must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than February 21, 1997.

A. Federal Reserve Bank of San Francisco (Kenneth R. Binning, Director, Bank Holding Company) 101 Market Street, San Francisco, California 94105-1579:

1. Santa Barbara Bancorp, Santa Barbara, California; to acquire 100 percent of the voting shares of First Valley Bank, Lompoc, California.

Board of Governors of the Federal Reserve System, January 22, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 97–1976 Filed 1-27-97; 8:45 am]

BILLING CODE 6210-01-F

Notice of Proposals To Engage in Permissible Nonbanking Activities or To Acquire Companies That Are Engaged in Permissible Nonbanking Activities

The companies listed in this notice have given notice under section 4 of the Bank Holding Company Act (12 U.S.C. 1843) (BHC Act) and Regulation Y, (12 CFR Part 225) to engage *de novo,* or to acquire or control voting securities or assets of a company that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.25 of Regulation Y (12 CFR 225.25) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. Once the notice has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act, including whether consummation of the proposal can ''reasonably be expected to produce benefits to the public, such as greater convenience, increased competition, or gains in efficiency, that outweigh possible adverse effects, such as undue concentration of resources, decreased or unfair competition, conflicts of interests, or unsound banking practices'' (12 U.S.C. 1843). Any request for a hearing on this question must be accompanied by a statement of the reasons a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute, summarizing the evidence that would be presented at a hearing, and indicating how the party commenting would be aggrieved by approval of the proposal.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than February 11, 1997.

A. Federal Reserve Bank of Chicago (James A. Bluemle, Vice President) 230 South LaSalle Street, Chicago, Illinois 60690-1413:

1. Vermilion Bancorp, Inc., Danville, Illinois (to be formed); to engage *de novo* in making and servicing loans, pursuant to § 225.25(b)(1) of the Board's Regulation Y.

Board of Governors of the Federal Reserve System, January 22, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 97–1977 Filed 1–27–97; 8:45 am]

BILLING CODE 6210-01-F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–27]

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 January 16, 1997.

Proposed Projects

1. The National Home and Hospice Care Survey (NHHCS)—(0920–0298)—Revision—The National Home and Hospice Care Survey (NHHCS) was conducted in 1992, 1993, 1994 and 1996. It is part of the long-term Care component of the National Health Care Survey. Section 306 of the Public Health Service Act states that the National Center for Health Statistics ''shall collect statistics on health resources * * * [and] utilization of health care, including utilization of * * * services of hospitals, extended care facilities, home health agencies, and other institutions.'' NHHCS data are used to examine this most rapidly expanding sector of the health care industry. Data from the NHHCS are widely used by the health care industry and policy makers for such diverse analyses as the need for various medical supplies; minority access to health care; and planning for the health care needs of the elderly. The NHHCS also reveals detailed information on utilization patterns, as needed to make accurate assessments of the need for and costs associated with such care. Data from earlier NHHCS collections have been used by the Congressional Budget Office, the Bureau of Health Professions, the Maryland Health Resources Planning Commission, the National Association for Home Care, and by several newspapers and journals. Additional uses are expected to be similar to the uses of the National Nursing Home Survey. NHHCS data cover: baseline data on the characteristics of hospices and home health agencies in relation to their patients and staff, Medicare and Medicaid certification, costs to patients, sources of payment, patients'' functional status and diagnoses. Data collection is planned for the period July-October, 1997. Survey design is in process now. Sample selection and preparation of layout forms will precede the data collection by several months. The total annual burden is 5,000.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/response (in hours)
Agency Questionnaire	1,200	1	0.333
Current Patient Sampling List	1,200	1	.333
Current Patient Questionnaire	1,200	6	.25
Discharged Patient Sampling List	1,200	1	.50

Respondents	Number of respondents	Number of responses/ respondent	Average burden/response (in hours)
Discharged Patient Questionnaire	1,200	6	.25

2. List of Ingredients Added to Tobacco in the Manufacture of Smokeless Tobacco Products—(0920–0338)—Extension—Oral use of smokeless tobacco represents a significant health risk which can cause cancer and a number of noncancerous oral conditions, and can lead to nicotine addiction and dependence. Furthermore, smokeless tobacco use is not a safe substitute for cigarette smoking. The Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health (OSH) has been delegated the authority for implementing major components of the Department of Health and Human Services' (HHS) tobacco and health program, including collection of tobacco ingredients information. HHS's overall goal is to reduce death and disability resulting from cigarette smoking and other forms of tobacco use through programs of information, education and research.

