

- Improve consumer and practitioner access to research results through innovations in dissemination and evaluation.

Dated: July 14, 1997.

**John M. Eisenberg,**  
Administrator.

[FR Doc. 97-19064 Filed 7-24-97; 8:45 am]

BILLING CODE 4160-90-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency For Health Care Policy and Research

#### Contract Review Meeting

In accordance with Section 10(a) of the Federal Advisory Committee Act (5 U.S.C. Appendix 2), announcement is made of the following advisory subcommittee scheduled to meet during the month of August, 1997:

*Name:* Subcommittee on Development and Implementation of the National Guideline Clearinghouse (NGC).

*Date and Time:* August 22, 1997, 8:30 a.m.-4:30 p.m.

*Place:* Agency for Health Care Policy and Research, Executive Office Center, 2101 East Jefferson Street, Rockville, MD 20852.

This meeting will be closed to the public.

*Purpose:* The Subcommittee's charge is to provide, on behalf of the Health Care Policy and Research Contracts Review Committee, advice and recommendations to the Secretary and to the Administrator, Agency for Health Care Policy and Research (AHCPR), regarding the scientific and technical merit of contract proposals submitted in response to a specific Request for Proposals regarding the NGC that was published in the Commerce Business Daily on May 16, 1997.

The purpose of this contract is to complete the technical work to develop and implement a National Guideline Clearinghouse. The functions of the NGC will be four-fold: (1) Make widely available, through Internet access and HyperLink to other electronic access points, a comprehensive relational database of abstracts and, where possible, full-text clinical practice guidelines; (2) describe attributes of individual clinical practice guidelines contained within the database; (3) compare and contrast clinical practice guidelines on similar topics; and (4) make available other guideline-related material, including products from AHCPR-supported Evidence-based Practice Centers. The NGC is being developed jointly with the American Association of Health Plans and the American Medical Association.

*Agenda:* The session of the Subcommittee will be devoted entirely to the technical review and evaluation of contract proposals submitted in response to the above referenced Request for Proposals. The Administrator, AHCPR, has made a formal determination that this meeting will not be open to the public. This action is necessary to protect the free exchange of views and

avoid undue interference with Committee and Department operations, and safeguard confidential proprietary information and personal information concerning individuals associated with the proposals that may be revealed during the sessions. This action is taken in accordance with section 10(d) of the Federal Advisory Committee Act, 5 U.S.C., Appendix 2, implementing regulations, 41 CFR section 101-6.1023, and procurement regulations, 48 CFR section 315.604(d).

Anyone wishing to obtain information regarding this meeting should contact Al Deal, Office of Management, Contracts Management Staff, Agency for Health Care Policy and Research, Executive Office Center, 2101 East Jefferson Street, Suite 601, Rockville, Maryland 20852, 301/594-1445.

Dated: July 17, 1997.

**John M. Eisenberg,**  
Administrator.

[FR Doc. 97-19609 Filed 7-24-97; 8:45 am]

BILLING CODE 4160-90-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Advisory Committee for Injury Prevention and Control: 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 for Injury Prevention and Control (ACIPC).

*Times and Dates:* 2 p.m.-4 p.m., August 11, 1997; 2 p.m.-4 p.m., August 12, 1997.

*Place:* National Center for Injury Prevention and Control (NCIPC), CDC, Koger Center, Vanderbilt Building, 1st Floor, Conference Room 1006, 2939 Flowers Road, South, Atlanta, Georgia 30341. (Exit Chamblee-Tucker Road off I-85.)

*Status:* Closed: 2 p.m.-4 p.m., August 11, 1997; Open: 2 p.m.-3:10 p.m., August 12, 1997; Closed: 3:10 p.m.-4 p.m., August 12, 1997.

*Purpose:* This committee makes recommendations regarding policies, strategies, objectives, and priorities, and reviews progress toward injury prevention and control. The Committee provides advice on the appropriate balance and mix of intramural and extramural research, including laboratory research, and provides guidance on intramural and extramural scientific program matters, both present and future, particularly from a long-range viewpoint. The Committee provides second-level scientific and programmatic review for applications for research grants, cooperative agreements, and training grants related to injury control and violence prevention, and recommends approval of projects that merit further consideration for funding support. The Committee recommends areas of research to be supported by contracts and

provides concept review of program proposals and announcements.

*Matters To Be Discussed:* The meeting will convene in closed session from 2 p.m. to 4 p.m. on August 11, 1997. The purpose of this closed session is for the Science and Program Review Work Group to consider individual injury control research grant applications recommended for further consideration by the CDC Injury Research Grant Review Committee. On August 12, 1997, from 3:10 p.m. to 4 p.m., the meeting will convene in closed session in order for the full Committee to vote on a funding recommendation. These portions of the meeting will be closed to the public in accordance with provisions set forth in section 552(c) (4) and (6) of title 5 U.S.C., and the Determination of the Associate Director for Management and Operations, CDC, pursuant to Public Law 92-463.

During the open portion of the meeting, the Committee will discuss (1) the status of the Institute of Medicine study on injury prevention and control; (2) the next meeting of the Advisory Committee on November 18, 1997, to be held in conjunction with the Safe America National Conference on Injury Prevention and Control, in Washington, D.C., on November 19-21; and (3) the development of the Safe America Partnership.

Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Mr. Thomas E. Blakeney, Acting Executive Secretary, ACIPC, NCIPC, CDC, 4770 Buford Highway, NE, M/S K61, Atlanta, Georgia 30341-3724, telephone 770/488-1481.

Dated: July 21, 1997.

**Nancy C. Hirsch,**

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

[FR Doc. 97-19601 Filed 7-24-97; 8:45 am]

BILLING CODE 4163-18-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity: Comment Request

#### Proposed Projects

*Title:* National Directory of New Hires.

*OMB No.:* New Request.

*Description:* Public Law 104-193, the "Personal Responsibility and Work Opportunity Reconciliation Act of 1996," requires the Office of Child Support Enforcement (OCSE) to develop a National Directory of New Hires (NDNH) to improve the ability of State child support agencies to locate noncustodial parent and collect child support across State lines.

This notice solicits comments under normal reports clearance procedures and supersedes a previous **Federal**

**Register** notice, published July 18, 1997, soliciting comments under emergency procedures of the Paperwork Reduction Act (PRA). Therefore, the reports clearance request submitted to OMB under emergency procedures of the PRA has been withdrawn. This action was taken to provide the normal 60-day public comment period considering the national significance of these data collections.

The NDNH will contain employment, wage and unemployment compensation data on all employers within the United States. Public Law 104-193 requires States and territories to periodically transmit new hire data received from employers to the NDNH, and to transmit wage and unemployment compensation claims data to the NDNH on a quarterly basis.

Employers must report specified information (based on the IRS W-4 Form) on all new hires to State agencies for transmittal to the NDNH. States will transmit all data to the NDNH electronically. The purpose of the NDNH is to develop a repository of

information on newly-hired employees, and on the earnings and unemployment compensation claims data on all employees, to provide the necessary information to locate child support obligors, and to establish and enforce child support orders.

As planned, the approximately 6.3 million United States' employers will submit approximately 60 million new hire records to the State Directory of New Hires (SDNH). If reports are submitted manually, employers must submit new hire reports not later than 20 days after the date the employer hires the employee. If employers submit new hire reports electronically, reports must be submitted to the SDNH twice a month and not less than 12 days nor more than 16 days apart. The State shall have the option to set a civil money penalty for noncomplying employers.

The information will be entered into the data base maintained by the SDNH within five business days of receipt from an employer. Within three business days after the date information regarding a newly hired employee is

entered into the SDNH, the information shall be furnished to the NDNH.

State agencies charged with the administration of the unemployment compensation program must submit to the NDNH approximately 140 million records quarterly. These State records contain the wages and unemployment compensation paid to individuals within the fifty States, Guam, Virgin Islands, Puerto Rico and the District of Columbia.

Provided below are the proposed Record Layouts and Field descriptions along with the Supplemental Specifications. The supplemental specifications contain additional explanation regarding format and content of items in the record specifications. The record Layouts and Field descriptions apply to the W-4, Quarterly Wage and Unemployment Compensation records respectively. Descriptions are also provided for header, data and trailer subrecords.

*Respondents:* States and Employers.

#### ANNUAL BURDEN ESTIMATES

| Instrument   | Number of respondents | Number of responses per respondent | Average burden hours per response          | Total burden hours |
|--|-----------------------|------------------------------------|--|--------------------|
| New Hire: Employers Not Currently Required to Report (manual reporting) <sup>1</sup> . | 13,372,250            | <sup>2</sup> 3,484                 | .0417 hours (2.5 minutes) .....            | 489,930            |
| New Hire: Employers Not Currently Required to Report (electronically) <sup>1</sup> .   | 1740,250              | <sup>2</sup> 37,037                | .00028 hours (1 second) <sup>3</sup> ..... | 7,677              |
| New Hire: Multistate Employers' Registration Form .....                                | 375,000               | 1                                  | .050 .....                                 | 18,750             |
| New Hire: States Not Currently Requiring New Hire Reporting.                           | 29                    | <sup>4</sup> 83,333                | <sup>5</sup> 266,668 .....                 | 644,445            |
| New Hire: States Currently Requiring New Hire Reporting.                               | 25                    | <sup>4</sup> 83,333                | <sup>6</sup> 70.741 .....                  | 147,376            |
| Quarterly Wage and Unemployment Compensation .....                                     | 54                    | <sup>7</sup> 4                     | .033 .....                                 | 7.13               |

Estimated Total Annual Burden Hours: 1,308,185

#### Footnotes

The above Burden Estimates are based on the Following Assumptions and Factors:

Twenty-five States already had a new hire reporting system in place before PRWORA was passed. Within those 25 States, on average, it is estimated that 75% of employers already report new hire data (based on the fact that some States require all employers to report, some require only targeted industries to report, and some are voluntary reporting programs). It is estimated that these employers represent the same proportional number of new hire reports (75% of 25/54).

These estimates include the 25% remaining employers who do not report within those 25 States, in addition to all of the employers within the remaining 29 States.

