travel processing for federal employees, Commissioned Corps and all CDC-invited guests; (2) provides direct management and execution of the administrative aspects of human resources across NCIRD, including training, and administration of policies and guidelines developed by Office of Human Resources, Atlanta Operations Center, Department of Health and Human Services, CDC Ethics Office, Financial Management Office, Office of Commissioned Corps Personnel, Center for Global Health, Office of Personnel Management, and Procurement and Grants Office; (3) provides direct management and execution of the coordination of office facilities, and supplies technical guidance and expertise regarding occupancy and facilities management to emergency situations; (4) provides direct and daily management and execution of the distribution, accountability and maintenance of CDC property and equipment; (5) provides direct management and execution of procurement requisitions, and contracts and performs administrative tasks related to initiating, processing and maintaining interagency agreements; (6) provides direct management and execution of the creation, organization, access, maintenance and disposition of CDC records, and of the establishment of policies and procedures coordinating a NCIRD response to Freedom of Information Act requests; and (7) provides direct management and execution of the coordination of logistics for Federal government committee meetings and NCIRD conferences.

Office of Science and Integrated Programs (CVG17). (1) Links strategies and priorities of the primarily programmatic-focused NCIRD divisions with those of primarily disease-based divisions; (2) facilitates development and ongoing implementation of integrated infectious respiratory disease (including influenza) surveillance, research, and prevention and control activities across the divisions, both domestically and globally, including supporting implementation of NCIRD's respiratory diseases strategic prevention priorities; (3) interfaces with other CDC CIOs working in the area of respiratory diseases; (4) coordinates and facilitates the center's overall respiratory and vaccine preventable disease scientific/research agenda; (5) assumes responsibility for the protection of human research subjects, scientific review, clearance of manuscripts and other written materials; (6) provides planning and coordination of overall surveillance strategies, preparedness, response, and prevention effectiveness related to a center-wide public health scientific agenda and in quantifying how programs and activities promote cost-effective and high impact prevention strategies with respect to immunization and other vaccine preventable disease programs; (7) provides leadership (agency and center-wide) for vaccine preventable and respiratory disease surveillance to include guidance and coordination of NCIRD surveillance activities and systems, as well as leadership on issues related to internal and external integration of CDC surveillance activities; (8) coordinates, facilitates and integrates domestic and international respiratory and vaccine preventable disease surveillance activities through existing methods while developing new approaches, tools and analyses for these activities; (9) fosters a multidisciplinary approach to epidemiology, statistics, informatics, laboratory methods and evaluation; (10) facilitates cross-cutting health services research and economic analyses in the area of vaccine preventable and respiratory diseases and immunization programs and their impact on and relationships to health insurance reform; (11) provides leadership in developing a center-wide prevention effectiveness priority agenda and facilitates the development and ongoing implementation of integrated modeling activities; (12) provides leadership in facilitating the development and implementation of the center's overarching influenza surveillance, research, and prevention strategy (pandemic and seasonal); and (13) provides leadership across the divisions with respect to linking preparedness and response elements to the overall influenza prevention and control strategy, and interfaces with other parts of CDC with respect to this strategy.

Dated: April 19, 2011.

James D. Seligman,

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

[FR Doc. 2011–10503 Filed 4–29–11; 8:45 am]

BILLING CODE 4160–18–M

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 76 FR 15984–15985, dated March 22, 2011) is amended to reflect the reorganization of the Laboratory Science, Policy, and Practice Program Office, Office of Surveillance, Epidemiology and Laboratory Services, Centers for Disease Control and Prevention.

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

Delete item (1) of the functional statement for Division of Laboratory Policy and Practice (CPGB), Laboratory Science, Policy, and Practice Program Office (CPG), and insert the following:

(1) Ensures coordination and liaison with the Office of Safety, Health and Environment (OSHE) on laboratory biosafety issues as part of the larger Quality Management Systems for laboratories.

Delete item (1) of the functional statement for Technology Management Branch (CPGBB) and insert the following:

(1) Coordinates with OSHE and other federal partners on cross-cutting safety issues.