The Comprehensive Smokeless Tobacco Health Education Act of 1986 (15 U.S.C. 4401 *et seq.*, Pub.L. 99–252) requires each person who manufactures, packages, or imports smokeless tobacco products to provide the Secretary of HHS with a list of ingredients added to tobacco in the manufacture of smokeless tobacco products. HHS is authorized to undertake research, and to report to the Congress (as deemed appropriate), on the health effects of the ingredients. The total annual burden is 286.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/response (in hours)
Tobacco manufacturers	11	1	26

3. List of Ingredients Added to Tobacco in the Manufacture of Cigarette Products—(0920–0210)—Reinstatement—Cigarette smoking is the leading preventable cause of premature death and disability in our nation. Each year more than 400,000 premature deaths occur as the result of cigarette smoking related diseases. The Centers for Disease Control and Prevention (CDC), Office on Smoking and Health has primary responsibility for the Department of Health and Human Services' (HHS) smoking and health program. HHS's overall goal is to reduce death and disability resulting from cigarette smoking and other forms of tobacco use through programs of information, education and research.

The Comprehensive Smoking Education Act of 1984 (15 U.S.C. 1336 Pub.L. 98–474) requires each person who manufactures, packages, or imports cigarettes to provide the Secretary of HHS with a list of ingredients added to tobacco in the manufacture of cigarettes. This legislation also authorizes HHS to undertake research, and to report to the Congress (as deemed appropriate), on the health effects of the ingredients.

In 1993, OMB reinstated approval for collection of ingredients information (0920–0210) after the expiration of the previous approval; this current approval expired on December 31, 1996. The total annual burden is 2,660.

Respondents	No. of respondents	No. of responses/respondent	Average burden/response (in hours)
Tobacco Manufacturers	14	1	190

4. Surveys of State-Based Diabetes Control Cooperative Agreement Programs—New—Diabetes Mellitus and related complications are the seventh leading cause of death in the United States, and accounts for $105 billion in direct medical costs and lost productivity each year. Approximately 14 million Americans have been diagnosed with diabetes, a leading cause of new blindness and end-stage renal failure in the United States and a major co-morbid factor in lower extremity amputation, cardiovascular disease and related death, and neonatal morbidity and mortality.

Through the support of the Centers for Disease Control and Prevention (CDC) ''State-Based Program to Reduce the Burden of Diabetes: A Health Systems Approach,'' public health departments in 42 states and four U.S. territorial affiliated jurisdictions have been charged with providing leadership in reducing the gap between what should be and what is the current standard of diabetes care.

CDC will collect information from diabetes State Program Coordinators regarding the four key areas of program implementation. They are (1) Capacity building and infrastructure development, (2) surveillance and data collection, (3) health systems change, and (4) working with local programs.

The survey has three main objectives:

1. Document the progress made by Diabetes Control Programs in the four main areas of program implementation.

2. Assess the relationship between the level of infrastructure development, and a program's efforts to carry out surveillance activities, health systems change activities, and work with local programs. Information will help improve technical assistance (TA) and guidance offered to states by CDC.

3. Lay the groundwork for an evaluation instrument that can be used to collect data from Diabetes Control Programs at the end of the funding cycle in order to assess whether progress in program implementation and development is linked to reduced diabetes morbidity and mortality.

The data will result from self-administered mailed surveys sent to the Program Coordinator in each state. Most questions will be in the form of

checklists although each of the four sections contain a number of open-ended questions for explanation of unique features of programs. It is expected that the burden in time to each respondent will be about two (2) hours per Program Coordinator or Designee, resulting in a total burden of 92 hours. Results will also be made available to participants upon request. The total annual burden is 84.

Respondents	No. of respondents	No. of responses/respondent	Average burden response (in hours)
Diabetes Program Coordinators	42	1	2

Dated: January 22, 1997.

Wilma G. Johnson,

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

[FR Doc. 97–2000 Filed 1–27–97; 8:45 am]

BILLING CODE 4163–18–P

Advisory Committee on Immunization Practices; 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 Committee on Immunization Practices (ACIP).

Times and Dates: 8:15 a.m.–6:15 p.m., February 12, 1997; 8:30 a.m.–2:45 p.m., February 13, 1997.

Place: CDC, Auditorium B, Building 2, 1600 Clifton Road, NE., Atlanta, Georgia 30333.

