

Prevention and the Agency for Toxic Substances and Disease Registry.

**Elaine L. Baker,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 2015–29257 Filed 11–16–15; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 80 FR 58479–58485, dated September 29, 2015) is amended to reflect the reorganization of the National Center for Immunization and Respiratory Diseases, and the Office of Infectious Diseases, Centers for Disease Control and Prevention.

Section C–B, Organization and Functions, is hereby amended as follows:

Delete in its entirety the title and function statements for the *Influenza Coordination Unit (CVA4)*.

Delete in its entirety the title and function statements for the *National Center for Immunization and Respiratory Diseases (CVG)* and insert the following:

*National Center for Immunization and Respiratory Diseases (CVG)*. The National Center for Immunization and Respiratory Diseases (NCIRD) prevents disease, disability, and death through immunization and by control of respiratory and related diseases. In carrying out its mission, NCIRD: (1) Provides leadership, expertise, and service in laboratory and epidemiological sciences, and in immunization program delivery; (2) conducts applied research on disease prevention and control; (3) translates research findings into public health policies and practices; (4) provides diagnostic and reference laboratory services to relevant partners; (5) conducts surveillance and research to determine disease distribution, determinants, and burden nationally and internationally; (6) responds to disease outbreaks domestically and abroad; (7) ensures that public health

decisions are made objectively and based upon the highest quality of scientific data; (8) provides technical expertise, education, and training to domestic and international partners; (9) provides leadership to internal and external partners for establishing and maintaining immunization, and other prevention and control programs; (10) develops, implements, and evaluates domestic and international public health policies; (11) communicates information to increase awareness, knowledge, and understanding of public health issues domestically and internationally, and to promote effective immunization programs; (12) aligns the national center focus with the overall strategic goals of CDC; (13) synchronizes all aspects of CDC's pandemic influenza preparedness and response from strategy through implementation and evaluation; and (14) implements, coordinates, and evaluates programs across NCIRD, Office of Infectious Diseases (OID), and CDC to optimize public health impact.

Delete in its entirety the title and function statements for the *Office of Laboratory Science (CVG14)*.

After the *Office of Science and Integrated Programs (CVG17)* insert the following:

*Influenza Coordination Unit (CVG18)*.

The mission of the Influenza Coordination Unit (ICU) is to synchronize all aspects of CDC's pandemic influenza preparedness and response from strategy through implementation and evaluation. In carrying out its mission, the ICU: (1) Serves as the principal advisor to the CDC Director on pandemic influenza preparedness and response activities, assisting the Director in formulating and communicating strategic pandemic initiatives and policies; (2) provides strategic leadership for CDC in the areas of pandemic preparedness and response, including setting priorities and promoting science, policies, and programs related to pandemic influenza; (3) strategically manages a budget and allocates funds across the agency to ensure appropriate resources for high priority areas; and (4) conducts ongoing evaluation and adjustment of pandemic preparedness and response activities, in coordination with the National Response Framework and other emergency preparedness guidance, to ensure optimal public health effectiveness and efficient use of human and fiscal resources by developing and leading an exercise program for the

Agency, in collaboration with HHS and other partners.

**James Seligman,**

*Acting Chief Operating Officer, Centers for Disease Control and Prevention.*

[FR Doc. 2015–29282 Filed 11–16–15; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Board of Scientific Counselors, Office of Infectious Diseases (BSC, OID)

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:*

8:30 a.m.–5:00 p.m., EST, December 9, 2015  
8:00 a.m.–12:00 p.m., EST, December 10, 2015

*Place:* CDC, Global Communications Center, 1600 Clifton Road, NE., Building 19, Auditorium B3, Atlanta, Georgia 30333.

*Status:* The meeting is open to the public, limited only by the space available.

*Purpose:* The BSC, OID, provides advice and guidance to the Secretary, Department of Health and Human Services; the Director, CDC; the Director, OID; and the Directors of the National Center for Immunization and Respiratory Diseases, the National Center for Emerging and Zoonotic Infectious Diseases, and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC, in the following areas: Strategies, goals, and priorities for programs; research within the national centers; and overall strategic direction and focus of OID and the national centers.

