when requesting a copy of their client's case file.

8. UC Legal Information (Form L–4): This instrument is used by case managers to document, as applicable, referrals to the Office on Trafficking in Persons, meetings between the UC and their legal service provider or attorney of record, the provision of ORR's Legal Resource Guide to the UC, information about the UC's legal service provider or attorney of record, immigration and administrative hearings, and provision of the *Notice of Placement in a Restrictive Setting* to the UC. The instrument also includes an area to upload legal documents.

9. Legal Service Provider Record (Form L–6): This instrument is used by case managers to create a record containing certain information and documents that ORR makes accessible to ORR-funded legal service providers without requiring a formal records request.

10. Motion for Change of Venue (Form L–7): This instrument is used by case managers to file a motion for change of venue when a UC is transferred or discharged to a new immigration court jurisdiction.

11. Post Legal Status Plan (Form L–8): This instrument is used by case managers to create and obtain FFS Supervisor approval for a plan for UC expected to obtain legal status, at which time the UC must be released from ORR custody.

Proposed revisions:

- Replace the term ''unaccompanied alien child (UAC)'' with ''unaccompanied child (UC)'' throughout the instruments in this collection. Note that the screenshots of UC Path instruments attached to this memo do not reflect this change because it has not yet been developed in the system. However, the revision in terminology will be made before the system is launched.
- Remove the term ''alien'' from the title of this information collection and revise it to read ''Legal Services for Unaccompanied Children.''

Respondents: ORR grantee and contractor staff, UC, parents/legal guardians of UC, attorneys of record, and legal service providers.

ANNUAL BURDEN ESTIMATES

Instrument	Annual total number of respondents	Annual total number of responses per respondent	Average burden *minutes* per response	Annual total burden *hours*
Legal Service Provider List for UC in ORR Care (Form LRG–5/5s)	216	556.0	15	30,024
Request for a Flores Bond Hearing (Form LRG–7/7s)	216	0.2	10	7
Motion to Request a Bond Hearing—Secure or Staff Secure Custody (Form LRG–8A)	8	3.0	10	4
Motion to Request a Bond Hearing—Non-Secure Custody (Form LRG–8B)	208	0.1	10	3
Request for Specific Consent to Juvenile Court Jurisdiction (Form L–1)	40	1.0	15	10
Specific Consent Request Case Summary (Form L–2)	216	0.2	20	14
Notice of Attorney Representation (Form L–3)	13,000	1.0	15	3,250
UC Legal Information (Form L–4)	216	241.0	60	52,056
Legal Service Provider Record (Form L–6)	216	241.0	5	4,338
Change of Venue (Form L–7)	216	208.0	10	7,488
Post Legal Status Plan (Form L–8)	216	24.0	15	1,296
Estimated Annual Burden Hours Total				98,490

Authority: 6 U.S.C. 279; 8 U.S.C. 1232; *Flores* v. *Reno Settlement Agreement*, No. CV85–4544–RJK (C.D. Cal. 1996).

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2021–18658 Filed 8–30–21; 8:45 am]

BILLING CODE 4184–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Intent To Award a Supplement for the Lifespan Respite Program: Special Projects To Strengthen Program Development, Implementation and Sustainability

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) announces the intent to award a single-source supplement to the current cooperative agreement held by the Center for Health Policy Development.

FOR FURTHER INFORMATION CONTACT: For further information or comments regarding this program supplement, contact Lori Stalbaum, U.S. Department of Health and Human Services, Administration for Community Living, Administration on Aging, Office of Supportive and Caregiver Services: telephone (202) 795–7444; email *lori.stalbaum@acl.hhs.gov.*

SUPPLEMENTARY INFORMATION: The primary objective of this project is to complement the work of the Lifespan Respite Technical Assistance and Resource Center (TARC) funded in FY 2020 (42 U.S.C. 300ii–2: National Lifespan Respite Resource Center) and, based on the forthcoming National Family Caregiving Strategy, focus on improving access to respite services, workforce capacity, and the role of natural supports, which will be a likely focus of attention nationwide following the dissemination of the Family Caregiving Advisory Council's National Family Caregiving Strategy.

1. Workforce Development: Develop, test and scale a respite workforce recruitment, training and retention program to better meet the respite needs of culturally diverse, urban, suburban, rural, or frontier families, particularly in light of the impact of the COVID–19 pandemic on the workforce;

2. State-based respite planning: Develop and field test a state-based framework and roadmap for respite system planning and development, which ties to the forthcoming National Family Caregiving Strategy; and

3. Natural supports: Enhance approaches to help caregivers and families develop or strengthen their own natural support systems to include respite and other supports

The original FY 2020 award was in the amount of $562,737 for a three-year fully funded project. The administrative supplement for FY 2021 will be in the amount of $183,000, bringing the total award for the project to $745,737.

The additional funding will not be used to begin new projects, but to expand existing activities under the existing grant. Specifically, supplemental funds will be used to:

1. Increase the number of states that will participate in the upcoming pilot project to field test a competency-based, entry-level respite provider-training curriculum and recruitment campaign. This also includes the option to request additional funding for increased administrative and management oversight; the provision of stipends, if necessary; and increased technical assistance to the pilot states.

