

Background: The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines that have been promulgated by the Department of Health and Human Services (HHS) as a final rule; advice on methods of dose reconstruction, which have also been promulgated by HHS as a final rule; advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program; and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC).

In December 2000, the President delegated responsibility for funding, staffing, and operating the Advisory Board to HHS, which subsequently delegated this authority to CDC. NIOSH implements this responsibility for CDC. The charter was issued on August 3, 2001, renewed at appropriate intervals, and rechartered under Executive Order 13889 on March 22, 2020, and will terminate on March 22, 2022.

Purpose: The Advisory Board is charged with (a) providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advise the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class. SDRR was established to aid the Advisory Board in carrying out its duty to advise the Secretary, HHS, on dose reconstruction.

Matters to be Considered: The agenda will include discussions on the following dose reconstruction program quality management and assurance activities: Dose reconstruction cases under review from Set 27, possibly including cases involving, Amchitka Island Nuclear Explosion Site, Argonne National Laboratory, Fee Materials Production Centers ("Fernald Plant"), General Electric—Vallecitos, Hanford, Idaho National Laboratory, Lawrence Berkeley National Laboratory, Lawrence

Livermore National Laboratory, Nevada Test Site, Oak Ridge Gaseous Diffusion Plant ("K-25"), Office of Science and Technology Information ("OSTI"), Paducah Gaseous Diffusion Plant, Portsmouth Gaseous Diffusion Plant, Savannah River Site, Y-12, and potentially other Department of Energy and Atomic Weapons Employers facilities. Agenda items are subject to change as priorities dictate.

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, 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.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, National Center for Injury Prevention and Control

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

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the CDC announces the following meeting for the Board of Scientific Counselors (BSC), National Center for Injury Prevention and Control (NCIPC). This meeting is open to the public, limited only by the ports available. There will be 2,000 telephone ports available. There will be 40 minutes allotted for oral public comments at the end of the open session from 12:20 p.m. to 1:00 p.m. on July 22, 2020.

The public is encouraged to register to participate by telephone and/or provide oral public comment using the registration form available at the link provided: <https://www.surveymonkey.com/r/NVV9XM2>.

Individuals registered to provide oral public comment will be called upon to speak based on the order of registration. After persons who have registered have spoken, any remaining time in the oral

public comment period will be used for members of the public who have not registered to speak but wish to offer comment. Individuals making oral public comment during the meeting will have a 2-minute speaking limit to allow for as many comments as possible.

DATES: The meeting will be held on July 22, 2020, 10:00 a.m. to 1:00 p.m., EDT (OPEN) and July 22, 2020, 1:45 p.m. to 4:15 p.m., EDT (CLOSED).

ADDRESSES: Teleconference 1-800-369-3110; Participant Code 7563795.

FOR FURTHER INFORMATION CONTACT:

Gwendolyn H. Cattledge, Ph.D., M.S.E.H., Deputy Associate Director for Science, NCIPC, CDC, 4770 Buford Highway NE, Mailstop S106-9, Atlanta, GA 30341, Telephone (770) 488-3953, Email address: NCIPCBSC@cdc.gov.

SUPPLEMENTARY INFORMATION: Portions of the meeting as designated above will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, CDC pursuant to Public Law 92-463.

Purpose: The Board will: (1) Conduct, encourage, cooperate with, and assist other appropriate public health authorities, scientific institutions, and scientists in the conduct of research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases, and other impairments; (2) assist States and their political subdivisions in preventing and suppressing communicable and non-communicable diseases and other preventable conditions and in promoting health and well-being; and (3) conduct and assist in research and control activities related to injury. The BSC, NCIPC makes recommendations regarding policies, strategies, objectives, and priorities; reviews progress toward injury prevention goals; and provides evidence in injury prevention-related research and programs. The Board also provides advice on the appropriate balance of intramural and extramural research, as well as the structure, progress and performance of intramural programs. The Board is designed to provide guidance on extramural scientific program matters, including the: (1) Review of extramural research concepts for funding opportunity announcements; (2) conduct of Secondary Peer Review of extramural research grants, cooperative agreements, and contracts applications received in response to the funding opportunity announcements as they relate to the

Center’s programmatic balance and mission; (3) submission of secondary review recommendations to the Center Director of applications to be considered for funding support; (4) review of research portfolios; and (5) review of program proposals.

