Dated: January 8, 1997.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers of Disease Control and Prevention (CDC).

[FR Doc. 97–965 Filed 1–14–97; 8:45 am]

BILLING CODE 4160–19–P

NIOSH Meeting; The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) Announces the Following Meeting

Name: ''Postural Stability and Motor Response Times During Scaffold End Frame Handling'' study protocol peer review.

Time and Date: 1–4 P.M., February 13, 1997.

Location: Suncrest Facility, Large Conference Room, NIOSH, CDC, 3040 University Avenue, Morgantown, West Virginia 26505.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people.

Purpose: Participants will provide NIOSH with their individual advice and comments regarding technical and scientific aspects of the NIOSH protocol ''Postural Stability and Motor Response Times During Scaffold End Frame Handling.'' Peer review panelists will review the study protocol and provide individual advice on the conduct of the study. Viewpoints and suggestions from industry, labor, academia, other governmental agencies, and the public are invited.

Agenda items are subject to change, as priorities dictate.

For Further Information Contact: Brian E. Moyer, M/S 119, 1095 Willowdale Road, Morgantown, West Virginia 26505, telephone (304) 285–5969.

Dated: January 8, 1997.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 97–964 Filed 1–14–97; 8:45 am]

BILLING CODE 4160–19–P

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects:

Title: Child Care Quarterly Unit Report

OMB No.: New collection

Description: This legislatively-mandated report collects program and participants data on children and families receiving direct CCDF services. Disaggregate data will be collected and will be used to determine the participants and program characteristics as well as cost and level of child care services. The data will be used to provide a report to Congress. Form ACF 801 represents the data elements to be collected and reported to ACF.

Respondents (States and Territories) will be asked to sample the population of families receiving benefits on a monthly basis and submit the three most current monthly samples to ACF quarterly. Each monthly sample is drawn independent of the other samples and retained for submission within a quarterly report. ACF is not issuing specifications on how respondents compile overall database(s) from which samples are drawn. ACF will provide to the respondents a sampling plan which will specify minimum sample size. It is expected to be a monthly sample of approximately 150 cases for large States with smaller samples based on population size adjustments for smaller respondents.

Respondents: States, D.C., Guam, Virgin Islands and Puerto Rico

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF–801	54	4	20	4,320

Estimated Total Annual Burden Hours: 4,320.

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 Information Services, Division of Information Resource Management 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: January 9, 1997.

Douglas J. Godesky,

Reports Clearance Officer.

[FR Doc. 97–940 Filed 1–14–97; 8:45 am]

BILLING CODE 4184–01–M

Food and Drug Administration

[Docket No. 96N–0488]

Use of Clorsulon Drench in Goats; Availability of Data

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of target animal safety and effectiveness data, human food safety data, and environmental data to be used in support of a new animal drug application (NADA) or supplemental NADA for use of a suspension containing 8.5 percent clorsulon as a drench in goats for the treatment of adult liver fluke infestation. The data, contained in Public Master File (PMF) 5440, were compiled under National Research Support Project No. 7 (NRSP–7), a national agricultural program for obtaining clearances for use of new drugs in minor animal species or in any animal species for the control of diseases that occur infrequently or in limited geographical areas.

ADDRESSES: Submit NADA's or supplemental NADA's to the Document Control Unit (HFV–199), Center for Veterinary Medicine, Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855.

FOR FURTHER INFORMATION CONTACT: Naba K. Das, Center for Veterinary Medicine (HFV–133), Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855, 301–594–1659.

SUPPLEMENTARY INFORMATION: The use of clorsulon suspension in goats is a new animal drug use under section 201(v) of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 321(v)). As a new animal drug, clorsulon suspension is subject to section 512 of the act (21 U.S.C. 360b), which requires that its use in goats be the subject of an approved NADA or supplemental NADA. Goats are a minor specie under § 514.1(d)(1)(ii) (21 CFR 514.1(d)(1)(ii)).

The NRSP–7 Project, Southern Region, University of Florida, Gainesville, FL 32610, has filed data and information that demonstrate safety and effectiveness to goats orally drenched with a suspension containing 8.5 percent of clorsulon for the treatment of adult liver fluke (*Fasciola hepatica*) infestation. NRSP–7 has also filed human food safety data and an environmental assessment that adequately addresses the potential impacts due to use of the drug product.

