

comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447. Attn: ACF Reports Clearance Officer. E-mail address: OPREInfoCollection@acf.hhs.gov. 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: March 20, 2008.

Brendan C. Kelly,

OPRE Reports Clearance Officer.

[FR Doc. E8-6340 Filed 3-28-08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects:

Title: HHS/ACF/OPRE Head Start Classroom-based Approaches and Resources for Emotion and Social skill promotion (CARES) project: Site Recruitment Materials.

OMB No.: New Collection.

Description: The Head Start Classroom-based Approaches and Resources for Emotion and Social skill promotion (CARES) project will evaluate program enhancements within Head Start settings serving three- and four-year-old children. This project focuses on identifying the central

features of effective programs to provide the information Federal policy makers and Head Start providers will need if they are to increase Head Start's capacity to improve the social and emotional skills and school readiness of preschool-age children. The project is sponsored by the Office of Planning, Research and Evaluation (OPRE) of the Administration for Children and Families (ACF), part of the Department of Health and Human Services (HHS).

The Head Start CARES project will use a group-based randomized design to test the effects of several different evidence-based strategies designed to improve the social and emotional development of children in Head Start classrooms.

The purpose of the proposed information collection is to recruit Head Start grantees to participate in the project, through informing grantee staff about the project, soliciting their interest in participating, and collecting information to assess their programs' eligibility to participate in the project.

Respondents: Respondents will include staff in 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
Project Description	40	1	.5	20
Phone Discussion Points & Screener	40	1	1	40
Discussion Guide for Site Visits	130	1	2	260
Estimated Total Annual Burden Hours:	320

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 Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: OPREInfoCollection@acf.hhs.gov. 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: March 20, 2008.

Brendan C. Kelly,

OPRE Reports Clearance Officer.

[FR Doc. E8-6343 Filed 3-28-08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA-2008-D-0143] (formerly Docket No. 2006D-0056)

Compliance Policy Guide Sec. 500.500 Guidance Levels for 3-MCPD (3-chloro-1, 2-propanediol) in Acid-Hydrolyzed Protein and Asian-Style Sauces; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of compliance policy guide (CPG) Sec. 500.500 Guidance Levels for 3-MCPD (3-chloro-1, 2-propanediol) in Acid-Hydrolyzed Protein and Asian-Style Sauces. The CPG provides regulatory action guidance for FDA staff regarding 3-MCPD in acid-hydrolyzed

protein (acid-HP) and Asian-style sauces.

DATES: Submit written or electronic comments regarding the CPG at any time.

ADDRESSES: Submit written comments on the CPG to the Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit electronic comments to: <http://www.regulations.gov>.

Submit written requests for single copies of CPG Sec. 500.500 Guidance Levels for 3-MCPD (3-chloro-1,2-propanediol) in Acid-Hydrolyzed Protein and Asian-Style Sauces to the Division of Compliance Policy (HFC-230), Office of Enforcement, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 240-632-6860. Send two self-addressed adhesive labels to assist that office in processing your request, or fax your request to 240-632-6861. See the **SUPPLEMENTARY INFORMATION** section for electronic access to the document.

FOR FURTHER INFORMATION CONTACT: Judith L. Kidwell, Office of Food Additive Safety, Center for Food Safety and Applied Nutrition (HFS-265), Food and Drug Administration, 5100 Paint Branch Pkwy., College Park, MD, 20740-3835, 301-436-1071.

