collection contact Memuna Ifedirah at 410–786–6849).

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Use of Restraint and Seclusion in Psychiatric Residential Treatment Facilities (PRTFs) for Individuals Under Age 21 and Supporting Regulations; *Use:* Psychiatric residential treatment facilities are required to report deaths, serious injuries and attempted suicides to the State Medicaid Agency and the Protection and Advocacy Organization. They are also required to provide residents the restraint and seclusion policy in writing, and to document in the residents' records all activities involving the use of restraint and seclusion. *Form Number:* CMS–R–306 (OMB Control Number 0938–0833); *Frequency:* Occasionally; *Affected Public:* Private sector (Business or other for-profits); *Number of Respondents:* 390; *Total Annual Responses:* 1,466,795; *Total Annual Hours:* 431,062. (For policy questions regarding this collection contact Cindy Ruff at 410–786–5916).

Dated: April 28, 2015.

William N. Parham III,

Director, Paperwork Reduction Staff, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2015–10207 Filed 4–30–15; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Findings of Research Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Office of Research Integrity (ORI) has taken final action in the following case:

Venkata J. Reddy, University of Minnesota: Based upon the evidence and findings of an investigation report by the University of Minnesota (UMN), an investigation conducted by another Federal agency, and additional information obtained by the Office of Research Integrity (ORI) during its oversight review of the UMN investigation, ORI found that Mr. Venkata J. Reddy, former Graduate Student, Department of Chemistry, UMN, engaged in research misconduct in research that was included in grant application R01 GM095559–01A1, submitted to the National Institute of General Medical Sciences (NIGMS), National Institutes of Health (NIH).

ORI found by a preponderance of the evidence that the Respondent intentionally and knowingly engaged in research misconduct by falsifying and/or fabricating data that was provided to his mentor to include in grant application R01 GM095559–01A1 submitted to NIGMS, NIH, to obtain U.S. Public Health Service (PHS) funds. Specifically, ORI found that the Respondent falsified data included in Figures 4, 9, 11, 15, and 25 in R01 GM095559–01A1 for enantiomeric excess (''ee'') to falsely show a high degree of selectivity for one enantiomer over another by a cut-and-paste method and manipulation of the instrument to give the desired result. Respondent also falsified the underlying nuclear magnetic resonance spectroscopy (NMR) data for Compound 22 reported in Figure 15 in R01 GM095559–01A1 by a cut-and-paste method to manipulate the NMR spectra and give the desired result.

Dr. Reddy has been debarred by the Federal agency with joint jurisdiction for a period of five (5) years, ending on August 26, 2018. ORI has implemented the following administrative action to coincide with the government-wide debarment:

(1) Respondent is prohibited from serving in any advisory capacity to PHS including, but not limited to, service on any PHS advisory committee, board, and/or peer review committee, or as a consultant.

FOR FURTHER INFORMATION CONTACT: Acting Director, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453–8800.

Donald Wright,

Acting Director, Office of Research Integrity.

[FR Doc. 2015–10203 Filed 4–30–15; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service Recommendation for Fluoride Concentration in Drinking Water for Prevention of Dental Caries

AGENCY: Office of the Secretary, HHS.

SUMMARY: Through this final recommendation, the U.S. Public Health Service (PHS) updates and replaces its 1962 Drinking Water Standards related to community water fluoridation—the controlled addition of a fluoride compound to a community water supply to achieve a concentration optimal for dental caries prevention. For these community water systems that add fluoride, PHS now recommends an optimal fluoride concentration of 0.7 milligrams/liter (mg/L). In this guidance, the optimal concentration of fluoride in drinking water is the concentration that provides the best balance of protection from dental caries while limiting the risk of dental fluorosis. The earlier PHS recommendation for fluoride concentrations was based on outdoor air temperature of geographic areas and ranged from 0.7–1.2 mg/L. This updated guidance is intended to apply to community water systems that currently fluoridate or that will initiate fluoridation, and is based on considerations that include:

- Scientific evidence related to the effectiveness of water fluoridation in caries prevention and control across all age groups,
- Fluoride in drinking water as one of several available fluoride sources,
- Trends in the prevalence and severity of dental fluorosis, and
- Current evidence on fluid intake of children across various outdoor air temperatures.

FOR FURTHER INFORMATION CONTACT: Barbara F. Gooch, DMD, MPH, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health, 4770 Buford Highway NE., MS F–80, Atlanta, GA 30341–3717; tel. 770–488–6054; fax 770–488–6080; email <*BGooch@cdc.gov*>.

SUPPLEMENTARY INFORMATION: Because fluoridation of public drinking water systems had been demonstrated as effective in reducing dental caries, the U.S. Public Health Service (PHS) provided recommendations regarding optimal fluoride concentrations in drinking water for community water systems in 1962 (U.S. DHEW, 1962). The U.S. Department of Health and Human Services (HHS) is releasing this updated PHS recommendation because of new data that address changes in the prevalence of dental fluorosis, the relationship between water intake and outdoor temperature in children, and the contribution of fluoride in drinking water to total fluoride exposure in the United States. Although PHS recommends community water fluoridation as an effective public health intervention, the decision to fluoridate water systems is made by state and local governments.

As of December 31, 2012, the Centers for Disease Control and Prevention (CDC) estimated that approximately 200 million people in the United States were served by 12,341 community water systems that added fluoride to water or