Ordering and Distribution System. The VACMAN DLL interface component allows immunization information systems to interface with VACMAN.

The CDC/NIP Development Team will work with respondent to develop and promote a product that will support VACMAN connectivity with immunization information systems and other applications that might exist on different operating systems. Respondent will be given access to VACMAN 3 database specifications and business rules. Respondent will maintain the code such that it is constantly kept updated accordingly as changes in the VACMAN product occurs. CDC/NIP requires the use of the source code and free distribution rights for the object code, which may include vendors, to ensure all available products can interact with VACMAN consistently and that all Grant programs have the opportunity to integrate VACMAN with their other processes for properly managing their vaccines.

Applicant submissions will be judged according to the following criteria:

- 1. Evidence of expertise in software development and supporting data (e.g., resumes) of qualifications for the principle investigator who would be involved in the CRADA.
- 2. Specific operating systems and development languages proposed for development of the DLL.
- 3. Evidence of commitment for development to release to Grant programs, including vendors, the compiled components along with all appropriate documentation such as Application Program Interface documentation.

With respect to Government Intellectual Property (IP) rights to any invention not made solely by a CRADA partner's employees for which a patent or other IP application is filed, CDC has the authority to grant to the CRADA partner an exclusive option to elect an exclusive or nonexclusive commercialization license. This option does not apply to inventions conceived prior to the effective date of a CRADA that are reduced to practice under the CRADA, if prior to that reduction to practice, CDC has filed a patent application on the invention and has licensed it or offered to license it to a third party. The terms of the license will fairly reflect the nature of the invention, the relative contributions of the Parties to the invention and the CRADA, the risks incurred by the CRADA partner and the costs of subsequent research and development needed to bring the invention to the marketplace. The field of use of the license will be

commensurate with the scope of the Research Plan.

This CRADA is proposed and implemented under the 1986 Federal Technology Transfer Act: Public Law 99–502, as amended.

The responses must be made to: Lisa Blake-DiSpigna, Technology Development Coordinator, National Center for Infectious Diseases, Centers for Disease Control and Prevention (CDC), 1600 Clifton Rd. NE., Mailstop C–19, Atlanta, GA 30333.

Dated: February 21, 2003.

#### Joseph R. Carter,

Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 03–4599 Filed 2–26–03; 8:45 am] **BILLING CODE 4163–18–P** 

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention

# Advisory Board on Radiation and Worker Health: Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting.

Name: Advisory Board on Radiation and Worker Health (ABRWH).

*Time and Date:* 1 p.m.–4 p.m., March 14, 2003.

Place: Teleconference call will originate at the Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health (NIOSH), Atlanta, Georgia. Please see SUPPLEMENTARY INFORMATION for details on accessing the teleconference.

Status: Open to the public, teleconference access limited only by ports available.

Background: The Advisory Board on Radiation and Worker Health ("the Board") was established under the **Energy Employees Occupational Illness** Compensation Program Act of 2000 to advise the President, through the Secretary of Health and Human Services (HHS), on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Board include providing advice on the development of probability of causation guidelines which have been promulgated by HHS as a Final Rule, advice on methods of dose reconstruction which have also

been promulgated as a Final Rule, evaluation of the scientific validity and quality of dose reconstructions conducted by NIOSH for qualified cancer claimants, and advice on the addition of classes of workers to the Special Exposure Cohort.

In December 2000, the President delegated responsibility for funding, staffing, and operating the Board to HHS, which subsequently delegated this authority to the CDC. NIOSH implements this responsibility for CDC. The charter was signed on August 3, 2001 and in November, 2001, the President completed the appointment of members to the Board to ensure a balanced representation on the Board. The initial tasks of the Board have been to review and provide advice on the proposed, interim, and final rules of HHS.

Purpose: This board is charged with (a) providing advice to the Secretary, HHS on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS on the scientific validity and quality of dose reconstruction efforts performed for this Program; and (c) upon request by the Secretary, HHS, advise the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class.

Matters To Be Discussed: Agenda for this meeting will focus on the Special Exposure Cohort Notice of Proposed Rule Making finalization of recommendations.

Agenda items are subject to change as priorities dictate.

SUPPLEMENTARY INFORMATION: This conference call is scheduled for 1 p.m. Eastern Time. To access the teleconference you must dial 1–800–311–3437. To be automatically connected to the call, you will need to provide the operator with the participant code "528890" and you will be connected to the call.

