

Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

*Matters To Be Discussed:* The meeting will include the review, discussion, and evaluation of "Implementation Research for the Management of Malaria and Childhood Illness in Rural Areas of the United Republic of Tanzania, FOA CK09-006."

*Contact Person for More Information:* Wendy Carr, Ph.D., Health Scientist, Strategic Science and Program Unit, Office of the Director, Coordinating Center for Infectious Diseases, CDC, 1600 Clifton Road, Mailstop E-77, Atlanta, GA 30333, Telephone: (404) 498-2276.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: October 27, 2008.

**Elaine L. Baker,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. E8-26016 Filed 10-30-08; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-R-65]

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the Agency's function; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of*

*Information Collection:* Information Collection Requirements in Final Peer Review Organizations Sanction Regulations—42 CFR 1004.4, 1004.50, 1004.60, and 1004.70; *Use:* The Peer Review Improvement Act of 1982 amended Title XI of the Social Security Act (the Act), creating the Utilization and Quality Control Peer Review Organization Program. Section 1156 of the Act imposes obligations on health care practitioners and others who furnish or order services or items under Medicare. This section also provides for sanction actions, if the Secretary determines that the obligations as stated by this section are not met. Quality Improvement Organizations (QIOs) are responsible for identifying violations. QIOs may allow practitioners or other entities, opportunities to submit relevant information before determining that a violation has occurred. The information collection requirements contained in this information collection request are used by the QIOs to collect the information necessary to make their decision. *Form Number:* CMS-R-65 (OMB #0938-0444); *Frequency:* Reporting—On occasion; *Affected Public:* Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 53; *Total Annual Responses:* 53; *Total Annual Hours:* 14,310.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office on (410) 786-1326.

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on December 1, 2008.

OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number: (202) 395-6974.

Dated: October 24, 2008.

**Michelle Shortt,**

*Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. E8-25922 Filed 10-30-08; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-1557 and CMS-437A and B]

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Survey Report Form for Clinical Laboratory Improvement Amendments (CLIA) and Supporting Regulations in 42 CFR 493.1-493.2001; *Use:* This form is used by the State to determine a laboratory's compliance with CLIA. This information is needed for a laboratory's CLIA certification and recertification. *Form Number:* CMS-1557 (OMB# 0938-0544); *Frequency:* Biennially; *Affected Public:* Business or other for-profit, Not-for-profit institutions, State, Local or Tribal Governments and Federal Government; *Number of Respondents:* 21,000; *Total Annual Responses:* 10,500; *Total Annual Hours:* 5,248.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Rehabilitation Unit Criteria Worksheet and Rehabilitation Hospital Criteria Worksheet; *Use:* The rehabilitation hospital and rehabilitation unit criteria worksheets are necessary to verify that these facilities/units comply and remain in compliance with the exclusion criteria for the Medicare prospective

payment system. *Form Number:* CMS-437A and 437B (OMB# 0938-0986); *Frequency:* Annually; *Affected Public:* Business or other for-profit; *Number of Respondents:* 1227; *Total Annual Responses:* 1227; *Total Annual Hours:* 307.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS's Web Site at <http://www.cms.hhs.gov/PaperworkReductionActof1995>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office on (410) 786-1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by December 30, 2008:

1. *Electronically.* You may submit your comments electronically to <http://www.regulations.gov>. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number \_\_, Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: October 23, 2008.

**Michelle Shortt,**

*Director, Regulations Development Group,  
Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. E8-25925 Filed 10-30-08; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity; 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 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 telephone calls and in-person interviews with various types of caregivers, including parents, home-based child care providers, center-based child care providers and before- and after-school programs. These data collection efforts will be used to examine the functioning of draft survey instruments. The feasibility test procedures will help inform several decisions about proposed design of the national study, including sampling methods, costs and advantages associated with alternative interviewing protocols and reactions to the proposed methods.

*Respondents:* General population households, home-based and center-based child care providers and public schools serving children under age 13.

#### Annual Burden Estimates

| Instrument                                                                                      | Annual number of respondents | Number of responses per respondent | Average burden hours per response | Estimated annual burden hours |
|-------------------------------------------------------------------------------------------------|------------------------------|------------------------------------|-----------------------------------|-------------------------------|
| Eligibility calls to Before/After School Programs .....                                         | 150                          | 1                                  | 2                                 | 30                            |
| Household screening calls .....                                                                 | 1,000                        | 1                                  | 15                                | 150                           |
| Telephone calls with households with children under age 13 .....                                | 160                          | 1                                  | 5                                 | 80                            |
| Telephone calls with providers of home-based care from administrative lists .....               | 40                           | 1                                  | 3                                 | 12                            |
| Telephone calls with center-based providers of before/after school care .....                   | 20                           | 1                                  | 5                                 | 10                            |
| Telephone calls with home-based child care providers identified through household surveys ..... | 64                           | 1                                  | 3                                 | 19                            |
| Center-based providers from administrative lists .....                                          | 48                           | 1                                  | 5                                 | 24                            |
| In-person interviews with parents of children in non-parental care .....                        | 50                           | 1                                  | 4                                 | 20                            |
| In-person interviews with child-care provider staff .....                                       | 50                           | 1                                  | 4                                 | 20                            |
| Estimated Total Annual Burden Hours .....                                                       |                              |                                    |                                   | 365                           |

*Additional Information:* In compliance with the requirements of section 506(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. 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 Planning, Research and Evaluation, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: OPRE Reports Clearance Officer. E-mail address: [OPREinfo@acf.hhs.gov](mailto:OPREinfo@acf.hhs.gov). All

requests should be identified by the title of the information collection.

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.

Dated: October 24, 2008.

**Brendan C. Kelly,**

*OPRE Reports Clearance Officer.*

[FR Doc. E8-25955 Filed 10-30-08; 8:45 am]

**BILLING CODE 4184-01-M**