checklists although each of the four sections contain a number of open-ended questions for explanation of unique features of programs. It is expected that the burden in time to each respondent will be about two (2) hours per Program Coordinator or Designee, resulting in a total burden of 92 hours. Results will also be made available to participants upon request. The total annual burden is 84.

Respondents	No. of respondents	No. of responses/respondent	Average burden response (in hours)
Diabetes Program Coordinators	42	1	2

Dated: January 22, 1997.

Wilma G. Johnson,

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

[FR Doc. 97–2000 Filed 1–27–97; 8:45 am]

BILLING CODE 4163–18–P

Advisory Committee on Immunization Practices; Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting.

Name: Advisory Committee on Immunization Practices (ACIP).

Times and Dates: 8:15 a.m.–6:15 p.m., February 12, 1997; 8:30 a.m.–2:45 p.m., February 13, 1997.

Place: CDC, Auditorium B, Building 2, 1600 Clifton Road, NE., Atlanta, Georgia 30333.

Status: Open to the public, limited only by the space available.

Purpose: The Committee is charged with advising the Director, CDC, on the appropriate uses of immunizing agents. In addition, under 42 U.S.C. § 1396s, the Committee is mandated to establish and periodically review and, as appropriate, revise, the list of vaccines for administration to vaccine-eligible children through the Vaccines for Children (VFC) Program, along with schedules regarding the appropriate periodicity, dosage, and contraindications applicable to the vaccines.

Matters to be Discussed: Under the authority of 42 U.S.C. § 1396s, the Committee will consider adoption of VFC resolutions (1) To provide for initial inclusion in the VFC Program of new vaccines that combine previously VFC-designated vaccines, (2) to approve use in the VFC Program of FDA licensed vaccines that combine Haemophilus influenzae type b (Hib) and Hepatitis B vaccines, and (3) to approve use in the VFC Program of FDA licensed vaccines that combine Diphtheria-Tetanus-Acellular Pertussis (DTaP) and Haemophilus influenzae type b (Hib) vaccines or are licensed by the FDA for combined administration.

Other topics to be discussed include: Updates on the National Vaccine Program; updates on the Vaccine Injury Compensation Program; updates on the combination vaccines workgroup; recommended uses for licensed combination vaccines and a vote to cover combination vaccines in the Vaccines for Children Program; vaccination of HIV-infected persons; measles, mumps, and rubella recommendations; serogroup C meningococcal conjugate vaccine: update on cost-effectiveness of routine use in the U.S.; status of recently licensed acellular pertussis vaccines; approval of draft statement on programmatic strategies to increase immunization coverage—reminder/recall; update on U.S. influenza; worldwide virologic surveillance and vaccine strain selection for the 1997 influenza season; update on Parke Davis influenza vaccine recall; impact of influenza in pregnant women; investigation of a possible association between Guillain-Barre syndrome and the 1992–1993 and 1993–1994 influenza vaccinations; proposed modifications in the ACIP influenza statement for 1997; recommendations on the use of Rotashield® (Rotavirus vaccine) as part of the routine childhood immunization schedule; rabies vaccine: vaccination of ferrets; a comparison of the safety of combined adult preparation diphtheria and tetanus toxoids versus single antigen tetanus toxoid in adults; meeting the challenge of new vaccines with the vaccine economics initiative; and progress in developing new jet injectors for immunization. Other matters of relevance among the Committee's objectives may be discussed.

Agenda items are subject to change as priorities dictate.

Contact Person For More Information: Gloria A. Kovach, Committee Management Specialist, CDC, 1600 Clifton Road, NE., M/S D50, Atlanta, Georgia 30333, telephone 404/639–7250.

Dated: January 22, 1997.

Carolyn J. Russell,

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

[FR Doc. 97–1996 Filed 1–27–97; 8:45 am]

BILLING CODE 4163–18–P

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Head Start Family and Child Experience Survey (FACES).

OMB No.: New Collection.

Description: The Administration on Children, Youth and Families (ACYF), Administration for Children and Families (ACF) of the Department of Health and Human Services (DHHS) is requesting Office of Management and Budget (OMB) clearance for interview instruments to be used in the Head Start Family and Child Experience Survey FACES. This study is being conducted under contracts with Abt Associates Inc. (with the CDM Group, Inc. as their subcontractor (#105–96–1930)) to collect descriptive information on Head Start families, and Westat, Inc. (with Ellsworth Associates as their subcontractor (#105–96–1912)) to collect information on Head Start performance measures.

