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Dated: April 6, 2001.

**Donna Garland,**

*Acting Director, Office of Policy and External Affairs, Agency for Toxic Substances and Disease Registry.*

[FR Doc. 01-9070 Filed 4-11-01; 8:45 am]

BILLING CODE 4163-70-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30 DAY-23-01]

#### 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:* 2nd Injury Control and Risk Survey (ICARIS2)—New—The National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention, (CDC)—This project will use data from a telephone survey to measure injury-related risk factors and guide injury prevention and control priorities, including those identified as priorities in *Healthy People 2010* objectives for the nation. Injuries are a major cause of premature death and disability with associated economic costs over 150 billion dollars in lifetime costs for persons injured each year. *Healthy People 2010* objectives and the recent report from the Institute of Medicine, *Reducing the Burden of Injury*, call for reducing this toll. In addition to national efforts, NCIPC funds injury control programs at the state and local levels. These programs need data both to establish their prevention priorities and monitor their performance. The use of outcome data (e.g., fatal injuries) for measuring program effectiveness is problematic because cause-specific events are relatively rare and because data on critical risk factors (e.g., was a helmet worn in a fatal bike crash, was a smoke detector present at a fatal fire?) are often missing. Because these risk

factors are early in the causal chain of injury, they are what injury control programs target to prevent injuries. Accordingly, monitoring the level of injury risk factors in a population can help programs set priorities and evaluate interventions.

The first Injury Control and Risk Survey (ICARIS), conducted in 1994, was a random digit dial telephone survey that collected injury risk factor and demographic data on 5,238 English and Spanish speaking adults (≥18 yrs-old) in the United States. Proxy data were collected on 3,541 children <15 years old. More than a dozen peer-reviewed scientific reports have been published from the ICARIS data, on subjects including dog bites, bicycle helmet use, residential smoke detector usage and fire escape practices, attitudes towards violence, suicidal ideation and behavior, and compliance with pediatric injury prevention counseling. Five years have elapsed since ICARIS, and a repeat survey is needed for monitoring the injury risk factor status of the nation at the start of the millennium. Further, by using data collected in ICARIS as a baseline, ICARIS2 can measure changes and gauge the impact of injury prevention policies. ICARIS2 may also serve as the only readily available source of data to measure several of the *Healthy People 2010* injury prevention objectives. The total burden hours is estimated to be 5,897.

| Respondents screening                                | Number of respondents | Number of responses/respondent | Avg. burden per response (in hrs.) |
|------------------------------------------------------|-----------------------|--------------------------------|------------------------------------|
| Non-households .....                                 | 5,800                 | 1                              | 0.5/60                             |
| Unable to reach sampled adult after 6 attempts ..... | 2,100                 | 6                              | 2/60                               |
| Refusals .....                                       | 1,800                 | 3                              | 3/60                               |
| Break-offs .....                                     | 675                   | 1                              | 5/60                               |
| CATI-Survey                                          |                       |                                |                                    |
| Completed Interviews .....                           | 8,500                 | 1                              | 35/60                              |
| Supplemental Questions .....                         | 8,500                 | 1                              | 1/60                               |

Dated: April 6, 2001.

**Nancy E. Cheal,**

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

[FR Doc. 01-9071 Filed 4-11-01; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30 DAY-24-01]

#### 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:* NIOSH Research Study for the Prevention of Work-related Musculoskeletal Disorders (MSDs)—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all

people through research and prevention. There is evidence of causal relationships between physical job stressors (e.g., repetitive or static exertion, forcefulness, awkward postures) and MSDs, and some quantitative information is available on how much rates of MSDs change at varying levels of exposure to each stressor and combination of stressors (exposure-response relationships). Additional information would foster the further development of effective strategies for prevention.

