an annual questionnaire focusing on HIV prevention program activities: assistance and training on school HIV policies, assistance and training on HIV curricula and instruction, training on student standards and assessment for HIV prevention, collaboration with external partners, targeting priority populations, planning and improving projects and information about additional activities. There is currently no standardized annual reporting process for HIV prevention activities among local and state education agencies funded by the Division of Adolescent and School Health. Data gathered from this questionnaire will (1) provide standardized information about how HIV prevention funds are used by local and state education agencies, (2) assess the extent to which programmatic adjustments are indicated, (3) determine the collective impact of funded programs, and (4) provide accountability of information for use of public funds. The estimated cost to respondents is $12,819.45 assuming an hourly wage of $26.40 and $22.96 for local and state education agency staff respectively.

Respondents	Number of respondents	Number of responses/ respondent	Burden per respondent (in hrs.)	Total burden (in hrs.)
District Officials	17	1	7.2	122.4
State & Territorial Officials	58	1	7.2	417.6
Total				540.0

Dated: December 15, 2000.

Nancy Cheal,

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

[FR Doc. 00–32543 Filed 12–20–00; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–01–10]

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, the Center for Disease Control and Prevention is providing opportunity for public comment on proposed data collection projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–7090.

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 Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days.

Proposed Project

National Childhood Blood Lead Surveillance System—Renewal—(OMB No. 0920–0337), National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC). In 1992, the Centers for Disease Control and Prevention began the National Childhood Lead Surveillance Program at the National Center for Environmental Health (NCEH). The goals of the childhood lead surveillance program are to (1) establish childhood lead surveillance systems at the state and national levels; (2) use surveillance data to estimate the extent of elevated blood-lead levels among children; (3) assess the follow-up of children with elevated blood-lead levels; (4) examine potential sources of lead exposure; and (5) help allocate resources for lead poisoning prevention activities. State surveillance systems are based on reports of blood-lead tests from laboratories. Ideally laboratories report results of all lead tests, not just elevated values, to the state health department, but each state determines the reporting level for blood lead tests. In addition to blood lead test results, state child-specific surveillance databases contain follow-up data on children with elevated blood-lead levels including data on medical treatment, environmental investigations, and potential sources of lead exposure. Surveillance data for the national database are extracted from the state child-specific databases and transferred to CDC.

OMB approval for this package will expire on 31 March 2001. This request is for a 3-year renewal with a change in the burden hours. There is no cost to respondents.

Type of respondents	No. of respondents	Frequency of responses	Avg. burden/ response in hours	Total burden hours
State Health Departments:.				
a) annual report	28	1	10.0	280
b) quarterly report	40	4	2.0	320
Total				600

Date: December 15, 2000.

Nancy Cheal,

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

[FR Doc. 00–32544 Filed 12–20–00; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–01–11]

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, the Center for Disease Control and Prevention is providing opportunity for public comment on proposed data collection projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–7090.

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 Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days.

Proposed Project: Vital Statistics Training Application Reinstatement—(OMB No. 0920–0217) National Center for Health Statistics (NCHS). In the United States, legal authority for the registration of vital events, *i.e.* births, deaths, marriages, divorces, fetal deaths, and induced terminations of pregnancy, resides individually with the States (as well as cities in the case of New York City and Washington, DC) and Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. These governmental entities are the full legal proprietors of vital records and the information contained therein. As a result of this State authority, the collection of registration-based vital statistics at the national level, referred to as the U.S. National Vital Statistics System (NVSS), depends on a cooperative relationship between the States and the Federal government. This data collection, authorized by 42 U.S.C. 242k, has been carried out by NCHS since it was created in 1960.

To help in achieving the comparability needed for combining data from all States into national statistics, NCHS carries out a training program for State and local vital statistics staff to assist in developing expertise in all aspects of vital registration and vital statistics. The training offered under this program includes courses for registration staff, statisticians, and coding specialists, all designed to bring about a high degree of uniformity and quality in the data provided by the States. This training program is authorized by 42 U.S.C. 242b, section 304(a). In order to offer the types of training that would be most useful to vital registration staff members, NCHS requests information from State and local vital registration officials about their projected needs for training. NCHS also asks individual candidates for training to submit an application form containing name, address, occupation, work experience, education, and previous training. These data enable NCHS to determine those individuals whose needs can best be met through the available training resources. There is no cost to respondents in providing these data.

Respondents	Number of respondents	Responses/ respondents	Avg. burden/ response (in hrs)	Total burden hours
State, local, and Territory Registration Officials	57	1	.33	19
Training Applicants	100	1	.25	25
Total	.....	.....	.....	44

Dated: December 15, 2000.

Nancy Cheal,

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

[FR Doc. 00–32545 Filed 12–20–00; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–12–01]

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 Project: Questionnaire Design Research Laboratory (QDRL) 2001–2003, (OMB No. 0920–0222)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). The QDRL conducts pretesting activities related to the development of NCHS and other Federal survey questionnaires, such as the National Health Interview Survey (NHIS). These activities mainly involve use of the cognitive interview, in which volunteer respondents (''laboratory subjects'') are administered draft survey questions, and are asked to