

# NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 06/29/2023

Department of Health and Human Services  
Administration for Children and Families

FOR CERTIFYING OFFICIAL: Karl Mathias  
FOR CLEARANCE OFFICER: Sherrette Funn

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 06/29/2023

ACTION REQUESTED: No material or nonsubstantive change to a currently approved collection

TYPE OF REVIEW REQUESTED: Regular

ICR REFERENCE NUMBER: 202306-0970-014

AGENCY ICR TRACKING NUMBER: ORR

TITLE: Administration and Oversight of the Unaccompanied Children Program

LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved with change

OMB CONTROL NUMBER: 0970-0547

The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 05/31/2025

DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	180,529	132,577	0
New	188,089	173,941	0
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	4,968	35,964	0
Change due to Agency Adjustment	2,592	5,400	0
Change due to PRA Violation	0	0	0

TERMS OF CLEARANCE: Previous terms continue: Prior to the re-submission of this information collection and in consideration of future collections, ACF will consider including explicit reference to program policy manuals and/or other guidance documents if those documents define key terms used or otherwise inform the collection.

OMB Authorizing Official: Dominic J. Mancini  
Deputy Administrator,  
Office Of Information And Regulatory Affairs

List of ICs			
IC Title	Form No.	Form Name	CFR Citation
Care Provider Facility Tour Request (Form A-1A)	A-1A	Care Provider Facility Tour Request	
Notice to UAC for Flores Visits (Forms A-4 & A-4s)	A-4s, A-4	Notice to UC for Flores Visits - Spanish, Notice to UC for Flores Visits	
Authorization for Release of Records (Form A-5 & A-5s)	A-5, A-5s	Authorization for Release of Records , Authorization for Release of Records - Spanish	
Child-Level Event (Form A-9A)	A-9A	Child-Level Event	
Emergency Significant Incident Report (Form A-9B)	A-9B, A-9B	Emergency Significant Incident Report - UC Path Version, Emergency Significant Incident Report	
Non-Emergency Significant Incident Report and Addendum (Form A-9C)	A-9C, A-9C	Emergency Significant Incident Report Addendum - UC Path Version, Emergency Significant Incident Report Addendum - UC Portal Version	
Program Level Event (Form A-10)	A-10, A-10	Program-Level Event Report and Addendum - UC Path Version, Program-Level Event Report - UC Portal Version	
Key Personnel Minimum Qualifications Checklist and Attestation (Form A-14)	A-14	Key Personnel Qualification Checklist and Attestation	
ORR Waiver Request (Form A-15)	Form A-15	ORR Waiver Request	
Care Provider Facility Tour Request (Form A-1A) - Record Keeping	Form A-1A	Care Provider Facility Tour Request	
Authorization for Release of Records (Form A-5 & A-5s) - Record keeping	A-5, A-5s	Authorization for Release of Records , Authorization for Release of Records - Spanish	
Notification of Concern (Form A-7)	Form A-7	Notification of Concern	
Historical Disclosure (Form A-9D)	A-9D	Historical Disclosure	
Behavioral Note (Form A-9E)	A-9E	Behavioral Note	