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.