*Matters for Discussion:* The meeting will include reports from the Board's Food Safety Modernization Act Surveillance Working Group and Infectious Disease Laboratory Working Group; brief updates on selected activities of CDC's infectious disease national centers; and updates and focused discussions on prevention of *Legionella* disease and efforts to better understand and address environmental factors contributing to infectious disease outbreaks.

Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Robin Moseley, M.A.T., Designated Federal Officer, OID, CDC, 1600 Clifton Road NE., Mailstop D10, Atlanta, Georgia 30333, Telephone: (404) 639–4461.

The Director, Management Analysis and Services Office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and

Prevention and the Agency for Toxic Substances and Disease Registry.

**Elaine L. Baker,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-16-16BX; Docket No. CDC-2016-0092]

**Proposed Data Collection Submitted for Public Comment and Recommendations**

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Cancellation of notice with comment period.

**SUMMARY:** The notice “Proposed Data Collection Submitted for Public Comment and Recommendations” on Monitoring and Reporting for the Core State Violence and Injury Prevention Program Cooperative Agreement (80 FR 68543, November 5, 2015) is cancelled. This notice invited comment on a proposed information collection entitled “Monitoring and Reporting for the Core State Violence and Injury Prevention Program Cooperative Agreement,” where CDC would use the information collected to monitor cooperative

agreement awardees and to identify challenges to program implementation and achievement of outcomes. This proposed data collection also received publication for public comment on November 9, 2015 under Docket ID 60Day-16-16BZ; Docket No. CDC-2015-0095.

**FOR FURTHER INFORMATION CONTACT:**

(404) 639-7570 or send comments to CDC, Leroy Richardson, 1600 Clifton Road, MS D-74, Atlanta, GA 30333 or send an email to *omb@cdc.gov*.

Dated: November 12, 2015.

**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. 2015-29297 Filed 11-12-15; 4:15 pm]

**BILLING CODE P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* Permanency Innovations Initiative Evaluation: Phase 4  
*OMB No.:* 0970-0408

*Description:* The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS) intends to collect additional data for an evaluation of the Permanency Innovations Initiative (PII).

This 5-year initiative, funded by the Children’s Bureau (CB) within ACF, is intended to build the evidence base for innovative interventions that enhance well-being and improve permanency outcomes for particular groups of children and youth who are at risk for long-term foster care and who experience the most serious barriers to timely permanency.

Data collection for the PII evaluation includes a number of components beginning at different points in time. Phase 1 (approved August 2012, OMB# 0970-0408) included data collection for a cross-site implementation evaluation and site-specific evaluations of two PII grantees (Washoe County, Nevada, and the State of Kansas). Phase 2 (approved August 2013) included data collection for two more PII grantees (Illinois DCFS and one of two interventions offered by the Los Angeles LGBTQ Center’s Recognize Intervene Support Empower [RISE] project). Phase 3 (approved July 2014) included data collection for an evaluation of another PII grantee intervention and two additional cross-site PII studies. The grantee intervention was a second RISE intervention, the Care Coordination Team (CCT). The two PII cross-site studies were a cost study and an administrative data study.

The current request is for Phase 4 and includes data collection for another PII grantee, the California Department of Social Services’ California Partnership for Permanency (CAPP) project.

*Respondents:* Spanish and English speaking biological parents, legal guardians, foster parents (or caregivers)

**ANNUAL BURDEN ESTIMATES**

Instrument	Total number of respondents	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
CAPP Parent-Legal Guardian Questionnaire .....	1673	558	1	.6	335
CAPP Caregiver Questionnaire .....	1763	587	1	.6	352
CAPP annual burden hours .....	.....	.....	.....	.....	687

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: OPRE Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: *OPREinfocollection@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,**

*ACF Reports Clearance Officer.*

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