ADMINISTRATION ON DEVELOPMENTAL DISABILITIES, FISCAL YEAR 1995 REALLOTMENT—Continued

	Protection & advocacy	Reallotment	Revised allotment
Connecticut	258,610	2,515	261,125
Delaware	254,508	2,475	256,983
Dist. of Columbia	254,508	2,475	256,983
Florida	1,051,765	10,230	1,061,995
Georgia	594,291	5,780	600,071
Hawaii	254,508	2,475	256,983
Idaho	254,508	2,475	256,983
Illinois	911,643	8,867	920,510
Indiana	511,800	4,978	516,778
Iowa	266,337	2,590	268,927
Kansas	254,508	2,475	256,983
Kentucky	405,930	3,948	409,878
Louisiana	467,884	4,551	472,435
Maine	254,508	2,475	256,983
Maryland	337,036	3,278	340,314
Massachusetts	444,313	4,321	448,634
Michigan	845,248	8,221	853,469
Minnesota	358,455	3,486	361,941
Mississippi	317,379	3,087	320,466
Missouri	463,445	4,508	467,953
Montana	254,508	2,475	256,983
Nebraska	254,508	2,475	256,983
Nevada	254,508	2,475	256,983
New Hampshire	254,508	2,475	256,983
New Jersey	509,869	4,959	514,828
New Mexico	254,508	2,475	256,983
New York	1,387,387	13,494	1,400,881
North Carolina	635,915	6,185	642,100
North Dakota	254,508	2,475	256,983
Ohio	1,003,767	9,763	1,013,530
Oklahoma	306,350	2,980	309,330
Oregon	262,627	2,554	265,181
Pennsylvania	1,054,394	10,255	1,064,649
Rhode Island	254,508	2,475	256,983
South Carolina	364,760	3,548	368,308
South Dakota	254,508	2,475	256,983
Tennessee	496,219	4,826	501,045
Texas	1,497,963	14,569	1,512,532
Utah	254,508	2,475	256,983
Vermont	254,508	2,475	256,983
Virginia	497,694	4,841	502,535
Washington	384,506	3,740	388,246
West Virginia	275,658	2,681	278,339
Wisconsin	453,037	4,406	457,443
Wyoming	254,508	2,475	256,983
American Samoa	136,161	1,324	137,485
Guam	136,161	1,324	137,485
Puerto Rico	825,354	8,027	833,381
Virgin Islands	136,161	1,324	137,485
Northern Mariana Islands	136,161	1,324	137,485
Palau	136,161	1,324	137,485
AZ DNA People's Legal Services	136,161	1,324	137,485

*Includes the award of $136,161 to an Indian Consortium in accordance with Section 142(b).

Dated: August 9, 1995.

Bob Williams,

Commissioner, Administration on Developmental Disabilities.

[FR Doc. 95–20466 Filed 8–17–95; 8:45 am]

BILLING CODE 4184–01–P

Centers for Disease Control and Prevention

[INFO–95–02]

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 study materials on the proposed project, call the CDC Reports Clearance Officer on (404) 639–3453.

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. Evaluation of the NCCDPHP-Produced Chronic Disease Prevention (CDP) File—New—The proposed research is a customer- satisfaction survey related to NCCDPHP's Chronic Disease Prevention (CDP) file. This is an information database constructed and maintained by the Technical Information Services Branch in NCCDPHP, and made available to a variety of health education and promotion specialists primarily in CD-ROM format. The study is designed to assess the current utilization of and satisfaction with the CDP file and its support services. It will focus on three discrete target audiences, each of which is seen as a primary user and/or gateway to such: State/territorial site coordinators, and cooperative agreement recipients from the two CDC divisions (the Division of Cancer Prevention and Control (DCPC) and the Division of Adolescent School Health (DASH)). The first group consists of individuals identified to serve as the resident host for the CDP file within each state and territory, which includes promoting knowledge of and access to the CDP file. There are 56 such persons. The second audience receives free copies of the CD-ROM as part of their cooperative agreements with NCCDPHP. The survey will be conducted via telephone with the project coordinators at each of the cooperative agreements and with the state/territorial site coordinators. The survey assesses issues related to level of knowledge about the CDP file, level of use, relative value of the file, relative value/timeliness of user support, and technological capacity.