<sup>1</sup> Eighteen percent of all employers will report manually and 82% will report electronically (based on SSA's experience). The number of employers is based on the

following calculation: the total number of employers (6,300,000) multiplied by 29/54 (the proportion of States that do not have new hire programs) plus the total number of employers multiplied by the number of employers not already reporting in the States that do have new hire programs (25% of 25/54). The result (4,122,500) is then broken down into two categories: those who report manually and those who report electronically.

<sup>2</sup> For the "Employers" tiers, "response" is defined as the number of new hire reports. Thirty percent of all new hire reports will be reported manually and 70% will be reported electronically (based on SSA's experience).

<sup>3</sup> Based on the assumption that employers reporting new hires electronically will most likely transmit their reports in a batch file, thus significantly reducing the per-response burden.

<sup>4</sup> For the "States" tiers, "response" is defined as the number of transmissions to the NDNH. All States are required by law to transmit new hire data to the NDNH

electronically, within three business days after entering the data into the SDNH. There are 250 business days per year. States will send a transmission once every three business days, which is equal to 83.333 transmissions per year.

<sup>5</sup> Based on the average number of reports per transmission and the average burden per new hire report. The average number of reports per transmission is calculated by dividing 32,222,220 (total number of new hire reports in those 29 States) by 29 (number of States). The result (1,111,111) is then divided by 83.333 (estimated number of transmissions per State, see above explanation). Based on this calculation, the average number of reports per transmission is 13,333.39 reports. The average burden per new hire report is estimated to be .02 hours (1.2 minutes), which is based on a range of two seconds to four minutes. The burden is estimated to be two seconds per report for the 70% of new hire reports submitted to the State electronically. This two second burden estimate is based on the same batch-file

assumption as above, and includes data receipt and data transmission. If the State has to manually enter the new hire data before transmitting to the NDNH (which is the case for 30% of all new hire reports), the burden is estimated to be four minutes (based on the number of characters in a record). The average burden hours per report (.02) multiplied by the average number of reports per transmission (13,333.39) is equal to the

average burden hours per transmission (266.668).

<sup>6</sup> Within the 25 States that already have a new hire reporting program in place, the burden is broken down into three categories. The total number of new hire reports for those 25 States is 27.8 million (46% of 60 million, or 25/54 times 60 million). Seventy-five percent of employers already submit to those States, so the incremental burden for

that group is only the transmission to the NDNH (1 second per report). Twenty-five percent of employers do not already submit to those States, so the burden for that group is based on the same calculation as above: 30% of all new hire reports are reported manually (@ 4 minutes each) and 70% are reported electronically (@ 2 seconds each). The following table represents the exact formula for the calculation:

| Types of reports  | Number of new hire reports | Time per new hire report        | Total time         |
|---|----------------------------|---------------------------------|--------------------|
| Already Received From Employers (75%) .....                 | 20,833,333                 | .000278 hours (1 second) .....  | 5787.0370 hours.   |
| Reports Not Currently Received (25%)—Manual (30%) .....     | 2,083,333                  | .066667 hours (4 minutes) ..... | 138888.8889 hours. |
| Reports Not Currently Received (25%)—Electronic (70%) ..... | 4,861,111                  | .000556 hours (2 seconds) ..... | 2700.6173 hours.   |

Total time for all three types of reports: 147,376.543 hours.

Total time per transmission (83.333) per State (25): 70.741 hours.

<sup>7</sup> "Response" is defined here as the number of transmissions to the NDNH. States are required to transmit quarterly wage and

unemployment compensation data four times a year.