The data and information are contained in PMF 5440. Sponsors of NADA's or supplemental NADA's may, without further authorization, refer to the PMF to support approval of an application filed under § 514.1(d). An NADA or supplemental NADA must include, in addition to reference to the PMF, animal drug labeling and other data needed for approval, such as manufacturing methods, facilities, and controls, and information addressing the potential environmental impacts (including occupational) of the manufacturing process. Persons desiring more information concerning the PMF or requirements for approval of an NADA may contact Naba K. Das (address above).

In accordance with the freedom of information provisions of 21 CFR part 20 and 514.11(e)(2)(ii), a summary of target animal safety, effectiveness, and human safety data and information provided in this PMF to support approval of an application may be seen in the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857, between 9 a.m. and 4 p.m., Monday through Friday.

Dated: January 6, 1997.

Michael J. Blackwell,

Deputy Director, Center for Veterinary Medicine.

[FR Doc. 97–1022 Filed 1–14–97; 8:45 am]

BILLING CODE 4160–01–F

[Docket No. 96N–0478]

Cancer-Related Advisory Committees; Proposed Process for Selection of Patient Representatives

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is requesting comments from interested parties on the proposed process for the selection of patient representatives to serve on cancer-related advisory committees. As part of the ''FDA Initiative on Reinventing the Regulation of Cancer Drugs,'' the Cancer Liaison Staff in the Office of AIDS and Special Health Issues has been charged with developing a process for recruitment, assessment, and selection of patient representatives to serve as members of cancer-related advisory committees in the Center for Drug Evaluation and Research (CDER), the Center for Biologics Evaluation and Research (CBER), and the Center for Devices and Radiological Health (CDRH). This initiative is intended to provide representation for cancer patients and to ensure that the selection process will provide for broad representation in the nominee pool, and to develop criteria for the selection of the patient representatives. The criteria for both the nomination and selection process will help ensure that the patient representative will provide the perspective of the patients with the disease for which a therapeutic product is being considered by the advisory committee.

DATES: Written comments on the proposed process by March 17, 1997.

ADDRESSES: Submit written comments to the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: JoAnn Minor, Office of AIDS and Special Health Issues (HF–12), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–4460 or E-mail: JMinor@bangate.fda.gov.

SUPPLEMENTARY INFORMATION:

I. Background

On March 29, 1996, President Clinton announced the ''FDA Initiative on Reinventing the Regulation of Cancer Drugs'' that will result in more rapid approval of cancer therapies and expanded access to investigational cancer therapies. This program of cancer initiatives also includes the participation of patient representatives on FDA advisory committees that review and consider cancer-related therapies. Advisory committees provide independent, outside expert scientific advice to the agency; they evaluate data concerning the safety and efficacy of products and make recommendations to the agency concerning their approval and appropriate use.

Patient representatives can provide a unique perspective during the deliberations of advisory committees. The patient representatives bring to the committee the views on the drug or product under review from individuals and families directly affected by the disease. The agency recognizes the valuable contributions that patient representatives provide. During the past several years, the Antiviral Drugs Advisory Committee and the Blood Products Advisory Committee have included patient representatives at their meetings when products for the treatment or diagnosis of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) and blood safety were under discussion. More recently, the Oncologic Drugs Advisory Committee, the Biological Response Modifiers Advisory Committee, and the Medical Imaging Drugs Advisory Committee have begun including such representatives.

Patients, patient advocacy groups, and others have endorsed the agency in its commitment to include patient representation on advisory committees. In the past, the medical review division and the advisory committee's Executive Secretary, acting upon recommendations by the Office of AIDS and Special Health Issues, selected patient representatives through an informal process. The agency believes that it would be useful to have a uniform system to recruit, select, and refer patient representatives to serve on FDA advisory committees. The following is a proposed process to formalize the recruitment and selection of patient representatives to serve on committees reviewing cancer-related therapies.

II. The Proposed Process

The agency is developing a process for the recruitment, assessment, selection, and training of patient representatives. As part of this process, the agency believes that a mechanism for soliciting nominations of qualified patient representatives to ensure broad representation in the nominee pool is critical. To that end, the agency proposes to develop: (1) A listing of qualifications to be considered in