Administration, Travel and Transportation Management Policy Division (MTT), Washington, DC 20405, telephone 202–501–1538.

[FR Doc. 96–13410 Filed 5–28–96; 8:45 am]

BILLING CODE 6820–24–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO–96–17]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–7090.

Comments are invited 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) ways to enhance 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 for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. HIV Prevention Programs in National/Regional Minority and Other Community Based Organization Project Reports—(0920–0249)—Reinstatement—CDC is responsible for monitoring and evaluating HIV prevention activities conducted under cooperative agreements with National/Regional Minority and Other Community Based Organizations. Enhancing and assuring quality programming requires that CDC have current information regarding the progress of activities and services supported through these cooperative agreements. In some instances, these cooperative agreements have been awarded to organizations that have not previously been awarded Federal funds, or provided HIV prevention services. Additionally, many have limited infrastructure, requiring greater oversight and technical assistance. Technical assistance site visits and telephone communications do provide some of the required information; yet, site visits have been dramatically reduced and specific contents of phone conversations can be easily forgotten, especially when several awards are administered by one individual. Therefore, thorough quarterly project reports are considered a critical component of the monitoring/evaluation process. Because this program encompasses at least 23 N/RMOs and 90 CBOs awards, there is a need for a standardized system for reporting the progress of each organization's activities. The total cost to respondents is $22,028.80.

Respondents	Nunber of respondents	Number of responses/ respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
National/Regional	23	4	4	368
CBO	90	4	4	1,440
Total	.....	.....	.....	1,808

Dated: May 22, 1996.

Wilma G. Johnson,

Acting Associate Director for Policy Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–13392 Filed 5–28–96; 8:45 am]

BILLING CODE 4163–18–P

[30DAY–12]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request more information on these projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer at (404) 639–7090. Send written comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 30 days of this notice.

The following requests have been submitted for review since the last publication date on May 9, 1996.

Proposed Projects

1. Resources and Services Database of the CDC National AIDS Clearinghouse (NAC)—(0920–0255)—Extension—This is a request to extend this project for three years. NAC will mail the Resource Organization Questionnaire along with a cover letter once an organization is identified as providing AIDS-related services. Each organization will also receive a stamped, self-addressed envelope for the return of the questionnaire. If there is no response a follow-up letter will be sent along with another questionnaire and return envelope. A telephone call will be made to those organizations who respond but whose responses need clarification. Approximately one third of the entire Resources and Services Database is verified each year. As part of this process, 40 percent of these organizations will receive a copy of their current database entry by mail, including a cover letter, a list of instructions, and a stamped, self-addressed envelope. The remaining 60 percent will receive a telephone call to review their record.

The Centers for Disease Control and Prevention (CDC) National AIDS Clearinghouse (NAC), is a critical member of the network of government agencies, community organizations, businesses, health professionals, educators, and human services providers that educate the American public about Acquired immunodeficiency syndrome (AIDS) and provide services for persons infected with human immunodeficiency virus (HIV). NAC's Resources and Services Database contains records of

approximately 18,000 organizations and is the most comprehensive listing of AIDS resources and services available throughout the country.

NAC's reference staff rely on the Resources and Services Database to respond to more than 100,000 requests for information or referral each year. The Database is also the main information source for the CDC National AIDS Hotline which refers approximately 1.8 million callers from the general public each year to appropriate organizations for information, services, and treatment.

In its continuing efforts to maintain an up-to-date, comprehensive database, NAC is seeking renewal of approval of the survey instrument and proposed methods.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/response (in hrs.)
Questionnaire	2,400	1	0.33
Clarification Follow-Up	360	1	0.17
Verification	10,636	1	0.33
Verif. Follow-Up	993	1	0.17

The total burden hours is 3771. Send comments to Desk Officer, CDC; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503.

2. The National Ambulatory Medical Care Survey (NAMCS)—(0920–0234)—Extension—The National Ambulatory Medical Care Survey (NAMCS) was conducted annually from 1973 to 1981, again in 1985, and resumed as an annual survey in 1989 by the National Center for Health Statistics, CDC. The NAMCS samples from all office visits within the United States made by ambulatory patients to non-Federal office-based physicians engaged in direct patient care. More than 70 percent of all direct ambulatory medical care visits occur in physicians' offices. To complement these data, in 1992 NCHS initiated the separate National Hospital Ambulatory Medical Care Survey (NHAMCS). These two surveys constitute the ambulatory care component of the National Health Care Survey (NHCS), and provide coverage of more than 90 percent of U. S. ambulatory medical care. NAMCS data include patients' demographic characteristics and medical problems, and the physicians' diagnostic services, therapeutic prescriptions and disposition decisions. These annual data may be used to monitor change and its effects and stimulate further improvements to the use, organization, and delivery of ambulatory care. Users of NAMCS data include Congress and federal agencies (e.g. NIMH, NIAAA, NCI, HRSA), state and local governments, medical schools, schools of public health, colleges and universities, private businesses, nonprofit, and individual practitioners and administrators.