#### Detailed Input Information

#### RECORD LAYOUTS AND FIELD DESCRIPTIONS FOR INPUT TO THE NATIONAL DIRECTORY OF NEW HIRE (NDNH)

| Field name                       | Location/position | Length | Alpha/numeric | Description/remarks   | Mandatory/optional |
|----------------------------------|-------------------|--------|---------------|---|--------------------|
| <b>W4 Transmitter Record</b>     |                   |        |               |   |                    |
| Record Identifier .....          | 1-2               | 2      | A/N           | 'H4' .....  | M.                 |
| Transmitter State Code .....     | 3-4               | 2      | N             | State FIPS code (for states only) .....   | M for states.      |
| Transmitter Agency Code .....    | 5-13              | 9      | A/N           | Federal Agency Code (for federal agencies only).  | M for agencies.    |
| Transmission Type .....          | 14-15             | 2      | A/N           | 'W4' for W4 data .....  | M.                 |
| Department of Defense Code ..... | 16                | 1      | A             | 'A' for active duty, 'C' for civilian, 'R' for reserves. States may leave this field blank. | M for DOD.         |
| Version Control Number .....     | 17-18             | 2      | A/N           | Must be '01', controlled by OCSE .....  | M.                 |
| Date Stamp .....                 | 19-26             | 8      | N             | Format—YYYYMMDD. Must be current system date of file generation..                           | M.                 |
| Batch Number .....               | 27-32             | 6      | N             | Sequential number to identify a submission as unique.                                       | M.                 |
| Filler .....                     | 33-801            | 769    | A/N           | Spaces. To be used for future versions.   |                    |
| <b>W4 Total Record</b>           |                   |        |               |   |                    |
| Record Identifier .....          | 1-2               | 2      | A/N           | 'T4' .....  | M.                 |
| Data Record Count .....          | 3-13              | 11     | N             | Total record count for transmission, including header and trailer records.                  | M.                 |
| Filler .....                     | 14-801            | 787    | A/N           | Spaces. To be used for future versions.   |                    |
| <b>W4 Data Record</b>            |                   |        |               |   |                    |
| Record Identifier .....          | 1-2               | 2      | A/N           | 'W4' .....  | M.                 |
| Employee SSN .....               | 3-11              | 9      | N             | As reported by employee .....   | M.                 |
| Employee Name:                   |                   |        |               |   |                    |
| First Name .....                 | 12-27             | 16     | A             | At least one character. No special characters.  | M.                 |
| Middle Name .....                | 28-43             | 16     | A             | If non-blank, must be at least one character. No special characters..                       | O.                 |
| Last Name .....                  | 44-73             | 30     | A             | At least one character. No special characters, except for hyphen..                          | M.                 |
| Employee Address:                |                   |        |               |   |                    |
| Street Address (line 1) .....    | 74-113            | 40     | A/N           | Non-blank .....   | M.                 |
| Street Address (line 2) .....    | 114-153           | 40     | A/N           | If your address line is less than 40 characters do not concatenate into one line.           | O.                 |
| Street Address (line 3) .....    | 154-193           | 40     | A/N           | .....   | O.                 |
| City .....                       | 194-218           | 25     | A             | At least two characters. No special characters, except for hyphen..                         | M.                 |
| State .....                      | 219-220           | 2      | A             | Valid state or territory abbreviation .....   | M.                 |
| Zip Code (1) .....               | 221-225           | 5      | N             | Must be numeric .....   | M.                 |
| Zip Code (2) .....               | 226-229           | 4      | A/N           | If present, must be numeric .....   | O.                 |
| Employee Foreign Address:        |                   |        |               |   |                    |

RECORD LAYOUTS AND FIELD DESCRIPTIONS FOR INPUT TO THE NATIONAL DIRECTORY OF NEW HIRE (NDNH)—  
Continued

| Field name                      | Location/<br>position | Length | Alpha/<br>numeric | Description/<br>remarks  | Mandatory/<br>optional |
|---------------------------------|-----------------------|--------|-------------------|--|------------------------|
| Foreign Country Code .....      | 230–231               | 2      | A/N               | Refer to U.S. Department of Commerce FIPS code manual, National Institute of Standards and Technology, FIPS PUB 10–4 (April 1995).                           | M for foreign address. |
| Foreign Country Name .....      | 232–256               | 25     | A/N               | If present, at least two characters .....  | O.                     |
| Foreign Zip Code .....          | 257–271               | 15     | A/N               | .....  | O.                     |
| Employee Date of Birth .....    | 272–279               | 8      | A/N               | If present, numeric. Format—YYYYMMDD ....  | O.                     |
| Employee Date of Hire .....     | 280–287               | R      | A/N               | If present, numeric. Format—YYYYMMDD ....  | O.                     |
| Employee State of Hire .....    | 288–289               | 2      | A                 | Alphabetic state of territory abbreviation .....   | O.                     |
| Federal EIN .....               | 290–298               | 9      | N                 | Federal Employer Identification Number .....   | M.                     |
| State EIN .....                 | 299–310               | 12     | A/N               | If no FEIN is available, send the State EIN. If present and less than 12 characters, left justify.   | O.                     |
| Employer Name .....             | 311–355               | 45     | A/N               | At least two characters..  |                        |
| Employee Address:               |                       |        |                   |  |                        |
| Street Address (line 1) .....   | 356–395               | 40     | A/N               | FEIN address from W4. At least two characters.   | M.                     |
| Street Address (line 2) .....   | 396–435               | 40     | A/N               | If your address line is less than 40 characters, do not concatenate into one line.   | O.                     |
| Street line 3) .....            | 436–475               | 40     | A/N               | .....  | O.                     |
| City .....                      | 476–500               | 25     | A                 | At least two characters .....  | M.                     |
| State .....                     | 501–502               | 2      | A                 | Valid state of territory abbreviation .....  | M.                     |
| Zip Code (1) .....              | 503–507               | 5      | N                 | Must be numeric .....  | M.                     |
| Zip Code (2) .....              | 508–511               | 4      | A/N               | If present, must be numeric .....  | O.                     |
| Employer Foreign Address:       |                       |        |                   |  |                        |
| Foreign Country Code .....      | 512–513               | 2      | A/N               | Refer to U.S. Department of Commerce FIPS code manual, National Institute of Standards and Technology, FIPS PUB 10–4 (April 1995).                           | M for foreign address. |
| Foreign Country Name .....      | 514–538               | 25     | A/N               | If present, at least two characters .....  | O.                     |
| Foreign Zip Code .....          | 539–553               | 15     | A/N               | .....  | O.                     |
| Employer Optional Address ..... | .....                 | .....  |                   | This address will be blank if only collecting one address. If there is a second address, it should be the address where child support orders should be sent. | O.                     |
| Street Address (line 1) .....   | 554–593               | 40     | A/N               | If your address line is less than 40 characters, do not concatenate into one line.   | O.                     |
| Street Address (line 2) .....   | 594–633               | 40     | A/N               | .....  | O.                     |
| Street Address (line 3) .....   | 634–673               | 40     | A/N               | .....  | O.                     |
| City .....                      | 674–698               | 25     | A                 | If present, at least two characters .....  | O.                     |
| State .....                     | 699–700               | 2      | A                 | If present, valid state of territory abbreviation ..   | O.                     |
| Zip Code (1) .....              | 701–705               | 5      | A/N               | If present, must be numeric .....  | O.                     |
| Zip Code (2) .....              | 706–709               | 4      | A/N               | If present, must be numeric .....  | O.                     |
| Employer Optional:              |                       |        |                   |  |                        |
| Foreign Address:                |                       |        |                   |  |                        |
| Foreign Country Code .....      | 710–711               | 2      | A/N               | Refer to U.S. Department of Commerce FIPS code manual, National Institute of Standards and Technology, FIPS PUB 10–4 (April 1995).                           | O.                     |
| Foreign Country Name .....      | 712–736               | 25     | A/N               | If present, at least two characters .....  | O.                     |
| Foreign Zip Code .....          | 737–751               | 15     | A/N               | .....  | O.                     |
| Filler .....                    | 752–801               | 50     | A/N               | Spaces. To be used for future versions.  |                        |

