

Jeffrey M. Zirger,

Lead, Information Collection Review Office,
Office of Scientific Integrity, Office of Science,
Centers for Disease Control and Prevention.

[FR Doc. 2022–28005 Filed 12–22–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, Center for Preparedness and Response

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 Centers for Disease Control and Prevention (CDC) announces the following meeting for the Board of Scientific Counselors, Center for Preparedness and Response (BSC, CPR). This is a virtual meeting that is open to the public. The number of attendees is limited only by the number of internet conference accesses available, which is 500. Pre-registration is required by accessing the link in the addresses section below. Time will be available for public comment.

DATES: The meeting will be held on January 23, 2023, from 1 p.m. to 3 p.m., EST.

ADDRESSES: Zoom virtual meeting. If you wish to attend the virtual meeting, please pre-register by accessing the link at: https://cdc.zoomgov.com/webinar/register/WN_KQGdJ4e4TYWCBzed1omJg. Instructions to access the meeting will be provided in the link following registration.

FOR FURTHER INFORMATION CONTACT: Dometa Ouisley, Management Analyst, Office of Science and Public Health Practice, Center for Preparedness and Response, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop H21–6, Atlanta, Georgia 30329–4027; Telephone: (404) 639–7450; Facsimile: (678) 669–1667; Email: DOuisley@cdc.gov.

SUPPLEMENTARY INFORMATION:

Purpose: The Board of Scientific Counselors, Center for Preparedness and Response (BSC, CPR) is charged with providing advice and guidance to the Secretary, Department of Health and Human Services; the Assistant Secretary for Health; the Director, Centers for

Disease Control and Prevention; and the Director, Center for Preparedness and Response, concerning strategies and goals for the programs and research within the agency and CPR, monitoring the overall strategic direction and focus of the CPR Divisions and Offices, and administration and oversight of peer review for CPR scientific programs. For additional information about the Board, please visit: <https://www.cdc.gov/cpr/bsc/index.htm>.

Matters to be Considered: The agenda will include: (1) an update on the CDC Moving Forward initiative; and (2) a BSC, CPR health equity discussion. 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.

[FR Doc. 2022–28001 Filed 12–22–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Placement and Transfer of Unaccompanied Children Into Office of Refugee Resettlement Care Provider Facilities (OMB #: 0970–0554)

AGENCY: Office of Refugee Resettlement, Administration for Children and Families, Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Office of Refugee Resettlement (ORR), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is inviting public comments on revisions to an approved information collection. The request will allow the Unaccompanied Children (UC) Program to ensure that UC are placed in foster homes that meet their individual needs and ensure continuity of services.

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. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: ORR is proposing the following revisions to its Long-Term Foster Care Placement Memo (Form P–5):

- Change the title to “Community-Based Care Placement Memo” and update the term “long-term foster care” to “community-based care” throughout the memo. This term is more in line with terminology currently used in domestic child welfare programs and will be inclusive of ORR long-term foster care and transitional foster care programs.
- Increase the number of respondents and number of responses per respondent to include transitional foster care programs (in addition to long-term foster care programs).
- Update instructions on which fields are completed for initial placements and which are completed for transfers within the community-based care program.
- Reword some fields and instructions for clarity.
- Add field to capture the facility name for children placed in an out-of-network community-based care program.
- Separate fields that capture contact information for the foster family or group home into separate subsections and expand the fields to capture additional contact information (e.g., phone or email) in addition to name and address.

For information about all currently approved forms under this OMB number, see: https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202210-0970-008.

Respondents: ORR grantee and contractor staff, UC, and other federal agencies.

Annual Burden Estimates

Note: These burden estimates include burden related to the revisions to Form P–5 described above and currently approved forms for which we are not proposing any changes.