Findings will be used to refine the product and the distribution activities of CDC in relation to the CDP file.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
State/territorial site coordinators	56	1	0.357
Cooperative agreement recipients from DCPC and DASH	188	1	.08

2. Variability of Respiratory Tract Dust Deposition in Workers—New—Adverse respiratory health effects in workers exposed to hazardous airborne materials can be prevented by reducing the concentration of the implicated agents below a threshold level. However, the actual ''safe'' work site concentration is determined by the airborne particulates that are actually deposited and retained in the worker's respiratory tract. The proportion deposited is in turn affected by the volume and flow rates of the worker's breathing patterns.

Only a few previous studies have measured respiratory tract deposition using standardized, breathing patterns, under controlled conditions, and in relatively healthy young men. Despite the relatively small numbers of subjects (3 to 26) and large variability in aerosol deposition, an algebraic mode has been proposed to estimate mean deposition for specified tidal volumes, inspiratory flow rates, and particle sizes. Deposition predicted by this algebraic model may not be valid for those tidal volumes and inspiratory flow rates representative of realistic work conditions or for a diverse workforce.

The goals of this investigation are to: (1) Develop a database of information related to workers' ventilatory patterns during performance of elemental industrial and commercial job activities, as well as specific dust-exposed work activities; (2) define expected variation in particle size-dependent respiratory tract dust deposition related to breathing patterns representative of different job tasks; (3) investigate residual intersubject variability in respiratory tract dust deposition with explanatory variables such as height, gender, age, smoking status, effective airway diameter, nasal geometry, and preexisting respiratory tract abnormalities.

This investigation should improve the understanding of the actual deposition of toxic substances in the lungs and help to validate or modify the existing models of human aerosol deposition.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
Volunteer Subjects	29	2	4.5
Workers	342	2	5.5

3. Evaluation of TB Outreach Worker Activities—(0920–0361) Extension—This data collection will generate descriptive data from those directly involved and responsible for providing outreach to identified TB patients to gain an understanding of outreach activities, how they occur, and their level of effectiveness. Three interview guides have been developed for use with TB outreach workers, their supervisors and a small number of outreach patients. This effort will result in a more comprehensive picture of effective and efficient TB outreach activities. The major product of this effort will be a descriptive analytical report detailing the ''lessons learned''.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
Outreach Workers	36	1	0.75
Outreach Workers' Supervisors	36	1	0.75
TB Patients	72	1	0.33

4. End Stage Renal Disease Study—(0923–0011) Reinstatement—Kidney disease is one of the priority health conditions ATSDR has identified for epidemiologic studies. Contaminants such as heavy metals and solvents are commonly found at hazardous waste sites and have been linked to end-stage renal disease in occupational studies. A case-control study of end-stage renal disease and residential proximity to hazardous waste sites conducted in New York State under the previous clearance suggested an increased risk for this association. An expansion of this original study is now planned in California to determine whether these findings can be replicated. The cases of end-stage renal disease will be identified from the records of the Health Care Financing Administration. Controls will be recruited by random digit dialing and frequency matched to cases on age, sex, and race. All participants will be interviewed by telephone to obtain residential histories and other information on exposures, demographics, and health. The plan is

to interview 600 cases (300 with diabetes and 300 without) and 600 controls. Each participant will only be interviewed once for approximately 45 minutes. Information on the proximity of residences to hazardous waste sites will be obtained from the California Department of Health.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
Diabetes Patients	300	1	0.75
Persons without Diabetes	300	1	0.75
Control	600	1	0.75

5. Evaluation of ''Diabetes Today'' Course Effectiveness—New—''Diabetes Today'' is a training course for health care professionals that consists of two distinct course offerings for different audiences. This training course provides technical assistance to state chronic disease programs in accord with the mission of CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). NCCDPHP, through the CDC's Office of Health Communication, is in the process of assessing the effectiveness of the technical assistance activities provided to State Diabetes Control Programs (DCPs) who are implementing ''Diabetes Today''.