**Quarterly Wage Transmitter Record**

|                                  |        |     |     |   |                 |
|----------------------------------|--------|-----|-----|---|-----------------|
| Record Identifier .....          | 1–2    | 2   | A   | 'HQ' .....  | M.              |
| Transmitter State Code .....     | 3–4    | 2   | N   | State FIPS code (for states only) .....   | M for states.   |
| Transmitter Agency Code .....    | 5–13   | 9   | A/N | Federal Agency Code (for federal agencies only).  | M for agencies. |
| Transmission Type .....          | 14–15  | 2   | A/N | 'QW' for quarterly wage data .....  | M.              |
| Department of Defense Code ..... | 16     | 1   | A   | 'A' for active duty, 'C' for civilian, 'R' for reserves. States may leave this field blank. | M for DOD.      |
| Version Control Number .....     | 17–18  | 2   | A/N | Must be '01', controlled by OCSE .....  | M.              |
| Date Stamp .....                 | 19–26  | 8   | N   | Format—YYYYMMDD. Must be current system date of file generation..                           | M.              |
| Batch Number .....               | 27–32  | 6   | N   | Sequential number to identify a submission as unique.                                       | M.              |
| Filler .....                     | 33–601 | 569 | A/N | Spaces. To be used for future versions.   |                 |