SUPPLEMENTARY INFORMATION:

I. Background

In the **Federal Register** of May 23, 2006 (71 FR 29651), FDA announced the availability of draft CPG Sec. 500.500 Guidance Levels for 3-MCPD (3-chloro-1,2-propanediol) in Acid-Hydrolyzed Protein and Asian-Style Sauces. FDA received one comment on the draft CPG. The International Hydrolyzed Protein Council (IHPC) offered clarification for the following sentence found in the **BACKGROUND** section of the draft CPG: "Since 1996, many countries * * * have recommended or required that industry take steps to ensure that 3-MCPD is not detectable in acid-HP or Asian-style sauces at levels ranging from 0.01 parts per million (ppm) to 1 ppm." IHPC suggested that we revise the sentence as follows: "Since 1996, many countries * * * have recommended or required that industry take steps to ensure that 3-MCPD in acid-HP or Asian-style sauces does not exceed levels ranging from 0.01 parts per million (ppm) to 1 ppm." IHPC explained that using the phrase "not detectable" and then listing allowable levels is confusing. We concur with the comment and have revised the final CPG accordingly. FDA also revised the **SPECIMEN CHARGES** section in the

final CPG to provide operational guidance regarding reference to the United States Code (U.S.C.) when citing the violation charged in a domestic seizure and reference to the Federal Food, Drug, and Cosmetic Act when citing the violation charged in an import detention. We also have made other editorial changes to the CPG for clarification.

This CPG is being issued as level 1 guidance consistent with FDA's good guidance practices regulations (21 CFR 10.115). The CPG represents the agency's current thinking on 3-MCPD in acid-HP and Asian-style sauces. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternate approach may be used if such approach satisfies the requirements of the applicable statutes and regulations.

II. Comments

Interested persons may submit to the Division of Dockets Management (see **ADDRESSES**) written or electronic comments on the CPG at any time. Submit a single copy of electronic comments or two paper copies of any mailed comments, except that individuals may submit one paper copy. Comments are to be identified with the docket number found in brackets in the heading of this document. The CPG and received comments may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

Please note that on January 15, 2008, the FDA Division of Dockets Management Web site transitioned to the Federal Dockets Management System (FDMS). FDMS is a Government-wide, electronic docket management system. Electronic comments or submissions will be accepted by FDA through FDMS only.

III. Electronic Access

Persons with access to the Internet may obtain the CPG from the Office of Regulatory Affairs home page at <http://www.fda.gov/ora> under "Compliance Reference."

Dated: March 14, 2008.

Margaret O'K. Glavin,

Associate Commissioner for Regulatory Affairs.

[FR Doc. E8-6504 Filed 3-28-08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Office of Clinical and Preventive Services; Elder Care Initiative Long-Term Care Grant Program

Announcement Type: New.

Funding Announcement Number: HHS-2008-IHS-EHC-0001.

Catalog of Federal Domestic Assistance Numbers: 93.933.

Key Dates:

Letter of Intent Deadline: May 2, 2008.

Application Deadline Date: June 20, 2008.

Review Date: July 21–August 1, 2008.

Earliest Anticipated Start Date: September 1, 2008.

I. Funding Opportunity Description

The Indian Health Service (IHS) announces the availability of up to \$600,000 for competitive grants through the Elder Care Initiative Long Term Care (ECILTC) Grant Program to support planning and implementation of sustainable long-term care services for American Indians and Alaska Native (AI/AN) elders. This program is authorized under the Snyder Act, Indian Health Care Improvement Act, as amended, 25 U.S.C. 1653(c), and Public Health Service Act, Section 301, as amended. This program is described at 93.933 in the Catalog of Federal Domestic Assistance (CFDA).

The AI/AN elder population is growing rapidly and the AI/AN population as a whole is aging. The prevalence of chronic disease in this population continues to increase, contributing to a frail elder population with increasing long-term care (LTC) needs.

LTC is best understood as an array of social and health care services that support an individual who has needs for assistance in activities of daily living over a prolonged period. LTC supports elders and their families with medical, personal, and social services delivered in a variety of settings to support quality of life, maximum function, and dignity. While families continue to be the backbone of LTC for AI/AN elders, there is well documented need to support this care with formal services. The way these services and systems of care are developed and implemented can have a profound impact on the cultural and spiritual health of the community.

Home and community-based services have the potential for meeting the needs of the vast majority of elders requiring LTC services, supporting the key roles of the family in the care of the elder and