CDC plans to conduct telephone interviews with DCP staff members and other staff from Diabetes programs in 61 entities (states and territories). The interviews will gather information to evaluate the effectiveness of the services delivered to assist states in implementing their diabetes control programs. Data will also be collected from state program staff who have not yet attended the course, in order to assess their need and desire for training and technical assistance. Respondents will be broken into three categories: Staff who have completed the ''Diabetes Today'' training; staff who plan to take, but have not yet taken, the ''Diabetes Today'' training; and staff who do not plan to take the training. Three versions of the survey will be administered the three categories of respondents.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
DCP Staff Who Have Completed the ''Diabetes Today'' Training	38	1	1
Staff Who Plan to Take, but Have Not Attended Training	13	1	0.5
Staff Who Do Not Plan to Take Training	8	1	0.25

6. Evaluation of the Efficacy of Back Belts for the Prevention of Low Back Injury— New—This study will provide information concerning the efficacy of a back supporting belt in preventing first and recurrent low back injuries. The research will be conducted with a major retail merchandise company, using selected company workers (those with highest lifting exposures) in selected stores. NIOSH will obtain much higher quality information on the value of back belts in prevention of injuries in the workplace than is currently available, and the Institute will be able to make scientifically justified recommendations regarding their use as personal protective equipment to industry and the public.

This study proposes to enroll approximately 8,000 workers in 160 retail merchandise stores and 6–8 distribution centers in the eastern U.S. Current company policy is to require the use of belts in all stores. Back injury rates over a two-year period, in three groups of stores will be compared. In the first group, belts will be withheld for one year. In the second group, belts will be withheld for two years, and in the third group, belts will not be withheld. Injury rates will then be compared between belt and non-belt periods after adjustment for back injury risk factors.

Workers will respond to questions concerning job history, physical activity, smoking history, history of injury and back pain, psychosocial variables in the workplace, tasks performed on the job, and belt-wearing behavior on the job. Only data necessary for the purposes of this study will be collected, and the questionnaires will be group administered at the workplace.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
Company workers	8,000	2	0.649

7. National Home and Hospice Survey—(0920–0298) Reinstatement—The National Home and Hospice Care Survey (NHHCS) was conducted in 1992, 1993, and 1994. It is part of the Long-Term Care component of the National Health Care Survey. Section 306 of the Public Health Service Act states that the National Center for Health Statistics ''shall collect statistics on health resources * * * [and] utilization of health care, including utilization of * * * services of hospitals, extended care facilities, home health agencies, and other institutions.'' NHHCS data are used to examine this most rapidly expanding sector of the health care industry. Data from the NHHCS are widely used by the health care industry and policy makers for such diverse analyses as the need for various medical supplies; minority access to health care; and planning for the health care needs of the elderly. The NHHCS also reveals detailed information on utilization patterns, as needed to make accurate assessments of the need for and costs associated with such care. Data from earlier NHHCS collections have been used by the Congressional Budget Office, the Bureau of Health Professionals, the Maryland Health Resources Planning Commission, the National Association for Home Care, and by several newspapers and journals. Additional uses are expected to be similar to the uses of the National Nursing Home Study. NHHCS data cover: Baseline data on the characteristics of hospices and home health agencies in relation to their patients and staff, Medicare and Medicaid certification, costs to patients, sources of payment, patients' functional status and diagnoses, and categories of staff employees. Data collection is planned for the period July-October, 1996. Survey design is in process now.