RECORD LAYOUTS AND FIELD DESCRIPTIONS FOR INPUT TO THE NATIONAL DIRECTORY OF NEW HIRE (NDNH)—  
Continued

| Field name                         | Location/<br>position | Length | Alpha/<br>numeric | Description/<br>remarks  | Mandatory/<br>optional |
|------------------------------------|-----------------------|--------|-------------------|--|------------------------|
| <b>Quarterly Wage Total Record</b> |                       |        |                   |  |                        |
| Record Identifier .....            | 1-2                   | 2      | A                 | 'TQ' .....   | M.                     |
| Data Record Count .....            | 3-13                  | 11     | N                 | Total record count for transmission, including header and trailer record.  | M.                     |
| Filler .....                       | 14-601                | 588    | A/N               | Spaces. To be used for future versions.  |                        |
| <b>Quarterly Wage Data Record</b>  |                       |        |                   |  |                        |
| Record Identifier .....            | 1-2                   | 2      | A                 | 'QW' .....   | M.                     |
| Employee SSN .....                 | 3-11                  | 9      | N                 | As reported by employee .....  | M.                     |
| Employee Name:                     |                       |        |                   |  |                        |
| First Name .....                   | 12-27                 | 16     | A                 | At least one character. No special characters  | M.                     |
| Middle Name .....                  | 28-43                 | 16     | A                 | If non-blank, must be at least one character. No special characters.   | O.                     |
| Last Name .....                    | 44-73                 | 30     | A                 | At least one character. No special characters, except for hyphen.  | M.                     |
| Employee Wage Amount .....         | 74-84                 | 11     | N                 | Last two positions are decimal places. No negative values, zeroes are allowed. Gross amount paid within the quarter.   | M.                     |
| Reporting Period .....             | 85-89                 | 5      | N                 | Format—QYYYY for Calendar year. Q = 1 for Jan-Mar, Q = 2 for Apr-Jun, Q = 3 for Jul-Sep, Q = 4 for Oct-Dec..   | M.                     |
| Federal EIN .....                  | 90-98                 | 9      | N                 | Federal Employer Identification .....  | M.                     |
| State EIN .....                    | 99-110                | 12     | A/N               | If present and less than 12 characters, left justify.  | O.                     |
| Employer Name .....                | 111-155               | 45     | A/N               | At least two characters .....  | M.                     |
| Employer Address:                  |                       |        |                   |  |                        |
| Street Address (line 1) .....      | 156-195               | 40     | A/N               | FEIN address. At least two characters .....  | M.                     |
| Street Address (line 2) .....      | 196-235               | 40     | A/N               | If your address line is less than 40 characters, do not concatenate into one line.   | O.                     |
| Street Address (line 3) .....      | 236-275               | 40     | A/N               | .....  | O.                     |
| City .....                         | 276-300               | 25     | A                 | At least two characters .....  | M.                     |
| State .....                        | 301-302               | 2      | A                 | Valid state or territory abbreviation .....  | M.                     |
| Zip Code (1) .....                 | 303-307               | 5      | N                 | .....  | M.                     |
| Zip Code (2) .....                 | 308-311               | 4      | A/N               | If present, must be numeric .....  | O.                     |
| Employer Foreign Address:          |                       |        |                   |  |                        |
| Foreign Country Code .....         | 312-313               | 2      | A/N               | Refer to U.S. Department of Commerce FIPS code manual, National Institute of Standards and Technology, FIPS PUB 10-4 (April 1995).                           | M for foreign address. |
| Foreign Country Name .....         | 314-338               | 25     | A/N               | If present, at least two characters .....  | O.                     |
| Foreign Zip Code .....             | 339-353               | 15     | A/N               | .....  | O.                     |
| Employer Optional Address .....    | .....                 | .....  |                   | This address will be blank if only collecting one address. If there is a second address, it should be the address where child support orders should be sent. |                        |
| Street Address (line 1) .....      | 354-393               | 40     | A/N               | At least two characters .....  | O.                     |
| Street Address (line 2) .....      | 394-433               | 40     | A/N               | If your address is less than 40 characters, do not concatenate into one line.  | O.                     |
| Street Address (line 3) .....      | 434-473               | 40     | A/N               | .....  | O.                     |
| City .....                         | 474-498               | 25     | A                 | If present, at least two characters .....  | O.                     |
| State .....                        | 499-500               | 2      | A                 | If present, valid state or territory abbreviation  | O.                     |
| Zip Code (1) .....                 | 501-505               | 5      | A/N               | If present, must be numeric .....  | O.                     |
| Zip Code (2) .....                 | 506-509               | 4      | A/N               | If present, must be numeric .....  | O.                     |
| Employer Optional Foreign Address: |                       |        |                   |  |                        |
| Foreign Country Code .....         | 510-511               | 2      | A/N               | Refer to U.S. Department of Commerce FIPS code manual, National Institute of Standards and Technology, FIPS PUB 10-4 (April 1995).                           | O.                     |
| Foreign Country Name .....         | 512-536               | 25     | A/N               | If present, at least two characters .....  | O.                     |
| Foreign Zip Code .....             | 537-551               | 15     | A/N               | .....  | O.                     |
| Filler .....                       | 552-601               | 50     | A/N               | Spaces. To be used for future versions.  |                        |
| <b>UI Transmitter Record</b>       |                       |        |                   |  |                        |
| Record Identifier .....            | 1-2                   | 2      | A                 | 'HU' .....   | M.                     |
| Transmitter State Code .....       | 3-4                   | 2      | N                 | State FIPS code (for states only) .....  | M for states.          |
| Transmitter Agency Code .....      | 5-13                  | 9      | A/N               | Federal Agency Code (for federal agencies only).   | M for agencies.        |

RECORD LAYOUTS AND FIELD DESCRIPTIONS FOR INPUT TO THE NATIONAL DIRECTORY OF NEW HIRE (NDNH)—  
Continued

| Field name                   | Location/<br>position | Length | Alpha/<br>numeric | Description/<br>remarks   | Mandatory/<br>optional |
|------------------------------|-----------------------|--------|-------------------|---|------------------------|
| Transmission Type .....      | 14-15                 | 2      | A/N               | 'UI' for unemployment insurance data .....                            | M.                     |
| Filler .....                 | 16                    | 1      | A/N               | .....   | M for DOD.             |
| Version Control Number ..... | 17-18                 | 2      | A/N               | Must be '01', controlled by OCSE .....                                | M.                     |
| Date Stamp .....             | 19-26                 | 8      | N                 | Format—YYYYMMDD. Must be current sys-<br>tem date of file generation. | M.                     |
| Batch Number .....           | 27-32                 | 6      | N                 | Sequential number to identify a submission<br>as unique.              | M.                     |
| Filler .....                 | 32-295                | 263    | A/N               | Spaces. To be used for future versions.                               |                        |

**UI Total Record**

|                         |        |     |     |  |    |
|-------------------------|--------|-----|-----|--|----|
| Record Identifier ..... | 1-2    | 2   | A   | 'TU' .....   | M. |
| Data Record Count ..... | 3-13   | 11  | N   | Total record count for transmission, including<br>header and trailer record. | M. |
| Filler .....            | 14-295 | 282 | A/N | Spaces. To be used for future versions.                                      |    |

