

Respondents	No. of re-spond-ents	No. of re-sponses/ respond-ent	Avg. burden/ re-sponse (in hours)
Current Pa-tients	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 re-spond-ents	No. of re-sponses/ respond-ent	Avg. burden/ re-sponse (in hours)
Primary Pro-cedure Hos-pitals	77	251	0.083

Respondents	No. of re-spond-ents	No. of re-sponses/ respond-ent	Avg. burden/ re-sponse (in hours)
Alternate Pro-cedure Hos-pitals	136	250	0.016
Update (Ab-stract Ser-vice Hos-pitals)	150	2	0.033
Quality Con-trol 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 re-spond-ents	No. of re-sponses/ respond-ent	Avg. bur-den/re-sponse (in hours)
Parents (Monthly)	272	11	0.167
Parents (An-nual)	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).
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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.
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