NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 06/28/2024

Department of Health and Human Services
Administration for Children and Families

FOR CERTIFYING OFFICIAL: Jennifer Wendel FOR CLEARANCE OFFICER: Susan Little

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 06/28/2024

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

TYPE OF REVIEW REQUESTED: Regular

ICR REFERENCE NUMBER: 202406-0970-006

AGENCY ICR TRACKING NUMBER: ORR

TITLE: Administration and Oversight of the Unaccompanied Children Program

LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without 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	188,089	173,941	0
New	188,089	173,941	0
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	0	0	0
Change due to Agency Adjustment	0	0	0
Change due to PRA Violation	0	0	0

TERMS OF CLEARANCE: Terms of the previous clearance remain in effect.

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	A-1A	Care Provider Facility Tour	
Request (Form A-1A)		Request	
Notice to UAC for Flores Visits	A-4s, A-4	Notice to UC for Flores Visits -	
(Forms A-4 & A-4s)		Spanish, Notice to UC for	
		Flores Visits	
Authorization for Release of	A-5, A-5s	Authorization for Release of	
Records (Form A-5 & A-5s)		Records (English),	
,		Authorization for Release of	
		Records (Spanish)	
Child-Level Event (Form A-9A)	A-9A	Child-Level Event	
Emergency Significant Incident	A-9B A-9B	Emergency Significant Incident	
Report (Form A-9B)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Report - UC Path Version,	
report (Form 74-0D)		Emergency Significant Incident	
		Report	
Non-Emergency Significant	A-9C, A-9C	Emergency Significant Incident	
Incident Report and	A-30, A-30	Report Addendum - UC Path	
Addendum (Form A-9C)		Version, Emergency	
Addendam (Form A-9C)		Significant Incident Report	
		Addendum - UC Portal Version	
Program Level Event (Form	A-10, A-10	Program-Level Event Report	
A-10)	A-10, A-10	and Addendum - UC Path	
A-10)		Version, Program-Level Event	
Key Personnel Minimum	A-14	Report - UC Portal Version Key Personnel Qualification	
Qualifications Checklist and	/\frac{1}{4}	Checklist and Attestation	
Attestation (Form A-14)		Checklist and Allestation	
ORR Waiver Request (Form	Form A-15	ORR Waiver Request	
A-15)	I OIIII A- 15	ONN vvalvel Nequest	
Care Provider Facility Tour	Form A-1A	Care Provider Facility Tour	
Request (Form A-1A) - Record		Request	
Keeping		Toquoot	
Authorization for Release of	A-5, A-5s	Authorization for Release of	
Records (Form A-5 & A-5s) -	, , , , , , , , ,	Records , Authorization for	
Record keeping		Release of Records - Spanish	
Notification of Concern (Form	Form A-7	Notification of Concern	
A-7)	Silli A-1	Notification of Concern	
Historical Disclosure (Form A-	A-9D	Historical Disclosure	
9D)		Thotorioal Dississare	
Behavioral Note (Form A-9E)	A-9E	Behavioral Note	
25		Johannia Hoto	