

Dated: April 26, 2000.  
**Charles W. Gollmar,**  
*Acting Associate Director for Policy,  
 Planning, and Evaluation, Centers for Disease  
 Control and Prevention (CDC).*  
 [FR Doc. 00-10980 Filed 5-2-00; 8:45 am]  
**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND  
 HUMAN SERVICES**

**Centers for Disease Control and  
 Prevention**

**[30 DAY-25-00]**

**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 a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

**Proposed Projects**

1. Surveillance and Evaluation of Blood Donors Positive for Human Immunodeficiency Virus (HIV) Antibody or HIV Antigen (0920-0329)—Extension—National Center for HIV, STD, and TB Prevention (NCHSTP). In 1987, the President directed the Department of Health and Human

Services (DHHS) to determine the nationwide incidence of, to predict the future of, and to determine the extent to which human immunodeficiency virus (HIV) is present in various segments of our population. In response, CDC formed an epidemiological team to summarize existing information. An extensive review of published and unpublished data led to the conclusion that even though there is information suggesting a very large number of Americans were infected, there was no substitute for carefully and scientifically obtained incidence and prevalence data. The need to monitor HIV seroprevalence existed on the national and at the state and local levels for public health management: targeting and evaluating prevention programs, planning future health care needs and determining health policy.

On a national basis, HIV seroprevalence projects in 1987 consisted of monitoring the HIV status of: Civilian applicants for military service; blood donors, including follow-up risk factor evaluation in seropositives; and Job Corps entrants. HIV prevalence was studied in settings of special public health interest including selected colleges and prisons, among health care workers in hospital emergency rooms and among Native Americans and homeless persons. Other national data sources were examined, such as cohort studies of groups at risk, including homosexual and bisexual men and IV drug users, providing information on knowledge of AIDS and risk behaviors, changes in behavior, and incidence of HIV infection.

In 1987, OMB approved the Family of HIV Seroprevalence Surveys (0920-

0232). These surveys included seven seroprevalence surveys that involved interaction with individuals (non-blinded surveys). One of these surveys was the surveillance and evaluation of blood donors.

The objectives of this study are to: (1) Estimate the prevalence and incidence of HIV infection among blood donors at participating blood centers; (2) evaluate the characteristics of infected donors to strengthen the effectiveness of the donor screening and deferral processes; (3) analyze the risk behavior characteristics of infected donors to assess distribution and trends of HIV; (4) monitor additional human immunodeficiency viruses, HIV genetic variation, and other infections relevant to the epidemiology of HIV among U.S. blood donors and seroconverted recipients; (5) estimate the risk of HIV transmission from screened blood; (6) and evaluate new tests to decrease transmission by window period donors.

In 1993 and 1996, OMB again approved for 3 years each, the surveillance and evaluation of blood donors who test positive for Human Immunodeficiency Virus (HIV) Antibody and their needle-sharing and sexual partners (0920-0329). This request is for an additional 3-year approval. The CDC anticipates 125 positive donors will enroll annually in this study (based upon previous 3 year enrollment rates and epidemiological progress of the disease). The interview takes approximately 1 hour to complete for those who agree to the interview and 10 minutes to complete for those who refuse to enroll. The Annual Burden is 140.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden response (in hours)
Blood donors (interviewed) .....	125	1	1.0
Blood donors (refuse interview) .....	92	1	10/60

Dated: April 26, 2000.  
**Charles W. Gollmar,**  
*Acting Associate Director for Policy,  
 Planning, and Evaluation, Centers for Disease  
 Control and Prevention (CDC).*  
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**DEPARTMENT OF HEALTH AND  
 HUMAN SERVICES**

**Administration for Children and  
 Families**

**Proposed Information Collection  
 Activity; Comment Request**

**Proposed Projects**

*Title:* Information Collection Items in the Head Start Performance Standards (current rule).

*OMB No.:* 0970-0148.

*Description:* The Head Start Performance Standards are regulations

which establish standards for Head Start grantee and delegate agencies to follow to administer quality programs as required by law. Local programs are monitored for compliance with these standards. The information collection aspects of the Performance Standards are one part of the many actions that local agencies must take to ensure they administer quality programs. Almost all these information collections items are recordkeeping requirements such as recording; Nutrition assessment data, family partnership development, and regular volunteer screening for tuberculosis. These records are intended

to act as a management tool for grantees to use in their daily operations. Such records are maintained by the grantees

and are not information items which must be collected and then forwarded to the Federal government.

*Respondents:* Head Start grantee and delegate agencies.  
*Annual Burden Estimates:*

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Performance Standards .....	2,472	Once a year .....	594	1,468,626

*Estimated Total Annual Burden Hours:* 1,468,626.

In compliance with the requirements of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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 or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: April 26, 2000.

**Bob Sargis,**  
*Reports Clearance Officer.*  
[FR Doc. 00-11017 Filed 5-2-00; 8:45 am]  
**BILLING CODE 4184-01-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

[Program Announcement No. ACF/ACYF/CB FY 2000-01A]

**Announcement of the Availability of Financial Assistance and Request for Applications To Support Adoption Opportunities Demonstration Projects, Child Abuse and Neglect Discretionary Activities, Child Welfare Training Projects, and Abandoned Infants Assistance Awards**

**AGENCY:** Children's Bureau, Administration on Children, Youth and Families, ACF, DHHS.

**ACTION:** Correction.

**SUMMARY:** This document contains a correction to the Notice that was published in the **Federal Register** on Thursday, April 13, 2000 (65 FR 19904). The information in the "Eligible Applicants" sections of the notice is more restrictive than intended. For the correct less restrictive requirements please see the complete announcement package posted on the Children's Bureau website: <http://www.acf.dhhs.gov/programs/cb/policy/cb200001.htm>.

**FOR FURTHER INFORMATION CONTACT:** The ACYF Operations Center at 1-800-351-2293 or send an email to [cb@lcn.net](mailto:cb@lcn.net). You can also contact Sally Flanzer, Children's Bureau, at 202-215-8914.

Dated: April 27, 2000.

**James Harrell,**  
*Deputy Commissioner, Administration on Children, Youth and Families.*  
[FR Doc. 00-11019 Filed 5-2-00; 8:45 am]  
**BILLING CODE 4184-01-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Food and Drug Administration**

[Docket No. 90N-0056]

**Agency Information Collection Activities; Announcement of OMB Approval; Aluminum in Large and Small Volume Parenterals Used in Total Parenteral Nutrition**

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing that a collection of information entitled "Aluminum in Large and Small Volume Parenterals Used in Total Parenteral Nutrition" has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995.

**FOR FURTHER INFORMATION CONTACT:** Karen L. Nelson, Office of Information Resources Management (HFA-250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-1482.

**SUPPLEMENTARY INFORMATION:** In the **Federal Register** of January 5, 1998 (63 FR 176), the agency announced that the proposed information collection had been submitted to OMB for review and clearance under 44 U.S.C. 3507. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB has now approved the information collection and has assigned OMB control number 0910-0439. The approval expires on April 30, 2003. A copy of the supporting statement for this information collection is available on the Internet at <http://www.fda.gov/ohrms/dockets>.

Dated: April 26, 2000.

**William K. Hubbard,**  
*Senior Associate Commissioner for Policy, Planning, and Legislation.*  
[FR Doc. 00-10933 Filed 5-2-00; 8:45 am]  
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