A research project is proposed to conduct a prospective cohort study to quantify the risk for upper limb and low back MSDs at varying levels of exposure to physical job stressors (repetitive, forceful exertion, awkward postures, vibration, manual handling, etc.). This research will involve multiple work

sites from the service and manufacturing industries with job tasks that represent a range of exposures to physical job stressors that can result in musculoskeletal disorders of the upper limb (e.g., carpal tunnel syndrome, hand-wrist tendinitis, medial and lateral epicondylitis, hand-arm vibration syndrome (HAVS)) and low back disorders. Because of the limitations of cross-sectional and retrospective studies, it is widely agreed that a prospective study design is the best approach for the investigation of this problem. Up to 2000 workers will be enrolled into the study and will participate in three annual data collection surveys. The surveys will be comprised of a self-administered questionnaire and standard health tests to identify MSDs, including HAVS. Job tasks will be studied using uniform

exposure assessment methods to quantify physical stressors. The study data will be used to test and expand existing guidelines for limiting exposure to physical job stressors, and for developing new guidelines where none exist. The results from this research study will provide practitioners in occupational health critical data that will facilitate their ability to quickly and reliably discriminate job tasks that represent low, moderate and high risk for MSDs among workers employed across different industries. In addition, the results of this study will provide guidance on effective job design to reduce the burden of work-related MSDs. The total estimated annual burden for this data collection is 1,993 hours.

| Data collection activity                  | Number of respondents | Number of responses per respondents | Response per hour |
|-------------------------------------------|-----------------------|-------------------------------------|-------------------|
| Study Announcement Response .....         | 100                   | 1                                   | 15/60             |
| <b>Questionnaire Administration:</b>      |                       |                                     |                   |
| Core Questionnaire .....                  | 2,100                 | 3                                   | 45/60             |
| Work Environment Module .....             | 2,100                 | 3                                   | 15/60             |
| Back Module .....                         | 200                   | 3                                   | 6/60              |
| HAVS Module .....                         | 400                   | 2                                   | 45/60             |
| Intervention Module .....                 | 225                   | 4                                   | 6/60              |
| <b>Physical Examination:</b>              |                       |                                     |                   |
| Upper Limb MSDs .....                     | 1,000                 | 3                                   | 45/60             |
| Hand-Arm Vibration Syndrome .....         | 400                   | 2                                   | 2.00              |
| Lumbar Motion Functional Assessment ..... | 200                   | 3                                   | 30/60             |

Dated: April 6, 2001.

**Nancy E. Cheal,**

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

[FR Doc. 01-9072 Filed 4-11-01; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

[Program Announcement No. ACYF-PA-CCB-2001-02]

#### Technical Assistance Child Care Grant

**AGENCY:** Administration on Children, Youth and Families (ACYF), ACF, DHHS.

**ACTION:** Announcement of availability of competitive financial assistance for private, nonprofit intermediaries to demonstrate the provision of technical assistance to child care providers to

improve the quality and supply of child care facilities.

**SUMMARY:** The purpose of this program announcement is to announce the availability of fiscal year (FY) 2001 funds, authorized under the FY 2001 Consolidated Appropriations Act (Pub. L. 106-554), for grants to qualified private, nonprofit intermediaries to increase the quality and supply of child care facilities in low-income communities. Eligible intermediaries are private, nonprofit intermediary organizations that have demonstrated experience and results in providing technical assistance to child care providers in the renovation or construction of facilities and in securing private sources for capital financing of child care facilities in low-income communities.

**DATES:** The closing date for submission of applications is June 11, 2001. Mailed applications postmarked after the closing date will be classified as late.

**Deadline:** Mailed applications shall be considered as meeting an announced deadline if they are either received on or before the deadline date, or sent on or before the deadline date, and received by ACF in time for the independent review to: Administration on Children, Youth and Families, Child Care Bureau Program Announcement No. ACYF-PA-CCB-2001-02, 1815 North Fort Myer Drive, Suite 300, Arlington, VA 22209.

Applicants are cautioned to request a legibly dated U.S. Postal Service postmark or to obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private Metered postmarks shall not be acceptable as proof of timely mailing.

Applications hand-carried by applicants, applicant couriers, or by overnight/express mail couriers shall be considered as meeting an announced deadline if they are received on or before the deadline date, between the hours of 8:00 a.m. and 4:30 p.m., at the