

OMB Desk Officer: Allison Herron Eydt.

Copies of the information collection packages listed above can be obtained by calling the OS Reports Clearance Officer on (202) 690-6207. Written comments and recommendations for the proposed information collection should be sent directly to the OMB desk officer designated above at the following address: Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, 725 17th Street, NW., Washington, DC 20503.

Comments may also be sent to Cynthia Agens Bauer, OS Reports Clearance Officer, Room 503H, Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201. Written comments should be received within 30 days of this notice.

Dated: October 1, 2002.

Kerry Weems,

Deputy Assistant Secretary, Budget.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-01-03]

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) 498-1210. 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

National Hospital Discharge Survey—(OMB No. 0920-0212)—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC) proposed to conduct a special study to evaluate expanding pharmaceutical data in the National Health Care Survey. This study is a preliminary investigation of methodological procedures to collect information on drugs for inpatients as part of the National Hospital Discharge Survey (NHDS). The National Health Care Survey currently collects data on drugs prescribed during patient visits to physicians' offices and to emergency and outpatient departments through the National Ambulatory Medical Care Survey and the National Hospital Ambulatory Medical Care Survey. The purpose of this special study is to conduct and evaluate a field test of preliminary data collection methods using medical records as the source for abstracting names of drugs administered to a sample of hospital inpatients. It is anticipated that the results of this

special study will provide essential information regarding: the amount of time and medical sophistication required for staff to find and abstract drug data in the medical record; the cost of collecting these data as part of the NHDS; potential problems to be anticipated in conducting a national survey which potentially requires the participation of a large number of hospitals; and, what the next steps should be to evaluate the possibility of adding drug data to the NHDS. The field test for this special study will include a sample of approximately 50 hospitals which are not currently participating in the NHDS. Data collection will include 20 discharges sampled from one month from each participating hospital. The data items to be abstracted are all of the NHDS items in addition to listing the narrative description of all drugs administered during the sampled inpatient stay. It is anticipated that only half of the hospitals which participate in the special study will conduct their own abstracting ("Primary procedure") and that contractor staff will perform the abstracting ("Alternate procedure") in the other 25 hospitals. The total annual burden for this data collection is 367 hours.

| Form | Number of respondents | Number of responses/respondent | Average burden/response (in hours) |
|--|-----------------------|--------------------------------|------------------------------------|
| Medical Record Abstract—Primary Procedure Hospital | 25 | 20 | 30/60 |
| Medical Record Abstract—Alternate Procedure Hospital | 25 | 20 | 1/60 |
| Induction Form | 50 | 1 | 2 |
| Transmittal Form | 50 | 1 | 10/60 |

Dated: October 2, 2002.

Nancy E. Cheal,

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

[FR Doc. 02-25716 Filed 10-9-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 02219]

Cooperative Agreement for the Development and Support of Core Public Health Functions Related to Injury Prevention and Control; Notice of Award of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the award

of fiscal year (FY) 2002 funds for a cooperative agreement program for the Development and Support of Core Public Health Functions Related to Injury Prevention and Control.

The purpose of the program is to assist the State and Territorial Injury Prevention Directors' Association (STIPDA) to determine and respond to the training, information, education, research, surveillance, program implementation, and evaluation needs required to build or expand injury prevention and control capacity at the State and territorial level. This program addresses the "Healthy People 2010"

focus areas of Injury and Violence Prevention.

B. Eligible Applicant

Assistance is provided only to (STIPDA). No other applications were solicited.

Eligibility is limited to STIPDA because of its unique relationship with State public health injury programs and with State public health officers. STIPDA is the only national nonprofit organization comprised of public health injury directors representing all States and territories. Voting membership in STIPDA is restricted to one injury director for each State, with this director designated by the State health officer. Therefore, STIPDA, is the only organization officially representing the injury perspectives of each State's health officer.

STIPDA is the only organization whose primary mission is to promote, sustain, and enhance the ability of State and territorial public health departments to reduce death and disability associated with injuries. STIPDA has direct access to its own membership of State and territorial injury prevention and control staff and, therefore, has the capacity to meet the objectives of this agreement.

STIPDA also provides consultation and technical assistance to numerous agencies and has liaison relationships with national organizations. In this way, STIPDA is deeply involved in injury prevention and control program development and evaluation efforts that are conducted nationally.