Sample selection and preparation of layout forms will precede the data collection by several months.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
Facility	1200	1	0.333

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
Current Patients	8400	1	0.19
Discharged Patients	8400	1	0.214

8. National Hospital Discharge Survey—(0920–0212) Extension—The National Hospital Discharge Survey (NHDS), which has been conducted continuously by the National Center for Health Statistics, CDC, since 1965, is the principal source of data on inpatient utilization of short-stay, non-Federal hospitals and is the only annual source of nationally representative estimates on the characteristics of discharges, the lengths of stay, diagnoses, surgical and non-surgical procedures, and the patterns of use of care in hospitals in various regions of the country. It is the benchmark against which special programmatic data sources are compared. Data collected through the NHDS are essential for evaluating health status of the population, for the planning of programs and policy to elevate the health status of the Nation, for studying morbidity trends, and for research activities in the health field. NHDS data have been used extensively in the production of goals for the Year 2000 Health Objectives and the subsequent monitoring of these goals. In addition, NHDS data provide annual updates for numerous tables in the Congressionally-mandated NCHS report, Health, United States. Data from the NHDS are collected annually on approximately 250,000 discharges from a nationally representative sample of noninstitutional hospitals exclusive of Federal hospitals. The data items collected are the basic core of variables contained in the Uniform Hospital Discharge Data Set (UHDDS). Data for approximately half of the responding hospitals are abstracted from medical records while the remainder of the hospitals supply data through commercial abstract service organizations, state data systems, in-house tapes or printouts.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
Primary Procedure Hospitals	77	251	0.083
Alternate Procedure Hospitals	136	250	0.016
Update (Abstract Service Hospitals)	150	2	0.033
Quality Control Forms (Hospitals)	50	40	0.016
Induction Forms (Hospitals)	40	1	2

9. Cost and Impact of Illnesses and Injuries Associated with Child Care Attendance—New—This is a longitudinal follow-up telephone survey of parents of children attending large (>15 children/center) day care centers and family day care homes (<7 children) in order to (1) determine the extent to which the size of day care centers are associated with the rates of illnesses and injuries for children attending day care; (2) to estimate the costs of illnesses and injuries for children attending small and large day care centers; (3) to compare the health of the family members of children attending small versus large day care centers; and, (4) to estimate the costs of illnesses for the family members of children attending small versus large day care centers. The analyses of the proposed survey data will allow CDC to evaluate the relative costs and benefits of attending small as opposed to large day care centers. The information will provide timely and valuable data to policy makers, medical professionals and scientists. The total burden will be 693 hours; there will be 272 respondents, and 12 interviews per respondent (one 35-minute interview and eleven 10-minute interviews). The study is proposed to last one year.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
Parents (Monthly)	272	11	0.167
Parents (Annual)	272	1	0.583

Dated: August 14, 1995.

Joseph R. Carter,

Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 95–20550 Filed 8–17–95; 8:45 am]

BILLING CODE 4163–18–P

Food and Drug Administration

[Docket No. 91N–0450]

Guideline for Quality Assurance in Blood Establishments; Availability; Correction

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; correction.

SUMMARY: The Food and Drug Administration (FDA) is correcting a notice that appeared in the **Federal Register** of July 14, 1995 (60 FR 36290). The document announced the availability of a guideline entitled ''Guideline for Quality Assurance in Blood Establishments.'' The guideline is intended to assist manufacturers of blood and blood components in developing quality assurance (QA) programs that are consistent with recognized principles of QA and current good manufacturing practice. The document was published with some errors. This document corrects those errors.

FOR FURTHER INFORMATION CONTACT: Sharon A. Carayiannis, Center for Biologics Evaluation and Research (HFM–635), Food and Drug Administration,1401 Rockville Pike, Rockville, MD 20852, 301–594–3074.

In FR Doc. 95–17346, appearing on page 36290 in the **Federal Register** of Friday, July 14, 1995, the following corrections are made:

On page 36290, in the second column, under the **ADDRESSES** caption, in lines 25 and 34, ''CDV2.CBER.FDA.GOV'' is corrected to read ''CDVS2.CDER.FDA.GOV'', and on the same page, in the third column, under the **SUPPLEMENTARY INFORMATION** caption, in line 23, ''July 14, 1995,'' is corrected to read ''July 11, 1995''.

Dated: August 14, 1995.

William K. Hubbard,

Acting Deputy Commissioner for Policy.

[FR Doc. 95–20565 Filed 8–17–95; 8:45 am]

BILLING CODE 4160–01–F