ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Annual number of responses per respondent	Average burden *minutes* per response	Annual total burden *hours*
Placement Authorization (Form P–1)	216	278	5	5,004
Authorization for Medical, Dental, and Mental Health Care (Form P–2)	216	278	5	5,004
Notice of Placement in a Restrictive Setting (Form P–4/4s)	15	34	20	170
Long Term Foster Care Placement Memo (Form P–5)	30	3	15	23
UAC Referral (Form P–7)	16	3,250	60	52,000
UAC Referral—Intakes Placement Checklist (Form P–7)	16	9	30	72
Care Provider Checklist for Transfers to Influx Care Facilities (Form P–8)	216	10	15	540
Medical Checklist for Transfers (Form P–9A)	216	27	5	486
Medical Checklist for Influx Transfers (Form P–9B)	216	63	10	2,268
Transfer Request (Form P–10A)—Grantee Case Manager	216	37	25	3,330
Transfer Request (Form P–10A)—Contractor Case Coordinator	250	37	20	3,083
Influx Transfer Request (Form P–10B)	216	63	25	5,670
Transfer Summary and Tracking (Form P–11)	216	37	10	1,332
Program Entity (Form P–12)	216	12	30	1,296
UAC Profile (Form P–13)	216	241	45	39,042
ORR Transfer Notification—ORR Notification to ICE Chief Counsel of Transfer of UAC and Request to Change Address/Venue (Form P–14)	216	37	10	1,332
Family Group Entity (Form P–15)	16	188	5	251
Influx Transfer Manifest (Form P–16)	3	12	20	12
Influx Transfer Manual and Prescreen Criteria Review (Form P–17)	216	43,333	30	4,679,964
Estimated Annual Burden Hours Total:				4,800,879

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: 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. 2021–01085 Filed 1–15–21; 8:45 am]

BILLING CODE 4184–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Phase II Evaluation Activities for Implementing a Next Generation Evaluation Agenda for the Chafee Foster Care Program for Successful Transition to Adulthood—Extension (OMB #0970–0489)

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, HHS.

ACTION: Request for public comment.

SUMMARY: The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) requests an extension to continue data collection for the Phase II Evaluation Activities for Implementing a Next Generation Evaluation Agenda for the Chafee Foster Care Program for Successful Transition to Adulthood (OMB #0970–0489; Previously titled: Phase II Evaluation Activities for Implementing a Next Generation Evaluation Agenda for the Chafee Foster Care Independence Program). Information collection activities requested include interviews, focus group discussions and administrative data collection. There are no changes proposed to the currently approved materials.

DATES: *Comments due within 60 days of publication.* In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: Copies of the proposed collection of information can be obtained and comments may be forwarded by emailing *OPREinfocollection@acf.hhs.gov.* Alternatively, copies can also be obtained by writing to the Administration for Children and Families, Office of Planning, Research, and Evaluation, 330 C Street SW, Washington, DC 20201, Attn: OPRE Reports Clearance Officer. All requests, emailed or written should be identified by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The ACF, Office of Planning, Research, and Evaluation (OPRE) requests public comment on a proposed extension to a currently approved information collection for the Chafee Foster Care Program for Successful Transition to Adulthood (previously known as the Chafee Foster Care Independence Program). Activities include preliminary visits to discuss the evaluation process with program administrators and site visits to each program to speak with program leaders, partners and key stakeholders, front-line staff, and participants. These formative evaluations will determine programs' readiness for more rigorous evaluation

in the future. The activities and products from this project will help ACF to fulfill the ongoing legislative mandate for program evaluation specified in the Foster Care Independence Act of 1999.

Respondents: Semi-structured interviews will be held with program leaders, partners and stakeholders, and front-line staff as well as young adults being served by the programs.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Avg. burden per response (in hours)	Total burden (in hours)	Annual burden (in hours)
Outreach email for discussion with program administrators and staff	38	1	8	304	152
Outreach email for Focus Group Recruiters	96	1	8	768	384
Discussion Guide for program leaders	23	1	1	23	12
Discussion Guide for program partners and stakeholders	14	1	1	14	7
Discussion Guide for program front-line staff	66	1	1	66	33
Focus Group Guide for program participants	240	1	2	480	240

Estimated Total Annual Burden Hours: 828.

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: Title IV–E of the Social Security Act, IV–E § 477(g) (1–2), as amended by the Foster Care Independence Act of 1999.

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2021–01086 Filed 1–15–21; 8:45 am]

BILLING CODE 4184–73–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2020–N–2358]

Authorizations of Emergency Use of Two Biological Products During the COVID–19 Pandemic; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the issuance of two Emergency Use Authorizations (EUAs) (the Authorizations) under the Federal Food, Drug, and Cosmetic Act (FD&C Act) for biological products for use during the COVID–19 pandemic. FDA issued one Authorization for a biological product as requested by Pfizer, Inc, and one Authorization for a biological product as requested by ModernaTX, Inc. The Authorizations contain, among other things, conditions on the emergency use of the authorized products. The Authorizations follow the February 4, 2020, determination by the Secretary of Health and Human Services (HHS) that there is a public health emergency that has a significant potential to affect national security or the health and security of U.S. citizens living abroad and that involves a novel (new) coronavirus. The virus, now named SARS–CoV–2, causes the illness COVID–19. On the basis of such determination, the Secretary of HHS declared on March 27, 2020, that circumstances exist justifying the authorization of emergency use of drugs and biological products during the COVID–19 pandemic, pursuant to the FD&C Act, subject to the terms of any authorization issued under that section. The Authorizations, which include an explanation of the reasons for issuance, are reprinted in this document.

DATES: The Authorization for Pfizer, Inc. is effective as of December 11, 2020; the Authorization for ModernaTX, Inc. is effective as of December 18, 2020.

ADDRESSES: Submit written requests for single copies of the EUAs 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 Authorizations may be sent. See the **SUPPLEMENTARY INFORMATION** section for electronic access to the Authorizations.

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. With this EUA authority, FDA can help ensure that medical countermeasures may be used in emergencies to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by biological, chemical, nuclear, or radiological agents when there are no adequate, approved, and available alternatives.

II. Criteria for EUA Authorization

Section 564(b)(1) of the FD&C Act provides that, before an EUA may be issued, the Secretary of HHS must declare that circumstances exist justifying the authorization based on one of the following grounds: (1) A determination by the Secretary of Homeland Security that there is a domestic emergency, or a significant potential for a domestic emergency, involving a heightened risk of attack