photos, quotes, and findings from the photo elicitation data collection, alongside related findings from the NextGen descriptive studies. The exhibit will provide illustrative examples of how well-being has been influenced by program participation according to NextGen participants and staff. The exhibit will also include human-centered design activities that engage members of NextGen communities (where programs being evaluated for the NextGen Project were implemented) and researchers in descriptive study and photo elicitation findings by collecting data on their reflections on the exhibit. The Well-Being Storytelling Exhibit is also intended to improve understanding and future dissemination of study findings, and to pilot the method and product of a storytelling exhibit as a culturally responsive evaluation strategy. The data collection instruments for this project include photo elicitation submission forms for participants and staff, photo elicitation interview guides for participants and staff, and human-centered design activities at the photo exhibits.

Respondents: Program participants and frontline staff enrolled in the NextGen Project; NextGen community members including community partners, employers, policymakers, funders, and NextGen participants and staff; and human services researchers and practitioners. All NextGen participants will be able to opt out of the data collection activities.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Avg. burden per response (in hours)	Total/annual burden (in hours)
Photo elicitation submission form—Participants	40	1	0.50	20
Photo elicitation submission form—Staff	40	1	0.50	20
Photo elicitation interview discussion guide—Participants	40	1	1.00	40
Photo elicitation interview discussion guide—Staff	40	1	1.00	40
Human-centered design activities at the exhibit	60	1	0.25	15
Estimated total annual burden hours:				135

Comments: The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Authority: Section 413 of the Social Security Act, as amended by the FY 2017 Consolidated Appropriations Act, 2017 (Pub. L. 115–31).

Mary C. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2024–30709 Filed 12–23–24; 8:45 am]

BILLING CODE 4184–09–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Office of Child Care; Statement of Organization, Functions, and Delegations of Authority; Correction

AGENCY: Administration for Children and Families, HHS.

ACTION: Notice; correction.

SUMMARY: The Administration for Children and Families (ACF) published a document in the **Federal Register** on December 4, 2024, concerning minor adjustments made to the organization of the Office of Child Care (OCC) in adding a Regional Operations Division. The document contained an incorrect code.

FOR FURTHER INFORMATION CONTACT: Anne-Marie Twohie, Deputy Director, Office of Child Care, 330 C Street SW, Washington, DC 20201, (240) 935–1159.

SUPPLEMENTARY INFORMATION:

Correction

In the **Federal Register** on December 4, 2024, in FR Doc. 2024–28368 at 89 FR 96255 in the second full paragraph of the third column, correct F to read:

F. *Regional Operations Division (KVAD):* The Regional Operations Division is responsible for providing oversight, direction, and guidance to the 10 OCC Regional Offices and integrates regional work in central office planning.

Linda Hitt,

Director, Office of the Executive Secretariat.

[FR Doc. 2024–30650 Filed 12–23–24; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Statement of Organization, Functions, and Delegations of Authority

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration's (FDA), Center for Drug Evaluation and Research's (CDER), Office of Surveillance and Epidemiology (OSE) and Office of New Drugs (OND) has modified their organizational structure. The new organizational structure was approved by the Secretary of Health and Human Services on November 20, 2014.

FOR FURTHER INFORMATION CONTACT: Jennifer Wade, Acting Director, Division of Reorganizations and Delegations of Authority, Office of Budget, Office of Finance, Budget, and Acquisitions, Food and Drug Administration, 10903

New Hampshire Ave., Silver Spring, MD 20993, 240–731–0192.

SUPPLEMENTARY INFORMATION:

I. Introduction

Part D, Chapter D–B, (Food and Drug Administration), the Statement of Organization, Functions and Delegations of Authority for the Department of Health and Human Services (35 FR 3685, February 25, 1970, 60 FR 56606, November 9, 1995, 64 FR 36361, July 6, 1999, 72 FR 50112, August 30, 2007, 74 FR 41713, August 18, 2009, 76 FR 45270, July 28, 2011, and 84 FR 22854, May 20, 2019) is revised to reflect the Food and Drug Administration's reorganization of CDER's OSE and OND.

The purpose of this reorganization is to strengthen OSE and OND's ability to support FDA's mission and streamline its operations.

Within OSE, the newly elevated Office of Regulatory Science (ORS) will provide scientific and technical leadership in pharmacovigilance informatics, regulatory informatics systems, and science operations, including securing access to necessary data sources for drug product surveillance operations and overseeing applied research studies. While the newly elevated Office of Regulatory Operations (ORO) will manage strategic and operational projects associated with drug safety, particularly with drug safety reviews. The Executive Operations Staff (EOS) will liaise with stakeholders through the Center and the FDA as well as with external groups as appropriate to activities within OSE, coordinate executive operations of Office leadership, and support organizational development activities for OSE staff.

Within OND, this overall reorganization proposal addresses key priorities for the country as exhibited by their direct connection to multiple acts of Congress or declarations from the executive branch, including the Over-The-Counter (OTC) Monograph Reform, Biosimilars User Fee Act III (BsUFA III), Opioids Public Health Emergency Declaration, and the SUPPORT Act. Through this reorganization the FDA will be best organized and positions to address the critical workload, policy and oversight demands expected in the space of biosimilars, OTC drug products, rare disease drug development, and opioids.

