225.28(b)(4)(ii) of the Board's Regulation Y.

Board of Governors of the Federal Reserve System, April 24, 1998.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 98–11484 Filed 4–29–98; 8:45 am]

BILLING CODE 6210–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–14–98]

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 Officer at (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 Projects

1. Long-Term Health Effects of Methyl Parathion in Children—A Follow-Up Study—New—The Agency for Toxic Substances and Disease Registry (ATSDR) is mandated pursuant to the 1980 Comprehensive Environmental Response Compensation and Liability Act (CERCLA), and its 1986 Amendments, The Superfund Amendments and Reauthorization Act (SARA), to prevent or mitigate adverse human health effects and diminished quality of life resulting from the exposure to hazardous substances into the environment. Children were exposed to Methyl Parathion (MP) via illegal indoor residential spraying of MP for pest control in nine states. All of these sprayed areas have been designated as CERCLA sites and placed on the National Priorities List (NPL) for conducting remedial actions. The MP sites consist of contaminated residences and businesses spread over several counties and states, intermingled with other building structures that were never sprayed with MP, making targeted remedial actions more challenging.

This study of children exposed to MP and children not exposed, but matched on age, sex, and race will provide critical public health information for the gap in data regarding the effects of lower dose, sub-acute exposure on neurobehavioral and respiratory development. The study population will consist of children under 6 years of age at the time of exposure (exposed group), whose residences in Ohio and Mississippi were illegally sprayed with MP since 1994, and matched with unexposed children (unexposed group). No data exist regarding low dose, sub-acute exposure to MP in children. The goal of this study is to examine the association between lower dose, sub-acute MP exposure in children, specifically from indoor spraying, and the risk of adversely affecting normal neurobehavioral and respiratory development.

The questionnaire will be administered in person by trained interviewers to the mothers (fathers or other guardians, if the mother is not available) of the exposed and unexposed children. The Pediatric Environmental Neurobehavioral Test Battery (PENTB) will be administered by personnel trained in the neurobehavioral assessment of children at annual intervals for the three study years. The total annual burden hours are 1,208.

Respondent questionnaire	Number of respondents	Number of responses/ respondent	Average burden/response (in hours)	Total annual burden (in hours)
Parent/Child (general)	537	1	1	537
(PENTB) Test Battery Questionnaires	537	1	1.25	671

2. Survey of Assisted Reproductive Technology Embryo Laboratory Procedures and Practices—New—Public Health Practice Program Office—In October 1992, Congress passed the Fertility Clinic Success Rate and Certification Act of 1992 (FCSRCA). In accordance with this statute, the CDC has been tasked with developing a model certification program for assisted reproductive technologies (ART) embryo laboratories that are providing services to human fertility specialists in the U.S. This model certification program is to be voluntarily implemented by States or by independent certifying agencies such as the College of American Pathologists (CAP), which are approved by the State. The model certification program is to include a set of quality standards for the performance of laboratory procedures, maintenance of records, qualifications of laboratory personnel, and criteria for the inspection and certification of embryo laboratories. Other than a General Accounting Office Survey conducted in 1988, no current survey of ART laboratory procedures and practices is available. The proposed information collection will use a paper survey to provide an enumeration of these ART laboratory procedures, equipment maintenance practices, and personnel qualifications. This information is required to finalize the development of the model certification program and also provide a baseline study for evaluating its impact and effectiveness.

The intended population is ART laboratory directors at all facilities with human embryo laboratories in the U.S. The estimated time for completion of this survey is expected to be approximately one hour per response. This estimate includes the time needed to review instructions, gather the relevant information, complete the form, and review the collected data. The total annual burden hours are 488.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/response (in hours)	Total burden (hours)
ART Laboratory Directors	325	1	1.5	488

Dated: April 24, 1998.

Kathy Cahill,

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

[FR Doc. 98–11479 Filed 4–29–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Program Announcement No. 98–CB–02–1]

Announcement of the Availability of Financial Assistance and Request for Applications to Support a National Resource Center for Programs Serving Abandoned Infants and Infants at Risk of Abandonment and Their Families; a National Resource Center for Community-based Family Resource and Support Programs; and Grants to Tribes, Tribal Organizations and Migrant Programs for Community-based Family Resources and Support Programs

AGENCY: Administration on Children, Youth and Families (ACYF), ACF, DHHS.