Information collection title	Annual number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual total burden hours
Placement Authorization (Form P-1)	262	536	0.08	11,235
Authorization for Medical, Dental, and Mental Health Care (Form P-2)	262	536	0.08	11,235
Notice of Placement in a Restrictive Setting (Form P-4/4s)	15	114	0.33	564
Community-Based Care Placement Memo (Form P-5)	110	337	0.25	9,268
UC Referral (Form P-7)	25	4,909	1.00	122,725
Care Provider Checklist for Transfers to Influx Care Facilities (Form P-8) ...	262	19	0.25	1,245
Medical Checklist for Transfers (Form P-9A)	262	49	0.08	1,027
Medical Checklist for Influx Transfers (Form P-9B)	262	96	0.17	4,276
Transfer Request (Form P-10A)	262	67	0.42	7,373
Transfer Request (Form P-10A)	275	67	0.33	6,080
Influx Transfer Request (Form P-10B)	262	96	0.42	10,564
Transfer Summary and Tracking (Form P-11)	262	67	0.17	2,984
Program Entity (Form P-12)	262	12	0.50	1,572
UC Profile (Form P-13)	262	468	0.75	91,962
ORR Transfer Notification—ORR Notification to Immigration and Customs Enforcement Chief Counsel of Transfer of UC and Request to Change Address/Venue (Form P-14)	262	67	0.17	2,984
Family Group Entity (Form P-15)	25	120	0.08	240
Influx Transfer Manifest (Form P-16)	3	12	0.33	12
Influx Transfer Manual and Prescreen Criteria Review (Form P-17)	262	56,213	0.50	7,363,903
Notice of Administrative Review (Form P-18)	200	1	0.83	166

Estimated Annual Burden Hours Total: 7,649,415.

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: 6 U.S.C. 279; 8 U.S.C. 1232; *Flores v. Reno Settlement Agreement*, No. CV85-4544-RJK (C.D. Cal. 1996).

Mary B. Jones,
ACF/OPRE Certifying Officer.

[FR Doc. 2022-27908 Filed 12-22-22; 8:45 am]

BILLING CODE 4184-45-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Notice of Amendment

ACTION: Notice of amendment.

SUMMARY: The Secretary is amending the Declaration issued in the **Federal Register** of April 11, 2017, pursuant to

section 319F-3 of the Public Health Service Act to extend the effective time period of the Declaration.

DATES: This amendment of the April 11, 2017 Declaration is effective January 1, 2023.

FOR FURTHER INFORMATION CONTACT: L. Paige Ezernack, Administration for Strategic Preparedness and Response, Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201; 202-260-0365, paige.ezernack@hhs.gov.

SUPPLEMENTARY INFORMATION: The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the Secretary of Health and Human Services (the Secretary) to issue a Declaration to provide liability immunity to certain individuals and entities (Covered Persons) against any claim of loss caused by, arising out of, relating to, or resulting from the administration or use of medical countermeasures (Covered Countermeasures), except for claims that meet the PREP Act's definition of willful misconduct. The Secretary may, through publication in the **Federal Register**, amend any portion of a Declaration.

The PREP Act was enacted on December 30, 2005, as Public Law 109-148, Division C, Section 2. It amended the Public Health Service (PHS) Act, adding Section 319F-3, which addresses liability immunity, and Section 319F-4, which creates a compensation program. These sections are codified in the U.S. Code as 42 U.S.C. 247d-6d and 42 U.S.C. 247d-6e, respectively. Section 319F-3 of the PHS

Act has been amended by the Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), Public Law 113-5, enacted on March 13, 2013, and the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Public Law 116-136, enacted on March 27, 2020, to expand Covered Countermeasures under the PREP Act.

This Secretary is now amending the Declaration to extend the time period for which liability immunity is in effect for all of the Covered Countermeasures to December 31, 2027.

Renewal of PREP Act declaration for nerve agent and insecticide threats is requested due to the continued national security threat posed by these chemical threats. Nerve agent and insecticide threats have the potential to cause significant morbidity and mortality in the event of large-scale exposures. PREP Act coverage of countermeasures is critical to the engagement with potential product sponsors due to the limited commercial market of products in this threat space. Covered countermeasures for nerve agents and insecticides will continue to be a part of the preparedness posture for the United States, both in terms of stockpiling current products and development next-generation candidates. Extension of the PREP Act declaration for countermeasures against nerve agents and insecticides is essential.

Unless otherwise noted, all statutory citations below are to the U.S. Code.