Respondents	Number of respondents	Number of responses/ respondents	Average burden/response (in hrs.)
Private, Office-based Physicians Forms:.			
Induction	3000	1	0.250
Patient Record	3000	30	0.033

The total burden hours is 3,720. Send comments to Desk Officer, CDC; Human Resources and Housing Branch, New Executive Office Building, Room 10236; Washington, DC 20503.

3. Complications Associated with Home Infusion Therapy: The Nature and Frequency of Blood Contacts Among Health Care Workers New-Occupational blood contact and the potential for transmission of blood borne pathogens is a serious concern for health care workers (HCWs) who provide care to patients. There are no data on the frequency of occupational percutaneous injuries and mucocutaneous blood contact among HCWs who provide home infusion therapy.

The Hospital Infections Program, National Center for Infectious Diseases, will conduct prospective, active surveillance of HCWs who provide home infusion therapy. The objectives of the surveillance project are to (1) estimate the procedure-specific frequency of and assess risk factors for percutaneous, mucous membrane, or cutaneous blood contacts sustained by HCWS during the delivery of home infusion therapy and the performance of related procedures, such as phlebotomy and blood culture collection; (2) describe and evaluate the effectiveness of infection control precautions and safety devices to prevent blood contacts; and (3) evaluate the impact of HCWs' knowledge of universal precautions on the use of protective equipment, safety devices, and the frequency of blood contacts.

The population under surveillance will be nurses and phlebotomists from three home health care agencies. Before beginning data collection, HCWs will complete a background questionnaire to provide basic demographic information as well as information about previous blood contacts. HCWs will then complete an exposure questionnaire after each home visit for a two-four week data collection period. This questionnaire will include information about the reason for the visit, the types of procedures performed, the length of the visit, the number and types of blood contacts sustained, and the use of infection control precautions and any safety devices. At the end of their individual data collection period, each HCW will complete an infection control questionnaire to assess knowledge and attitudes related to blood contacts and the use of universal precautions.

Respondents (HCWs)	Number of respondents	Number of responses/respondent	Average burden/response (in hrs.)
Background Questionnaire	1337	1	.083
Exposure Questionnaire	1337	41	.0167
Infection Control Questionnaire	1337	1	.083

The total burden hours is 1137. Send comments to Desk Officer, CDC; Human Resources and Housing Branch, New Executive Office Building, Room 10236; Washington, DC 20503.

4. Evaluation of a Training Curriculum for Hemophilia Nurses Who Teach Home Infusion and Infection Control-New-The Hematologic Disorders Branch at CDC has plans to develop, pilot, and evaluate training curricula for hemophilia health care providers to improve their knowledge and skills in teaching home infusion of Factors VII and IX (coagulating agents which reduce the bleeding resulting from a deficiency of natural clotting agents in the blood of people with hemophilia) and infection control related to the infusion. CDC has initiated the development of a self-learning manual for nurses with responsibility of teaching hemophilia patients and their families about home infusion and infection control (HI/IC). The goals of the manual are 1) to facilitate nurses' understanding of content that should be covered when teaching HI/IC techniques, and 2) to assist nurses in determining how they can best teach HI/IC to patients and their families. The purpose of the proposed data collection is to assess the efficacy of the manual in achieving those goals.

An experimental design will be employed in this study in which 100 randomly sampled nurses will be assigned to either an experimental condition (n=50) or to a control group (n=50). Nurses in the experimental condition will be asked to use the manual, while those in the control condition will continue their current practices and engage in any naturally-occurring learning experiences related to HI/IC. Baseline and follow-up surveys administered to both groups will yield data that will be used to determined the difference in knowledge, attitudes, and skills that can be attributed to use of the self-learning guide.

Respondents	No. of respondents	No. of responses/respondent	Average burden/response (in hrs.)
Nurses in experimental condition	50	2	0.50
Nurses in control condition	50	2	0.50

The total burden is 100. Send comments to Desk Officer, CDC; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503.

5. The National Hospital Ambulatory Medical Care Survey (NHAMCS)—(0920–0278)—Extension—The National Hospital Ambulatory Medical Care Survey (NHAMCS) has been conducted annually since 1992 by the National Center for Health Statistics, CDC. The NHAMCS is the principal source of data on the 153 million visits to hospital emergency and outpatient departments. It is the only source of nationally representative estimates of outpatient demographics, diagnoses, diagnostic services, medication therapy, and the patterns of use of care in hospitals which differ in size, location, and ownership. NHAMCS is also the only source of national estimates on causes of non-fatal injury for visits to emergency and outpatient departments.

These data complement those from the National Ambulatory Medical Care Survey (NAMCS), on visits to non-Federal physicians in office-based practices. NHAMCS data are essential for planning health services, improving medical education, determining health care work force needs, and assessing health. Users of NHAMCS data include Congress, Federal agencies such as NIH, private groups such as the American Heart Association, universities, and state offices of public health.

