death distributions suggested that cases once reported as SIDS were subsequently being reported as accidental suffocation and strangulation in bed or as cause unknown/unspecified. Because SIDS, by definition, is nonspecific, there is substantial variation in how these deaths are reported by the medical examiner or coroner in the jurisdiction of record. Some variation in the classification of infant deaths may be due to inconsistent use of terms and definitions, and some variation may reflect limitations of investigation and documentation. Uncertainties in classification negatively impact understanding of the causes of infant mortality and the ability to develop appropriate public health responses.

CDC requests OMB approval to conduct the first national, geographically representative survey of medical examiners and coroners that concerns SUID diagnostic and reporting practices. Information will be collected to elucidate how medical examiners and coroners interpret and report SUID and the extent to which their interpretation and reporting practices vary. The proposed activity is part of CDC's mission, as described in Section 241 of the Public Health Service Act [42 U.S.C. 241].

CDC's data collection contractor will draw a sample of medical examiners and coroners as follows. First, U.S. counties will be selected (with replacement) with probability proportional to the number of SUID-related deaths reported from 2005–2009. A sampling frame will be established for each county and the appropriate number of names will be randomly selected from the list. An interviewer will telephone approximately 800 offices to verify the name and contact information of the individual responsible for certifying infant deaths. Paper questionnaires will then be distributed to approximately 80 medical examiners and 720 coroners by mail. CDC expects to receive approximately 64 completed questionnaires from medical examiners and 576 completed questionnaires from coroners.

Questionnaires will take about 30 minutes to complete and will contain questions about each respondent's reporting jurisdiction, reporting practices and training, knowledge and opinions about topics related to sudden unexpected and unexplained infant death, demographic characteristics, and jurisdiction-specific training and resource needs. Respondents will also review hypothetical infant death case descriptions and indicate how they would classify the cause of death for those cases. The questionnaire does not request the respondent's name, and response data will be de-linked from the information used for recruitment purposes. Data analysis will be conducted using de-identified responses.

Survey findings will be used to develop educational publications and presentations aimed at improving the consistent use of standardized terms and definitions in determining the cause of unexpected infant deaths. Findings may also be applicable to the development of public health programs aimed at reducing unexpected infant deaths.

OMB approval is requested for one year. Participation is voluntary and there are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)	Total burden (in hr)
Receptionist or Operator	Telephone Screener	800	1	5/60	67
Medical Examiner	National Survey of Medical Examiners and Coroners.	64	1	30/60	32
Coroner	National Survey of Medical Examiners and Coroners.	576	1	30/60	288
Total					387

Dated: November 13, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2012–28079 Filed 11–16–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Board on Radiation and Worker Health (ABRWH or Advisory Board), 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), and pursuant to the requirements of 42 CFR 83.15(a), the Centers for Disease Control and Prevention (CDC), announces the following meeting of the aforementioned committee:

Board Public Meeting Times and Dates (All times are Eastern Time): 8:15 a.m.–5:45 p.m., December 11, 2012. 8:15 a.m.–12:30 p.m., December 12, 2012.

Public Comment Times and Dates (All times are Eastern Time): 6:00 p.m.–7:00 p.m.,* December 11, 2012.

* Please note that the public comment periods may end before the times indicated, following the last call for comments. Members of the public who wish to provide public comments should plan to attend public comment sessions at the start times listed.

Place: Hilton Knoxville, 501 West Church Avenue, Knoxville, Tennessee 37902; Phone: 865–251–2573; Fax: 865–546–1716. Audio Conference Call via FTS Conferencing. The USA toll-free, dial-in number is 1–866–659–0537 with a pass code of 9933701.

Status: Open to the public, limited only by the space available. The meeting space accommodates approximately 150 people.

Background: The Advisory Board 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 new compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines which 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 Advisory Board to HHS, which subsequently delegated this authority to the 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: This Advisory Board 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, advise 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 reasonable likelihood that such radiation doses may have endangered the health of members of this class.

Matters To Be Discussed: The agenda for the Advisory Board meeting includes: NIOSH Program Update; Department of Labor Program Update; Department of Energy Program Update; Update on 10-Year Review Implementation; SEC petitions for: Hanford (1987–1989; petition #155), Battelle Laboratories—King Avenue (Columbus, OH), Savannah River Site, General Steel Industries (Granite City, IL), Baker Brothers (Toledo, OH), and Joslyn Manufacturing and Supply Co. (Fort Wayne, IN); SEC Petitions Status Update; and Board Work Sessions.

The agenda is subject to change as priorities dictate.

In the event an individual cannot attend, written comments may be submitted in accordance with the redaction policy provided below. Any written comments received will be provided at the meeting and should be submitted to the contact person below well in advance of the meeting.

Policy on Redaction of Board Meeting Transcripts (Public Comment): (1) If a person making a comment gives his or her name, no attempt will be made to redact that name. (2) NIOSH will take reasonable steps to ensure that individuals making public comment are aware of the fact that their comments (including their name, if provided) will appear in a transcript of the meeting posted on a public Web site. Such reasonable steps include: (a) A statement read at the start of each public comment period stating that transcripts will be posted and names of speakers will not be redacted; (b) A printed copy of the statement mentioned in (a) above will be displayed on the table where individuals sign up to make public comments; (c) A statement such as outlined in (a) above will also appear with the agenda for a Board Meeting when it is posted on the NIOSH Web site; (d) A statement such as in (a) above will appear in the **Federal Register** Notice that announces Board and Subcommittee meetings. (3) If an individual in making a statement reveals personal information (e.g., medical information) about themselves that information will not usually be redacted. The NIOSH FOIA coordinator will, however, review such revelations in accordance with the Freedom of Information Act and the Federal Advisory Committee Act and if deemed appropriate, will redact such information. (4) All disclosures of information concerning third parties will be redacted. (5) If it comes to the attention of the DFO that an individual wishes to share information with the Board but objects to doing so in a public forum, the DFO will work with that individual, in accordance with the Federal Advisory Committee Act, to find a way that the Board can hear such comments.

Contact Person for More Information: Theodore Katz, Executive Secretary, NIOSH, CDC, 1600 Clifton Road, MS E–20, Atlanta GA 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: November 9, 2012.

Elaine L. Baker,

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

[FR Doc. 2012–28023 Filed 11–16–12; 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

Proposed Projects:

Title: Child Care and Development Fund Annual Financial Report (ACF–696T) for Tribes.

OMB No.: 0970–0195.

Description: Tribes use the Financial Report Form ACF–696T to report Child Care and Development Fund (CCDF) expenditures. Authority to collect and report this information is found in Section 658G of the Child Care and Development Block Grant Act of 1990, as revised. In addition to the Program Reporting Requirements set forth in 45 CFR Part 98, Subpart H, the regulations at 45 CFR 98.65(g) and 98.67(c)(1) authorize the Secretary to require financial reports as necessary.

Tribal grantees submit the ACF–696T report on an annual basis on behalf of the Tribal Lead Agency administering the Child Care and Development Fund (CCDF).

The collection will not duplicate other information.

Respondents: Tribes and Tribal Organizations that are CCDF grantees.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF–696T CCDF Financial Reporting Form for Tribes	272	1	6	1,632

Estimated Total Annual Burden Hours: 1,632.

In compliance with the requirements of Section 506(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: ACF Reports Clearance Officer. Email 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.