studies, and disseminates information about existing state and local laws that may have application to public health; (3) engages national, state and local public health partners and policy makers, state, local, and U.S. court systems and law enforcement in identifying priorities and in developing and applying legal tools; (4) develops practical, law-centered tools for practitioners and policy makers at the STLT levels; and (5) provides consultation and technical assistance to CDC programs and partners.

Knowledge Management Office (CQA5). (1) Facilitates the development and provision of training and development opportunities to STLT health partners; (2) provides leadership in identifying and implementing strategies for effective collaboration of CDC and STLT public health professionals; (3) works collaboratively across OSTLTS, CDC and STLT agencies to disseminate and promote the adoption of leading practices, lessons learned and models that improve community programs; and (4) established collaboration and coordination between clinical medicine and public health to better coordinate and partner for healthier communities.

Field Services Office (CQA4). (1) Provides cross-agency support, guidance and strategic direction for the recruitment, development, and management of CDC field staff embedded within external public health agencies; (2) develops and provides training for project officers and consultants, grants management officials, field staff and leadership; (3) conducts periodic assessments of field staff and project officer needs; (4) maintains accurate demographic and assignment-related data on field staff; (5) supports grants management optimization efforts to improve SILT health agencies; (6) provides agency-wide leadership and coordination in the identification, assessment, and development of solutions to improve CDC technical assistance and service delivery; (7) assists in the coordination of CDC and OSTLTS Director site visits to SILT agencies; and (8) manages the Public Health Associates Program and provides direct oversight and supervision for the Associates.

Division of Public Health Performance Improvement (CQB). The mission of the Division of Public Health Performance Improvement (DPHPI) is to advance U.S. public health agency and system performance to better serve and protect the population. In carrying out its mission, DPHPI: (1) Promotes coordination among federal and SILT health agencies to support the improvement and development of organizations and enable evidence-based policy and decision making; (2) identifies and evaluates gaps in the structure and operation of public health agencies and systems; (3) forecasts emerging opportunities and challenges to governmental public health agencies/systems and assists in prioritizing essential resources to ensure optimal response; (4) strengthens operational performance and capability of SILT health agencies; (5) develops and disseminates evidence of successful strategies, organizational structures, policies, programs, and system improvements; (6) supports SILT agencies to meet national standards and attain accreditation; (7) supports SILT health agency performance management and quality improvement activities; and (8) provides the scientific leadership and management to ensure the quality of science within OSTLTS.

Office of the Director (CQB1). (1) Manages, directs and coordinates the activities of DPHPI; (2) provides leadership and guidance on division operations, policies, program development and program integration; (3) coordinates with Federal and STLT agencies and CDC programs to leverage cross-cutting activities to develop stronger organizations and enable evidence-based policy and decision making; and (4) provides leadership in the development and implementation of evidence-based approaches for public health system management and improvement.

Health Department and Systems Development Branch (CQBB). (1) Identifies, synthesizes and forecasts emerging opportunities and challenges to public health departments and systems; (2) provides leadership to prioritize and, develop tools, resources, standards, and practices to strengthen operational performance and capability of STLT health departments with special emphasis on performance and quality improvement, and assessment and planning; (3) supports efforts to use national accreditation and other important standards to improve public health performance, quality, and service delivery; and (4) provides technical assistance, expertise, consultation, and cross-learning opportunities to STLT health departments.

Applied Systems Research and Evaluation Branch (CQBC). (1) Engages in research to identify gaps in the structure and operation of public health agencies and systems; (2) evaluates and reports on STLT health outcomes and other indicators as appropriate to stimulate improvement activities; (3) conducts assessments and analysis of TLT programs and data to increase effectiveness and efficiencies; (4) provides evidence of successful strategies, organizational structures, policies, programs, and system improvements that advance prevention and health promotion programs and overall health outcomes; and (5) evaluates and validates standards, policies, leading practices, and models across CDC and STLT agencies.

Dated: April 25, 2012.