2. Enhance documentation and reporting on the pilot project, which could include reports, journal articles, or blogs on pre- and post-pilot work. For example, topics may include, but are not limited to:

a. Detailing the methodology for developing the core competencies being piloted from conception to pilot implementation; and

b. Documenting state successes as a part of the pilot program and/or detailing findings, positive or negative, learned from the one-year pilot.

3. Expand/enhance the respite care tracking (mapping) system that will be available to state program policy personnel to allow them ready access to the findings of the state scans of respite programs and services and build on case studies being developed under this grant program.

4. Expand and enhance the planned communication and information dissemination strategy to reach larger audiences of potential users of the materials developed under this project.

Program Name: Lifespan Respite Care Program: Promoting Best Practices, Building State Capacity.

Recipient: Center for Health Policy Development.

Period of Performance: The supplement award will be issued in the second year of this three-year, fully funded, project scheduled to be completed on September 29, 2023.

Total Award Amount: $562,737 in FY 2020.

Award Type: Cooperative Agreement Supplement.

Statutory Authority: The statutory authority for grants under this program announcement is contained in Title XXIX of the Public Health Service Act (42 U.S.C. 300ii–1: Lifespan Respite Care Grants and Cooperative Agreements), as amended by the Public Health Service Act Public Law 109–442. (Catalog of Federal Domestic Assistance 93.072).

Basis for Award: The Lifespan Respite Care Program: Special Projects to Strengthen Program Development, Implementation and Sustainability is currently funded to carry out the objectives of this project for the period of September 30, 2020 through September 29, 2023. Since project implementation began in late 2020, the grantee has accomplished a great deal. The supplement will enable the grantee to carry their work even further, reaching more states with workforce development assistance, information dissemination, direct technical assistance and tracking of state innovations and advancements in respite service design and delivery. The additional funding will not be used to begin new projects or activities.

Dated: August 25, 2021.

Alison Barkoff,

Acting Administrator and Assistant Secretary for Aging.

[FR Doc. 2021–18748 Filed 8–30–21; 8:45 am]

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2021–N–0762]

Revocation of Authorization of Emergency Use of Certain Medical Devices During COVID–19; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the revocation of 15 Emergency Use Authorizations (EUAs) (the Authorizations), including 12 Authorizations for decontamination systems for personal protective equipment, 1 Authorization for a bioburden reduction system for personal protective equipment, and 2 umbrella Authorizations for certain imported, non-NIOSH (National Institute of Occupational Safety and Health)-approved disposable respirators. FDA revoked the Authorizations for the decontamination and bioburden reduction systems for personal protective equipment on June 30, 2021, under the Federal Food, Drug, and Cosmetic Act (FD&C Act) as requested by each Authorization holder. FDA revoked the umbrella Authorizations issued to manufacturers and other stakeholders of imported non-NIOSH approved filtering facepiece respirators manufactured in China (China FFR Authorization), and to manufacturers and other stakeholders of imported non-NIOSH approved filtering facepiece respirators (Imports FFR Authorization) on June 30, 2021, under the FD&C Act. The revocations, which each include an explanation of the reasons for the revocation, are reprinted in this document.

DATES: The Authorizations for the decontamination and bioburden reduction systems are revoked as of June 30, 2021. The Authorizations for the China FFR Authorization and Imports FFR Authorization are revoked as of July 6, 2021.

ADDRESSES: Submit written requests for a single copy of the revocations to the Office of Counterterrorism and Emerging Threats, Food and Drug Administration, 10903 New Hampshire Ave, Bldg. 1, Rm. 4338, Silver Spring, MD 20993–0002. Send one self-addressed adhesive label to assist that office in processing your request or include a Fax number to which the revocation may be sent. See the **SUPPLEMENTARY INFORMATION** section for electronic access to the revocations.

FOR FURTHER INFORMATION CONTACT: Michael Mair, Office of Counterterrorism and Emerging Threats, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 1, Rm. 4340, Silver Spring, MD 20993–0002, 301–796–8510 (this is not a toll-free number).

SUPPLEMENTARY INFORMATION:

I. Background

Section 564 of the FD&C Act (21 U.S.C. 360bbb–3) allows FDA to strengthen the public health protections against biological, chemical, nuclear, and radiological agents. Among other things, section 564 of the FD&C Act allows FDA to authorize the use of an unapproved medical product or an unapproved use of an approved medical product in certain situations. Notice of the issuance of the Authorizations was published in the **Federal Register** as follows, as required by section 564(h)(1) of the FD&C Act: (1) Published June 5, 2020 (85 FR 34638) for Imports FFR Authorization (Certain Imported, Non-NIOSH-Approved Disposable Filtering Facepiece Respirators) issued March 24, 2020; China FFR Authorization (Certain Non-NIOSH-Approved Disposable Filtering Facepiece Respirators Manufactured in China) issued April 3, 2020; and STERIS Corporation for the STERIS Sterilization Systems (STERIS V–PRO 1 Plus, maX, and maX2 Low Temperature Sterilization Systems) issued April 9, 2020; (2) published July 14, 2020 (85 FR 42407) for Advanced Sterilization Products, Inc. for the ASP STERRAD Decontamination Systems issued April 11, 2020; Stryker