THE SUPPORTING STATEMENT

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Administration for Children and Families' Office of Refugee Resettlement (ORR) places unaccompanied minors in their custody in licensed care provider facilities until reunification with a qualified sponsor. Pursuant to Exhibit 1, part A.2 of the Flores Settlement Agreement (Jenny Lisette Flores, et al., v. Janet Reno, Attorney General of the United States, et al., Case No. CV 85-4544-RJK (C.D. Cal. 1996), care provider facilities, on behalf of ORR, shall arrange for appropriate routine medical and dental care, family planning services, and emergency healthcare services, including a complete medical examination within 48 business hours of admission to ORR, screening for infectious diseases, appropriate immunizations in accordance with the U.S. Public Health Service (PHS), Center for Disease Control, administration of prescribed medication and special diets, and appropriate mental health interventions for each minor in care.

ORR requires care provider facilities to maintain records on each child to ensure that health-related evaluations, diagnosed conditions/illnesses, immunizations, and treatments are documented, monitored, and included in the child's discharge packet at the time of reunification. ORR requires the Medical Complaint and Contact Investigation information collections to implement and maintain compliance with the *Flores* Settlement Agreement (Attachment A).

2. Purpose and Use of the Information Collection

The purpose of the information collections is to collect and record standardized health information on unaccompanied minors in ORR care in a secure electronic data repository in order to identify and track illnesses/conditions that require monitoring, control, and follow-up. The forms are to be used as worksheets by medical professionals to compile information that would otherwise have been collected during the medical evaluation and to submit to care provider facility staff at the conclusion of the evaluation. Care provider facility staff will then transcribe the data into an electronic version of the form that resides in ORR's secure data repository known as the "UAC Portal".

3. Use of Improved Information Technology and Burden Reduction

   Care provider facility staff will enter data from the Medical Complaint and Contact Investigation forms into the electronic version of the forms in the UAC Portal and upload the original form to the child's record. Fields in the UAC Portal are designed to reduce data entry time and errors by utilizing dropdowns, business requirements, and system logic. The UAC Portal will create and send automated notifications on significant events (e.g., reportable infectious diseases) to ORR's Division of Health for Unaccompanied Children (DHUC). Data from the forms will be accessible to relevant ORR divisions and, in the event of a transfer, the medical staff at the new care provider facility in order to ensure continuity of care.

4. Efforts to Identify Duplication and Use of Similar Information

   ORR is the only agency, via grantees, that performs medical exams and screenings for infectious diseases on unaccompanied minors. There is currently no standardized tool used by care provider facilties to collect information gathered during medical evaluations performed outside of the initial medical and dental exams.

5. Impact on Small Businesses or Other Small Entities

   The proposed information collection request does not impact small businesses or other small entities. These information collections primarily affect the operations of the federal government, particularly, ORR's management of the care and custody of unaccompanied minors.

6. Consequences of Collecting the Information Less Frequently

   ORR mandates that this data collection occur every time a child is medically evaluated at the care provider facility by a mid-level or higher healthcare professional or offsite by any healthcare professional. Performing the data collection less frequently would prohibit ORR from tracking, monitoring, and advising on significant health conditions/diseases

(e.g., active tuberculosis) in a timely manner and consequently, cause ORR to be in violation of the *Flores* Settlement Agreement.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

   This request fully complies with the regulation 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

   The 60-day *Federal Register* notice was published June 22, 2017 with page numbers 28489-28490, Volume 82, No. 119 (Attachment B). No comments were received.

   ORR consulted with a subject matter expert on migrant screening from the Centers for Centers for Disease Control and Prevention (CDC) in fiscal year 2015 to determine the appropriate fields to include, process flow, reporting format, and clarity of intent. Name and contact information is as follows:

   i. Steve Benoit, MD
   Medical Officer
   National Center for Chronic Disease Prevention and Health Promotion (current); Immigrant, Migrant, and Refugee Health Division of Global Migration and Quarantine (during FY15)
   CDC
   Email: Bvy8@cdc.gov
   Office phone: 770-488-3533

9. Explanation of Any Payment or Gift to Respondents

   No monetary incentives or gifts are provided to respondent.

10. Assurance of Confidentiality Provided to Respondents

    HHS requires that personally identifiable information is protected and will be redacted from any information released to the public. Personally identifiable information will not

be included in any data or report issued publicly. ORR's database that is used to collect and store information is kept securely and in accordance with HHS security requirements. A unique Portal ID number is used in lieu of the alien number in the auto-notification emails generated by the UAC Portal.

11. Justification for Sensitive Questions

ORR collects sensitive health information on medical, reproductive, physical, sexual and substance abuse history, current symptoms, mental health status, lab results and diagnoses in order to monitor, counsel, and treat children as directed by the *Flores* Agreement. Recorded information becomes part of the child's health record and is viewable only to care provider program staff who are currently responsible for the child, ORR field-based program managers, and ORR staff at headquarters.