Delete items (2), (3) and (4) of the functional statement for Technology Management Branch (CPGBB) and renumber the remaining items accordingly.

Dated: April 15, 2011.

Carlton Duncan,

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

[FR Doc. 2011–10402 Filed 4–29–11; 8:45 am]

BILLING CODE 4160–18–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Low Income Home Energy Assistance Program (LIHEAP) Carryover and Reallotment Report.

OMB No.: 0970–0106.

Description: The LIHEAP statute and regulations require LIHEAP grantees to report certain information to HHS concerning funds forwarded and funds subject to reallotment. The 1994 reauthorization of the LIHEAP statute, the Human Service Amendments of 1994 (Pub. L. 103–252), requires that the

Carryover and Reallotment Report for one fiscal year be submitted to HHS by the grantee before the allotment for the next fiscal year may be awarded. The Administration for Children and Families is requesting no changes in the collection of data with the Carryover and Reallotment Report, a form for the collection of data, and the Simplified Instructions for Timely Obligations of LIHEAP Funds and Reporting Funds for Carryover and Reallotment. The form clarifies the information being requested and ensures the submission of all the required information. The form facilitates our response to numerous queries each year concerning the amounts of obligated funds. Use of the form is voluntary. Grantees have the option to use another format.

Respondents:

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Carryover and Reallotment Report	192	1	3	576

Estimated Total Annual Burden Hours: 576.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: *infocollection@acf.hhs.gov.* All requests should be identified by the title of the information collection.

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.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2011–10458 Filed 4–29–11; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2011–D–0293]

Draft Guidance for Industry and FDA Staff: Processing/Reprocessing Medical Devices in Health Care Settings: Validation Methods and Labeling; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of the draft guidance document entitled "Draft Guidance for Industry and FDA Staff: Processing/Reprocessing Medical Devices in Health Care Settings: Validation Methods and Labeling." The recommendations in this guidance are intended to improve the safety and effectiveness of devices with processing or reprocessing labeling. This draft guidance is not final; nor is it in effect at this time.

DATES: Although you can comment on any guidance at any time (see § 10.115 (21 CFR 10.115(g)(5))), to ensure that the Agency considers your comment on this draft guidance before it begins work on the final version of the guidance, submit electronic or written comments on the draft guidance by August 1, 2011.

ADDRESSES: Submit written requests for single copies of the draft guidance document entitled "Draft Guidance for Industry and FDA Staff: Processing/Reprocessing Medical Devices in Health Care Settings: Validation Methods and Labeling" to the Division of Small Manufacturers, International, and Consumer Assistance, Center for Devices and Radiological Health, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 66, rm. 4613, Silver Spring, MD 20993–0002. Send a fax request to 301–847–8149 to receive a hard copy. Alternatively, you may submit written requests for single copies of the draft guidance to the Office of Communication, Outreach and Development (HFM–40), Center for Biologics Evaluation and Research, 1401 Rockville Pike, suite 200N, Rockville, MD 20852. Send one self-addressed adhesive label to the office that you are ordering from to assist in processing your requests. See the **SUPPLEMENTARY INFORMATION** section for information on electronic access to the guidance.

Submit electronic comments on the draft guidance to *http://www.regulations.gov.* Submit written comments to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Identify comments with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT:

Steven Turtil, Center for Devices and Radiological Health, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 66, rm. 1570, Silver Spring, MD 20993–0002, 301–796–6305; or

Stephen Ripley, Center for Biologics Evaluation and Research (HFM–17), Food and Drug Administration, 1401 Rockville Pike, suite 200N, Rockville, MD 20852, 301–827–6210.

SUPPLEMENTARY INFORMATION:

I. Background

In recent years, there has been a significant advance in knowledge and technology involved in reprocessing reusable medical devices. Additionally, there has been an evolution towards more complex reusable medical device designs that are more difficult to clean and disinfect or sterilize. The revision of this guidance, originally published in 1996, reflects scientific advances in this area. Under FDA labeling regulations (part 801 (21 CFR part 801)), a device must have adequate directions for use, which include instructions on preparing a device for use. Instructions on how to