The design calls for these rounds of data collection. A nationally representative group of 2,400 families with children enrolled in approximately 160 centers in 40 Head Start programs will be identified in Spring, 1997. At that time, Head Start staff and parents will be interviewed, classroom observations will be completed, and children will be assessed. The second data collection period will occur in Fall, 1997. Again, staff and parents will be interviewed, and children will be assessed and observed in their classrooms. At that time children from the Spring, 1997 sample that left Head Start to enter kindergarten following the 1996–97 Head Start year will be replaced by a representative sample of children just entering Head Start. All families, including those whose children entered kindergarten in Fall, 1997 will be tracked through the school year. The final data collection effort will occur in Spring, 1998 and involve all families and children identified in the earlier two data collection periods. A subgroup of 120 families will be identified from the Spring and Fall, 1997 samples for participation in the Validation Substudy. The Validation Substudy data collection will require home visits to participating families at each major data collection point and a series of monthly contacts between data collections periods. The monthly contacts will begin with the Spring, 1997 data collection and continue through December, 1998.

This schedule of data collection is necessitated by the mandates of the Government Performance and Results Act (GPRA) of 1993 (Pub. L. 103–62), which requires that the Head Start Bureau move expeditiously toward development and testing of Head Start Performance Measures, and by the 1994 reauthorization of Head Start (Head Start Act, as amended, May 18, 1994, Section 649 (d)), which requires assessment of Head Start's quality and effectiveness.

Respondents: Federal Government, Individuals or Households, and Not-for-profit institutions.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Spring, 1997	7,840	1	0.652	5,110
Fall, 1997	8,400	1	.648	5,440
Spring, 1998	11,460	1	.654	7,500

Estimated Total Annual Burden Hours: 9,025.

Note: The 9,025 annual hours is based on an average of 1997 and 1998 estimated burden hours.

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, SW., Washington, DC 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, NW., Washington, DC 20503, Attn: Ms. Wendy Taylor.

Dated: January 22, 1997.

Bob Sargis,

Acting Reports Clearance Officer.

[FR Doc. 97–1944 Filed 1–27–97; 8:45 am]

BILLING CODE 4184–01–M

[Program Announcement No. OCS 97–05]

Family Violence Prevention and Services Program

AGENCY: Office of Community Services, Administration for Children and Family (ACF), Department of Health and Human Services (HHS).

ACTION: Notice of the availability of funds to State domestic violence coalitions for grants to carry out family violence intervention and prevention activities.

SUMMARY: This announcement governs the proposed award of fiscal year (FY) 1997 formula grants under the Family Violence Prevention and Services Act (FVPSA) to private non-profit State domestic violence coalitions. The purpose of these grants is to assist in the conduct of activities to promote domestic violence intervention and prevention and to increase public awareness of domestic violence issues.

This announcement sets forth the application requirements, the application process, and other administrative and fiscal requirements for grants in fiscal years (FY) 1997 through FY 2000.

CLOSING DATES FOR APPLICATIONS: Applications for FY 1997 family violence grant awards meeting the criteria specified in this announcement must be received no later than March 31, 1997. Grant applications for FY 1998 through FY 2000 should be received at the address specified below by November 15 of each subsequent fiscal year.

ADDRESSES: Applications should be sent to: Department of Health and Human Services, Office of Community Services, Administration for Children and Families, ATTN: William D. Riley. Fifth Floor—West Wing, 370 L'Enfant Promenade SW., Washington, DC 20447.

FOR FURTHER INFORMATION CONTACT: William D. Riley, (202) 401–5529 or Trudy Hairston (202) 401–5319.

Introduction

This notice for family violence prevention and services grants to State domestic violence coalitions serves two purposes. The first is to confirm a Federal commitment to reducing family and intimate violence and to urge States, localities, cities, and the private sector to become involved in State and local planning efforts leading to the development of a more comprehensive and integrated service delivery approach to services for victims of domestic violence (Part I).

The second purpose is to provide information on application requirements for FY 1997 grants to State domestic violence coalitions. These funds will support planning and coordination efforts, intervention and prevention activities, and efforts to increase the public awareness of domestic violence issues and services for battered women and their children (Part II).

Part I. Reducing Family and Intimate Violence Through Coordinated Prevention and Services Strategies

A. The Importance of Coordination of Services

Family and intimate violence has serious and far reaching consequences for individuals, families and communities. A recent report from the National Research Council, Understanding Violence Against Women (1996) concludes that, Women are far more likely than men to be victimized by an intimate partner (Kilpatrick, et. al.,1992; Bachman, 1994; Bachman and Saltzman, 1995) * * * It is important to note that attacks by intimates are more dangerous to women than attacks by strangers: 52 percent of the women victimized by an intimate sustain injuries, compared with 20 percent of those victimized by a stranger (Bachman and Saltzman, 1995). Women are also significantly more likely to be killed by an intimate than are men. In 1993, 29 percent of female homicide victims were killed by their husbands, ex-husbands, or boyfriends; [while] only 3 percent of male homicide victims were killed by their wives, ex-wives, or girlfriends (Federal Bureau of Investigation, 1993).

The impacts of such family and intimate violence include physical injury and death of primary or secondary victims, psychological