Status: Open to the public, limited only by the space available.

Purpose: The Committee is charged with advising the Director, CDC, on the appropriate uses of immunizing agents. In addition, under 42 U.S.C. § 1396s, the Committee is mandated to establish and periodically review and, as appropriate, revise, the list of vaccines for administration to vaccine-eligible children through the Vaccines for Children (VFC) Program, along with schedules regarding the appropriate periodicity, dosage, and contraindications applicable to the vaccines.

Matters to be Discussed: Under the authority of 42 U.S.C. § 1396s, the Committee will consider adoption of VFC resolutions (1) To provide for initial inclusion in the VFC Program of new vaccines that combine previously VFC-designated vaccines, (2) to approve use in the VFC Program of FDA licensed vaccines that combine Haemophilus influenzae type b (Hib) and Hepatitis B vaccines, and (3) to approve use in the VFC Program of FDA licensed vaccines that combine Diphtheria-Tetanus-Acellular Pertussis (DTaP) and Haemophilus influenzae type b (Hib) vaccines or are licensed by the FDA for combined administration.

Other topics to be discussed include: Updates on the National Vaccine Program; updates on the Vaccine Injury Compensation Program; updates on the combination vaccines workgroup; recommended uses for licensed combination vaccines and a vote to cover combination vaccines in the Vaccines for Children Program; vaccination of HIV-infected persons; measles, mumps, and rubella recommendations; serogroup C meningococcal conjugate vaccine: update on cost-effectiveness of routine use in the U.S.; status of recently licensed acellular pertussis vaccines; approval of draft statement on programmatic strategies to increase immunization coverage—reminder/recall; update on U.S. influenza; worldwide virologic surveillance and vaccine strain selection for the 1997 influenza season; update on Parke Davis influenza vaccine recall; impact of influenza in pregnant women; investigation of a possible association between Guillain-Barre syndrome and the 1992–1993 and 1993–1994 influenza vaccinations; proposed modifications in the ACIP influenza statement for 1997; recommendations on the use of Rotashield® (Rotavirus vaccine) as part of the routine childhood immunization schedule; rabies vaccine: vaccination of ferrets; a comparison of the safety of combined adult preparation diphtheria and tetanus toxoids versus single antigen tetanus toxoid in adults; meeting the challenge of new vaccines with the vaccine economics initiative; and progress in developing new jet injectors for immunization. Other matters of relevance among the Committee's objectives may be discussed.

Agenda items are subject to change as priorities dictate.

Contact Person For More Information: Gloria A. Kovach, Committee Management Specialist, CDC, 1600 Clifton Road, NE., M/S D50, Atlanta, Georgia 30333, telephone 404/639–7250.

Dated: January 22, 1997.

Carolyn J. Russell,

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

[FR Doc. 97–1996 Filed 1–27–97; 8:45 am]

BILLING CODE 4163–18–P

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Head Start Family and Child Experience Survey (FACES).

OMB No.: New Collection.

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 Office of Management and Budget (OMB) clearance for interview instruments to be used in the Head Start Family and Child Experience Survey FACES. This study is being conducted under contracts with Abt Associates Inc. (with the CDM Group, Inc. as their subcontractor (#105–96–1930)) to collect descriptive information on Head Start families, and Westat, Inc. (with Ellsworth Associates as their subcontractor (#105–96–1912)) to collect information on Head Start performance measures.

The design calls for these rounds of data collection. A nationally representative group of 2,400 families with children enrolled in approximately 160 centers in 40 Head Start programs will be identified in Spring, 1997. At that time, Head Start staff and parents will be interviewed, classroom observations will be completed, and children will be assessed. The second data collection period will occur in Fall, 1997. Again, staff and parents will be interviewed, and children will be assessed and observed in their classrooms. At that time children from the Spring, 1997 sample that left Head Start to enter kindergarten following the 1996–97 Head Start year will be replaced by a representative sample of children just entering Head Start. All families, including those whose children entered kindergarten in Fall, 1997 will be tracked through the school year. The final data collection effort will occur in Spring, 1998 and involve all families and children identified in the earlier two data collection periods. A subgroup of 120 families will be identified from the Spring and Fall, 1997 samples for participation in the Validation Substudy. The Validation Substudy data collection will require home visits to participating families at each major data collection point and a series of monthly contacts between data collections periods. The monthly contacts will begin with the Spring, 1997 data collection and continue through December, 1998.