

*Background and Brief Description*

School-associated violence, particularly homicides and suicides that occur in schools, has been a significant public concern for several years. Despite the important role of schools as a setting for violence research and prevention interventions, relatively little scientific or systematic work has been conducted to describe the nature and level of fatal violence associated with schools. Public health and education officials have had to rely on limited local studies and estimated numbers to describe the extent of school-associated violent death. As a result, the U.S. Department of Education (DOE) requested assistance from the Division of Violence Prevention (DVP)/National Center for Injury Prevention and Control (NCIPC) in establishing an ongoing surveillance system of school-associated violent deaths (SAVD) in the United States with the goal of tracking and monitoring the extent of this problem on an ongoing

basis. The SAVD surveillance system remains the only systematic effort to document school-associated violent deaths on a national basis. Data from the SAVD surveillance system are intended to contribute to the understanding of fatal violence associated with schools, guide further research in the area, and help direct ongoing and future prevention programs.

The data collection methodology involves investigators reviewing public records and published press reports concerning each SAVD. For each identified case, investigators will interview an investigating law enforcement official and a school official who are knowledgeable about the case in question. Researchers will request information on both the victim and alleged offender(s)—including demographic data, their academic and criminal records, and their relationship to one another. They will also collect data on the time and location of the death; 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. Additionally, law enforcement reports on each case are obtained. The study population will include the victims and offenders from all identified events in which there was a school-associated violent death in the U.S.

The surveillance system will continue to contribute to the understanding of fatal violence associated with schools, guide further research in the area, and help direct ongoing and future prevention programs. Data collected through the surveillance system will be reviewed and used by CDC, the US Department of Education, the US Department of Justice, and other outside agencies and organizations.

OMB approval is requested for three years. The only cost to respondents will be time spent on the telephone 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 hours)	Total burden hours (in hours)
Law Enforcement Officer .....	Law Enforcement Interview Tool .....	35	1	65/60	38
School Official .....	School Official Interview Tool .....	35	1	65/60	38
<b>Total .....</b>	.....	.....	.....	.....	<b>76</b>

**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. 2016-00276 Filed 1-8-16; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-16-0941]

**Agency Forms Undergoing Paperwork Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (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 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov). Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

**Proposed Project**

Evaluation of Dating Matters®: Strategies to Promote Healthy Teen Relationships—Revision (OMB# 0920-0941, expiration date 5/30/2016)—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. 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.

CDC seeks 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. A total of 4,399 respondents will be approached on an annual basis with an average estimated burden of 45/60 minutes per respondent per year (3,299 burden hours).

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (hours)
Student Program Participant .....	Student Outcome Survey Follow-up .....	4,399	1	45/60

**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. 2016-00287 Filed 1-8-16; 8:45 am]

BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Board of Scientific Counselors, National Center for Injury Prevention and Control, (BSC, NCIPC)**

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces, the following meeting of the aforementioned committee:

*Time and Date:* 9:00 a.m.-3:00 p.m., EST, January 28, 2016 (OPEN).

*Public Comment Time and Date:* 1:00 p.m.-2:30 p.m. \*, EST, January 28, 2016.

\* Please note that the public comment period ends at the time indicated above or following the last call for comments, whichever is earlier. Members of the public who want to submit comments must pre-register by January 18, 2016 to [opioidsguidelines@cdc.gov](mailto:opioidsguidelines@cdc.gov). All requests must contain the name, address, email address, organizational affiliation of the speaker, and the topic being addressed

with accompanying written comments. Written comments should be limited to one page single spaced with 1 inch margins.

Members of the public must indicate at pre-registration whether they would like to deliver oral remarks in addition to written comment. Comments may be delivered in person or by phone and will be assigned on a first come-first served basis until all time slots are filled. Speakers providing public comment must call in or be present at the beginning of the public comment period. All public comments will be limited to two minutes per speaker. Since the number of time slots is limited, it is requested that each organization register one speaker to represent their organization. Both oral and written comments will be included in the official record of the meeting.

*Place:* Centers for Disease Control and Prevention, Building 21, Auditorium B-3, 1600 Clifton Road NE., Atlanta, GA 30329.

Audio Conference toll-free dial-in Number: 1-888-469-1243, Participant Code: 4709506, TTY accessible link: <http://www.capturedtext.com/client/event.aspx?CustomerID=1891&EventID=2812716>.

CDC encourages participation by persons with disabilities. Captions and participation by persons with communications challenges will be available online via Relay Conference Captioning. To view the online captions at the start time of the event, please

login for captioning at <http://www.capturedtext.com/client/event.aspx?CustomerID=1891&EventID=2812716>.

Requests for accommodations, questions, or comments on accessibility (Section 508) compliance may be directed to Tonia Lindley, [imx9@cdc.gov](mailto:imx9@cdc.gov).

*Status:* The meeting as designated above will be open to the public limited only by the space available. The meeting room will accommodate up to 200 people. See instructions above regarding pre-registration and delivering public comment.

*Purpose:* The Board will: (1) Conduct, encourage, cooperate with, and assist other appropriate public health authorities, scientific institutions, and scientists in the conduct of research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases, and other impairments; (2) assist States and their political subdivisions in preventing and suppressing communicable and non-communicable diseases and other preventable conditions and in promoting health and well-being; and (3) conduct and assist in research and control activities related to injury.

The Board of Scientific Counselors makes recommendations regarding policies, strategies, objectives, and priorities; and reviews progress toward injury prevention goals and provides