

Dated: February 13, 2007.  
**Robert Sargis,**  
*Reports Clearance Officer.*  
 [FR Doc. 07-771 Filed 2-20-07; 8:45 am]  
**BILLING CODE 4184-01-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* Child Care and Development Fund Plan for States/Territories for FY 2008-2009.

*OMB No.:* 0970-0114.

*Description:* The Child Care and Development Fund (CCDF) Plan (the Plan) for States and Territories is required from each CCDF Lead agency in accordance with Section 658E of the Child Care and Development Block Grant Act of 1990, as amended (Pub. L. 101-508, Pub. L. 104-193, and 42 U.S.C. 9858). The implementing regulations for the statutorily required Plan are set forth at 45 CFR 98.10 through 98.18. The Plan, submitted on the ACF-118, is required biennially, and remains in effect for two years. The Plan provides ACF and the public with a description of, and assurance about, the State's or the Territory's child care program. The

ACF-118 is currently approved through June 30, 2008, making it available to states and Territories needing to submit Plan Amendments through the end of the FY 2007 Plan Period. However, in July 2007, States and Territories will be required to submit their FY 2008-2009 Plans. Consistent with the statute and regulations, ACF requests extension of the ACF-118 with minor corrections and modifications. The Tribal Plan (ACF-118a) is not affected by this notice.

*Respondents:* State and Territorial CCDF Lead Agencies.

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF-118 .....	56	.5	162.57	4,552

Estimated Total Annual Burden Hours: 4,552

*Additional Information:* Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: *infocollection@acf.hhs.gov*. All requests should be identified by the title of the information collection.

*OMB Comment:* OMB is required to make a decision concerning the collection of information between 30 and 60 days after the publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork

Reduction Project, FAX: 202-395-6974, Attn: Desk Officer for the Administration for Children and Families.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* State Self-Assessment Review and Report.  
*OMB No.* 0970-0223.

*Description:* Section 454(15)(A) of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, requires each State to annually assess the performance of its child support enforcement program in accordance with standards specified by the Secretary of the Department of Health and Human Services, and to provide a report of the findings to the Secretary. This information is required to determine if States are complying with Federal child support mandates and providing the best services possible. The report is also intended to be used as a management tool to help States evaluate their programs and assess performance.

*Respondent:* State Child Support Enforcement Agencies or the Department/Agency/Bureau responsible for Child Support Enforcement in each State.

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Self-assessment report .....	54	1	4	216

*Estimated Total Annual Burden Hours:* 216.

*Additional Information:* Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information

Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: *infocollection@acf.hhs.gov*. All requests should be identified by the title of the information collection.

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**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* Federal Tax Offset, Administrative Offset, and Passport Denial Program.

*OMB No.:* 0970-0161.

*Description:* The Tax Refund Offset and Administration Offset Programs collect past-due child support by intercepting certain Federal payments, including Federal tax refunds, of parents who have been ordered to pay child support and who are behind in

paying the debt. The program is a cooperative effort among the Department of Treasury's Financial Management Service (FMS), the Federal Office of Child Support Enforcement (OCSE), and State Child Support Enforcement (CSE) agencies. The Passport Denial program reports non-custodial parents who owe arrears above a threshold to the Department of State (DOS), which will then deny passports to these individuals. On an ongoing basis, CSE agencies submit to OCSE the names, Social Security numbers (SSNs), and the amount(s) of past-due child support of people who are delinquent in making child support payments.

*Respondents:* State IV-D Agencies.

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Input Record .....	54	52	.3	842
Output Record .....	54	52	.46	1,292
Payment File .....	54	26	.27	379
Certification Letter .....	54	1	.4	22

*Estimated Total Annual Burden Hours:* 2,535.

*Additional Information:* Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, *Attn:* ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. E-mail address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov).

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of Management and Budget, Paperwork Reduction Project, Fax: 202-395-6974, Attn: Desk Officer for the Administration for Children and Families.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* Child Care and Development Fund Quarterly Financial Report (ACF-696).

*OMB No.:* 0970-0163.

*Description:* States and Territories use this form to report expenditures for the Child Care and Development fund (CCDF) on a quarterly basis. The form, which is also available electronically through a Web-based application, provides specific data regarding expenditures, obligations, and estimates. It provides states and Territories with a mechanism to request grant awards and certify the availability of State matching funds. Failure to collect this data could seriously compromise the ability of the Administration for Children and Families (ACF) to monitor expenditures. This form may also be used to prepare ACF budget submissions to Congress. Office and Management Budget approval for the current form expires on March 31, 2007.

*Respondents:* States and Territories that are CCDF grantees.

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF-696 .....	56	4	5	1,120

*Estimated Total Annual Burden Hours:* 1,120.

*Additional Information:* Copies of the proposed collection may be obtained by writing to the Administration for

Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promende, SW.,