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

collect information on the services provided to families.

Respondents: The respondents, who will be the same in Phases 1 and 2 of the evaluation, will include enrolled parents; state MIECHV administrators; home visiting program managers, supervisors, and home visitors; and administrators of community resources. Data collection activities will take place over a three-year period.

ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
Consent for all Phase 1 respondents	2040	1	0.2	408
Baseline survey of parents in the study	1700	1	1.0	1700
Semi-structured interviews with state MIECHV administrators	8	1	2.0	16
Surveys of program site managers	28	2	3.0	168
Surveys of program site supervisors	33	2	1.25	85
Surveys of program site home visitors	170	2	1.25	425
Surveys of community resource administrators	567	1	0.1	57
Supervisor logs	33	48	0.5	792
Home visitor logs	170	48	0.5	4080
Self-completed questionnaires by parents	255	1	0.2	51
Self-completed questionnaires by home visitors	85	3	0.2	51
Qualitative interviews and focus groups with staff at participating program sites in each state	232	1	1.0	232
Estimated Total Annual Burden Hours	.....	.....	.....	8,065

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 Planning, Research and Evaluation, 370 L'Enfant Promenade SW., Washington, DC 20447, *Attn:* OPRE Reports Clearance Officer. *Email address: OPREinfocollection@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.

Dated: December 5, 2011.

Steven M. Hanmer,

Reports Clearance Officer.

[FR Doc. 2011–31597 Filed 12–9–11; 8:45 am]

BILLING CODE 4184–22–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

U.S. National Authority for the WHO Global Code of Practice on the International Recruitment of Health Personnel; Notice of Public Meeting

AGENCY: Health Resources and Services Administration, HHS; Office of Global Affairs, HHS.

ACTION: Public meeting.

SUMMARY: In order to support the United States' implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, notice is hereby given of the following meeting to update and engage interested parties in U.S. implementation efforts.

DATES: Meeting will be held on December 14, 2011, 9 a.m. to 10:30 a.m.

ADDRESSES: Meeting will be held at the Hubert H. Humphrey Building of the U.S. Department of Health and Human Services, 200 Independence Ave. SW., Washington, DC 20201, (877) 696–6775. The meeting is also being held via webinar.

FOR FURTHER INFORMATION CONTACT: For more information, please contact Margaret Glos, National Center for Health Workforce Analysis, Bureau of Health Professions, Health Resources and Services Administration, Room 9–57, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, telephone (301) 443–3579 or email the United States National Authority for implementation of the WHO Global Code of Practice at *us.who.irhp@hhs.gov*.

SUPPLEMENTARY INFORMATION:

Status: The meeting will be open to the public.

Purpose: The purpose of the WHO Global Code of Practice on International Recruitment of Health Personnel is ''to establish and promote voluntary principles and practices for the ethical international recruitment of health personnel and to facilitate the strengthening of health systems'' (*http://www.who.int/hrh/migration/code/practice/en/*). The United States Government has designated the Office of Global Affairs (OGA) and the Health Resources and Services Administration (HRSA) as co-National Authority to be the point of contact for implementation activities. The Global Code encourages WHO member states to cooperate with all relevant stakeholders in their implementation efforts. This meeting is thus intended to provide an update to all interested stakeholders on U.S. Global Code implementation efforts to date and to provide a forum for questions on activities related to implementation of the Global Code.

Agenda: The meeting will be held on Wednesday, December 14. It will include a discussion of U.S. Government activities related to the