

3. The acquisition is not a commercial item acquisition.

4. The acquisition offers more than minimal subcontracting opportunities.

B. Annual Reporting Burden

Respondents: 1,020.

Responses per Respondent: 1.

Hours Per Response: 12.

Total Burden Hours: 12,240.

Obtaining Copies of Proposals:

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (VPR), 1800 F Street, NW., Room 4041, Washington, DC 20405, telephone (202) 501-4755. Please cite OMB Control No. 3090-0252, Preparation, Submission, and Negotiation of Subcontracting Plans, in all correspondence.

Dated: December 2, 2008.

Al Matera, Director, Office of Acquisition Policy.

[FR Doc. E8-31456 Filed 1-5-09; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Announcement of the Release of the U.S. Department of Health and Human Services' Action Plan To Prevent Healthcare-Associated Infections

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science.

ACTION: Notice.

Authority: 42 U.S.C 200u.

SUMMARY: The Office of Public Health and Science (OPHS), U.S. Department of Health and Human Services (HHS), announces the release of the HHS *Action Plan To Prevent Healthcare-Associated Infections (HHS Action Plan)*. The effort represents a culmination of several months of deliberation by subject matter experts across HHS to identify key actions in the prevention of healthcare-associated infections (HAIs). The document establishes national goals for enhancing and coordinating HHS-supported efforts, including the development of (1) National benchmarks; (2) prioritized recommended clinical practices to facilitate implementation of and adherence to existing recommended practices in hospitals; (3) a coordinated research agenda to strengthen the science for infection control prevention in hospitals; (4) a plan to progress towards the standardized measures and data definitional alignment needed to more accurately measure HAIs and

make the varied HHS data systems interoperable; (5) opportunities for evaluating compliance with infection control practices in hospitals through certification processes and potential options for the use of payment policies and financial incentives to motivate organizations to provide better, more efficient care; and (6) a national messaging plan to build partnerships with various stakeholder groups across the country.

Background: Healthcare-associated infections exact a significant toll on human life. They are among the top ten leading causes of death in the United States, accounting for an estimated 1.7 million infections and 99,000 associated deaths. In hospitals, they are a significant cause of morbidity and mortality. In addition to the substantial human suffering exacted by HAIs, the financial burden attributable to these infections is staggering. It is estimated that HAIs incur nearly \$20 billion in excess healthcare costs each year. For these reasons, the reduction of HAIs is a top priority for HHS.

The HHS Steering Committee to Prevent Healthcare-Associated Infections (Committee) was established in July 2008. The Committee was charged with developing a strategy to reduce HAIs and issuing a plan which establishes national goals for HAI prevention and outlines key actions for achieving identified short- and long-term objectives. The plan is also intended to enhance collaboration with external stakeholders to maximize coordination and impact of national efforts. Thus, the development process of the *HHS Action Plan* is inclusive. The goal is to effectively collaborate with multiple stakeholders to maximize reach and impact in order to effectively prevent HAIs. The process strives to maximize transparency, public input, and stakeholder dialogue to ensure that the *HHS Action Plan* is relevant to multiple audiences and diverse public health needs and seizes opportunities to achieve its goals. Drawing on the expertise of the HHS Steering Committee To Prevent Healthcare-Associated Infections, other experts across the Federal Government, various stakeholders, and the public, the *HHS Action Plan* will establish a national strategy for the reduction and prevention of HAIs. The public is invited to comment through the Web site on the content of the document. The plan is intended to be updated periodically in response to public input and new recommendations for infection prevention.

ADDRESSES: The *Action Plan To Prevent Healthcare-Associated Infections* and instructions for submitting comments can be viewed at <http://www.hhs.gov/ophs>.

FOR FURTHER INFORMATION CONTACT:

Send questions to the Office of Public Health and Science, U.S. Department of Health and Human Services, Ms. Julie Moreno at Julie.Moreno@hhs.gov (e-mail), (202) 401-9581 (phone), or (202) 690-6960 (fax) or Ms. Rani Jeeva at Rani.Jeeva@hhs.gov (e-mail), (240) 276-9824 (phone), or (240) 276-9860 (fax).

Dated: December 22, 2008.

Donald Wright,

Principal Deputy Assistant Secretary for Health.

[FR Doc. E8-31195 Filed 1-5-09; 10:58 am]

BILLING CODE 4150-28-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Proposed Project:

Title: Feasibility Test for Design Phase of National Study of Child Care Supply and Demand.

OMB No.: New Collection.

Description: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), intends to request approval from the Office of Management and Budget to collect information as part of the Design Phase of the National Study of Child Care Supply and Demand. This effort will gather information that will be useful for evaluating the feasibility and improving the design of a national study of child care supply and demand.

The proposed collection will consist of: A random-digit dial survey of households with children under age 13 for participation in a questionnaire about the demand for child care; a random-digit dial survey of households with individuals providing care to children under age 13 in a residential setting; a telephone screening of after-school programs for eligibility in a survey of child care providers; a telephone survey of providers of care to children under age 13; an in-person survey of providers of care to children under age 13; and, an in-person survey of parents of children under age 13 who are in non-parental care arrangements.

These data collection efforts will be used to examine the functioning of draft