TABLE 1.—ESTIMATED RESPONDENT BURDEN—Continued

Type of respondent	Number of respondents	Number of responses per respondent	Estimated time per respondent (hours)	Estimated total burden (hours)
Medication Staff	4	1	1 hour (60 minutes)	4 hours.
Total Burden				589.5 hours.

*Each direct caregiver staff person will be interviewed about multiple residents (approximately 9 each). These interviews will occur three times—at baseline, at 6 months and at 12 months for a total of 27 interviews. Direct caregiver staff and other facility staff we interview will be similar to certified nurse assistants. We do not include professional level staff in this category.

Estimated Annual Costs to the Federal Government

The total estimated one-time cost of this intervention implementation and related data collection to the federal government is $199,600. This funding will be used to support the cost of implementing the intervention, salary and fringe benefits for the research team to conduct the survey interview and in-depth interview, costs for members of the research team to travel to each site, and the incentives paid to facilities for participation in the intervention. The project proposes to work with assisted living facilities with which the research team already has established relationships and familiarity and will attempt to minimize burden to the assisted living facility staff by being flexible to schedules and requirements of care practices within the facilities.

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms for information technology.

Dated: April 11, 2007.

Carolyn M. Clancy,

Director.

[FR Doc. 07–2012 Filed 4–23–07; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–07–06BK]

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) 639–5960 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Assessment of Occupational Exposure Management—New—Division of Healthcare Quality Promotion (DHQP), National Center for Preparedness, Detection, and Control of Infectious Diseases (NCPDCID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of this project is to assess how healthcare facilities manage occupational blood exposures as part of a larger plan to prevent the transmission of blood borne pathogens. While the United States Public Health Service protocols on management of occupational exposure are widely distributed, the awareness and implementation of these protocols by providers of health services are unknown.

In this project, CDC will randomly survey four types of healthcare facilities, acute care facilities, ambulatory surgery centers, long-term care facilities, and dialysis centers. The facility will be asked to complete the survey which asks questions about facility awareness and preparation; general occupational exposure management practices; occupational exposures to hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV); post-exposure prophylaxis; and exposure prevention measures. Facilities may complete the survey by paper and pencil or on the web. The results of the survey will be used to provide healthcare facilities with up-to-date information on infection control.

There are no costs to the respondents other than their time to complete the survey. The total estimated annualized burden hours are 1,773.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Acute care facilities	865	1	20/60
Ambulatory care facilities	353	1	20/60
Long-term care facilities	3,634	1	20/60
Dialysis Centers	468	1	20/60

Dated: April 18, 2007.

Maryam Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E7–7732 Filed 4–23–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

President's Committee for People With Intellectual Disabilities; Notice of Meeting

AGENCY: President's Committee for People with Intellectual Disabilities (PCPID), Administration for Children and Families, HHS.

ACTION: Notice of quarterly meeting.

DATES: Monday, May 14, 2007, from 9 a.m.–5 p.m. EST, and Tuesday, May 15, 2007, from 9 a.m.–2 p.m. EST. The meeting will be open to the public.

ADDRESSES: The meeting will be held in Room 800 of the Hubert H. Humphrey Building, 200 Independence Ave., SW., Washington, DC 20201. Individuals who will need accommodations for a disability in order to attend the meeting (*e.g.*, interpreting services, assistive listening devices, materials in alternative format such as large print or Braille) should notify Kodie Ruzicka via e-mail at *kruzicka@acf.hhs.gov*, or via telephone at 202–205–7989 no later than May 1, 2007. PCPID will attempt to meet requests made after that date, but cannot guarantee availability. All meeting sites are barrier free.

Meeting Registration: The meeting is open to the public, but attendance is limited to the space available. Persons wishing to attend this meeting must register by contacting Kodie Ruzicka at the e-mail address or telephone number listed in the **ADDRESSES** section of this notice by 12 p.m. EST on May 11, 2007. For those unable to participate in person, audio of the Monday, May 14 proceedings may be accessed via telephone. Please use the above contact information for Kodie Ruzicka to obtain telephone and passcode information.

