

children younger than one year of age. With early identification, children with hearing loss can begin receiving appropriate intervention services that provide the best opportunity for these children to reach their maximum potential in such areas as language, communication, social and emotional development, and school achievement.

Newborn hearing screening is only the first step in the identification of children with hearing loss. Children who do not pass their screening need to be further evaluated to determine if they have hearing loss. The value of newborn hearing screening cannot be realized

unless children complete the screening, evaluation, and intervention process. Since recent data indicate that nearly 40 percent of children do not complete the evaluation-intervention process, this project is designed to understand what barriers exist to following through with evaluation and intervention. This evaluation also plans to provide data necessary to develop innovative solutions that can be applied by states, hospitals, and local programs. Results from this collection have the potential to strengthen the EHDI process and minimize social and economic disability among persons born with hearing loss.

By evaluating the policy, structural, personal, and financial factors and barriers associated with loss to follow-up in the EHDI program, this study seeks to identify "best practices" for improving detection, referral to evaluation and intervention, and adherence to intervention. CDC's plan to publish data and results from this evaluation will help state health officials, other federal agencies, and other stakeholders to improve the EHDI process-providing direct benefit to infants with hearing loss and their families.

Instrument	Number of respondents	Responses per respondent	Average burden per response (hrs)	Total burden (hrs)
Maternal Exit Survey	3,000	1	10/60	500
Maternal CATI Interview	1,000	1	20/60	333
Total				833

Dated: April 9, 2004.

Diane Allen,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-04-38]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404)498-1210.

Comments are invited 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) 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 on respondents, including through the use of automated collection techniques or other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-E11, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project

Heads Up: High School Sports—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

It is estimated that 300,000 sports-related traumatic brain injuries of mild to moderate severity, most of which can be classified as concussions, occur each year in the United States. While the proportion of these injuries that are repeat occurrences is unknown, there is an increased risk of subsequent concussion among persons who have had at least one previous concussion. Repeated concussions occurring over an extended period can result in cumulative neurological and cognitive problems. Repeated concussions occurring within a short period of time (second impact syndrome) can be

catastrophic or fatal. One of the goals of CDC is to reduce negative outcomes resulting from sports-related concussion and reduce the occurrence of second-impact syndrome in high schools. To help achieve these goals CDC, National Center for Injury Prevention and Control (NCIPC) will undertake a communication and education effort in the form of a concussion tool kit aimed at high school coaches. The objectives of the tool kit include providing coaches with materials and tools that will help them to: (1) Raise their own awareness about sports-related concussion; (2) prevent sports-related concussion; (3) take appropriate action when injury occurs; and (4) educate athletes, parents, and school officials about sports-related concussion. After review of the tool kit, NCIPC will conduct a telephone survey to assess short-term impact of the communication and educational initiative directed at high school athletic coaches about sports-related concussions.

Specifically, the survey will assess knowledge and awareness about sports-related concussion, appropriateness of content, perceived value, intentions to use, and actual use of tool kit materials. Survey results will be used to identify revisions and improvements that need to be made to the tool kit materials before they are promoted and distributed nationally in 2005. This one-time survey will be conducted over a two to three month period.

Respondents	Number of respondents	Number of responses per respondent	Average burden per respondent (in hrs.)	Total burden (in hrs)
High School Coaches	500	1	15	125
Total	125

Dated: April 9, 2004.

Diane Allen,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Grants and Cooperative Agreements; Notice of Availability

Federal Agency Contact Name:

Administration for Children and Families, Children's Bureau.

Funding Opportunity Title:

Recreational Services for Children Affected by HIV/AIDS.

Announcement Type: Initial—Grant.

Funding Opportunity Number: HHS-2004-ACF-ACYF-CB-0008.

CFDA Number: 93.551.

Due Date for Applications: The due date for receipt of applications is June 18, 2004.

I. Funding Opportunity Description

The purpose of this funding opportunity is to fund programs that provide counseling, support services and/or respite care in a recreational or camp setting for children and adolescents affected by HIV/AIDS. Projects supported under this funding opportunity are expected to serve as models for service provision to children and adolescents affected by HIV/AIDS. A model project funded under this initiative must:

(a) Develop and implement an evidence-based project with specific components or strategies that are based on theory, research, or evaluation data; or, replicate or test the transferability of successfully evaluated program models;

(b) Determine the effectiveness of the model and its components or strategies; and

(c) Produce materials that will enable others to replicate the model.

Background

The purposes of Pub. L. 100-505, the Abandoned Infants Act of 1988 as

amended, are to establish a program of local support services projects to prevent the abandonment in hospitals of infants and young children, particularly those who have been perinatally exposed to a dangerous drug and those with the human immunodeficiency virus (HIV) or who have been perinatally exposed to the virus; to identify and address the needs of those infants and children who are, or might be, abandoned; to develop a program of comprehensive support services for these infants and young children and their natural families (see *Definitions*) that include, but are not limited to, foster family care services, case management services, family support services, parenting skills, in-home support services, counseling services and group residential home services; and to recruit and train health and social services personnel, foster care families, and residential care providers to meet the needs of abandoned children and infants and children who are at risk of abandonment. The legislation also allows for the provision of a technical assistance training program to support the planning, development and operation of the service demonstration projects. The reauthorized legislation allows the Secretary to give priority to applicants located in States that have developed and implemented procedures for expedited termination of parental rights and placement for adoption of infants determined to be abandoned under State law.

Projects funded under this funding opportunity will examine the impact that a supportive, recreational or camping program may have on children/adolescents in coming to terms with the loss of a parent(s) and or in coming to terms with their own illness due to HIV/AIDS. This effort will test the assumption that a supportive recreational or camping environment will have a positive impact on children/adolescents in which they will learn to reduce their own risk behavior; develop a peer network of support with others who have had a similar experience and find ways to deal with their fears and anxieties. ACYF will provide support for recreational (camping) programs that

can be one day, one week or several weeks in duration or once a week over a period of several weeks. This proposed project can take place either in the summer months or during the school year.

Applicants are expected to present a program design that includes detailed procedures for documenting project activities and results, including the development of a data collection infrastructure that is sufficient to support a methodologically sound and rigorous evaluation. Applicants must describe how and what data will be collected on children; types of activities and/or services provided; and, the types and nature of needs identified and met.

Definitions

Abandoned and Abandonment—The terms “abandoned” and “abandonment”, used with respect to infants and young children, mean that the infants and young children are medically cleared for discharge from acute-care hospital settings, but remain hospitalized because of a lack of appropriate out-of-hospital placement alternatives.

Acquired Immune Deficiency Syndrome—The term “acquired immune deficiency syndrome” includes infection with the etiologic agent for such syndrome, any condition indicating that an individual is infected with such etiologic agent, and any condition arising from such etiologic agent.

Dangerous Drug—The term “dangerous drug” means a controlled substance, as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802).

Natural Family—The term “natural family” shall be broadly interpreted to include natural parents, grandparents, family members, guardians, children residing in the household, and individuals residing in the household on a continuing basis who are in a care-giving situation, with respect to infants and young children covered under this Act.

II. Award Information

Funding Instrument Type: Grant.

Anticipated Total Priority Area Funding: The anticipated total for all