The FDA's CDER has been restructured as follows:

DCDE ORGANIZATION. The CDER's OSE is headed by the Director, OSE and includes the following:

Office of Surveillance and Epidemiology (DCDE)
Program Management and Analysis Staff (DCDE3)
Executive Operations Staff (DCDE5)
Office of Medication Error Prevention and Risk Management (DCDEA)
Division of Medication Error Prevention and Analysis (DCDEAA)
Division of Risk Management (DCDEAB)
Office of Pharmacovigilance and Epidemiology (DCDEB)
Division of Epidemiology I (DCDEBA)
Division of Epidemiology I (DCDEBB)
Division of Pharmacovigilance I (DCDEBC)
Division of Pharmacovigilance I (DCDEBD)
Office of Regulatory Science (DCDEC)
Division of Regulatory Science and Applied Research (DCDECA)
Division of Pharmacovigilance Informatics and Operations Management (DCDECB)
Office of Regulatory Operations (DCDED)
Division of Regulatory Project Management I (DCDEDA)
Division of Regulatory Project Management II (DCDEDB)

DCDG ORGANIZATION. The CDER's OND is headed by the Director, OND and includes the following organizational units:

Office of Neuroscience (DCDGA)
Division of Neurology I (DCDGAB)
Division of Neurology II (DCDGAC)
Division of Psychiatry (DCDGAD)
Division of Pharmacology/Toxicology for Neuroscience (DCDGAF)
Office of Cardiology, Hematology, Endocrinology, & Nephrology (DCDGB)
Division of Metabolism & Endocrinology Products (DCDGBA)
Division of Pulmonary, Allergy & Rheumatology Products (DCDGBB)
Division of Anesthesia, Analgesia & Addiction Products (DCDGBC)
Office of Immunology & Inflammation (DCDGC)
Division of Gastroenterology & Urologic Products (DCDGCA)
Division of Bones, Reproductive & Urologic Products (DCDGCB)
Division of Dermatology & Dental Products (DCDGCC)
Office of Infectious Diseases (DCDGD)
Division of Anti-Infective Products (DCDGDA)
Division of Anti-Viral Products (DCDGDB)
Division of Transplant & Ophthalmology Products (DCDGDC)
Office of Rare Diseases, Pediatrics, Urology & Reproductive Medicine (DCDGE)
Division of Pediatrics and Maternal Health (DCDGEC)
Division of Pharmacology/Toxicology of Rare Diseases, Pediatrics, Urologic and Reproductive Medicine (DCDGED)
Division of Urology, Obstetrics, and Gynecology (DCDGEF)
Division of Rare Diseases (DCDGEG)
Division of Medical Genetics (DCDGEH)
Office of Oncologic Diseases (DCDGF)
Office of Therapeutic Biologics & Biosimilars (DCDGG)
Division of Policy (DCDGGA)
Division of Scientific Review (DCDGGB)
Office of Administrative Operations (DCDGH)
Administrative Analysis Staff (DCDGH1)
Administrative Operations Staff 1 (DCDGH2)
Administrative Operations Staff 2 (DCDGH3)
Administrative Operations Staff 3 (DCDGH4)
Administrative Operations Staff 4 (DCDGH5)
Administrative Operations Staff 5 (DCDGH6)
Financial Services Staff (DCDGH7)
Office of Nonprescription Drugs (DCDGI)
Nonprescription Drugs Pharmacology Toxicology Staff (DCDGI1)
Division of Nonprescription Drugs I (DCDGIA)
Division of Nonprescription Drugs II (DCDGIB)
Division of Nonprescription Drugs III (DCDGIC)
Division of Pharmacology/Toxicology for Nonprescription Drugs (DCDGID)
Office of Specialty Medicine (DCDGJ)
Division of Ophthalmology (DCDGJA)
Division of Imaging & Radiation Medicine (DCDGJB)
Office of New Drug Policy (DCDGK)
Division of Clinical Policy (DCDGKA)
Division of Regulatory Policy (DCDGKB)
Office of Regulatory Operations (DCDGL)
Division of Regulatory Operation for Infectious Disease (DCDGLA)
Division of Regulatory Operations for Oncologic Disease (DCDGLB)
Division of Regulatory Operations for Nonprescription Drugs (DCDGLC)
Division of Regulatory Operations for Neuroscience (DCDGLD)
Division of Regulatory Operations for Cardiology, Hematology, Endocrinology & Nephrology (DCDGLE)
Division of Regulatory Operations for Immunology & Inflammation (DCDGLF)
Division of Regulatory Operations for Rare Diseases, Pediatrics, Urology & Reproductive Medicine (DCDGLG)
Division of Regulatory Operations for Specialty Medicine (DCDGLH)

Division of Regulatory Operations for Pain, Anesthesia, and Addiction Medicine (DCDGLI)
Office of Program Operations (DCDGM)
Executive Operations Staff (DCDGM1)
Business Process & Analysis Staff (DCDGM2)
Learning & Talent Development Staff (DCDGM3)
Program Development, Implementation & Management Staff (DCDGM4)
Office of Drug Evaluation Science (DCDGN)
Division of Clinical Outcome Assessment (DCDGNA)
Division of Biomedical Informatics, Research & Biomarker Development (DCDGNB)
Office of Pain, Anesthesia, and Addiction Medicine (DCDGO)
Division of Anesthesia and Pain Medicine (DCDGOA)
Division of Substance Use Disorder Medicine (DCDGOB)
Division of Pharmacology/Toxicology for Pain, Anesthesia, and Addiction Medicine (DCDGOC)

II. Delegations of Authority

Pending further delegation, directives, or orders by the Commissioner of Food and Drugs, all delegations and redelegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegations, provided they are consistent with this reorganization.

