0014 and *www.atsdr.cdc.gov/sites/vieques/*.

DATES: Written comments must be received on or before January 11, 2012.

ADDRESSES: Requests for Compact Disc copies of the draft Vieques Report should be sent via email to: *ATSDRRecordsCenter@cdc.gov,* or to Rolanda Morrison, ATSDR Records Center, Mailstop F–09, 4770 Buford Highway NE., Atlanta, GA 30341. Electronic access to this document is also available at the ATSDR *Web site: www.atsdr.cdc.gov/sites/vieques/*.

Electronic comments may be sent via *http://www.regulations.gov,* docket control number CDC–2011–0014. Please follow the directions on the site to submit comments. Comments may also be sent to the attention of Rolanda Morrison, ATSDR Records Center, Mailstop F–09, 4770 Buford Highway NE., Atlanta, GA 30341, Send one copy of all comments and three copies of all supporting documents. Comments may also be submitted by email to *ATSDRecordsCenter@cdc.gov*. Please ensure docket control number CDC–2011–0014 is included in the subject line of all written correspondence. Because all public comments regarding this draft report are available for public inspection, no confidential business information or other confidential information should be submitted in response to this notice.

FOR FURTHER INFORMATION CONTACT: The Division of Health Assessment and Consultation, Agency for Toxic Substances and Disease Registry, Mailstop F–59, 1600 Clifton Road NE., Atlanta, Georgia 30333, *email: viequesreport@cdc.gov*.

SUPPLEMENTARY INFORMATION: The Agency for Toxic Substances and Disease Registry (ATSDR) is required by the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), as amended by the Superfund Amendments and Reauthorization Act of 1986 (SARA), to conduct public health assessments at all sites on, or proposed for inclusion on, the National Priorities List [42 U.S.C. 9604(i)(6)(A)], and the agency may also conduct public health assessments in response to requests from the public [42 U.S.C. 9604(i)(6)(B)]. In addition, the U.S. Environmental Protection Agency (EPA) may request the conduct of a public health assessment under RCRA [42 U.S.C. 6939a(b)].

An ATSDR Public Health Assessment reviews available information about hazardous substances at a site and evaluates whether exposure to them might cause any harm to people. The ATSDR public health assessment includes an analysis and statement of the public health implications posed by the site under consideration. This analysis generally involves an evaluation of relevant environmental data, the potential for exposures to substances related to the site, available toxicologic, epidemiologic and health outcome data, and community concerns associated with a site where hazardous substances have been released. The public health assessment also identifies populations living or working on or near hazardous waste sites for which more extensive public health actions or studies are indicated.

This notice announces the availability of the draft Vieques Report: *An Evaluation of Environmental, Biological, and Health Data from the Island of Vieques, Puerto Rico.* ATSDR has worked to ensure that the analysis of Viequense environmental data is thorough; that it considers all readily available investigations and research, especially research completed since release of the 2001–2003 public health assessments.

ATSDR encourages the public's participation and comment on the further development of this report.

Dated: December 6, 2011.

Tom Sinks,

Deputy Director, National Center for Environmental Health/Agency for Toxic Substances and Disease Registry.

[FR Doc. 2011–31770 Filed 12–8–11; 11:15 am]

BILLING CODE 4163–70–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, Office of Public Health Preparedness and Response: Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Pub. L. 92–463) of October 6, 1972, that the Board of Scientific Counselors, Office of Public Health Preparedness and Response, Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), has been renewed for a 2-year period through November 5, 2013.

For information, contact Daniel M. Sosin, M.D., M.P.H., Designated Federal Officer, Board of Scientific Counselors, Office of Public Health Preparedness and Response, CDC, HHS, 1600 Clifton Road NE., Mailstop D44, Atlanta, Georgia 30333, Telephone 404/639–7855, Fax 404/639–7977.

The Director, Management Analysis and Services Office, 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.

Dated: December 6, 2011.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2011–31787 Filed 12–9–11; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Subcommittee on Procedures Review, Advisory Board on Radiation and Worker Health (ABRWH), National Institute for Occupational Safety and Health (NIOSH)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC), announces the following meeting of the aforementioned subcommittee:

Time and Date: 9 a.m.–5 p.m., January 9, 2012.

Place: Cincinnati Airport Marriott, 2395 Progress Drive, Hebron, Kentucky 41018. Telephone (859) 334–4611, Fax (859) 334–4619.

Status: Open to the public, but without an oral public comment period. Written comments may be submitted. To access by conference call, dial the following information: (866) 659–0537, Participant Pass Code 9933701.

Background: The ABRWH was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the compensation program. Key functions of the ABRWH include providing advice on the development of probability of causation guidelines that have been promulgated by the Department of Health and Human Services (HHS) as a final rule; advice on methods of dose reconstruction which have also been promulgated by HHS as a final rule; advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program; and advice on petitions to add

classes of workers to the Special Exposure Cohort (SEC).

