Prior to November 2007, SA surveyors conducted onsite IPPS exclusion surveys to verify that the IPPS exclusion criteria were met by the facility. The SA surveyor completed the CMS–437 form prior to placing an IPU into IPPS excluded status. However, on November 5, 2007, CMS suspended the requirement for onsite IPPS exclusion surveys and instead began allowing IPUs to self-attest to meeting the IPPS exclusion criteria by completing and submitting the CMS–437 form. (See: Survey & Certification Memo 08–03, dated 11/05/2007). As a result, instead of having the SAs perform IPPS exclusion surveys, the IPUs are now required to complete the CMS–437 form annually as a self-attestation indicating they continue to meet the IPPS exclusion criteria. *Form Number:* CMS–437 (OMB control number: 0938–0358); *Frequency:* Annually; *Affected Public:* Private sector—Business or other for-profits; *Number of Respondents:* 1,534; *Total Annual Responses:* 1,534; *Total Annual Hours:* 1,551. (For policy questions regarding this collection contact Caroline Gallaher at 410–786–8705.)

William N. Parham III,

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2026–22326 Filed 10–30–26; 8:45 am]

BILLING CODE 4169–69–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #: 0970–0517]

Proposed Information Collection Activity; Federal Fiscal Year (FFY) 2027 Child Care and Development Fund (CCDF) Quality Progress Report

AGENCY: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) is requesting a 3-year reinstatement with changes to information collection: Child Care and Development Fund (CCDF) Quality Progress Report (QPR)—(Office of Management and Budget #0970–0517, expiration December 31, 2024).

DATES: Comments due January 4, 2027.

ADDRESSES: In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above. You can obtain copies of the proposed collection of information and submit comments by emailing *infocollection@acf.hhs.gov.* Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The CCDF QPR annually collects information from states and territories to describe investments to improve the quality of care available for children from birth to age 13. This report is one of the primary oversight mechanisms for an estimated $4.2 billion in CCDF funding invested in overall quality improvement activities and $605 million in CCDF funding in fiscal year 2023 dedicated to improving the supply and quality of care for infants and toddlers. The report meets the requirements in the Child Care and Development Block Grant (CCDBG) Act of 2014 for Lead Agencies to submit an annual report that describes how quality funds were expended, including the activities carried out and the measures used to evaluate progress in improving the quality of child care programs and services.

Outcomes from the information collected will primarily be used to support program administration and oversight and inform technical assistance and support for states and territories.

The new form reduces duplication and the overall volume of information requested from states compared to prior years, and asks clearer, more specific questions with examples to better capture quantitative outcomes, while continuing to collect information that is required by law.

Respondents: State and Territory CCDF Lead Agencies.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
FFY 2027 CCDF Quality Progress Report	56	3	9.5	1,596	532
Estimated Total Annual Burden Hours					532

Comments: 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.

Authority: 42 U.S.C. 9858e(d).

Samantha L. Illangasekare,

ACF/OPRE Certifying Officer.

[FR Doc. 2026–22279 Filed 10–30–26; 8:45 am]

BILLING CODE 4184–87–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Eunice Kennedy Shriver National Institute of Child Health & Human Development; Notice of Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the National Advisory Child Health and Human Development Council.

The meeting will be open to the public as indicated below, with attendance limited to space available.

Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting. The meeting can be accessed from the NIH Videocast at the following link: *https://videocast.nih.gov/.*

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Advisory Child Health and Human Development Council.

Date: June 7–8, 2027.

Open: June 07, 2027, 9:00 a.m. to 2:00 p.m.

Agenda: NICHD Director's Report; NIH Strategic Plan for Disability Health Research; Voice of the trainee; Presentation; Concept Clearance; Council Statement of Understanding.

Address: Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health, 31 Center Drive Bethesda, MD 20892.

Meeting Format: In Person.

Closed: June 08, 2027, 2:00 p.m. to 5:00 p.m.

