

c. Ways to enhance the quality, utility, and clarity of the information to be collected;

d. Ways to minimize the burden of information collection 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.

Proposal to approve under OMB delegated authority the extension for three years, with revision, of the following report:

*Report title:* Annual Company-Run Stress Test Report for \$10–50 Billion Companies.

*Agency form number:* FR Y-16.

*OMB control number:* 7100–0356.

*Frequency:* Annual.

*Reporters:* Bank holding companies (BHCs) and savings and loan holding companies (SLHCs) with average total consolidated assets of greater than \$10 billion but less than \$50 billion, and any affiliated or unaffiliated state member bank (SMB) with average total consolidated assets of more than \$10 billion but less than \$50 billion excluding SMB subsidiaries of covered companies.

*Estimated annual reporting hours:* BHCs: 24,388 hours; SLHCs: 3,283 hours; SMBs: 4,690 hours; One-time implementation: 7,200 hours.

*Estimated average hours per response:* BHCs: 469 hours; SLHCs: 469 hours; SMBs: 469 hours; One-time implementation: 3,600 hours.

*Number of respondents:* BHCs: 52; SLHCs: 7; SMBs: 10; One-time implementation: 2.

*General description of report:* This information collection is authorized pursuant section 165(i)(2) of the Dodd-Frank Wall Street Reform and Consumer Protection Act (Dodd-Frank Act), which specifically authorizes the Board to issue regulations implementing the annual stress testing requirements for its supervised institutions (12 U.S.C. 5365(i)(2)(C)). More generally, with respect to BHCs, section 5(c) of the Bank Holding Company Act (12 U.S.C. 1844(c)), authorizes the Board to require a BHC and any subsidiary “to keep the Board informed as to—(i) its financial condition, [and] systems for monitoring and controlling financial and operating risks . . . .” Section 9(6) of the Federal Reserve Act (12 U.S.C. 324), requires SMBs to make reports of condition to their supervising Reserve Bank in such form and containing such information as the Board may require. Finally, with respect to SLHCs, under section 312 of the Dodd-Frank Act (12 U.S.C. 5412),

the Board succeeded to all powers and authorities of the Office of Thrift Supervision, U.S. Department of the Treasury, and its Director, including the authority to require SLHCs to “file . . . such reports as may be required . . . in such form and for such periods as the [agency] may prescribe” (12 U.S.C. 1467a(b)(2)).

The obligation to respond is mandatory. Section 165(i)(2)(A) provides that “financial companies that have total consolidated assets [meeting the asset thresholds] . . . and are regulated by a primary Federal financial regulatory agency shall conduct annual stress tests.” Section 165(i)(2)(B) provides that a company required to conduct annual stress tests “shall submit a report to the Board and to its primary financial regulatory agency at such time, in such form, and containing such information as the primary financial regulatory agency shall require” (12 U.S.C. 5365(i)(2)(B)).

As noted under section 165(i)(2)(C)(iv), companies conducting annual stress tests under these provisions are “require[d] . . . to publish a summary of the results of the required stress tests.” (12 U.S.C. 5365(i)(2)(C)(iv)). Regarding the information collected by the Board, however, as such information will be collected as part of the Board’s supervisory process, it may be accorded confidential treatment under Exemption 8 of the Freedom of Information Act (FOIA) (5 U.S.C. 552(b)(8)). This information also is the type of confidential commercial and financial information that may be withheld under Exemption 4 of FOIA (5 U.S.C. 552(b)(4)).

*Abstract:* The annual FR Y-16 report collects quantitative projections of revenues, losses, assets, liabilities, and capital across three scenarios provided by the Board (baseline, adverse, and severely adverse) and qualitative supporting information on the methodologies and processes used to develop these internal projections. The FR Y-16 collects data through two primary schedules: (1) The Results Schedule (which includes the quantitative results of the stress tests under the baseline, adverse, and severely adverse scenarios for each quarter of the planning horizon) and (2) the Scenario Variables Schedule. In addition, respondents are required to submit a summary of the qualitative information supporting its quantitative projections. The qualitative supporting information must include:

- A description of the types of risks included in the stress test;

- a summary description of the methodologies used in the stress test;
- an explanation of the most significant causes for the changes in regulatory capital ratios, and

- the use of the stress test results.

*Current Actions:* Board staff proposes the following revisions and clarifications to the FR Y-16 report, effective for the 2016 stress test cycle: (1) Change the report as-of date from September 30 to December 31, (2) change the reporting submission or due date from March to July, and (3) modify the reporting instructions to clarify a number of items.

Board of Governors of the Federal Reserve System, July 1, 2015.

**Robert deV. Frierson,**  
*Secretary of the Board.*

[FR Doc. 2015–16631 Filed 7–7–15; 8:45 am]

**BILLING CODE 6210–01–P**

## GENERAL SERVICES ADMINISTRATION

[Notice—CECANF—2015—05; Docket No. 2015—0005; Sequence No. 5]

### Commission To Eliminate Child Abuse and Neglect Fatalities; Announcement of Meeting; Correction

**AGENCY:** Commission To Eliminate Child Abuse and Neglect Fatalities, General Services Administration.

**ACTION:** Meeting notice; correction.

**SUMMARY:** The Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) published a document in the **Federal Register** of June 22, 2015 concerning the request for comments on a meeting open to the public on Wednesday, July 15, 2015 and Thursday, July 16, 2015 in Madison, Wisconsin. The document contains an incorrect address.