Agenda: PCPID will meet to reappoint its members. They will also discuss possible content areas for the 2008 Report to the President and will divide into subcommittees for that purpose.

FOR FURTHER INFORMATION CONTACT: Sally D. Atwater, Executive Director, President's Committee for People with Intellectual Disabilities, The Aerospace Center, Suite 701, 370 L'Enfant Promenade, SW., Washington, DC 20447. *Telephone:* 202–619–0634, fax: 202–205–9591. E-mail: *satwater@acf.hhs.gov.*

SUPPLEMENTARY INFORMATION: PCPID acts in an advisory capacity to the President and the Secretary of Health and Human Services on a broad range of topics relating to programs, services and supports for persons with intellectual disabilities. PCPID, by Executive Order, is responsible for evaluating the adequacy of current practices in programs, services and supports for persons with intellectual disabilities, and for reviewing legislative proposals that impact the quality of life experienced by citizens with intellectual disabilities and their families.

Dated: April 17, 2007.

Sally D. Atwater,

Executive Director, President's Committee for People with Intellectual Disabilities.

[FR Doc. E7–7759 Filed 4–23–07; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Summaries of Medical and Clinical Pharmacology Reviews of Pediatric Studies; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of summaries of medical and clinical pharmacology reviews of pediatric studies submitted in supplements for CELEBREX (celecoxib), COLAZAL (balsalazide), ELOXATIN (oxaliplatin), EMTRIVA (emtricitabine), SUPRANE (desflurane), and TOPROL–XL (metoprolol). These summaries are being made available consistent with the Best Pharmaceuticals for Children Act (the BPCA). For all pediatric supplements submitted under the BPCA, the BPCA requires FDA to make available to the public a summary of the medical and clinical pharmacology reviews of the pediatric studies conducted for the supplement.

ADDRESSES: Submit written requests for single copies of the summaries to the Division of Drug Information (HFD–240), Center for Drug Evaluation and Research, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857. Please specify by product name which summary or summaries you are requesting. Send one self-addressed adhesive label to assist that office in processing your requests. See the **SUPPLEMENTARY INFORMATION** section for electronic access to the summaries.

FOR FURTHER INFORMATION CONTACT: Grace Carmouze, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 22, rm. 6460, Silver Spring, MD 20993–0002, 301–796–0700, e-mail: *grace.carmouze@fda.hhs.gov*.

SUPPLEMENTARY INFORMATION:

I. Background

FDA is announcing the availability of summaries of medical and clinical pharmacology reviews of pediatric studies conducted for CELEBREX (celecoxib), COLAZAL (balsalazide), ELOXATIN (oxaliplatin), EMTRIVA (emtricitabine), SUPRANE (desflurane), and TOPROL–XL (metoprolol). The summaries are being made available consistent with section 9 of the BPCA (Public Law 107–109). Enacted on January 4, 2002, the BPCA reauthorizes, with certain important changes, the pediatric exclusivity program described in section 505A of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 355a). Section 505A of the act permits certain applications to obtain 6 months of marketing exclusivity if, in accordance with the requirements of the statute, the sponsor submits requested information relating to the use of the drug in the pediatric population.

One of the provisions the BPCA added to the pediatric exclusivity program pertains to the dissemination of pediatric information. Specifically, for all pediatric supplements submitted under the BPCA, the BPCA requires FDA to make available to the public a summary of the medical and clinical pharmacology reviews of pediatric studies conducted for the supplement (21 U.S.C. 355a(m)(1)). The summaries are to be made available not later than 180 days after the report on the pediatric study is submitted to FDA (21 U.S.C. 355a(m)(1)). Consistent with this provision of the BPCA, FDA has posted on the Internet summaries of medical and clinical pharmacology reviews of pediatric studies submitted in supplements for CELEBREX (celecoxib), COLAZAL (balsalazide), ELOXATIN (oxaliplatin), EMTRIVA (emtricitabine), SUPRANE (desflurane), and TOPROL–XL (metoprolol). See the **SUPPLEMENTARY INFORMATION** section for electronic access to the summaries. Copies are also available by mail (see **ADDRESSES**).