Agenda: Review of Applications, Closing remarks; Adjournment.

Address: Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health, 31 Center Drive, Bethesda, MD 20892.

Meeting Format: In Person.

Contact Person: Joseph Gindhart, Ph.D., Deputy Director, Division of Extramural Activities, Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health, 6710B Rockledge Drive, Room 2322, Bethesda, MD 20817, 301–435–6975, *joe.gindhart@nih.gov.*

Registration is not required to attend the open portion of this meeting.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has procedures at *https://security.nih.gov/visitors/Pages/visitor-campus-access.aspx* for entrance into on-campus and off-campus facilities. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on campus. Visitors attending a meeting on campus or at an off-campus federal facility will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

Information is also available on the Institute's/Center's home page: *https://www.nichd.nih.gov/about/advisory/council,* where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program No. 93.242, Mental Health Research Grants, National Institutes of Health, HHS)

Dated: October 28, 2026.

Margaret N. Vardanian,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2026–22319 Filed 10–30–26; 8:45 am]

BILLING CODE 4167–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of Exclusive Patent License: Catheter-Based Intramyocardial Ablation for Treating Ventricular Arrhythmia in a Human

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health, Department of Health and Human Services, is contemplating the grant of an exclusive patent license to AntaraCore, Systems, Inc., located in Dover, Delaware, to practice the inventions embodied in the patent applications listed in the **SUPPLEMENTARY INFORMATION** section of this notice.

DATES: Only written comments and/or applications for a license which are received by the NHLBI Office of Technology Transfer and Development December 2, 2026 will be considered.

ADDRESSES: Requests for copies of the patent applications, inquiries, and comments relating to the contemplated exclusive patent license should be directed to: Michael Shmilovich, Esq., MS, CLP, Acting Director, phone number 301–435–5019 or *shmilovm@nih.gov.*

SUPPLEMENTARY INFORMATION: The following and all continuing U.S. and foreign patents/patent applications thereof are the intellectual properties to be licensed under the prospective license to AntaraCore Systems, Inc.:

NIH Ref. No.	Patent No. or Application No.	Filing date	Title
E–017–2024–0–US–01	66/555,802	2/20/2024	Systems and Methods for Intramyocardial Ablation (VINTAGE).
E–017–2024–1–US–01	63/716,145	11/4/2024	Systems and Methods for an Ablation Catheter for Intramyocardial Ablation.
E–017–2024–2–US–01	63/716,158	11/4/2024	Systems and Methods for a Myocardial Accessor Catheter for Intramyocardial Ablation.
E–017–2024–1–PC–01	PCT/US2025/053823	11/3/2025	SYSTEMS and Methods for an Ablation Catheter for Intramyocardial Ablation.
E–017–2024–2–PC–01	PCT/US2025/053825	11/3/2025	SYSTEMS and Methods for a Myocardial Accessor Catheter for Intramyocardial Ablation.
E–017–2024–3–PC–01	PCT/US2025/016665	2/20/2025	Systems and Methods for Intramyocardial Ablation (Vintage).
E–017–2024–3–US–01	19/616,776	8/19/2026	Systems and Methods Intromyocardial Ablation (Vintage).
E–017–2024–3–EP–01	25711938.8	8/6/2026	Systems and Methods for Intromyocardial Ablation.
E–061–2022–0–PC–01	PCT/US2023/021238	5/5/2023	Systems and Method for Synchronous Circumferential Intramyocardial Resynchronization and Pacing.
E–061–2022–0–US–02	18/863,596	11/6/2024	Systems and Method for Synchronous Circumferential Intramyocardial Resynchronization and Pacing.
E–061–2022–0–IL–01	316835	11/5/2024	Systems and Method for Synchronous Circumferential Intramyocardial Resynchronization and Pacing.
E–061–2022–0–EP–01	23729551.4	11/3/2024	Systems and Method for Synchronous Circumferential Intramyocardial Resynchronization and Pacing.