

is seeking to collect information on family engagement on a more frequent basis. HHS proposes that in addition to annual reporting, Home Visiting Program grantees will report quarterly on the existing family engagement metrics they are required to submit. These metrics are currently defined as the number of participants currently receiving services who have completed the program, who stopped services before completion, and other participants.

(4) *Staff Recruitment and Retention:* HHS is seeking to collect information related to the number of home visitors and other support staff who are currently employed directly or through sub-contracted grant funds. Staff recruitment and retention is a key component to the successful delivery of home visiting services and to maximizing the number of cases each local implementing agency can reach. Home Visiting Program grantees will report quarterly the actual number of staff and current vacancies in three categories: Home visitors, program administration, and support staff.

Corrective Action Benchmark Data is made up of one category of data: *Corrective Action Constructs*. Home Visiting Program grantees who have not shown improvement in four of six Benchmark areas after 3 years of grant funding are statutorily required to complete corrective action plans, subject to approval by the Secretary, in order to show how they plan to achieve improvement in deficient areas. Currently HHS collects information related to selected Benchmark areas from all Home Visiting Program grantees on an annual basis (OMB-0915-0357, expiration 7/31/2017). In order to monitor grantee improvement toward meeting these Benchmarks, HHS is seeking to collect information from grantees on implementation of their corrective action plans on a more frequent basis. HHS proposes that grantees with corrective action plans report on a quarterly basis for the Benchmark measures for which they were deemed as not showing improvement. It is estimated that approximately 15 grantees per year will require this more frequent reporting.

This information will be used to monitor and provide continued oversight for grantee performance and to target technical assistance resources to grantees.

*Likely Respondents:* Home Visiting Program grantees.

*Burden Statement:* Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this Information Collection Request are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
<b>Service Utilization Data:</b>					
Service Utilization Data—Formula Grants .....	56	4	224	24	5,376
Service Utilization Data—Competitive Grants .....	44	4	176	24	4,224
Service Utilization Data—Tribal Grants .....	25	4	100	24	2,400
<b>Corrective Action Benchmark Data:</b>					
Corrective Action Constructs—MIECHV Grants .....	10	4	40	40	1,600
Corrective Action Constructs—Tribal Grants .....	5	4	20	40	800
<b>Total .....</b>	<b>140</b>	<b>.....</b>	<b>560</b>	<b>.....</b>	<b>14,400</b>

HHS specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Dated: May 1, 2015.  
**Jackie Painter,**  
*Director, Division of the Executive Secretariat.*  
**Linda K. Smith,**  
*Deputy Assistant Secretary and Inter-Departmental Liaison for Early Childhood Development, Administration for Children and Families.*  
 [FR Doc. 2015-11547 Filed 5-12-15; 8:45 am]  
**BILLING CODE 4165-15-P**

(NIOSH), Centers for Disease Control and Prevention, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** NIOSH gives notice of a decision to evaluate a petition to designate a class of employees from the Blockson Chemical Company in Joliet, Illinois, to be included in the Special Exposure Cohort under the Energy Employees Occupational Illness Compensation Program Act of 2000.

**FOR FURTHER INFORMATION CONTACT:** Stuart L. Hinnefeld, Director, Division of Compensation Analysis and Support, National Institute for Occupational Safety and Health, 1090 Tusculum Avenue, MS C-46, Cincinnati, OH 45226-1938, Telephone 877-222-7570. Information requests can also be submitted by email to [DCAS@CDC.GOV](mailto:DCAS@CDC.GOV).

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Decision To Evaluate a Petition To Designate a Class of Employees From the Blockson Chemical Company in Joliet, Illinois, To Be Included in the Special Exposure Cohort**

**AGENCY:** National Institute for Occupational Safety and Health

**SUPPLEMENTARY INFORMATION:**

**Authority:** 42 CFR 83.9–83.12.

Pursuant to 42 CFR 83.12, the initial proposed definition for the class being evaluated, subject to revision as warranted by the evaluation, is as follows:

**Facility:** Blockson Chemical Company.

**Location:** Joliet, Illinois.

**Job Titles and/or Job Duties:** All workers who worked in any area.

**Period of Employment:** July 1, 1960 through December 31, 1991.

**John Howard,**

*Director, National Institute for Occupational Safety and Health.*

[FR Doc. 2015–11471 Filed 5–12–15; 8:45 am]

**BILLING CODE 4163–19–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Meeting of the National Vaccine Advisory Committee**

**AGENCY:** National Vaccine Program Office, Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) is hereby giving notice that the National Vaccine Advisory Committee (NVAC) will hold a meeting on June 9–10, 2015. The meeting is open to the public. However, pre-registration is required for both public attendance and public comment. Individuals who wish to attend the meeting and/or participate in the public comment session should register at <http://www.hhs.gov/nvpo/nvac>. Participants may also register by emailing [nvpo@hhs.gov](mailto:nvpo@hhs.gov) or by calling 202–690–5566 and providing their name, organization, and email address.

