

Dated: September 17, 1996.  
 Wilma G. Johnson,  
*Acting Associate Director for Policy Planning  
 And Evaluation, Centers for Disease Control  
 and Prevention (CDC).*  
 [FR Doc. 96-24402 Filed 9-23-96; 8:45 am]  
**BILLING CODE 4163-18-P**

[30DAY-20]

**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.

The following requests have been submitted for review since the last publication date on September 18, 1996.

**Proposed Projects**

1. Tuberculosis in Children—New—  
 The Centers for Disease Control and Prevention, National Center for HIV,

STD, and TB Prevention, Division of Tuberculosis Elimination, Surveillance Epidemiologic Investigations Branch will be conducting a study for the purpose of performing research concerning the epidemiology of TB in children, including children co-infected with the human immunodeficiency virus (HIV). The study will involve the following modules: (1) the epidemiology, magnitude and risk factors for TB in children, including HIV-infected children; (2) studies of the diagnosis of TB in children, and (3) reducing the risk of nosocomial transmission of TB in pediatric settings. The total cost to respondents and government is estimated at \$138,000.

Respondents	Number of respondents	Number of responses/re-spondent	Avg. burden/response (in hrs.)
Positive Tuberculin Skin Testing Form .....	100	1	0.33
Negative Tuberculin Skin Testing Form .....	200	1	0.33

The total annual burden is 99.  
 2. A Brief Intervention for Alcohol Problems in an Emergency Department—New—The contribution of alcohol to injuries due to motor vehicle crashes, violence, and other causes has been a public health concern for many years. Because the emergency department (ED) is the primary source of treatment for many individuals with alcohol-related injuries, the ED visit provides a unique opportunity for early

recognition and initial clinical management of a major injury risk factor, excessive alcohol consumption. The field of alcohol treatment is evolving rapidly and therapeutic attention is increasingly directed toward persons with mild or moderate drinking problems who do not require specialized treatment. Controlled studies in outpatient primary care settings have demonstrated that interventions consisting of as little as a

single brief interview and feedback session can decrease alcohol consumption in 40% to 47% of excessive drinkers at 6 months followup. The purpose of this study is to design, implement, and evaluate the effectiveness of an ED-based prevention program for injured patients with alcohol problems that incorporates promising new screening methods and a brief intervention.

Respondents	Number of respondents	Number of responses/re-spondent	Avg. burden/response (in hrs.)
Recruitment/Pre-screen .....	1,700	1	0.05
Screen .....	1,105	1	0.083
Co-morbidity Information .....	354	1	0.067
Readiness to Change .....	354	1	0.050
Short Inventory of Problems .....	354	1	0.067
Baseline Drinking Behavior .....	354	1	0.10
Baseline Drug Behavior .....	354	1	0.050
Followup Information .....	354	1	0.083
Intervention * .....	301	1	0.167
Followup .....	196	1	0.333.

The total annual burden is 440.1.  
 Dated: September 17, 1996.  
 Wilma G. Johnson,  
*Acting Associate Director for Policy Planning  
 and Evaluation, Centers for Disease Control  
 and Prevention (CDC).*  
 [FR Doc. 96-24401 Filed 9-23-96; 8:45 am]  
**BILLING CODE 4163-18-P**

**Administration for Children and Families  
 Administration on Children, Youth and Families; Statement of Organization, Functions, and Delegations of Authority**

This notice amends Part 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 KB, The Administration on Children, Youth and Families (ACYF) (60 FR 56959), as last amended, November 6, 1995. This Notice reflects the new organizational structure for the Family and Youth Services Bureau established within the ACYF.

Amend Chapter KB as follows:  
 a. KB.10 Organization. Delete in its entirety and replace with the following:  
 KB.10 Organization. The Administration on Children, Youth and Families is headed by a Commissioner, who reports directly to the Assistant