about the collection of information between 30 and 60 days after 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.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function. You can also obtain copies of the proposed collection of information by emailing *infocollection@acf.hhs.gov.* Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The ORR–3 Report is submitted within 30 days of the minor's initial placement in the state, within 60 days of a reportable change in the minor's case (*e.g.,* change in legal responsibility, change in foster home placement, change in immigration data), and within 60 days of termination from the program. The ORR–4 Report is submitted every 12 months beginning on the first anniversary of the initial placement date, to record outcomes of the minor's progress.

Respondents: Unaccompanied Refugee Minors (URM) State Agencies, URM Provider Agencies, and youth participants.

URM State Agencies

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
ORR–3 URM Placement Report	15	432	0.25	1,620	540
ORR–4 URM Outcomes Report	15	282	0.50	2,115	705

Estimated Total Annual Burden Hours (URM State Agencies): 1,245.

URM Provider Agencies

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
ORR–3 URM Placement Report	24	270	0.50	3,240	1,080
ORR–4 URM Outcomes Report	24	162	1.0	3,888	1,296

Estimated Total Annual Burden Hours (URM Provider Agencies): 2,376.

Youth Participants

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
ORR–4 URM Outcomes Report	1032	3	0.50	1,548	516

Estimated Total Annual Burden Hours (Youth Participants): 516.

Total Estimated Annual Burden Hours: 4,137.

Authority: 8 U.S.C. 1522(d).

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2023–22156 Filed 10–4–23; 8:45 am]

BILLING CODE 4184–89–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Expedited Office of Management and Budget Review and Public Comment: Office of Human Services Emergency Preparedness and Response Disaster Human Services Case Management Intake Assessment, Resource Referral, and Case Management Plan

AGENCY: Office of Human Services Emergency Preparedness and Response, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for Public Comments.

SUMMARY: The Office of Human Services Emergency Preparedness and Response (OHSEPR), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is requesting expedited review of an information collection request from the Office of Management and Budget (OMB) and inviting public comments on the proposed collection. OHSEPR's Disaster Human Services Intake Assessment, Resource Referral, and Case Management Plan collection is part of a system of tools that OHSEPR utilizes to

support disaster survivors during response missions. ACF is requesting immediate approval for this information collection but also requesting comments to inform any updates prior to requesting an extension of approval within six months.

DATES: *Comments due within 60 days of publication.* In compliance with the requirements of the Paperwork Reduction Act (PRA) of 1995, ACF is soliciting public comment on the specific aspects of the information collection described in this notice. These comments will be considered prior to requesting an extension of approval.

ADDRESSES: Copies of the proposed collection of information can be obtained and comments may be submitted by emailing *infocollection@acf.hhs.gov.* Identify all by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: OHSEPR's case managers would use this collection during an intake assessment to identify a disaster survivor's unmet needs and to work with the survivor to develop a case management plan based on the survivor's responses. ACF is requesting that OMB grant a 180-day approval for this request under procedures for expedited processing, as authorized under 44 U.S.C. 3507 (subsection j). The information collected is essential to the mission of the agency and an unanticipated event occurred that could reasonably result in public harm if normal PRA clearance procedures are followed. ACF is requesting expedited processing to ensure that the agency is operationally ready to support disaster survivors in Hawai'i who were impacted by the wildfires that began August 8, 2023, on Maui County. A request for review under normal procedures will be submitted within 180 days of the approval for this request.

Respondents: Disaster Survivors.

ANNUAL BURDEN ESTIMATES

Data collection	Annual number of respondents	Total number of responses per respondent	Average burden hours per response	Annual burden hours
Disaster Human Services Case Management Intake Assessment—Survivor	9,000	1	1.5	13,500
Case Management Plan—Case Manager	180	50	1	9,000
Resource Referral Form—Case Manager	180	50	1	9,000
Case Record Notes—Case Manager	180	50	1	9,000
Survivor Satisfaction Survey—Survivor	9,000	1	.25	2,250
Estimated Total Annual Burden Hours				42,750

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. Comments will be considered and any necessary updates to materials made prior to, and responses provided in, the submission to OMB that will follow this public comment period.

Authority: The Disaster Human Services Case Management Program is authorized through appropriations language under the Children and Families Services account. It is operated by the ACF Office of Human Services Emergency Preparedness and Response, which is the lead in HHS for human service preparation for, response to, and recovery from, natural disasters.

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2023–22294 Filed 10–4–23; 8:45 am]

BILLING CODE 4184–PC–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2023–N–4182]

Revocation of Eleven Authorizations of Emergency Use of In Vitro Diagnostic Device for Detection and/or Diagnosis of COVID–19; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the revocation of the Emergency Use Authorizations (EUAs) (the Authorizations) issued to Luminostics, Inc., for the Clip COVID Rapid Antigen Test; NeuMoDx Molecular, Inc., a QIAGEN Company, for the NeuMoDx Flu A–B/RSV/SARS–CoV–2 Vantage Assay; LGC, Biosearch Technologies for the SARS–CoV–2 Real-Time and End-Point RT–PCR Test; LGC, Biosearch Technologies, for the Biosearch Technologies SARS–CoV–2 ultra-high-throughput End-Point RT–PCR Test; Becton, Dickinson and Co. for the BD Veritor At-Home COVID–19 Test; Verily Life Sciences for the Verily COVID–19 RT–PCR Test; Clinical Research Sequencing Platform (CRSP), LLC at the Broad Institute of MIT and Harvard for the CRSP SARS–CoV–2 Real-time Reverse Transcriptase (RT)–PCR Diagnostic Assay (Version 3); Xtrava Health for the SPERA COVID–19 Ag Test; Exact Sciences Laboratories for the COVID–Flu Multiplex Assay; Exact Sciences Laboratories for the SARS–CoV–2 (N gene detection) Test; and dba SpectronRx for the Hymon SARS–CoV–2 Test Kit. FDA revoked these Authorizations under the Federal Food, Drug, and Cosmetic Act (FD&C Act) as requested by the Authorization holders. The revocations, which include an explanation of the reasons for each revocation, are reprinted in this document.

DATES: The Authorization for the Luminostics, Inc.'s, Clip COVID Rapid Antigen Test is revoked as of May 5, 2023. The Authorization for the NeuMoDx Molecular, Inc., a QIAGEN Company, for the NeuMoDx Flu A–B/RSV/SARS–CoV–2 Vantage Assay is revoked as of May 24, 2023. The Authorization for the LGC, Biosearch Technologies for the SARS–CoV–2 Real-