Respondents	No. of respondents	No. of responses/respondent	Average burden/response (in hrs.)
Noninstitutional, general and short stay, hospital outpatient and emergency departments forms:			
Hospital Induction	600	1	1.0
Ambulatory Unit Induction	600	1	1.2
Emergency Department Patient Record	600	50	0.06
Outpatient Department Patient Record	600	150	0.06

The total burden is 8,520. Send comments to Desk Officer, CDC; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503.

Dated: May 22, 1996.

Wilma G. Johnson,

Acting Associate Director for Policy Planning And Evalution, Center for Disease Control and Prevention (CDC).

[FR Doc. 96–13393 Filed 5–28–96; 8:45 am]

BILLING CODE 4163–18–P

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Plan for the Child Care and Development Block Grant.

OMB No.: 0970–0114.

Description: This legislatively-mandated plan serves as the agreement between the grantee and the Federal Government as to how CCDBG programs will be operated. The plans provide assurances that the funds will be administered in conformance with the legislative requirements, pertinent Federal Regulations, and other applicable instructions or guidelines issued by ACF.

Respondents: State governments.

Annual Burden Estimates:

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF–700	282	1	40	11,280

Estimated Total Annual Burden Hours: 11,280.

Additional Information: Copies of the proposed collection may be obtained by writing to The Administration for Children and Families, Office of Information Services, Division of Information Resource Management Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447, Attn: ACF Reports Clearance Officer.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the Federal Register. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street, N.W., Washington, D.C. 20503, Attn: Ms. Wendy Taylor.

Dated: May 6, 1996.

Roberta Katson,

Director, Office of Information Resource Management Services.

[FR Doc. 96–13317 Filed 5–28–96; 8:45 am]

BILLING CODE 4184–01–M

Food and Drug Administration

[Docket No. 94N–0155]

Nutrient Values for the Voluntary Nutrition Labeling of Raw Fruits, Vegetables, and Fish; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of updated nutrition labeling values for the 20 most frequently consumed raw fruits, vegetables, and fish in the United States. The agency is making these values available to assist those food retailers who wish to update the voluntary nutrition labeling information that they make available to consumers before FDA's next survey of retail stores to determine whether there is substantial compliance with the voluntary nutrition labeling program.

ADDRESSES: Submit written requests for single copies of the nutrition labeling values to the Division of Technical Evaluation (HFS–165), Office of Food Labeling, Center for Food Safety and Applied Nutrition, Food and Drug Administration, 200 C St. SW., Washington, DC 20204. Requests should be identified with the docket number found in brackets in the heading of this document. Send a self-addressed adhesive label or fax number to assist that office in processing your requests.

FOR FURTHER INFORMATION CONTACT: Mary M. Bender, Center for Food Safety and Applied Nutrition (HFS–165), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–205–5592, FAX 202–205–5532.

SUPPLEMENTARY INFORMATION: The Nutrition Labeling and Education Act of 1990 amended the Federal Food, Drug, and Cosmetic Act (the act) to require, among other things, that under section 403(q)(4) of the act (21 U.S.C. 343(q)(4)), FDA: (1) Identify the 20 most frequently consumed raw fruits, vegetables, and fish in the United States; (2) establish guidelines for the voluntary nutrition labeling of these raw fruits, vegetables, and fish; and (3) issue regulations that define ''substantial compliance'' with respect to the adherence by food retailers with those guidelines. In the Federal Register of July 2, 1991 (56 FR 30468 at 30479 through 30481), FDA responded to these requirements by issuing a proposal, and, in the Federal Register of November 27, 1991 (56 FR 60880), the agency published a final rule on the nutrition labeling of raw fruits, vegetables, and fish (corrected on March 6, 1992 (57 FR 8174)). In the Federal Register of July 18, 1994 (59 FR 36379) (corrected on July 21, 1994 (59 FR 37190)), FDA published a proposal to revise the guidelines and the labeling values for the 20 most frequently consumed raw fruits, vegetables, and fish. FDA plans to publish a final rule on that rulemaking in the near future.

Under the guidelines of the voluntary labeling program, nutrition labeling information should be provided in close proximity to the place in the retail establishment where raw fruits, vegetables, and fish are displayed for sale. Information may be made available in signs, posters, brochures, notebooks, or leaflets and may be supplemented by video, live demonstration, or other media. Nutrition labeling information may also be provided on the individual food package.

In § 101.43 (21 CFR 101.43), FDA defined substantial compliance to mean that at least 60 percent of the food retailers sampled in a representative survey provide nutrition labeling information (as specified in the guidelines) for at least 90 percent of the foods that they sell that are included on the listing of the most frequently consumed raw fruits, vegetables, and fish. Section 403(q)(4)(C)(ii) of the act states that if substantial compliance is achieved by food retailers, FDA is to reassess voluntary labeling compliance every 2 years. The act also states that, if substantial compliance is not achieved, FDA is to propose to require that nutrition information be provided by any person who offers raw fruits and vegetables or raw fish to consumers (section 403(q)(4)(D)(i)).