

management; and (15) collaborates, as appropriate, with other Federal agencies in carrying out these activities.

Program Development and Services Branch (CLLB). (1) provides consultation, training, educational, and other technical services to assist State, Territorial, and local education and health departments, Tribal governments, national nongovernmental organizations, and other societal institutions to implement and improve policy, systems, and environmental changes and interventions to reduce priority health risks among the school-aged population and improve the health of students and school staff; (2) uses the results of surveillance and evaluation research and research syntheses to improve the impact of school- and community-based interventions designed to reduce priority health risks among school-aged populations to promote changes in behaviors such as obesity, smoking, physical inactivity, chronic disease, the transmission of HIV, other sexually transmitted infections, and unintended pregnancy; (3) provides leadership to the nationwide network of leaders in school health to promote linkages between State and local public health departments with education agencies; (4) assesses training and technical assistance needs and develops strategies to build the capacity of funded partners, other external partners, and division staff; (5) strengthens efforts of national, State, and local programs to provide high quality professional development services to support school-based chronic disease prevention policies, programs, and practices; and (6) provides consultation to other divisions within NCCDPHP and CDC on how schools work and how to foster effective collaboration between public health and education departments.

Research Application and Evaluation Branch (CLLC). (1) conducts evaluation research to expand knowledge of the determinants of priority health risk behaviors among school-aged populations and to identify effective policies, systems, environmental changes, interventions and practices that schools and other societal institutions can implement to reduce priority health risks; (2) synthesizes and disseminates research findings to improve the impact of interventions designed to reduce priority sexual health risks among school-aged populations, including those designed to address cross-cutting issues and protective factors; (3) synthesizes and translates scientific research to develop and disseminate guidance, tools, and resources to help schools and other

societal institutions apply research synthesis findings to reduce priority health risks; and (4) in collaboration with other NCCDPHP divisions and with other governmental and nongovernmental organizations, develops and promotes evidence-based policies, practices, and evaluation methods.

School-Based Surveillance Branch (CLLD). (1) maintains international, national, State, Tribal, and local school-based surveillance systems to identify and monitor priority health risk behaviors and health outcomes; (2) maintains and supports national, State, Tribal, and local surveillance systems to monitor health risk behaviors among school-aged populations along with the school health policies, programs, and practices designed to address priority health risk behaviors and health outcomes; (3) designs, develops, and disseminates a wide variety of products describing school-based surveillance data; (4) provides national leadership and comprehensive technical assistance to State and local education and health agencies, Tribal governments, and ministries of health and education in the planning and implementation of school-based surveillance systems; (5) manages extramural funding of school-based surveillance systems; and (6) collaborates with other branches, divisions, and offices in NCCDPHP and other components throughout CDC to accomplish the functions listed above.

IV. Under part C, section C–B, Organization and Functions, retitle the following organizational components:

- Strategic Business Initiatives (CAJT) to the Office of Strategic Business Initiatives (CAJT) within the Office of the Chief Operating Officer
- Office of the Deputy Director of Management and Operations (CAK13) to the Office of the Deputy Director for Management and Operations (CAK13) within the Office of Public Health Data, Surveillance, and Technology
- Management and Operations Office (CAK133) to the Office of Management and Operations (CAK133) within the Office of Public Health Data, Surveillance, and Technology

V. Under part C, section C–B, Organization and Functions, delete the respective mission or functional statements for and replace with the following:

Office of the Director (CAKC1). (5) ensures the OPHDST strategy is executed in the Investigate and Respond Division and aligned with overall CDC and the Public Health Data Strategy goals; (9) identifies dependencies and

coordinates synergies between Investigate and Respond Division and OPHDST offices and divisions.

Office of the Director (CAKD1). (9) identifies dependencies and coordinates synergies between Inform and Disseminate Division, OPHDST offices and divisions, and other CDC programs.

Data Standards Branch (CAKEB). (5) collaborates with the Technology Strategy Office to develop and adopt interoperability standards for systems and health information technology functional services.

Office of the Director (CAKG1). (8) identifies dependencies and coordinates synergies between the Platforms Division and OPHDST offices and divisions; (9) ensures communications are aligned within OPHDST/OD and shared across the Platforms Division.

Delegations of Authority

All delegations and redelegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegation, provided they are consistent with this reorganization.

(Authority: 44 U.S.C. 3101.)

Robin Bailey, Jr.,

Chief Operating Officer, Centers for Disease Control and Prevention.

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for Office of Management and Budget (OMB) Review; ORR–3 and ORR–4 Report Forms for the Unaccompanied Refugee Minors Program (OMB #0970–0034)

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

ACTION: Request for public comments.

SUMMARY: The Office of Refugee Resettlement (ORR) is requesting a 3-year extension of the ORR–3 and ORR–4 Report Forms (OMB #: 0970–0034, expiration 02/29/2024). There are very minimal changes requested to the report forms; ORR proposes minor revisions to the form instructions to improve clarity in certain sections and provide additional guidance for providers on how to assess youth functioning.

DATES: *Comments due within 30 days of publication.* OMB must make a decision

about 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.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular

information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. You can also obtain copies of the proposed collection of information by emailing infocollection@acf.hhs.gov. Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:
Description: The ORR–3 Report is submitted within 30 days of the minor’s initial placement in the state, within 60 days of a reportable change in the

minor’s case (e.g., change in legal responsibility, change in foster home placement, change in immigration data), and within 60 days of termination from the program. The ORR–4 Report is submitted every 12 months beginning on the first anniversary of the initial placement date, to record outcomes of the minor’s progress.

Respondents: Unaccompanied Refugee Minors (URM) State Agencies, URM Provider Agencies, and youth participants.

URM STATE AGENCIES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
ORR–3 URM Placement Report	15	432	0.25	1,620	540
ORR–4 URM Outcomes Report	15	282	0.50	2,115	705

Estimated Total Annual Burden Hours (URM State Agencies): 1,245.

URM PROVIDER AGENCIES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
ORR–3 URM Placement Report	24	270	0.50	3,240	1,080
ORR–4 URM Outcomes Report	24	162	1.0	3,888	1,296

Estimated Total Annual Burden Hours (URM Provider Agencies): 2,376.

YOUTH PARTICIPANTS

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
ORR–4 URM Outcomes Report	1032	3	0.50	1,548	516

Estimated Total Annual Burden Hours (Youth Participants): 516.

Total Estimated Annual Burden Hours: 4,137.

Authority: 8 U.S.C. 1522(d).

Mary B. Jones,
 ACF/OPRE Certifying Officer.
 [FR Doc. 2023–22156 Filed 10–4–23; 8:45 am]
 BILLING CODE 4184–89–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Expedited Office of Management and Budget Review and Public Comment: Office of Human Services Emergency Preparedness and Response Disaster Human Services Case Management Intake Assessment, Resource Referral, and Case Management Plan

AGENCY: Office of Human Services Emergency Preparedness and Response, Administration for Children and

Families, U.S. Department of Health and Human Services.

ACTION: Request for Public Comments.

SUMMARY: The Office of Human Services Emergency Preparedness and Response (OHSEPR), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is requesting expedited review of an information collection request from the Office of Management and Budget (OMB) and inviting public comments on the proposed collection. OHSEPR’s Disaster Human Services Intake Assessment, Resource Referral, and Case Management Plan collection is part of a system of tools that OHSEPR utilizes to