III. Electronic Access

This reorganization is reflected in FDA's Staff Manual Guide (SMG). Persons interested in seeing the complete Staff Manual Guide can find it on FDA's website at: *https://www.fda.gov/AboutFDA/ReportsManualsForms/StaffManualGuides/default.htm.*

Authority: 44 U.S.C. 3101.

Xavier Becerra,

Secretary of Health and Human Services.

[FR Doc. 2024–30334 Filed 12–23–24; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2024–N–5353]

Privacy Act of 1974; System of Records

AGENCY: Food and Drug Administration, Department of Health and Human Services.

ACTION: Notice of a modified system of records.

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, as amended, the Department of Health and Human Services (HHS) is modifying an existing departmentwide system of records, ''Federal Advisory Committee Membership Files,'' System No. 09–90–0059. The modifications include, among other things, adding records about any prospective guest speakers at Federal advisory committee meetings who disclose financial interests and professional relationships related to the matter they will be speaking on, and changing the name of the system of records to ''Federal Advisory Committee/Subgroup Member, Subscriber/Registrant, and Guest Speaker Records.''

DATES: In accordance with 5 U.S.C. 552a(e)(4) and (11), the modified system of records is effective December 26, 2024. The new and revised routine uses will be effective January 27, 2025. Submit any comments by January 27, 2025.

ADDRESSES: The public should submit written comments, by mail or email, to Beth Kramer, HHS Privacy Act Officer, at 200 Independence Ave. SW, Suite 729H, Washington, DC 20201, or *Beth.Kramer@hhs.gov.*

FOR FURTHER INFORMATION CONTACT: General questions about the modified system of records should be submitted by mail, email, or telephone to Beth Kramer, HHS Privacy Act Officer, at 200 Independence Ave. SW, Suite 729H, Washington, DC 20201, or *Beth.Kramer@hhs.gov* or 202–690–6941.

SUPPLEMENTARY INFORMATION: This departmentwide system of records currently covers records retrieved by personal identifier about: (1) members and prospective members of HHS advisory committees established under the Federal Advisory Committee Act (FACA) and (2) members of the public who have requested to be included in mailing lists in order to receive publications or notices of information issued or posted by a particular HHS Federal advisory committee. The system of records notice (SORN) is being revised to add three additional categories of individuals and records, *i.e.:* (1) records about any members of working groups or subcommittees (*i.e.,* subgroups) of an HHS Federal advisory committee who are not appointed as members of the committee, which are similar to the committee member records currently covered in the SORN, (2) records about individuals who register to attend HHS Federal advisory committee meetings, which are similar to the subscriber records currently covered in the SORN, and (3) records about prospective guest speakers at HHS Federal advisory committee meetings, which are described in section I., below; and to make other modifications. All modifications are summarized in section II., below.

I. Background on Guest Speaker Records

A ''guest speaker'' is an individual whose professional background or other qualifications are checked and/or who is screened for possible conflicts of interest (financial interests and professional relationships) related to a matter the guest speaker wishes to speak on at an HHS Federal advisory committee meeting, so that the agency can decide whether to invite the individual to speak and can publicly acknowledge the speaker's relevant qualifications and interests at the start of the meeting, to enable the committee members to objectively evaluate the speaker's presentation. The term ''guest speaker'' as used in SORN 09–90–0059 does not include agency employees speaking at an HHS Federal advisory committee meeting in an official, governmental capacity and individual participants in the public hearing portion of an advisory committee meeting. A guest speaker is either a non-Federal government employee (non-FGE) or a special government employee (SGEs) acting in a non-official, non-governmental capacity.

Only certain HHS components, such as the Food and Drug Administration (FDA), screen guest speakers for potential conflicts of interest (all FDA advisory committees must conduct conflict screening of potential guest speakers). Such screening promotes transparency and openness in the advisory committee process and supports compliance with the requirement in 5 U.S.C. 1004(b)(3) and 41 CFR 102–3.105(g) to prevent committees' advice and recommendations from being influenced by special interests. For FDA, such screening also supports compliance with the requirement in FDA regulations at 21 CFR 14.60(b)(2) to document in meeting minutes the ''names and affiliations or interests of public participants.''

Guest speakers who are screened for conflicts are not required to complete a Federal confidential financial disclosure form. The invitation extended to them to participate as a guest speaker in an HHS Federal advisory committee meeting may be conditioned on their voluntary disclosure of potential