12. Estimates of Annualized Burden Hours and Costs

Estimates used to calculate burden are based on the following factors:

- The number of times these data are collected is dependent upon the number of unaccompanied children crossing over the U.S. border on an annual basis and medical events experienced by children while in ORR care. Based on the average number of children entering the U.S. in fiscal years 2014, 2015, and 2016, ORR estimates that the number of children will be approximately 50,131 annually.
- In fiscal year 2016, there were 120 ORR care provider programs. This number is expected to remain relatively constant.
- A Medical Complaint form is completed on a child for follow-up immunizations, well-child checks, and for "sick visits". Not all children will have a Medical Complaint form completed on their behalf while in ORR care, however, some children will have multiple forms completed because of complex medical events and/or lengthy stays in ORR care. On average, a child has 2 Medical Complaints while in ORR custody.
- Exposure to a reportable infectious disease is infrequent. Less than 2% of children referred to ORR are exposed to a reportable infectious disease either in ORR care or immediately before placement.
- Data entry into the UAC Portal is estimated to take approximately 8 minutes for the Medical Complaint and 5 minutes for each Contact Investigation form.
- Recordkeeping, to include scanning and saving documents and uploading to the UAC Portal, is estimated to take approximately 5 minutes, per form.
- Each care provider program typically has at least one Medical Coordinator who will accompany children to the medical exam visit and enter the data into the UAC Portal. The average hourly rate paid by ORR-funded programs for a Medical Coordinator is $16.58.

Estimated Opportunity Costs for Respondents:

Instrument	Number of Respondents	Number of Responses per Respondent	Average Burden Hours per Response	Total Burden Hours	Cost of burden per hour	Annual cost of burden
Medical Complaint Form	120	836	0.13	13,042	$16.58	$216,236
Contact Investigation Form: Non-TB Illness	120	4	0.08	38	$16.58	$630
Contact Investigation Form: Active/Suspect TB	120	2	0.08	19	$16.58	$315
Estimated Total Annual Burden				13,099		$217,181

Estimated Recordkeeping Costs for Respondents:

Instrument	Number of Respondents	Number of Responses per Respondent	Average Burden Hours per Response	Total Burden Hours	Cost of burden per hour	Annual cost of burden
Medical Complaint Form	120	836	0.08	8,026	$16.58	$133,071
Contact Investigation Form: Non-TB Illness	120	4	0.08	38	$16.58	$630
Contact Investigation Form: Active/Suspect TB	120	2	0.08	19	$16.58	$315
Estimated Total Annual Burden				8,083		$134,016

The estimated total cost for respondents to collect the information is $351,197.

13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

    There is no total annual cost burden to respondents or record keepers other than their time.

14. Annualized Cost to the Federal Government

    The annual estimated cost for creating and maintaining the forms, performing data analysis, and conducting quality control is approximately $108,320 over three years. The forms were developed by an epidemiologist (GS-12) with an hourly rate of $45 who spent approximately 160 hours building the forms, making edits, and working with information technologists to design the electronic version for the UAC Portal. Therefore, it was estimated that creating the forms cost approximately $7,200. After the forms are implemented, two epidemiologists based at the ORR headquarters in Washington DC will spend approximately 2,000 hours a year performing quality control and analyzing data acquired from the forms. Based on the U.S. Department of Labor's Bureau of Labor Statistics website (http://www.bls.gov/oes/current/oes191041.htm), the average hourly salary for an epidemiologist in the DC area is $52.96. Therefore, the annual estimated cost for performing quality control and analyzing data in the UAC Portal is approximately $105,920.00 for the next three years.

    The annual estimated cost for building and maintaining the forms in the UAC Portal is $23,333 over three years. The initial cost to build the forms was approximately $40,000. The anticipated cost to maintain the forms in the UAC Portal, including fixing system glitches and updating fields, is expected to be approximately $10,000 a year for the next three years.

    The total estimated annual cost to the federal government is $131,653 for the next three years.

15. Explanation for Program Changes or Adjustments

    As this is a new collection, this section does not apply.

16. Plans for Tabulation and Publication and Project Time Schedule

The results of these information collections will not be published. Portions of the data included in the information collections could be included in public reports, but the purpose of the information collections is not to publish the direct results. These information collections are ongoing.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

    ORR intends to display the expiration date for OMB approval of the information collections for both instruments.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

    ORR does not request any exception to Certification for the Paperwork Reduction Act.

B. Statistical Methods (used for collection of information employing statistical methods)

The agency should be prepared to justify its decision not to use statistical methods in any case where such methods might reduce burden or improve accuracy of results. When item 16 is checked "Yes," the following documentation should be included in the supporting statement to the extent that it applies to the methods proposed:

1. Respondent Universe and Sampling Methods

   Not applicable.

2. Procedures for the Collection of Information

   Not applicable.

3. Methods to Maximize Response Rates and Deal with Nonresponse

Not applicable.

4. Test of Procedures or Methods to be Undertaken

   Not applicable.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

   Not applicable.