### CONTACT PERSON FOR MORE INFORMATION:

Larry Elliott, Executive Secretary, ABRWH, NIOSH, CDC, 4676 Columbia Parkway, Cincinnati, Ohio 45226, telephone 513/841–4498, fax 513/458–7125.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: February 21, 2003.

#### Alvin Hall,

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

[FR Doc. 03–4603 Filed 2–26–03; 8:45 am] BILLING CODE 4163–19–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

### Agency Recordkeeping/Reporting Requirements Under Emergency Review by the Office of Management and Budget (OMB)

Title: Design and field testing of Head Start National Reporting System on Child Outcomes.

OMB No.: New Request.

Description: The Administration on Children, Youth and Families (ACYF), Administration for Children and Families (ACF) of the Department of Health and Human Services (DHHS) is requesting comments on plans to conduct the Design and Field Testing of the Head Start National Reporting System on Child Outcomes. This study is being conducted under contract with Westat and Xtria (#282–98–0015) to collect child outcomes information that will be used for program improvement in Head Start.

The purpose of this field test is to create the framework and procedures for a national outcomes report of children's ability and progress on the Presidentially and congressionallymandated standards of learning. This effort will involve a subsample of 36

Head Start programs. In these programs, we will collect direct assessment data on approximately 1,440 sample children as well as their demographic information, the backgrounds of their respective classroom teachers, and the characteristics of their respective programs. This data will be used to develop and evaluate a system to report this outcome information.

After designing the framework and procedures for the National Reporting System, Westat/Xtria will then evaluate how well such a system would work, based on analysis of direct assessment data from a national sample of programs, classes, and children. Westat will then recommend any modifications to the design for the full national implementation year of the National Reporting System (NRS), based on the results of the field test. This could include recommendations on the training procedures of field staff or modifications of the assessment battery.

In the implementation of the NRS, staff training in collecting and submitting data will be critical. In order to ensure high quality data for the NRS, two different approaches to staff training will be evaluated in two study conditions:

#### **Standard Training**

The NRS will use a "training the trainers" training program. This effort will involve a subsample of 26 programs drawn from around the country. Selected staff from each program will travel to Rockville, Maryland to be trained in the procedures to teach other Head Start staff members how to administer the assessment battery and how to use the computer reporting system (Condition Two). Once trained, these "trained trainers" will return to their respective Head Start programs

and train their local teachers how to administer the assessment battery and how to use the computer reporting system.

#### **Extended Training**

This training condition will involve a subsample of 10 Head Start programs drawn from around the country. These programs will receive the standard 3-day training workshop plus one extra day of extended training on how to conduct training sessions for their local Head Start staff (Condition One).

The field test will also evaluate any differences between the types of assessors administering the assessment. Head Start classroom teachers, the first type of assessor, will be responsible for administering the assessment to children from their own classroom. The second type of assessor is any other Head Start staff, or "non-classroom teachers," including program coordinators, education coordinators, education specialists, or even teachers from other classrooms (e.g., teacher from classroom A assesses children from classroom B). The purpose of examining these types of assessors is to determine if there are any differences in the administration of the assessment and/or the scores collected by these different types of assessors. Any possible bias or unreliability in the assessment scores collected by the different types of assessors, and the ease of administration and fidelity to standard administration procedures will be evaluated.

Respondents: Head Start Children and Head Start Staff.

Annual Burden Estimates: Estimated Annual Response Burden to Respondents for the Design and field testing of Head Start National Reporting System on Child Outcomes.

### ESTIMATED RESPONSE BURDEN FOR RESPONDENTS IN THE HEAD START NATIONAL REPORTING SYSTEM FIELD TEST— Spring 2003

Activities	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Head Start Children: Complete Direct Assessments	1440	1	1/3	480
Head Start Staff: Administer Direct Assessment	144	10	1/3	480
Head Start Staff: Enter Child Demographic Information	1440	1	1/12	120
Head Start Staff: Enter Teacher Background Information	144	1	1/30	4.8
Head Start Children: Parallel Child Assessments administered by Field Staff	480	1	1/3	160
Program Directors Technology Survey	400	1	1/4	100
Condition One Head Start Staff: Training as Trainers for the Direct Child Assessments	10	1	28	280
sessments	26	1	20	520
Head Start Staff: Training Local Staff for the Direct Child Assessments	36	1	8	288
Head Start Staff: Receiving Training for the Direct Child Assessments	144	1	8	1152
Totals for Spring 2003				3,584.8