In December 2000, the President delegated responsibility for funding, staffing, and operating the ABRWH to HHS, which subsequently delegated this authority to CDC. NIOSH implements this responsibility for CDC. The charter was issued on August 3, 2001, renewed at appropriate intervals, and will expire on August 3, 2013.

Purpose: The ABRWH is charged with (a) Providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advising the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is a reasonable likelihood that such radiation doses may have endangered the health of members of this class. The Subcommittee on Procedures Review was established to aid the ABRWH in carrying out its duty to advise the Secretary, HHS, on dose reconstructions. The Subcommittee on Procedures Review is responsible for overseeing, tracking, and participating in the reviews of all procedures used in the dose reconstruction process by the NIOSH Division of Compensation Analysis and Support (DCAS) and its dose reconstruction contractor.

Matters To Be Discussed: The agenda for the Subcommittee meeting includes discussion of the following ORAU and DCAS procedures: OCAS TIB–0010 (''Best Estimate External Dose Reconstruction for Glovebox Workers''); DCAS TIB–0013 (''Selected Geometric Exposure Scenario Considerations for External Dose Reconstruction at Uranium Facilities''), OTIB–0019 (''Analysis of Coworker Bioassay Data for Internal Dose Assignment''), OTIB–0047 (''External Radiation Monitoring at the Y–12 Facility During the 1948–1949 Period''), OTIB–0052 (''Parameters to Consider When Processing Claims for Construction Trade Workers''), and OTIB–0070 (''Dose Reconstruction During Residual Radioactivity Periods at Atomic Weapons Employer Facilities''); and a continuation of the comment-resolution process for other dose reconstruction procedures under review by the Subcommittee.

The agenda is subject to change as priorities dictate.

This meeting is open to the public, but without an oral public comment period. In the event an individual wishes to provide comments, written comments may be submitted. Any written comments received will be provided at the meeting and should be submitted to the contact person below in advance of the meeting.

CONTACT PERSON FOR MORE INFORMATION: Theodore Katz, Executive Secretary, NIOSH, CDC, 1600 Clifton Road, Mailstop E20, Atlanta, Georgia 30333, *Telephone:* (513) 533–6800, *Toll Free:* 1–(800) CDC–INFO, Email *dcas@cdc.gov.*

The Director, Management Analysis and Services Office, 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.

Dated: December 6, 2011.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2011–31793 Filed 12–9–11; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Maternal, Infant and Early Childhood Home Visiting Evaluation: Baseline survey data collection.

OMB No.:

Description: The Administration for Children and Families (ACE) and Health Resources and Services Administration (HRSA) within the U.S. Department of Health and Human Services (HHS) have launched a national evaluation called the Maternal, Infant and Early Childhood Home Visiting Evaluation (MIECE). This evaluation, mandated by the Affordable Care Act, will inform the federal government about the effectiveness of the newly established MIECHV program in its first few years of operation, and provide information to help states develop and strengthen home visiting programs in the future. By systematically estimating the effects of home visiting programs across a wide range of outcomes and studying the variation in how programs are implemented, MIECE will provide valuable information on the effects of these programs on parents and children. This includes investigating the effects of home visiting on maternal and child well-being, how those effects vary for different home visiting approaches, and how variations in program design and implementation influence program fidelity and impacts.

The MIECE study includes two phases: Phase 1 includes baseline data collection and implementation data; Phase 2 includes follow up data collection. The purpose of the current document is to request approval of data collection efforts needed for Phase 1 of MIECE and to request a waiver for subsequent 60 day notices for Phase 2. Phase I will include data collected about families when they enter the study as well as data on program implementation. Those data collection efforts include the following: (1) Obtaining consent to collect data from all Phase 1 respondents, (2) surveys of parents when they enter the study, (3) annual semi-structured interviews with state MIECHV administrators, (4) annual surveys of home visiting program site managers, (5) annual surveys of home visiting program site supervisors, (6) annual surveys of program site home visitors, (7) annual surveys of administrators of community resources that provide services relevant to home visited families; (8) logs maintained by supervisors on supervisory activities, (9) logs maintained by home visitors on service delivery, (10) self-completed questionnaires by parents during selected home visits, (11) self-completed questionnaires by home visitors during selected home visits, and (12) qualitative interviews and focus groups with staff at participating program sites in each state. These data will be used to measure characteristics of participating families at the time of enrollment into the study; characteristics of program staff; factors for service delivery; and program implementation, fidelity, and costs. In addition to data collected during Phase 1, the evaluation will collect information on family outcomes around the time of the child's first birthday. These data will include a one-hour interview with the parent and 30-minutes of observed interactions between the parent and child. This notice does not seek comment on these follow-up data collection activities.

The baseline family survey will be used to collect information on background and experiences when families enter the study. The remaining data collection will be used to collect information on organizational and individual-level factors that influence how home visiting services are delivered. The visit logs for families participating in NIECE and assigned to the home visiting group and the videotaped home visits will be used to