Audio participation in this meeting is available to the public. The following information is provided for individuals who wish to participate in this meeting by telephone: Toll free number for calls originating in the United States: 1–888–677–1385; Toll free number for calls originating outside the United States: 1–312–470–7133; the passcode for all originating calls is 8094285.

Please note that this special meeting is being held only to provide opportunity for the NVAC to provide recommendations to the ASH on comments to be given to CMS on the proposed rule. A decision was made at the meeting most recently held by NVAC on June 11–12, 2013, that the Committee should make recommendations to the ASH on the proposed rule. Comments on the proposed rule are due to be submitted to CMS no later than June 25, 2013. The number of days between the recent NVAC meeting and the due date for the comments to CMS is less than 15 days. Therefore, notice to the public about the NVAC being convened for this specific purpose could not be published in the **Federal Register**, as required by the Federal Advisory Committee Act, 15 days prior to the date the special meeting is scheduled to be held.

Dated: June 19, 2013.

Bruce Gellin,

Director, National Vaccine Program Office, and Executive Secretary, National Vaccine Advisory Committee.

[FR Doc. 2013–14996 Filed 6–21–13; 8:45 am]

BILLING CODE 4150–44–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[CDC–2013–0011; NIOSH–262]

Request for Information on Toluene Diisocyanates

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

ACTION: Request for Information.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) intends to evaluate the scientific data on toluene diissocyanate (TDI) and other TDI-based isocyanate products to develop a Criteria Document to establish an updated Recommended Exposure Limit (REL) for toluene diisocyanate. The current NIOSH REL for 2,4–TDI is the lowest feasible concentration with no ceiling due to the potential carcinogenicity of 2,4–TDI.

NIOSH is requesting information on the following: (1) Published and unpublished reports and findings from *in vitro* and *in vivo* toxicity studies with toluene diisocyanate; (2) information on possible health effects observed in workers exposed to toluene diisocyanate, including exposure data and the method(s) used for sampling and analyzing exposures; (3) description of work tasks and scenarios with a potential for exposure to toluene diisocyanate; (4) information on control measures (e.g. engineering controls, work practices, personal protective equipment, exposure data before and after implementation of control measures) that are being used in workplaces with potential exposure to toluene diisocyanate; and (5) surveillance findings including protocol, methods, and results.

DATES: *Public Comment Period:* Comments must be received August 8, 2013.

ADDRESSES: You may submit comments, identified by CDC–2013–0011 and Docket Number NIOSH–262, by either of the two following methods:

- *Federal eRulemaking Portal: http://www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* NIOSH Docket Office, Robert A. Taft Laboratories, MS–C34, 4676 Columbia Parkway, Cincinnati, OH 45226.

Instructions: All information received in response to this notice must include the agency name and docket number (CDC–2013–0011; NIOSH–262). All relevant comments received will be posted without change to *http://www.regulations.gov,* including any personal information provided. All electronic comments should be formatted as Microsoft Word. Please make reference to CDC–2013–0011 and Docket Number NIOSH–262.

FOR FURTHER INFORMATION CONTACT: Naomi Hudson, Dr.P.H., NIOSH, Robert A Taft Laboratories, MS–C32, 4676 Columbia Parkway, Cincinnati, OH 45226, telephone (513) 533–8388.

SUPPLEMENTARY INFORMATION: Toluene diisocyanates are colorless to pale yellow liquids or solids with a sharp, pungent odor. TDI is one of the most commonly used diisocyanates. The most common formulation of TDI is a mixture of two isomers: 80% 2,4–TDI and 20% 2,6–TDI. Approximately 541 million pounds of TDI were used in 2008, and 527 million pounds of TDI were used in 2010.