**UI Data Record**

|                               |         |    |     |   |    |
|-------------------------------|---------|----|-----|---|----|
| Record Identifier .....       | 1-2     | 2  | A   | 'UI' .....  | M. |
| Claimant SSN .....            | 3-11    | 9  | N   | As reported by claimant .....   | M. |
| Claimant Name:                |         |    |     |   |    |
| First Name .....              | 12-27   | 16 | A   | At least one character. No special characters   | M. |
| Middle Name .....             | 28-43   | 16 | A   | If non-blank, must be at least one character.<br>No special characters.   | O. |
| Last Name .....               | 44-73   | 30 | A   | At least one character. No special characters,<br>except for hyphen.  | M. |
| Claimant Address:             |         |    |     |   |    |
| Street Address (line 1) ..... | 74-113  | 40 | A/N | Non-blank .....   | M. |
| Street Address (line 2) ..... | 114-153 | 40 | A/N | If your address line is less than 40 char-<br>acters, do not concatenate into one line.   | O. |
| Street Address (line 3) ..... | 154-193 | 40 | A/N | .....   | O. |
| City .....                    | 194-218 | 25 | A   | At least two characters. No special char-<br>acters, except for hyphen.   | M. |
| State .....                   | 219-220 | 2  | A   | Valid state or territory abbreviation .....   | M. |
| Zip Code (1) .....            | 221-225 | 5  | N   | Must be numeric .....   | M. |
| Zip Code (2) .....            | 226-229 | 4  | A/N | If present, must be numeric .....   | O. |
| Benefit Amount .....          | 230-240 | 11 | N   | Last two positions are decimal places. No<br>negative values, zeroes are allowed. Gross<br>amount paid within the quarter before with-<br>holding offsets. This amount is a total of all<br>benefits that are tracked electronically. | M. |
| Reporting Period .....        | 241-245 | 5  | N   | Format—QYYYY for Calendar year. Q=1 for<br>Jan-Mar, Q=2 for Apr-Jun, Q=3 for Jul-<br>Sep, Q=4 for Oct-Dec.  | M. |
| Filler .....                  | 246-295 | 50 | A/N | Spaces. To be used for future versions.   |    |

### Supplement to New Hire Record Specifications

At the suggestion of the workgroup that assisted in developing the record specifications for the National Directory of New Hires (NDNH), this is an accompanying document that contains some additional clarification or explanation of items in the record specifications.

**Mandatory Fields:** The legislation mandates the collection of only the following six data elements from the W-4 form:

Employee SSN  
Employee Name  
Employee Address  
Employer Name  
Employer Address  
Employer ID number

On the W-4 record specifications these fields are marked with (M) to designate mandatory. There are three additional optional fields that are highly desirable for the New Hire data base. These are:

Employee Date of Birth  
Employee Date of Hire  
Employee State of Hire

While the legislation precludes the federal government from mandating the collection and retention of additional data elements, the states are not bound by those rules. The New Hire record specifications were developed in collaboration with State child support enforcement staff, State Employment Security Agency (SESA) staff, and federal and Department of Defense staff.

Consequently, the specifications include additional data elements that will be collected by the states and passed to the NDNH. These data elements will be used by the states and other authorized users of NDNH data.

Following are some clarifying statements that apply to all of the NDNH data elements and record formats.

1. All data is to be in EBCDIC format.
2. All alphanumeric data are to be in upper case.
3. All alphanumeric data are to be left justified.
4. All numeric data are to be right justified and zero filled.
5. All dates are to be in the Year 2000-compliant format of YYYYMMDD.

6. Name and city data are to be stripped of special characters except for the hyphen.

7. State and territory abbreviations in addresses should be the U.S. Postal Service abbreviations

8. Name fields should not include suffixes such as "Jr.", "Sr.", and "III".

9. The NDNH will contain two addresses for the employer. The first address is that noted on the W-4 form. The second address is where child support orders should be sent. If only one address is available or known, use the first set of address data elements and leave the second set of data elements blank.

10. National standard codes are to be used for foreign country code abbreviations as assigned by the Department of Commerce FIPS codes (FIPS PUB 10-4).

11. For Quarterly Wage data, the employee wage amount is to be the gross amount paid during the quarter, regardless of when the amount was earned.

12. For Unemployment Insurance data, the benefit amount is to be the gross amount paid within the quarter before any deductions or offsets are applied, regardless of when the benefit was earned or accrued.

13. When in Doubt, Send the Data. While the NDNH wants to receive clean, edited data, we want to receive all data in a timely manner. Consequently, if some data is missing or incomplete at the time of transmission include the record(s) in the transmission. Hopefully, this will also make processing easier at the State level.

14. Output records returned from the NDNH will contain all of the input data

sent to the NDNH and indications of errors of changes that took place at the federal level.

15. States have the option of receiving error records. The NDNH will maintain a matrix of which states want to be notified of errors and which do not.

### Input Records

When sending data to the federal level, there will be three record types in each transmission of data. These will include a header record, a series of data records, and concluded by a trailer record.