Matters To Be Considered: The open portion of the agenda will include an update on the formation of the BSC, NCIPC Opioid Workgroup, a presentation focused on opportunities for stakeholder engagement on management of acute and chronic pain, and an update on the CDC Opioid Prescribing Estimates Project. All presentations will be followed by discussion by the BSC. The closed portion of the agenda will focus on the secondary peer review of extramural research grant applications received in response to two (2) Notice of Funding Opportunities (NOFOs): RFA–CE20–001—“Evaluating Practice-Based Programs, Policies, and Practices from CDC’s Rape Prevention and Education (RPE) Program: Expanding the Evidence to Prevent Sexual Violence”; and RFA–CE20–003—“Research Grants for Preventing Violence and Violence-Related Injury” (R01). Agenda items are subject to change as priorities dictate.

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Prevention and the Agency for Toxic Substances and Disease Registry.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Center for States Evaluation Ancillary Data Collection (0970–0501)

AGENCY: Children’s Bureau, Administration on Children, Youth and Families, Administration for Children and Families, HHS.

ACTION: Request for public comment.

SUMMARY: The Administration for Children and Families (ACF) is requesting a 3-year extension of the collection of information under the Center for States Evaluation Ancillary Data Collection (OMB #0970–0501, expiration date 8/31/2020) without changes.

DATES: *Comments due within 60 days of publication.* In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: Copies of the proposed collection of information can be obtained and comments may be

forwarded by emailing *infocollection@acf.hhs.gov*. Alternatively, copies can also be obtained by writing to the Administration for Children and Families, Office of Planning, Research, and Evaluation (OPRE), 330 C Street SW, Washington, DC 20201, Attn: ACF Reports Clearance Officer. All requests, emailed or written, should be identified by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The Evaluation of the Child Welfare Capacity Building Collaborative, Center for States is sponsored by the Children’s Bureau (CB), ACF. The purpose of this evaluation is to respond to a set of cross-cutting evaluation questions posed by CB. This existing information collection is an ancillary part of a larger data collection effort being conducted for the evaluation of the Child Welfare Capacity Building Collaborative (0970–0484 and 0970–0494). This notice details a group of instruments that are specific only to the Center for States. The instruments focus on (1) evaluating an innovative approach to engaging professionals in networking and professional development through virtual conferences, (2) understanding fidelity to and effectiveness of the Center for States’ Capacity Building Model, and (3) capturing consistent information during the updated annual assessment process focused on related contextual issues impacting potential service delivery such as implementation of new legislation.

Respondents: Respondents of these data collection instruments will include child welfare agency staff and stakeholders who directly receive services.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
Child Welfare Virtual Conference:					
Child Welfare Virtual Conference Session Surveys	450	6	.08	216	72
Child Welfare Virtual Conference Focus Group Guide	30	1	1	30	10
Child Welfare Virtual Conference Interview Guide	20	1	.5	10	3
Child Welfare Virtual Conference Registration Form ...	1000	1	.03	30	10
Child Welfare Virtual Conference Exit Survey	225	1	.16	36	12
Tailored Services Capacity Building Approach:					
Tailored Services Practice Model Survey	130	1	.12	15.6	5
Assessment Observation— Group Debrief	50	1	.25	12.5	4
Service Delivery and Tracking and Adjustment Observation—Group Debrief	80	1	.25	20	7
Assessment and Service Delivery State Lead Interviews—Supplemental Questions	30	1	.5	15	5
Assessment questions:					
Annual Assessment Update (8 systematic questions)	54	1	.08	4.32	1
Total					130