

legal differences or a dominant market position deriving from such legal differences exist, then the Board must further evaluate the proposal to assess its benefits—such as its contributions to payment system efficiency, payment system integrity, or other Board objectives—and to determine whether the proposal's objectives could be achieved with a lesser or no adverse impact.

The Board has determined that volume-based fees are not a significant departure from the multi-part fee structures currently used by the Reserve Banks. Nevertheless, it is important to assess their use in the context of the service for which the fee structure is being proposed.

The Board has determined that adoption of a volume-based fee structure for electronic services would not have a direct and material adverse effect on the ability of other service providers to compete effectively with the Federal Reserve in providing electronic check products and ACH services.

In the check service, the Reserve Bank's dominant market position is likely due, in part, to legal advantages, such as the ability to present checks later in the day and the ability to control the timing and manner of settlement. The use of volume-based fees for Reserve Bank electronic check products, however, should not significantly change the Reserve Banks' competitive position relative to private-sector service providers. Volume-based fees are used by a number of private-sector service providers and would not represent a significant departure from the multi-part fees that are currently assessed by the Reserve Banks.

In the case of the ACH service, the Federal Reserve's dominant market

position does not derive from legal differences. The Federal Reserve generally abides by the rules of the National Automated Clearing House Association (NACHA), which also govern the processing of ACH payments by private-sector operators.

By order of the Board of Governors of the Federal Reserve System, March 19, 1997.

**William W. Wiles,**

*Secretary of the Board.*

[FR Doc. 97-7396 Filed 3-24-97; 8:45 am]

BILLING CODE 6210-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[INFO-97-07]

#### 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) 639-7090.

*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 for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

#### Proposed Projects

1. Sun Protection for Children—New—Skin cancer is of increasing public health concern because of its increasing incidence. Ultraviolet radiation is the primary risk factor for skin cancers, and the risk of skin cancer appears to be increased with early life exposures to ultraviolet radiation. However, little information is available on sun protection for children. Therefore, the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Control, Division of Cancer Prevention and Control, intends to conduct a survey on sun protection for children to monitor sun protection behaviors, develop health messages, and target populations for health education as part of the National Skin Cancer Prevention Education Program.

A representative sample of parents of children aged 6 months to 10 years, selected by random digit dialing, will be interviewed over the telephone. The information collected will include demographic information, parental knowledge and attitudes about skin cancer and sun protection, and sun protection for their children. There is no cost to respondents.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Parents .....	900	1	0.5	450

2. Evaluation of the Skills-Building Workshop and Peer Outreach Components of the CDC's Prevention Marketing Initiative Local Demonstration Site Project—New—The Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of HIV/AIDS Prevention, Behavioral Intervention Research Branch is planning to conduct a series of studies as part of the evaluation of a five-city HIV prevention demonstration program. The program involves the integration of

social marketing strategies and community participation in an effort to develop and implement HIV prevention activities. Charged with developing programs for those 25 years of age and younger, community groups in the local demonstration sites chose to segment the target audience even further, and to mount a variety of types of interventions. Decisions about segmentation and the nature of local interventions were based on formative research conducted in each community. It is hoped that this demonstration

project will result in reductions in HIV risk behavior among members of the target audiences, as well as in enhanced collaboration among individuals and organizations in the participating communities.

To evaluate the effectiveness of two components of the intervention, questionnaire data will be collected from people under 25 years old and from some parents in the demonstration communities. These data will be collected immediately before and after the Skills-Building Workshops, one

month later, and six months later. In addition, questionnaire data will be collected once from individuals contacted through Outreach programs.

The cost to respondents is estimated at \$32,300.00. These data will supplement a survey (announced in the **Federal Register** on 8/27/96) designed to assess

the full program's coverage of the target population.

Respondents	Number of respondents	Number of responses/respondents	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Young people under 25 years of age in targeted prevention program communities:				
Skills-Building Workshops .....	3,000	1	2	6,000
Peer Outreach .....	1,000	1	0.5	500
Parents:				
Consent .....	3,000	1	0.05	150
Parent-Outreach .....	250	1	0.50	125
Organization Outreach .....	50	1	0.5	25
<b>Total</b> .....				<b>6,800</b>

Dated: March 19, 1997.

**Wilma G. Johnson,**

*Acting Associate Director for Policy Planning And Evaluation, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 97-7465 Filed 3-24-97; 8:45 am]

BILLING CODE 4163-18-P

[30DAY-2-97]

#### 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 Office on (404) 639-7090. 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

1. National Nosocomial Infections Surveillance (NNIS) System—(0920-0012)—Reinstatement—The National Nosocomial Infections Surveillance (NNIS) system is currently the only source for national data on nosocomial (hospital-associated) infections in the United States. It first began collecting data in 1970. It is a collaborative project between the Hospital Infections Program of the Centers for Disease Control and Prevention (CDC) and voluntarily participating hospitals in the United States. The goals of the system are to: (1) Develop comparative nosocomial infection rates that can be used by hospitals to assess quality of care, (2) describe the scope and magnitude, including trends, of the nosocomial infection problem in the U.S., (3) identify risk factors associated with these infections, (4) assist hospitals in the effective use of surveillance data to improve the quality of patient care, and (5) conduct collaborative research studies. Data are collected using

protocols developed by CDC that define the specific populations of patients at risk, risk factors, and outcomes. The decision about which component(s) to use is made by each hospital depending on its own needs for surveillance data. The data are collected by trained surveillance personnel, assisted by hospital personnel, and are entered into IDEAS, a surveillance software which makes the data available for analysis at the hospital's convenience. The data are currently transmitted to CDC by floppy disk, then aggregated into a national database. During 1996, it will become possible for some hospitals to transmit the data to CDC through the NNIS telecommunications system. This system is expected to be used by all participating hospitals by 1997, resulting in reduced response time. NNIS methodology, which has been published, is the standard nosocomial infection surveillance methodology and is used at least in part by most U.S. hospitals. The total annual burden hours are 338.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hours)
Hospitals .....	319	14	0.0756

Dated: March 19, 1997.

**Wilma G. Johnson,**

*Acting Associate Director for Policy Planning and Evaluation, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 97-7464 Filed 3-24-97; 8:45 am]

BILLING CODE 4163-18-P

#### Administration For Children and Families

##### Office of Child Support Enforcement Statement of Organization, Functions, and Delegations of Authority

This Notice amends Part K, Chapter K of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (DHHS), Administration for Children and Families (ACF) as follows: Chapter KF, The Office of Child Support

Enforcement (OCSE) (61 FR 32443) as last amended, June 24, 1996. This Notice reflects the Office of Child Support Enforcement's realignment of functions and the incorporation of new functional responsibilities due to new legislation.

*Amend Chapter KF as follows:*

1. KF.00 Mission. Delete its entirety and replace with the following:  
KF.00 Mission. The Office of Child Support Enforcement (OCSE) advises the Secretary, through the Assistant