**DATES:** The meeting will be held on June 9–10, 2015. The meeting times and agenda will be posted on the NVAC Web site at <http://www.hhs.gov/nvpo/nvac> as soon as they become available.

**ADDRESSES:** U.S. Department of Health and Human Services, Hubert H. Humphrey Building, Room 800, 200 Independence Avenue SW., Washington, DC 20201.

The meeting can also be accessed through a live webcast the day of the meeting. For more information, visit <http://www.hhs.gov/nvpo/nvac/meetings/upcomingmeetings/index.html>.

**FOR FURTHER INFORMATION CONTACT:**

National Vaccine Program Office, U.S. Department of Health and Human Services, Room 715–H, Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201. Phone: (202) 690–5566; email: [nvpo@hhs.gov](mailto:nvpo@hhs.gov).

**SUPPLEMENTARY INFORMATION:** Pursuant to Section 2101 of the Public Health Service Act (42 U.S.C. 300aa–1), the Secretary of Health and Human Services was mandated to establish the National Vaccine Program to achieve optimal prevention of human infectious diseases through immunization and to achieve optimal prevention against adverse reactions to vaccines. The NVAC was established to provide advice and make recommendations to the Director of the National Vaccine Program on matters related to the Program's responsibilities. The Assistant Secretary for Health serves as Director of the National Vaccine Program.

The June NVAC meeting will include the presentation of recommendations from several of the NVAC working groups for deliberation and vote. The Vaccine Confidence Working Group will present their report and recommendations for measuring and evaluating how confidence in vaccines impacts the optimal use of recommended childhood vaccines in the United States. Following an update on current efforts by national stakeholders to improve Human Papilloma Virus (HPV) vaccine uptake among adolescents, the HPV working group will also present their report and recommendations identifying existing best practices to increase the use of the HPV vaccine in young adolescents.

NVAC will review analyses and proposed recommendations on how vaccines could play more prominently in efforts described in the President's National Strategy and Action Plan to Combat Antibiotic Resistant Bacteria.

An overview of the Vaccine Safety Research Agenda that was released on the NVPO Web site in February 2015 will also be provided. The Vaccine Safety Research Agenda outlines the efforts of federal agencies on vaccine safety and the ongoing and planned associated scientific activities and interagency coordination that contribute to the safety system. Informational presentations will also be provided to inform NVAC members of recent developments impacting the vaccine landscape including Congressional efforts to support the research and development of new vaccine products through the 21st Century Cures Initiative. More information on the

meeting agenda will be posted prior to the meeting on the NVAC Web site: <http://www.hhs.gov/nvpo/nvac>.

Public attendance at the meeting is limited to the available space. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the National Vaccine Program Office at the address/phone listed above at least one week prior to the meeting. For those unable to attend in person, a live webcast will be available. More information on registration and accessing the webcast can be found at <http://www.hhs.gov/nvpo/nvac/meetings/upcomingmeetings/index.html>.

Members of the public will have the opportunity to provide comments at the NVAC meeting during the public comment periods designated on the agenda. Public comments made during the meeting will be limited to three minutes per person to ensure time is allotted for all those wishing to speak. Individuals are also welcome to submit their written comments. Written comments should not exceed three pages in length. Individuals submitting written comments should email their comments to the National Vaccine Program Office ([nvpo@hhs.gov](mailto:nvpo@hhs.gov)) at least five business days prior to the meeting.

Dated: May 4, 2015.

**Bruce Gellin,**

*Executive Secretary, National Vaccine Advisory Committee, Deputy Assistant Secretary for Health, Director, National Vaccine Program Office.*

[FR Doc. 2015–11476 Filed 5–12–15; 8:45 am]

**BILLING CODE 4150–44–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Determination Concerning a Petition To Add a Class of Employees To the Special Exposure Cohort**

**AGENCY:** National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** HHS gives notice of a determination concerning a petition to add a class of employees from the St. Louis Airport Storage Site (SLAPS) in St. Louis, Missouri, to the Special Exposure Cohort (SEC) under the Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA).