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Subject: Non-Substantive Change Request – Placement and Transfer of Unaccompanied Children into ORR Care Provider Facilities (OMB #0970-0554)

This memo requests approval of a non-substantive change to the approved information collection, Placement and Transfer of Unaccompanied Children into ORR Care Provider Facilities (OMB #0970-0554).

The Placement and Transfer of Unaccompanied Children into ORR Care Provider Facilities information collection contains 18 instruments that allow ORR place unaccompanied children referred to ORR by federal agencies into care provider facilities and to transfer children within the ORR care provider network as required by the Homeland Security Act (6 U.S.C. 279), the Trafficking Victims Protection Reauthorization Act of 2008 (8 U.S.C. 1232), and the *Flores* Settlement Agreement (No. CV85-4544-RJK (C.D. Cal. 1996)). The collection was last approved by OMB on June 12, 2023 and expires on June 30, 2026.

ORR is proposing revisions to Form P-12. There are two currently approved variations of this form under this information collection:

- P-12 UC Portal Capacity Report (UC Portal)
- P-12 Program Entity (UC Path)

BACKGROUND

Currently, there are two versions of the P-12 forms, which are approved under OMB #: 0970-0554: the “UC Portal Capacity Report” in UC Portal and “Program Entity” in UC Path. These forms collect information such as:

- Whether children are enroute to the program and need a placement, are in care and assigned to a bed placement, or are being transferred out of a bed placement.
- Rules for acceptable placements (e.g., gender, age, medical condition) which vary within programs and their beds, and everything in between (e.g., room, dorm.)
- Bed counts and statuses within those rules (e.g., available male beds, occupied pregnant beds, etc.)

This data is very dynamic, as care providers all manage their beds differently with different processes. Many often rely on informal processes to quickly fit together a puzzle of where to place a child within an hour of a child’s designation. For example, providers may use dry-erase

whiteboards, low-tech spreadsheets, and emails in the moment. As a result, there is often no single source of reliable information about where a child is within a facility nor historical data. Not only is data not reliable, but this process is burdensome for both providers and for ORR. Reconciling this information across a couple hundred programs to get the broader picture requires burdensome manual translation and standardization, and analysis is nearly impossible.

To address these issues, in March 2021, ORR collaborated with the U.S. Digital Service Team to build a digital instrument called UC Bed Census under a Public Health Emergency (PHE) waiver during COVID that has now expired. UC Bed Census allowed ORR to pilot a more robust version of the P-12 form (containing elements from both the UC Portal and UC Path versions of the form) with programs to great success. The two main features were:

- Operational dashboards with real-time data about status of children needing beds and bed counts.
- The ability to set rules for a group of beds (e.g., gender, age, medical condition), as is often done in practice, for a room or a dorm.

Based on feedback received while piloting the UC Bed Census, ORR determined that these features were too limited. In addition, the format was burdensome for care providers because manually entering calculations for empty beds took time and attention away from the care of already admitted children. This was particularly true for ORR's influx care facilities who did not adopt regular reporting and later abandoned the tool due to its limited functionality and burdensome format. Consequently, there remains a great need to understand program capacity data at a more granular level so ORR can have a reliable picture of bed overall utilization and improve intakes and placement recommendations for children.

OVERVIEW

ORR worked with the ACF Tech team to review the two current versions of the P-12 form and change them to become useable tools for both programs and ORR. As a result of this process, ORR extracted several sections of the UC Path version of P-12 (Program Entity) and nonsubstantively changed them by redesigning the user interface, rewording fields, and adding clarifying follow-up questions. As a result, the content on the P-12 form was split into three different tools:

- The **Bed Configuration Module (BCM) (Form P-12A)** onboards programs into a digital representation of their facility and its unique floor plan, allowing them to set and edit groupings and rules per bed. It reformats existing data collections to understand program capacity in greater detail.
- The **Bed Assignment and Capacity Overview Module (BACOM) (Form P-12B)** is tailored towards day-to-day operations and displays bed assignments and relevant child details from other approved forms all in one place. It digitizes and automates the bed placement recommendation workflow so it is informed by real-time data, instead of static emails and whiteboards.
- The **Program Entity (Form P-12C)** will retain all fields that were not used to develop the BCM and BACOM except for the Event and SIR tables. Also, the dropdown options for "Record Type" and corresponding options for "Document Type" will be revised. ORR plans to incorporate these fields into its capacity management tools in the future, as addi-

tional work is completed to continue to modernize program management capabilities. We expect those changes to be nonsubstantive in nature, as well.

The BCM and BACOM will encourage better compliance by improving customer experience, replacing manual processes, and saving time. The tools will also auto-populate the UC Portal Capacity Report (the UC Portal version of the P-12 form).

Restructuring the already approved information collection into these new forms will add value to both ORR and ORR programs by asking questions efficiently, eliminating burden through automatic capacity calculations and placement recommendations, and leveraging data in new combinations for better visibility, accessibility, and context.

Through use of the new data model and placement workflow and clarifying follow-up questions, ORR will be able to answer critically important questions it couldn't answer before. For example:

- How many beds can tender-aged children occupy?
 - o **Current** – Form P-12 asks programs *if* they can accommodate tender age as an acceptable placement, but we do not know exactly *how* – the number of set aside beds, if any are occupied, or if any can be converted if needed.
 - o **Revised** – In the BCM, care providers can view a digital representation of their bedrooms and beds and indicate which ones accept tender-age children. The BACOM checks all current placements and reports the number of available and occupied beds with the tender-age rule. It can also display exceptions, such as when a non-tender child is assigned to a tender-age room because they are a parent or relative of a tender-age child.
- What is our current COVID capacity?
 - o **Current** – Form P-12 asks programs if they can accommodate "isolation rooms," but we do not know how many there are or how many beds correspond. We also do not know which ones are occupied because of COVID.
 - o **Revised** – In the BCM, care providers can view a digital representation of their bedrooms and beds and indicate if any are preferred isolation rooms and/or reserved for COVID-positive children. The BACOM checks all current placements and reports which of those beds are available or occupied by children with COVID.
- Where can we place this child?
 - o **Current** – Form P-12 asks programs to sum the number of available female beds and male beds, but there are many more factors that go into a child's bed assignment than gender alone. In other parts of the form, P-12 also asks for age ranges, acceptable placements, and statuses that a person would have to calculate and manually check. But since ORR was unable to implement the UC Path version of Form P-12 and the format of the UC Portal version is not currently useful, programs use the low-tech methods described earlier and provide a tedious summary count.

- o **Revised** – The BACOM references the BCM to automatically recommend suitable placements for a child based on program availability, age and gender, and other specific considerations such as medical needs.

CURRENTLY PROPOSED REVISIONS

Bed Configuration Module (Form P-12A)

To create the Bed Configuration Module (BCM), ORR is using the fields from the Program Overview, Bed Capacity, and Beds sections of P-12 Program Entity and enhancing their functionality by capturing additional clarifying information and revising available options to better reflect how bed capacity is actually managed.

Currently, these three sections of P-12 Program Entity allow users to:

- Create and name individual beds
- Assign rules to the program and individual beds (e.g., gender, age)
- Specify the status of the bed (e.g., available, occupied) and further specify why a bed is unavailable, if applicable.

ORR made revisions to these areas of functionality as follows:

Create and Name Beds

P-12 Program Entity allows users to create and give names to individual beds, however, this does not capture the full picture of where beds are located and how they are organized within a program. To address this issue, the BCM will introduce the concept of “layers.” Care providers will be able to assign layer categories to describe different types of spaces – for example, bedrooms, floors, dormitories, etc. Each individual bedroom or floor is a layer. Together, they will improve the user experience by allowing care providers to organize their beds in an intuitive way, like folders and subfolders in a file management system.

In addition, the BCM will allow care providers to specify the bed type using standardized options – single, crib, cot, bottom bunk, and top bunk. With this “Bed Type” dropdown field, manually naming each individual bed is no longer necessary, however, it will remain as an optional field to give care providers maximum flexibility in describing their program.

ORR previously tested this concept in UC Bed Census and found that it provided significant benefit in summarizing bed availability and rules, allowing teams to transfer and place children more efficiently and safely. It also reduced the burden of care providers manually typing information about their capacity in a comments box, standardized data, and aided in reporting and analytics.

Assign Rules

P-12 Program Entity allows users to assign rules to the program and beds, however, its functionality is limited and does not provide care providers with enough flexibility to accurately describe the rules for their program. For example, the field “Acceptable Placements” allows care providers to describe the types of placements their program accepts but does not allow care

providers to indicate which beds accept which types of placements. In addition, applying rules to individual beds must be done one bed at a time.

The BCM will allow users to apply rules to the entire program, specific layers, or individual beds in bulk. In addition, the list of rule options has been updated to better reflect the rules currently used by care providers. The below table shows how the options currently available in P-12 Program Entity were revised in the BCM.

P-12 Program Entity	P-12A Bed Configuration Module
Acceptable Placements	Rule
Tender Age	Age - 0-17
Pregnant UC	Age - Tender
Parenting UC	Max Age Difference
Near Hospital	Gender - Female
Isolation Rooms	Gender - Male
Acute Mental Health	Gender - Transgender
Complex Medical	Parent - Infant
Non-Spanish	Parent - Toddler
	Preferred Isolation
Gender	Pregnant - Months 1-9, Weeks 1-40
Male	Pregnant - Any Gestation
Female	Pregnant - Up to 20 weeks
Transgender	Pregnant - Other Gestational Limit
Other	Medical - Acute Mental Health
	Medical - Complex
Minimum Age (open textbox)	Medical - Varicella Positive
	Medical - COVID Positive
Maximum Age (open textbox)	Medical - Flu Positive
	Medical - Other

Users will also be able to create “tags.” The tags will replace the “Comments and Special Instructions” textbox in the UC Portal version of P-12 and allow users to add notes about capacity in finer granularity, such as information about anticipated availability, requirements about activities of daily living, reasons for restrictions, etc. Care providers specifically requested such a feature to eliminate the need to manually collect this type of information in spreadsheets.

ORR previously tested the concept of applying rules in UC Bed Census and found that it streamlined communications and allowed teams to transfer and place children more efficiently and safely. Without UC Bed Census, the need to describe these rules still exists. Currently, care providers meticulously and manually write and update this information into the UC Portal P-12 Capacity Report's “Comments and Special Instructions.” There is no other place to describe which beds are available to which children. Standardizing the way these rules are reported will increase consistency, reduce burden, and enable visibility through better analytics.

Specify Status and Reason Unavailable

P-12 Program Entity allows users to enter the status of a bed, as well as the reason the bed is

unavailable when applicable. The BCM has combined this information into one field and revised the available options to reflect current bed statuses and all reasons a bed may become unavailable as follows:

P-12 Program Entity	P-12A Bed Configuration Module
Status Available Unavailable On-Hold Occupied Reserve Warm Unavailable Reason Expectant mother bed assignment Licensing issue Medical isolation/quarantine Mom/baby bed assignment Other Other medical concerns/reasonable accommodations Power Outage Protest Repairs needed Staff shortage Transgender bed assignment UC behavioral concerns/1:1 supervision required Unavailability of foster parent Weather event or natural disaster	Availability Status Available Occupied Unavailable - Medical Restriction/Reasonable Accommodations Unavailable - COVID-Restricted Unavailable - Isolation Unavailable - Quarantine Unavailable - Behavioral Concerns/1:1 Supervision Required Unavailable - Room Rules Broken Unavailable - Foster Family Limitation Unavailable - Expectant Mother Bed Assignment Unavailable - Mom/Baby Bed Assignment Unavailable - Transgender Bed Assignment Unavailable - Facility or Maintenance Issues Unavailable - Stop Placement Order Unavailable - Staffing Issue Unavailable - Licensing Issue Unavailable - Power Outage Unavailable - Protest Unavailable - Repairs Needed Unavailable - Weather or Natural Disaster Unavailable - Other Reasons Unfunded

Bed Assignment and Capacity Overview Module (BACOM) (Form P-12B)

Bed assignments are a routine but variable process in every program. Sometimes a child goes into an open bed; other times, children's bed assignments need be reshuffled or changed due to age, staffing issues, and medical needs. For example, a child arriving with varicella will need both a temporary isolation room and another bed to be on hold for when their isolation will end. With the BACOM, users will no longer need to rely on complex whiteboards, spreadsheets, and their working memory to find the optimal arrangements. Instead, they can see a list of recommended bed assignments calculated from the BCM's program availability and child's placement criteria (e.g., age, gender, other specific needs).

ORR is basing the Bed Assignment and Capacity Overview Module (BACOM) on the Census tab and the "Bed Count" fields in the Bed Capacity section of P-12 Program Entity. This tool displays a live feed based on data collections from the Bed Configuration Module (BCM) and UC Portal (feeds data collected in P-13 Add New UC, currently approved under this information

collection), providing a single source of truth about a child's bed assignment and a program's bed capacity. The information is shown in a user-friendly dashboard designed specifically for care providers and their day-to-day operations. Combining this information and putting it at the care provider's fingertips as a digital workflow will significantly reduce care provider workload by changing a complex manual process into a process that takes just a few clicks to approve.

Care providers will be able to perform the following functions in the BACOM:

- Update bed availability status originally entered in the BCM.
- Enter tags based on the tag categories created in the BCM.
- Assign/move a child to a specific bed. This will replace the complex manual processes that care providers currently use to assign beds.
- Track when a bed rule is ignored and why. This data will also help ORR understand how to better utilize the bed network.

In addition, the BACOM will automatically calculate the bed counts that are currently manual entry fields in P-12 Program Entity.

Program Entity (Form P-12C)

Many of the fields in the current P-12 Program Entity form were not used to develop the BCM and BACOM. ORR plans to incorporate these fields into its capacity management tools as part of future development work. Therefore, ORR created a revised version of the Program Entity form that contains these fields. In addition, ORR made the following revisions:

- **Removed the Event and SIR tables** – These are auto-populated tables that were meant to list Events and Significant Incident Reports (SIR) created by the care provider. ORR removed them because it was determined that displaying these lists as part of a capacity management tool is not useful.
- **Revised dropdown options for “Record Type” and corresponding options for “Document Type”** – ORR limited options to only those that are relevant to this form.
- **Revised dropdown option for “Consistent pattern of UC AWOL” to “Consistent pattern of UC running away”** – This option appears in the Stop Placement section. ORR determined that “AWOL” is not appropriate terminology for the unaccompanied children population.

BURDEN CONSIDERATIONS

- Eliminates the time-consuming manual processes care providers currently use to determine bed assignments and replaces it with a standardized user-friendly tool that significantly reduces care provider workload.
- Layers and beds can be created and deleted in bulk, allowing care providers to make multiple changes at once, further saving time.
- Layers and beds can be duplicated and renamed to save time for the care provider by allowing them to "copy and paste" standardized layouts across their program. This is faster than the current form's process of adding beds one by one.

- When creating beds, the “Bed Type” field (standard, crib, cot, etc.) will save time naming individual beds and standardizes data.
- Allows users to apply and remove standardized rules to the entire program, or specific layers and beds. Applying rules in bulk will save data entry time for care providers.
- Bed availability can now be updated in bulk to save time for care providers.
- Allows the user to enter tags, which is a more efficient and time saving way to enter more granular detail than current methods used by care providers (e.g., spreadsheet).