### Header Record

The header record will be the first record in the data set and will contain the following fields.

| Field name                   | Comments   |
|------------------------------|--|
| Record Identifier .....      | Enter 'H4' for W4 data.<br>Enter 'HQ' for Quarterly Wage data.<br>Enter 'HU' for Unemployment Insurance data.  |
| Transmitter State Code ..... | Refer to U.S. Department of Commerce FIPS code manual, National Institute of Standards and Technology, FIPS PUB 10-4 (April 1995).   |
| Transmitter Agency Code .... | Some federal agencies act as service bureaus for other federal agencies. Enter the Federal Employer Identification Number (FEIN) of the agency transmitting the data to the National Directory of New Hires.   |
| Transmission Type .....      | Identifies the type of data in this data set.<br>Enter 'W4' for W4 data.<br>Enter 'QW' for Quarterly Wage data.<br>Enter 'UI' for Unemployment Insurance data.   |
| Department of Defense Code.  | This field is mandatory only for DOD data transmissions. All others can ignore this field. DOD data is separated into several categories. This field indicates which category of data is being transmitted.<br>Enter 'A' for active duty personnel.<br>Enter 'C' for civilian personnel.<br>Enter 'R' for reservist personnel. |
| Version Control Number ..... | It is assumed that the system will be modified over time to accommodate future requirements. The version Control Number indicates which version of the system is in operation and will provide a means of communicating with data suppliers about record formats.<br>Enter '01' until notified by OCSE to change this value.   |
| Date Stamp .....             | Enter the system generated date on the date the data set is transmitted to the federal level. Enter the date in the format YYYYMMDD.   |
| Batch Number .....           | A sequential number generated by the transmitting agency. This field is to uniquely identify a transmission. Do not repeat batch numbers.  |
| Filler .....                 | Each record contains filler to be used for future versions of the record formats.  |

### Total Record

Each data set is to be terminated with a Total Record which will contain the count of the total number of records transmitted in this data set.

| Field Name              | Comments   |
|-------------------------|--|
| Record Identifier ..... | Enter 'T4' for W4 data.<br>Enter 'TQ' for Quarterly Wage data.<br>Enter 'TU' for Unemployment Insurance data.  |
| Data Record Count ..... | Enter the total number of records transmitted in this data set, including the header and trailer records. This will be used to verify that all records are received and processed. |
| Filler .....            | Spaces. To be used for future versions of the system.  |

### Data Record

Each of the data records for W4, Quarterly Wage, and UI is different in several ways. Following is further explanation of some of the data elements in those record layouts. See the Record Layout specifications for detailed information on all data elements.

| Filed Name                     | Comments  |
|--------------------------------|---|
| Record Identifier .....        | Enter 'W4' for the W4 record.<br>Enter 'QW' for the Quarterly Wage record.<br>Enter 'UI' for the Unemployment Insurance record.   |
| Foreign Address Data Elements. | If an address supplied for the employee or employer is outside the United States, include the Foreign Country Code for the address, the Foreign Country Name, and the Foreign Zip Code.   |
| Employee Wage Amount (QW).     | For Quarterly Wage data, provide the gross amount paid to the employee during the quarter, regardless of when the amount was earned.  |
| Reporting Period .....         | Use the quarters that correspond to the calendar year rather than quarters that correspond to fiscal accounting periods. Use the format QYYYY where<br>Q=1 for January–March.<br>Q=2 for April–June.<br>Q=3 for July–September.<br>Q=4 for October–December.  |
| Benefit Amount (UI) .....      | The UI Benefit Amount is the gross amount paid within the reporting quarter before any withholding offsets are applied. This amount should be the sum of benefits received from all programs tracked electronically by the State. However, only include those benefits that are housed in the same hardware environment. Do not include benefits from sources that must be translated or imported to the mainframe environment. |

### Output Records

FPLS will return records to the data transmitters when errors were detected. The states can elect to have these records returned for error resolution or not as they choose. Federal agencies, however, will receive all error records from each transmittal.

The record formats for the error records are identical to the input record provided by the submitter except that error codes will be appended that explain the nature of the error. Errors can occur at the transmission level and at the individual record level.

#### Transmission Control Records

This is the output equivalent of the input TRANSMITTER RECORD and includes counts of records received, records rejected, error records returned, records posted to the National Directory of New Hires, records posted to the Suspense File, and up to five Error Codes pertaining to the transmission level error conditions encountered.

#### Data Records

Each output version of the input DATA RECORD had appended to it up to five record level error codes that indicate the nature of the error encountered during editing. It also contains a Social Security Number Verification Indicator that indicates whether multiple valid SSNs were encountered during the SSN verification process. In addition, a corrected SSN is returned if during the SSN verification process the supplied SSN was

determined to be incorrect and the verification procedure was able to provide the correct SSN.

#### Total Records

No transmission total records will be returned to the submitting State or federal agency.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above.

The Department specifically requests comments 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) 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 or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Information Services, Division of Information Resource

Management Service, Attn: ACF Reports Clearance Officer, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447 or e-mail to Internet address: [rdriscoll@acf.dhhs.gov](mailto:rdriscoll@acf.dhhs.gov). All requests should be identified by the title of the information collection.

Dated: July 18, 1997.

**Robert Driscoll,**

*Reports Clearance Officer.*

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### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Food and Drug Administration

[Docket No. 97D-0282]

#### General Principles of Software Validation; Draft Guidance; Availability

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing the availability of a draft guidance entitled "General Principles of Software Validation." This guidance is applicable to medical device software and to software used to design, develop, or manufacture medical devices. This guidance discusses how the general provisions of the Quality System Regulation apply to software and the agency's current approach to evaluating a software validation system.