**DATES:** The meeting will be held on Wednesday, July 15, 2015, from 8:00 a.m. to 5:15 p.m. and Thursday, July 16, 2015, from 8:00 a.m. to 12:30 p.m. Central Daylight Time (CDT). Comments regarding this meeting should be received by Monday, July 13, 2015, for consideration prior to the meeting.

**FOR FURTHER INFORMATION CONTACT:** Visit the CECANF Web site at <https://eliminatechildabusefatalities.sites.usa.gov/>. or contact Patricia Brincefield, Communications Director, at 202–818–9596, U.S. General Services Administration, 1800 F Street NW., Room 7003D, Washington DC 20405, Attention: Tom Hodnett (CD) for CECANF.

**Correction**

In the **Federal Register** of June 22, 2015, in FR Vol. 80, No. 119, on page 35649, in the third column, on lines 13–14, correct the **ADDRESSES** caption to read:

**ADDRESSES:** CECANF will convene its meeting at the Madison Marriott West, 1313 John Q. Hammons Drive, Middleton, Wisconsin. This site is accessible to individuals with disabilities. The meeting also will be made available via teleconference and/or webinar.

Dated: June 30, 2015.

**Amy Templeman,**  
Acting Executive Director.

[FR Doc. 2015–16698 Filed 7–7–15; 8:45 am]

BILLING CODE 6820–34–P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Agency for Healthcare Research and Quality****Agency Information Collection Activities: Proposed Collection; Comment Request**

**AGENCY:** Agency for Healthcare Research and Quality, HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project:

*“Assessing the Impact of the National Implementation of TeamSTEPPS Master Training Program.”* In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on April 10th, 2015 and allowed 60 days for public comment. No substantive comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

**DATES:** Comments on this notice must be received by August 7, 2015.

**ADDRESSES:** Written comments should be submitted to: AHRQ’s OMB Desk Officer by fax at (202) 395–6974 (attention: AHRQ’s desk officer) or by email at *OIRA\_submission@omb.eop.gov* (attention: AHRQ’s desk officer). Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

**FOR FURTHER INFORMATION CONTACT:**

Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by email at *doris.lefkowitz@AHRQ.hhs.gov*.

**SUPPLEMENTARY INFORMATION:****Proposed Project***Assessing the Impact of the National Implementation of TeamSTEPPS Master Training Program*

AHRQ, in collaboration with the Department of Defense’s (DoD) Tricare Management Activity (TMA), developed TeamSTEPPS® (“Team Strategies and Tools to Enhance Performance and Patient Safety”) to provide an evidence-based suite of tools and strategies for teaching teamwork-based patient safety to health care professionals. In 2007, AHRQ and DoD coordinated the national implementation of the TeamSTEPPS Program. The main objective of this program is to improve patient safety by training a select group of stakeholders such as Quality Improvement Organization (QIO) personnel, High Reliability Organization (HRO) staff, and health care system staff in various teamwork, communication, and patient safety concepts, tools, and techniques. Ultimately, TeamSTEPPS will help to build a national and state-level infrastructure for supporting teamwork-based patient safety efforts in health care organizations.

The National Implementation of TeamSTEPPS Master Training Program includes the training of “Master Trainers” in various health care systems capable of stimulating the utilization and adoption of TeamSTEPPS in their health care delivery systems, providing technical assistance and consultation on implementing TeamSTEPPS, and developing various channels of learning (e.g., user networks, various educational venues) for continuing support and improvement of teamwork in health care. AHRQ has already trained a corps of over 5,000 participants to serve as the Master Trainer infrastructure supporting national adoption of TeamSTEPPS. An anticipated 2,400 participants, who are undergoing training now, will be studied in this assessment. After training, these participants will become Master Trainers in TeamSTEPPS and will have the opportunity to observe the program’s tools and strategies in action. In addition to developing a corps of Master Trainers, AHRQ has also developed a series of support mechanisms for this effort including a data collection Web tool, a TeamSTEPPS call support center, and a monthly consortium to address any challenges encountered implementing TeamSTEPPS.

Participants applied to the program as teams representing their organizations and were accepted as training participants after having completed an organizational readiness assessment. Due to the differences among the types of organizations participating in the program, participants will apply the tools and concepts differently within and/or beyond their home organizations. For example:

- Health care system staff (or implementers) from hospitals, home health agencies, nursing homes, large physician practices, and other direct care organizations are more likely than other participants to implement the TeamSTEPPS materials on a daily basis and will be more likely to affect specific work processes being conducted within an organization. As a result, health care system participants are likely to have a focused and specific impact that is limited to their organization.

• QIO\HRO\Hospital

Association\State Health Department participants (or facilitators) will be more likely to have both an in-depth and broad impact if they use the TeamSTEPPS materials to assist a particular organization in its patient safety activities, as well as to provide general patient safety guidance to a large number of organizations.

To clarify the differences among the participants, a logic model has been developed that highlights the roles of the different types of participants, the types of activities in which they are likely to engage after training, and the potential outcomes that may stem from these activities. The logic model served as a guide for developing questions for a web-based questionnaire and qualitative interviews to ensure that participant and leadership feedback is captured as thoroughly and accurately as possible.

AHRQ is conducting an ongoing evaluation of the National Implementation of TeamSTEPPS Master Training Program. The goals of this evaluation are to examine the extent to which training participants have been able to:

(1) Implement the TeamSTEPPS products, concepts, tools, and techniques in their home organizations and,

(2) spread that training, knowledge, and skills to their organizations, local areas, regions, and states.

The National Implementation of TeamSTEPPS program is led by AHRQ through its contractor, the Health Research and Educational Trust (HRET). This study is being conducted by HRET’s subcontractor, IMPAQ International. The work is being