronic or paper) that allows HHS/CDC or their contractor to check data submitted;

(10) Individual nominees and individuals in a group practice must be free from convictions or pending investigations of criminal and health care fraud offenses such as felony health care fraud, patient abuse or neglect; felony convictions for other healthcare-related fraud, theft, or other financial misconduct; and felony convictions relating to unlawful manufacture, distribution, prescription, or dispensing of controlled substances as verified through the Office of the Inspector General List of Excluded Individuals