Occupational exposure occurs during production and use of diisocyanates, such as the mixing and foaming processes in the polyurethane foam industry, and during spray adhesive application in the automobile and furniture industries. TDI is an irritant to the eyes, skin, and the gastrointestinal and respiratory tracts. Workers exposed to TDI may also be sensitized, such that they might be subject to asthma attacks. In 1996 NIOSH published a NIOSH Alert, Preventing Asthma and Death from Diisocyanate Exposure [DHHS (NIOSH) Publication No. 96–111]. In 1989, NIOSH published a Current Intelligence Bulletin on toluene diisocyanate (TDI) and toluenediamine (TDA) [DHHS (NIOSH) Publication No. 90–101] which classified TDI and TDA (used in the manufacturing of TDI) as potential occupational carcinogens.

The current NIOSH REL for 2,4–TDI is the lowest feasible concentration with no ceiling due to the potential carcinogenicity of TDI. The OSHA permissible exposure limit (PEL) for TDI is 0.005 ppm, with a ceiling of 0.02 ppm. The American Conference of Governmental Industrial Hygienists (ACGIH) threshold limit value (TLV) for TDI is 0.005 ppm with a ceiling of 0.02 ppm to minimize effects on the respiratory tract and to minimize the potential for sensitization.

NIOSH seeks to obtain materials, including published and unpublished reports and research findings, to evaluate the possible health risks of occupational exposure to diisocyanates. Examples of requested information include, but are not limited to, the following:

(1) Identification of industries or occupations in which exposures to TDI may occur.

(2) Trends in the production and use of TDI.

(3) Description of work tasks and scenarios with a potential for exposure to TDI.

(4) Workplace exposure measurement data of TDI in various types of industries and jobs.

(5) Case reports or other health information demonstrating potential health effects in workers exposed to TDI.

(6) Research findings from *in vitro* and *in vivo* studies.

(7) Information on control measures (e.g., engineering controls, work practices, PPE) being taken to minimize worker exposure to TDI.

(8) Educational materials for worker safety and training on the safe handling of diisocyanates.

(9) Data pertaining to the feasibility of establishing a more protective REL for diisocyanates.

(10) Names of substitute chemicals or processes being used in place of TDI and type of work tasks.

Dated: June 17, 2013.

John Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 2013–15040 Filed 6–21–13; 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 Block Grant Reporting Requirements—ACF–700.

OMB No.: 0970–0430.

Description: Thee Child Care and Development Fund (CCDF) report requests annual Tribal aggregate information on services provided through the CCDF, which is required by the CCDF Final Rule (45 FR parts 98 and 99). Tribal Lead Agencies (TLAs) are required to submit annual aggregate data appropriate to Tribal programs on children and families receiving CCDF-funded child care services. The CCDF statute and regulations also require TLAs to submit a supplemental narrative as part of the ACF–700 report. This narrative describes child care activities and actions in the TLA's service area. Information from the ACF–700 and supplemental narrative report will be included in the Secretary's Report to Congress, as appropriate, and will be shared with all TLAs to inform them of CCDF-funded activities in other Tribal programs.

Respondents: Tribal Governments.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF–700 Report	260	1	38	9,880

Estimated Total Annual Burden Hours: 9,880.

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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2013–14998 Filed 6–21–13; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: ADP & Services Conditions for FFP for ACF.

OMB No.: 0992–0005.

Description: The Advance Planning Document (APD) process, established in the rules at 45 CFR Part 95, Subpart F, is the procedure by which States request and obtain approval for Federal financial participation in their cost of acquiring Automatic Data Processing (ADP) equipment and services. State agencies that submit APD requests provide the Department of Health and Human Services (HHS) with the following information necessary to determine the States' needs to acquire the requested ADP equipment and/or services:

(1) A statement of need;

(2) A requirements analysis and feasibility study;

(3) A procurement plan

(4) A proposed activity schedule; and,

(5) A proposed budget.

HHS' determination of a State Agency's need to acquire requested ADP equipment or services is authorized at sections 402(a)(5), 452(a)(1), 1902(a)(4) and 1102 of the Social Security Act.

Respondents: States.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
RFP and Contract	54	1.5	4	324
Emergency Funding Request	5	.1	2	1
Biennial Reports	26	1	1.50	39
Advance Planning Document	34	1.2	120	4,896
Operational Advance Planning Document	20	1	30	600