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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 the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

**Claudette Grant,**

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

[FR Doc. 2017-07323 Filed 4-11-17; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request**

*Proposed Projects:*

*Title:* Child Care and Development Fund Quality Progress Report  
*OMB No.:* New.

*Description:* Lead Agencies are required to spend a certain percent of their Child Care and Development Fund (CCDF) awards on activities to improve the quality of child care. Lead Agencies are also required to invest in at least one of 10 allowable quality activities included in the Child Care and Development Block Grant (CCDBG) Act of 2014. In order to ensure that States and Territories are meeting these requirements, the CCDBG Act and the CCDF final rule require Lead Agencies to submit an annual report that describes how quality funds were expended. The CCDF final rule named this the Quality Progress Report (QPR). The report must describe how quality funds were expended, including what types of activities were funded and measures used to evaluate progress in improving the quality of child care programs and services. The QPR replaces the Quality Performance Report that was previously an appendix to the CCDF State Plan. The QPR increased transparency on quality spending and

will continue to gather detailed information on how States and Territories are spending their quality funds, as well as more specific data points to reflect the requirements in the CCDBG Act and the CCDF final rule.

In the QPR, Lead Agencies are asked about the State's or Territory's progress in meeting its goals as reported in the FY 2016-2018 CCDF Plan, and provide available data on the results of those activities. Specifically, this report will: (1) Ensure accountability for the use of CCDF quality funds, including a set-aside for quality infant and toddler care that begins in FY 2017; (2) track progress toward meeting State- and Territory—set indicators and benchmarks for improvement of child care quality per what they described in their CCDF Plans; (3) summarize how the Lead Agency is building a progression of professional development for child care providers as envisioned in the CCDBG Act of 2014 and CCDF final rule; and (4) inform federal technical assistance efforts and decisions regarding strategic use of quality funds.

*Respondents:* State and Territory CCDF Lead Agencies (56).

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
QPR .....	56	1	6.0	3360

*Estimated Total Annual Burden Hours:*

In compliance with the requirements of the Paperwork Reduction Act of 1995 (Pub. L. 104-13, 44 U.S.C. Chap 35), 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, 330 C Street SW., Washington, DC 20201. Attn: ACF Reports Clearance Officer. Email address: [infocollection@acf.hhs.gov](mailto:infocollection@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.

**Robert Sargis,**

*Reports Clearance Officer.*

[FR Doc. 2017-07217 Filed 4-11-17; 8:45 am]

**BILLING CODE 4184-43-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request**

*Proposed Projects:*

*Title:* Federal Case Registry (FCR)

*OMB No.:* 0970-0421.

*Description:* Established within the Federal Parent Locator Service (FPLS) on October 1, 1998, the Federal Case Registry (FCR) is a database that contains basic case and participant data from each of the State Case Registries (SCR). The SCRs are central registries of child support cases and orders in each state.

The FCR is a national database that includes all child support cases handled by state child support agencies (referred to as IV-D cases), and all support orders established or modified on or after October 1, 1998 (referred to as non-IV-D orders). It assists states in locating parties that live in different states to establish, modify, or enforce child support obligations; establish paternity; enforce state law regarding parental kidnapping; and, establish or enforce child custody or visitation determinations.

While information in the FCR is provided through the SCRs, the FCR is not a duplication of all of the data maintained in each state's automated child support system. Rather, it is a

database of the most basic case and participant information.

When a state sends the FCR information about persons in a new case or child support order, this new information is automatically compared to existing person information in the FCR. If matches are found, the FPLS notifies all appropriate state child support enforcement agencies of the record match. In this way, a state will know if another state has a case or

support order with participants in common with them, and can take appropriate action. The data in the FCR is also compared to the employment data in the National Directory of New Hires (NDNH).

The information collection activities pertaining to the FCR are authorized by:

(1) 42 U.S.C. 653(h), requiring the establishment of the Federal Case Registry (FCR) within the Federal Parent Locator Service (FPLS).

(2) 42 U.S.C. 654A(e), requiring State child support agencies to include a State Case Registry (SCR) in the state's automated system.

(3) 42 U.S.C. 654A(f)(1), requiring states to conduct information comparison activities between the SCR and the FCR.

*Respondents:* State Child Support Agencies and Courts

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Collection of non-IV-D data for SCR: Courts .....	824	1544	0.0205	26,081
Collection of Child Data for IV-D cases for SCR: Courts .....	3,144	144	0.0205	9,281
States: Transmission to the FCR .....	54	18,848	0.033	33,926

*Estimated Total Annual Burden Hours:* 69,289

In compliance with the requirements of the Paperwork Reduction Act of 1995 (Pub. L. 104-13, 44 U.S.C. Chap 35), 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, 330 C Street SW., Washington, DC 20201. Attn: ACF Reports Clearance Officer. Email address: [infocollection@acf.hhs.gov](mailto:infocollection@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.

**Robert Sargis,**

*Reports Clearance Officer.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Meeting Announcement for the Technical Advisory Panel on Medicare Trustee Reports**

**ACTION:** Notice of public meeting.

**SUMMARY:** This notice announces the meeting dates for the Technical Advisory Panel on Medicare Trustee Reports on Tuesday, May 2, 2017 and Wednesday May 3, 2017 in Washington, DC

**DATES:** The meeting will be held on Tuesday, May 2, 2017 from 9:15 a.m. to 5:00 p.m. Eastern Time and Wednesday May 3, 2017 from 9:00 a.m. to 3:30 p.m. Eastern Time. The meetings are open to the public.

**ADDRESSES:** The meeting will be held at Hubert Humphrey Building 200 Independence Ave. SW., Washington, DC 20201 Room 738G.3.

**FOR FURTHER INFORMATION CONTACT:** Dr. Donald Oellerich, Designated Federal Officer, at the Office of Human Services Policy, Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, 200 Independence Ave. SW., Washington, DC 20201, [don.oellerich@hhs.gov](mailto:don.oellerich@hhs.gov) or (202) 690-8410.

**SUPPLEMENTARY INFORMATION:**

*I. Purpose:* The Panel will discuss the long-term rate of change in health spending and may make recommendations to the Secretary on how the Medicare Trustees might more accurately estimate health spending in the short and long run. The Panel's discussion is expected to be very technical in nature and will focus on the actuarial and economic assumptions

and methods by which Trustees might more accurately measure health spending. This Committee is governed by the provisions of the Federal Advisory Committee Act, as amended (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)). The Committee is composed of nine members appointed by the Assistant Secretary for Planning and Evaluation.

*II. Agenda:* The Panel will likely discuss draft findings and recommendations for inclusion in the panel's final report. Discussions will likely include findings and recommendations regarding long range growth, sustainability of provider payments under Affordable Care Act (ACA) and Medicare Access and Chip Reauthorization Act (MACRA), methods for transitioning from short term (10 year) to long term (75 year) projections and methods and the presentation of uncertainty in the report. After any presentations, the Panel will deliberate openly on the topics. Interested persons may observe the deliberations, but the Panel will not hear public comments during this time. The Panel will also allow an open public session for any attendee to address issues specific to the topic.

*III. Meeting Attendance:* The Tuesday, May 2, 2017 and Wednesday, May 3, 2017 meetings are open to the public; however, in-person attendance is limited to space available.

*IV. Meeting Registration:* The public may attend the meeting in-person. Space is limited and registration is required in order to attend in-person. Registration may be completed by emailing all the following information to Donald Oellerich at [don.oellerich@hhs.gov](mailto:don.oellerich@hhs.gov) or calling 202-690-8410: