

include but not limited to public facilities & infrastructure, parking, traffic, and community & economic issues.

The EIS will also examine measures to mitigate unavoidable adverse impacts of the proposed action. Concurrent with NEPA implementation, GSA will also implement its consultation requirements under Section 106 of the National Historic Preservation Act to identify potential impacts to existing historic or cultural resources.

The proposed action is to lease a newly constructed building for the INS consolidation on the vacant parcel of land consisting of approximately 7.31 acres at 9300-9499 NW 41st Street, Miami, FL 33172. The proposed facility will consist of an office building containing a total area of approximately 214,600 occupiable square feet (osf), along with supporting site improvements and 868 parking spaces. The subject site fronts for 390 feet along NW 41st Street and spans most of the area back to Dressels Canal (approximately 1150 feet south from 41st Street at the deepest point). The proposed facility would accommodate the INS by consolidating the District Office, the Asylum Office, and the Executive Office of Immigration Review (EOIR). The Krome Detention Center is a high-security containment facility located in Western Dade county and its location, function, and purpose will be unchanged as a result of the proposed action.

GSA has identified and screened from consideration, over 20 alternatives to the proposed action since 1993. GSA has identified the following alternatives to be examined in the EIS:

- "No Action," that is, take no action and continue to house the INS at its current locations.
- Lease construction of a consolidated facility of 214,600 osf at the proposed site at 9300-9499 NW 41st Street, Miami, Florida 33172. This is the GSA preferred alternative.

As part of the public scoping process, GSA solicits your comments in writing at the following address: Mr. Phil Youngberg, Regional Environmental Officer (4PT), General Services Administration (GSA), 401 West Peachtree Street, NW, Suite 3010, Atlanta, GA 30365, or FAX: Mr. Phil Youngberg at 404-331-4540. Comments

should be received no later than October 21, 1996. All comments must be in writing.

GSA intends to conduct a Public Scoping Meeting to solicit comments, and to address general questions concerning the proposed action and NEPA. GSA will place a Public Notice of this and all subsequent public meetings and in the Miami Herald approximately two weeks prior to the event. GSA will also notify persons and organizations by direct mail.

Dated: September 16, 1996.

Phil Youngberg,

Regional Environmental Officer (4PT).

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[INFO-96-27]

#### 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. An Assessment of Violence Prevention Technical Assistance Efforts for State and Local Health Departments—New—This project is assessing the needs of state and local health departments for technical assistance from the Centers for Disease Control and Prevention in violence prevention. The assessment will determine what the health departments are currently doing in violence prevention; identify violence prevention efforts for which they currently lack resources or technical expertise; identify technical assistance they have already received from CDC; determine what technical assistance in violence prevention they wish from CDC and in what priority they place these needs; and recommend to CDC how to modify and use the needs assessment developed in this project for future assessments.

The assessment is focusing on violence committed by youth and violence against women and partners, children and the elderly, but also includes other areas of violence prevention in which the state and local health departments are interested. The study includes the 50 state health departments and a sample of the health departments of the largest cities or metropolitan areas in the United States.

Data will be collected primarily by telephone interviews, preceded by mailed requests for data and written materials, along with a list of topics to be covered in the interviews. Analyses will address variation in the needs, resources, and priorities for technical assistance in violence prevention by region, size of place or state, demographic makeup of the population served, age of extant violence prevention efforts and other characteristics of the programs. Recommendations will be made regarding ways in which CDC can most effectively provide technical assistance in violence prevention to different types of state and local health departments, especially in view of the priorities set by the health departments. There are no cost to the respondents.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
State Health Departments .....	50	1	1	50
Total .....	.....	.....	.....	50

Dated: September 17, 1996.

Wilma G. Johnson,

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

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### [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/respondent	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/respondent	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).*

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#### 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