ACTION: Notice of correction.

SUMMARY: This notice corrects the Program Announcement published in the **Federal Register** on April 1, 1998, (62 FR 15847) by extending the due date to June 22, 1998; by correcting the address to which completed applications are to be sent; and by amending the dollar amount available for the National Resource Center for Community-based Family Resource and Support Programs. The correct address for the submission of proposals is ACYF Operations Center, 1225 Jefferson David Highway, Suite 415, Arlington, Virginia 22201. The amount of funding available for the National Resource Center for Community-based Family Resource and Support Programs is $675,000.

FOR FURTHER INFORMATION CONTACT: Administration on Children, Youth and Families (ACYF) Operations Center, 1225 Jefferson David Highway, Suite 415, Arlington, Virginia 22201. The telephone number is 1–800–351–2293.

SUPPLEMENTARY INFORMATION: On April 1, 1998, the Administration on Children, Youth and Families published Program Announcement Number: CB–98–02 in the **Federal Register** soliciting proposals to conduct a National Resource Center for Programs Serving Abandoned Infants and Infants at Risk of Abandonment and Their Families; a National Resource Center for Community-Based Family Resources and Support Programs; and Grants to Tribes, Tribal Organizations and Migrant Programs for Community-based Family Resource and Support Programs.

Due to delays in reprinting and in mailing out the application packages, potential applicants may not have sufficient time to prepare an application and this amendment extends the due date. All other requirements for mailed applications/overnight/express mail service and hand-delivered applications/applicant couriers remain the same as in the original announcement.

The address to which these proposals were to be sent was mistyped in the announcement and the dollar amount for the National Resource Center for Community-Based Family Resource and Support Programs was incorrectly given; and therefore, this amendment corrects those errors.

(Catalog of Federal Domestic Assistance Program Numbers 93.551, Abandoned Infants Assistance Program; 93.590, Child Abuse Prevention and Treatment Act)

Dated: April 21, 1998.

James A. Harrell,

Deputy Commissioner, Administration on Children, Youth and Families.

[FR Doc. 98–11492 Filed 4–29–98; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA–2008–PN]

RIN 0938–AI90

Medicare and Medicaid Programs; Recognition of the American Association for Accreditation of Ambulatory Surgery Facilities, Inc. for Ambulatory Surgical Centers Program

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Proposed notice.

SUMMARY: In this notice we announce the receipt of an application from the American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF) for recognition as a national accreditation program for ambulatory surgical centers that wish to participate in the Medicare or Medicaid programs. The Social Security Act requires that the Secretary publish a notice identifying the national accreditation body making the request, describing the nature of the request, and providing a 30 day public comment period.

DATES: Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5:00 pm on June 1, 1998.

ADDRESSES: Mail written comments (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA–2008–PN, P.O. Box 26688, Baltimore, MD 21207–5178.

If you prefer, you may deliver your written comments (1 original and 3 copies) to one of the following addresses:

Room 309–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or

Room C5–09–26, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code HCFA–1885–P. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 309–G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690–7890).

FOR FURTHER INFORMATION CONTACT: Joan C. Berry (410) 786–7233.

SUPPLEMENTARY INFORMATION:

I. Background

Under the Medicare program, eligible beneficiaries may receive covered services in an ambulatory surgical center (ASC) provided certain requirements are met. Section 1832 (a)(2)(F) of the Social Security Act (the Act) includes the requirements that an ASC have an agreement in effect with the Secretary and meet health, safety, and other standards specified by the Secretary in regulations. Regulations concerning supplier agreements are at 42 CFR part 489 and those pertaining to activities relating to the survey and certification of facilities are at 42 CFR part 488. Our regulations at 42 CFR Part 416 specify the conditions that an ASC must meet in order to participate in the Medicare program, the scope of covered services, and the conditions for Medicare payment for facility services.

Generally, in order to enter into an agreement, an ASC must first be certified by a State survey agency as complying with the conditions or requirements set forth in part 416 of our regulations. Then, the ASC is subject to regular surveys by a State survey agency