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Prevention.

[FR Doc. 2016-13847 Filed 6-10-16; 8:45 am]

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**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**
**Centers for Disease Control and
Prevention (CDC)**
**Requirements and Registration for
Healthcare Associated Venous
Thromboembolism Prevention
Challenge; Amendment of Notice**

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 an
amendment to its notice entitled,
Announcement of Requirements and
Registration for Healthcare Associated
Venous Thromboembolism Prevention
Challenge. This amendment is being
made to reflect an increase in the
number of Champions and change the
maximum total prize disbursement.
There are no other changes to the
September 22, 2015 notice.

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:

Subject of Challenge Competition: On
September 22, 2015 CDC announced the
Requirements and Registration for
Healthcare Associated Venous
Thromboembolism Prevention
Challenge (80 FR 57187). This notice
announces an increase in the number of
Champions, from 7 to 8. The Champions
were selected from the highest scoring
U.S. hospitals, multi-hospital systems,
hospital networks, and managed care

organizations. Champions were
recognized as HA-VTE Prevention
Champions and will receive a cash
award of \$10,000. A maximum of
\$80,000 will now be awarded in this
challenge, an increase of \$10,000.
Additional honorable mention awards
were also made to deserving entries.
Federal and international winners
received non-monetary recognition but
no prize.

Authority: 15 U.S.C. 3719.

Dated: June 7, 2016.

Sandra Cashman,

Executive Secretary, Centers for Disease
Control and Prevention.

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**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**
**Centers for Disease Control and
Prevention**

[30-Day-16-16CA]

**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. 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

Update seat belt fit recommendation
for children—New—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 OMB
approval to conduct a new information
collection for a study entitled, "Update
Seat Belt Fit Recommendation for
Children," over a period of three years.

CDC seeks to measure how seat belts
fit children in vehicles with and
without booster seats. The scientific
basis for the current height
recommendation for when children can
transition from using a booster seat to
just a seat belt is from a 1993 study that
is outdated (Durbin *et al.*, 2011; Reed *et
al.*, 2013). The goal of the new collection
is to use the latest technology among the
largest sample of children to date to
help inform when children can safely
transition from using a booster seat with
a seat belt to using only a seat belt.

Findings from this data collection will
inform CDC's child passenger safety
recommendation regarding when
children can safely transition from using
a booster seat with the seat belt to using
only the seat belt. This study will also
provide information on ways to further
reduce motor vehicle-related injuries
and deaths among children.

Prospective study participants will be
children aged 6-12 years old in the
greater District of Columbia (DC) area.
Parents of prospective study
participants will answer a series of
screening questions to determine
eligibility. Children who meet the
screening criteria and are willing to
participate will complete an in-person
measurement session. Data will be
analyzed using descriptive statistics,
mean, standard deviation, and logistic
regression. Selected findings will
eventually be published in a peer-
reviewed journal.

The estimated annual burden hours
are 466. There are no costs to
respondents other than their time.