In collaboration with other national organizations, STIPDA accomplishes its mission in part by disseminating information on state-of-the-art injury prevention and control policies and strategies. The unique information exchange among STIPDA members and resident expert program knowledge provide it with special credibility with national, local, private, and voluntary agencies.

C. Funds

Approximately \$493,898 is being awarded in FY 2002. The award will begin on or about September 30, 2002, and will be made for a 12-month budget period within a project period of one year.

D. Where To Obtain Additional Information

Business management technical assistance may be obtained from: Van A. King, Grants Management Specialist, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000,

Atlanta, GA 30341-4146, Telephone number: (770) 488-2751, e-mail address: vbk5@cdc.gov.

For program technical assistance, contact: James S. Belloni, MA, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 4770 Buford Highway, Mailstop F-41, Atlanta, GA, 30341-3724, Phone Number: 770 488-4538, e-mail address: jsb1@cdc.gov.

Dated: October 4, 2002.

Sandra R. Manning,

CGFM, Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

[FR Doc. 02-25752 Filed 10-9-02; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice: Re-Authorization of Pro-Children Act of 1994 ("PCA") Under the No Child Left Behind Act of 2001 ("NCLB")

AGENCY: Department of Health and Human Services, Centers for Disease Control and Prevention.

ACTION: Notice; amendment.

SUMMARY: The Department of Health and Human Services announces the re-authorization of the Pro-Children Act of 1994. The Pro-Children Act prohibits smoking in facilities that are funded directly by the Federal Government or through State or local governments by Federal grant, loan, loan guarantee, or contract programs that offer education, library, day care, health care and early childhood development services (e.g., Head Start) on a routine and regular basis to children under the age of eighteen (18). The Act is being re-authorized under the No Child Left Behind Act of 2001, Pub. L. 107-110 (2001), effective January 8, 2002.

Prohibitions: The below prohibitions shall be effective 90 days after this notice is published, or 270 days after January 8, 2002, whichever occurs first. "Any failure to comply with a prohibition in this section shall be considered to be a violation of this section and any person subject to such prohibition who commits such violation may be liable to the United States for a civil penalty in an amount not to exceed \$1,000 for each violation, or may be subject to an administrative compliance order, or both, as determined by the Secretary."

"(a) *Prohibition*—After the date of enactment of the No Child Left Behind Act of 2001, no person shall permit smoking within any indoor facility owned or leased or contracted for, and utilized, by such person for provision of routine or regular kindergarten, elementary, or secondary education or library services to children.

(b) *Additional Prohibition*—(1) In General—After the date of enactment of the No Child Left Behind Act of 2001, no person shall permit smoking within any indoor facility (or portion of such a facility) owned or leased or contracted for, and utilized by, such person for the provision of regular or routine health care or day care or early childhood development (Head Start) services.

(2) *Exception*—Paragraph (1) shall not apply to—

(A) Any portion of such facility that is used for inpatient hospital treatment of individuals dependent on, or addicted to, drugs or alcohol; and

(B) Any private residence.

(c) *Federal Agencies*—

(1) *Kindergarten, Elementary, or Secondary Education or Library Services*—After the date of enactment of the No Child Left Behind Act of 2001, no Federal agency shall permit smoking within any indoor facility in the United States operated by such agency, directly or by contract, to provide routine or regular kindergarten, elementary, or secondary education or library services to children.

(2) *Health or Day Care or Early Childhood Development Services*—

(A) *In General*—After the date of enactment of the No Child Left Behind Act of 2001, no Federal agency shall permit smoking within any indoor facility (or portion of such facility) operated by such agency, directly or by contract, to provide routine or regular health or day care or early childhood development (Head Start) services to children.

(B) *Exception*—Subparagraph (A) shall not apply to—

(i) Any portion of such facility that is used for inpatient hospital treatment of individuals dependent on, or addicted to, drugs or alcohol; and

(ii) Any private residence.

(3) *Application of Provisions*—The provisions of paragraph (2) shall also apply to the provision of such routine or regular kindergarten, elementary or secondary education or library services in the facilities described in paragraph (2) not subject to paragraph (1)."

SUPPLEMENTARY INFORMATION: Several federal departments have authority to implement and enforce the Pro-Children Act; Department of Health and Human