Sherri A. Berger,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2012–10887 Filed 5–7–12; 8:45 am]

BILLING CODE 4160–18–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Permanency Innovations Initiative (PII) Evaluation: Phase 1.

OMB No.: New Collection.

Description: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS) intends to collect 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.

The CB has funded six grantees to identify local barriers to permanent placement and implement innovative strategies that mitigate or eliminate those barriers and reduce the likelihood that children will remain in foster care for three years or longer. The first year of the initiative focused on clarifying grantees' target populations and intervention programs. In addition, evaluation plans were developed to support rigorous site-specific and cross-site studies to document the implementation and effectiveness of the grantees' projects and the initiative overall.

Data collection for the PII evaluation includes a number of components being launched at different points in time. The purpose of the current document is to request approval of data collection efforts needed for a first phase of data collection and to request a waiver for

subsequent 60 day notices for later components of the evaluation. The first phase includes data collection for a cross-site implementation study and site-specific impact evaluations in two PIT grantee sites (Kansas; Washoe County, Nevada) that will begin implementing interventions during the second year of the PII grant period. The second phase includes a cross-site cost evaluation and site-specific impact evaluations in four PII grantee sites expected to implement interventions in the third year of the PII grant period.

Data for the cross-site implementation study will be collected through: (1) Interviews with grantee staff and key informants conducted by telephone and during site visits; (2) web-based instruments completed by grantee staff and key informants; and (3) retrieval and submission of aggregate data from grantee data systems. Data for the Kansas impact evaluation will be collected through (1) family assessments; (2) caseworkers' clinical assessments of children and families; and (3) caseworker discussions. Data for the Washoe County impact evaluation will be collected through family assessments.

Respondents: Families (parents, or permanent or foster caregivers; children), caseworkers, supervisors, service providers, and key informants such as grantee project directors, data managers, and representatives of partner agencies.

ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
CROSS-SITE IMPLEMENTATION STUDY:				
Survey of Organization/System Readiness	60	1	0.3	18
Implementation Drivers Web Survey	150	2	0.8	240
Grantee Case Study Protocol	30	4	2.0	240
Fidelity Data (Implementation Quotient Tracker)	2	8	1.5	24
Cross-Site Estimated Total	—	—	—	522
KANSAS:				
Caregiver Initial Information Form	300	1	0.1	30
Family Assessment Battery	300	3	1.5	1350
CAFAS/PECFAS	4	150	1.0	600
Caseworker Discussions for NCFAS–G&R Completion	4	150	0.5	300
Kansas Estimated Total	—	—	—	2280
WASHOE COUNTY:				
Family Assessment Battery	175	2	1.5	525
Washoe Estimated Total	—	—	—	525

Estimated Total Annual Burden Hours: 3327.

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.

Steven M. Hanmer,

OPRE Reports Clearance Officer.

[FR Doc. 2012–10848 Filed 5–7–12; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2012–N–0001]

Gastrointestinal Drugs Advisory Committee; Cancellation

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The meeting of the Gastrointestinal Drugs Advisory Committee scheduled for May 31, 2012, is canceled. This meeting was announced in the **Federal Register** of March 23, 2012 (77 FR 17078). The meeting is being canceled because the Agency no longer needs to discuss the issues that were originally under consideration in the review of the application. The sponsor of the new drug application (NDA) submitted new information which negated the necessity for the planned meeting. The Agency intends to continue evaluating NDA 200–436 and, as needed, may schedule an Advisory Committee meeting in the future.

FOR FURTHER INFORMATION CONTACT: Minh Doan, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 31, rm. 2417, Silver Spring, MD 20993–0002, 301–796–9001, Fax: 301–847–8533, email: *GIDAC@fda.hhs.gov,* or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), to find out further information regarding FDA advisory committee information or visit our Web site at *http://www.fda.gov/AdvisoryCommittees/default.htm.*

Dated: May 2, 2012.

Jill Hartzler Warner,

Acting Associate Commissioner for Special Medical Programs.

[FR Doc. 2012–10990 Filed 5–7–12; 8:45 am]

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