

research, miner health program, and hazard recognition project for stone, sand and gravel mines. The meeting will also include updates from the National Personal Protective Technology Laboratory and the Respiratory Health Division.

Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Jeffrey H. Welsh, Designated Federal Officer, MSHRAC, NIOSH, CDC, 626 Cochran Mill Road, Pittsburgh, PA 15236, telephone 412-386-4040, fax 412-386-6614.

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.

**Claudette Grant,**

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

[FR Doc. 2017-07324 Filed 4-11-17; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Board of Scientific Counselors, Office of Public Health Preparedness and Response, (BSC, OPHPR)

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 meeting of the aforementioned committee:

*Times and Dates:*

10:00 a.m.–5:00 p.m., EDT, May 10, 2017

8:30 a.m.–3:30 p.m., EDT, May 11, 2017

*Place:* Centers for Disease Control and Prevention (CDC), Global Communications Center, Building 19, Auditorium B3, 1600 Clifton Road NE., Atlanta, Georgia 30333

*Status:* Open to the public limited only by the space available. The meeting room will accommodate up to 75 people. Public participants should pre-register for the meeting as described below.

Members of the public that wish to attend this meeting in person should pre-register by submitting the following information by email, facsimile, or phone (see Contact Person for More Information) no later than 12:00 noon (EDT) on Tuesday, May 3, 2017:

- Full Name
- Organizational Affiliation
- Complete Mailing Address
- Citizenship
- Phone Number or Email Address

Web conferencing information:

*Web ID:* <https://adobeconnect.cdc.gov/r7mcyvjvzdh/>.

*Dial in number:* 800-369-1179

Participant passcode: 6329989.

*Purpose:* This Board is charged with providing advice and guidance to the Secretary, Department of Health and Human Services (HHS), the Assistant Secretary for Health (ASH), the Director, Centers for Disease Control and Prevention (CDC), and the Director, Office of Public Health Preparedness and Response (OPHPR), concerning strategies and goals for the programs and research within OPHPR, monitoring the overall strategic direction and focus of the OPHPR Divisions and Offices, and administration and oversight of peer review for OPHPR scientific programs. For additional information about the Board, please visit: <http://www.cdc.gov/phpr/science/counselors.htm>.

*Matters for Discussion:* Day one of the meeting will cover briefings and BSC deliberation on the following topics: interval updates from OPHPR Divisions and Offices; establishing a BSC working group to address biological agent containment; federal and state perspectives on the opioid overdose epidemic as a public health emergency; and BSC liaison representative updates to the Board highlighting organizational activities relevant to the OPHPR mission.

Day two of the meeting will cover briefings and BSC deliberation on the following topics: OPHPR policy agenda update; natural disaster preparedness and response; global health security; and perspectives on CDC as a response organization.

*Contact Person for More Information:* Dometa Ouisley, Office of Science and Public Health Practice, Centers for Disease Control and Prevention, 1600 Clifton Road NE., Mailstop D-44, Atlanta, Georgia 30333, Telephone: (404) 639-7450; Facsimile: (404) 471-8772; Email: [OPHPR.BSC.Questions@cdc.gov](mailto:OPHPR.BSC.Questions@cdc.gov).

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 Agency for Toxic Substances and Disease Registry.

**Claudette Grant,**

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

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**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Board of Scientific Counselors, Office of Infectious Diseases (BSC, OID)

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 meeting of the aforementioned committee:

*Times and Dates:* 8:30 a.m.–5:00 p.m., EDT, May 3, 2017; 8:30 a.m.–12:00 p.m., EDT, May 4, 2017.

*Place:* CDC, Global Communications Center, 1600 Clifton Road NE., Building 19, Auditorium B3, Atlanta, Georgia 30329.

*Status:* The meeting is open to the public, limited only by the space available. The meeting room will accommodate up to 100 people.

*Purpose:* The BSC, OID, provides advice and guidance to the Secretary, Department of Health and Human Services; the Director, CDC; the Director, OID; and the Directors of the National Center for Immunization and Respiratory Diseases, the National Center for Emerging and Zoonotic Infectious Diseases, and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC, in the following areas: Strategies, goals, and priorities for programs; research within the national centers; and overall strategic direction and focus of OID and the national centers.

*Matters for Discussion:* The meeting will include updates from CDC's infectious disease national centers; reports from the BSC's Food Safety Modernization Act Surveillance Working Group and Infectious Disease Laboratory Working Group; and focused discussions on priority emerging infectious diseases including antimicrobial resistance, influenza, and selected zoonotic and vector-borne diseases.

Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Robin Moseley, M.A.T., Designated Federal Officer, OID, CDC, 1600 Clifton

Road NE., Mailstop D10, Atlanta, Georgia 30329, Telephone: (404) 639-4461.

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