the Administration for Children and Families.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2015–14814 Filed 6–16–15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Child Care Development Fund (CCDF)—Reporting Improper Payments—Instructions for States.

OMB No.: 0970–0323.

Description: Section 2 of the Improper Payments Act of 2002 provides for estimates and reports of improper payments by Federal agencies. Subpart K of 45 CFR, Part 98 will require States to prepare and submit a report of errors occurring in the administration of CCDF grant funds once every three years.

The Office of Child Care (OCC) is completing the third 3-year cycle of case record reviews to meet the requirements for reporting under IPIA. The current forms and instructions expire September 30, 2015. OCC is submitting the information collection for renewal clearance with minor changes. Responders will now have additional guidance and clarification in the instructions and errors have been corrected. New language incorporates requirements from the 2014 Child Care and Development Fund Block Grant Act passed in November 2014.

Respondents: State grantees, the District of Columbia, and Puerto Rico.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Sampling Decisions and Fieldwork Preparation Plan	17	1	106	1802
Record Review Worksheet	17	276	6.33	29,700.36
State Improper Authorizations for Payment Report	17	1	639	10,863
Corrective Action Plan	8	1	156	1248
Estimated Total Annual Burden Hours				43,613.36

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: *infocollection@acf.hhs.gov*.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: *OIRA_SUBMISSION@OMB.EOP.GOV,* Attn: Desk Officer for the Administration for Children and Families.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2015–14813 Filed 6–16–15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[CFDA Number: 93.092]

Announcement of the Award of Single-Source Expansion Supplement Grants to Seven Personal Responsibility Education Program Innovative Strategies (PREIS) Grantees

AGENCY: Family and Youth Services Bureau, ACYF, ACF, HHS.

ACTION: Notice of the award of single-source expansion supplement grants to seven Personal Responsibility Education Program Innovative Strategies (PREIS) grantees.

SUMMARY: The Administration for Children and Families (ACF), Administration on Children, Youth and Families (ACYF), Family and Youth Services Bureau (FYSB), Division of Adolescent Development and Support (DADS), announces the award of single-source expansion supplement grants to seven PREIS grantees for the purpose of expanding retention and follow-up efforts for program participants. The funds will allow grantees to collect the increased data necessary to determine the program effectiveness and for the manualization of a validated curriculum and supporting documents.

DATES: The period of support under these supplements is September 30, 2014, through September 29, 2015.

FOR FURTHER INFORMATION CONTACT: LeBretia White, Manager, Adolescent Pregnancy Prevention Program, Division of Adolescent Development and Support, Family and Youth Services Bureau, 1250 Maryland Avenue SW., Suite 800, Washington, DC 20024. Telephone: 202–205–9605; Email: *LeBretia.White@acf.hhs.gov.*

SUPPLEMENTARY INFORMATION: In FY 2010, FYSB awarded 13 cooperative agreement grants under Funding Opportunity Announcement (FOA) OPHS/OAH/TPP PREP Tier 2–2010. Under this FOA, a total of $9.7 million was made available on a competitive basis to implement and test innovative strategies.

The supplemental funds will help the grantees increase retention and follow-up strategies for program participants. In turn, this will allow grantees to report significant program outcome data that will be integral to the evaluate the effectiveness of the implemented pregnancy prevention models used in grantee programming with populations that include youth in foster care and pregnant and parenting teens.

Seven PREIS grantees have requested supplemental funding awards. Their applications were assessed by a review panel for completeness and responsiveness in the categories of Objectives and Need for Assistance, Approach, and Budget and Budget Justification. The applications were assessed to have scored within a fundable range.

Single-source program expansion supplement awards are made to the following PREIS grantees:

Grantee organization	City	State	Supplement award amount
Child and Family Resources, Inc.	Tucson	AZ	$32,314
Children's Hospital of Los Angeles	Los Angeles	CA	115,898
Cicatelli Associates Inc.	New York	NY	130,000
Demoiselle2Femme	Chicago	IL	55,959
Education Development Center, Inc.	Newton	MA	55,560
Teen Outreach Pregnancy Services	Tucson	AZ	29,000
The Village for Families & Children, Inc	Hartford	CT	33,235

Statutory Authority: Section 2953 of the Patient Protection and Affordable Care Act of 2010, Pub. L. 111–148, added Section 513 to Title V of the Social Security Act, codified at 42 U.S.C. 713, authorizing the Personal Responsibility Education Program.

Mary M. Wayland,

Senior Grants Policy Specialist, Division of Grants Policy, Office of Administration.

[FR Doc. 2015–14839 Filed 6–16–15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2013–N–1317]

Final Determination Regarding Partially Hydrogenated Oils

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; declaratory order.

SUMMARY: Based on the available scientific evidence and the findings of expert scientific panels, the Food and Drug Administration (FDA or we) has made a final determination that there is no longer a consensus among qualified experts that partially hydrogenated oils (PHOs), which are the primary dietary source of industrially-produced *trans* fatty acids (IP–TFA) are generally recognized as safe (GRAS) for any use in human food. This action responds, in part, to citizen petitions we received, and we base our determination on available scientific evidence and the findings of expert scientific panels establishing the health risks associated with the consumption of *trans* fat.

DATES: *Compliance date:* Affected persons must comply no later than June 18, 2018.

FOR FURTHER INFORMATION CONTACT: Mical Honigfort, Center for Food Safety and Applied Nutrition (HFS–265), Food and Drug Administration, 5100 Paint Branch Pkwy., College Park, MD 20740, 240–402–1278, email: *mical.honigfort@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION:

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I. Background

In accordance with the process set out in § 170.38(b)(1) (21 CFR 170.38(b)(1)), we issued a notice on November 8, 2013 (the November 2013 notice, 78 FR 67169), announcing our tentative determination that, based on currently available scientific information, PHOs are no longer GRAS under any condition of use in human food and therefore are food additives subject to section 409 of the Federal Food, Drug, and Cosmetic Act (the FD&C Act) (21 U.S.C. 348).

FDA's evaluation of the GRAS status of PHOs centers on the *trans* fatty acid (TFA, also referred to as ''*trans* fat'') component of these oils. Although we primarily use the word ''oil'' when discussing PHOs in this document, partially hydrogenated fats (such as partially hydrogenated lard), are included within the definition of PHOs (discussed in section II) and therefore within the scope of this order, and references to ''oil'' in this document should be read in most cases to include fats. PHOs are the primary dietary source of industrially-produced *trans* fatty acids (Ref. 1). As explained in the tentative determination (78 FR 67169), all refined edible oils contain some *trans* fat as an unintentional byproduct of their manufacturing process; however, unlike other edible oils, *trans* fats are an integral component of PHOs and are purposely produced in these oils to affect the properties of the oils and the characteristics of the food to which they are added. In addition, the *trans* fat content of PHOs is significantly greater than the amount in other edible oils. Non-hydrogenated refined oils may contain *trans* fatty acids as a result of high-temperature processing, at levels typically below 2 percent (Ref. 2). Low levels (below 2 percent) may also be found in fully hydrogenated oils (FHOs) due to incomplete hydrogenation (Ref. 3). Small amounts (typically around 3 percent) may be found in the fat component of dairy and meat products from ruminant animals (Ref. 4).

FDA's tentative determination identified the significant human health risks associated with the consumption of *trans* fat (78 FR 67169 at 67171). The tentative determination was based on evidence including results from a number of controlled feeding studies on *trans* fatty acid consumption in humans (Refs. 5 and 6), findings from long-term prospective epidemiological studies (Refs. 5 and 6), and the opinions of expert panels (Refs. 7, 8, 9, 10, 11, 12, 13, and 14). The latter included the 2005 recommendation of the Institute of Medicine (IOM) to limit *trans* fat consumption as much as possible while consuming a nutritionally adequate diet, recognizing that *trans* fat occurs naturally in meat and dairy products from ruminant animals and that naturally-occurring *trans* fat is unavoidable in ordinary, non-vegan diets without significant dietary adjustments that may introduce undesirable effects (Ref. 7). In addition, in the tentative determination FDA cited