

UAC Basic Information



First Name:	<i>Auto-populated</i>	AKA:	<i>Auto-populated</i>
Last Name:	<i>Auto-populated</i>	Status:	<i>System-generated</i>
Date of Birth:	<i>Auto-populated</i>	Admitted Date:	<i>System-generated</i>
A#:	<i>Auto-populated</i>	Length of Stay:	<i>System-generated</i>
Country of Birth:	<i>Auto-populated</i>	Current Program:	<i>Auto-populated</i>
Sex:	<i>Auto-populated (options for male and female only)</i>	Portal ID:	<i>System-generated</i>
		Physical Location of Child:	<i>Auto-populated from UC Portal Discharge Tab</i>

See UAC Policy Guide Section 4 and 5 for related policies.

Child-Level Event Information

Select Different Event

Location of Event:	<i>Auto-populated</i>	Specific Location:	<i>Auto-populated</i>
Approximate Date of Event:	<i>Auto-populated</i>	Event ID:	<i>System-generated</i>
Date Care Provider Became Aware of Event:	<i>Auto-populated</i>	Time Care Provider Became Aware of Event:	<i>Auto-populated</i>
Short Synopsis:	<i>Auto-populated</i>		

Child-Level Event

☐ Emergency SIR
 ☐ Non-Emergency SIR
 ☐ Behavioral Note
 ☒ Historical Disclosure

Disclosure Status:* ☐ Open ☐ Closed

Date Disclosure Opened:

Date Disclosure Closed:

Historical Disclosure Category (Select all that apply)

 [Category Definitions & Examples](#)


☐ Violation of Civil Rights/Liberties in DHS Custody

- ☐ Conditions of detention
- ☐ Disability accommodation
- ☐ Excessive force or inappropriate use of force
- ☐ Fourth Amendment (confiscation of documents/property)
- ☐ Intimidation, threat, or improper coercion
- ☐ Legal access/Due Process rights
- ☐ Undocumented separation from parent/legal guardian
- ☐ Undocumented separation from minor sibling

- ☐ Medical/mental health care
- ☐ Privacy Violation
- ☐ Religious Accommodation
- ☐ Retaliation
- ☐ Restraints or isolation
- ☐ Sexual abuse, sexual harassment, or inappropriate sexual behavior
- ☐ Previous enrollment in DHS Migrant Protection Protocols program

☐ Past Abuse/Neglect Not in ORR Care or DHS Custody

Alleged perpetrator:

--Select--

Parent/Guardian/Caregiver

Military Personnel

Police/Government Official

Foot Guide/Coyote

Other Adult

Other Child

N/A

- ☐ Physical abuse
- ☐ Verbal or emotional abuse
- ☐ Neglect/abandonment
- ☐ Sexual abuse
- ☐ Sexual harassment
- ☐ Labor trafficking concerns
- ☐ Sex trafficking concerns
- ☐ Smuggling

- ☐ Forced marriage with adult still in home country
- ☐ Forced marriage with adult in United States
- ☐ Domestic violence
- ☐ Adolescent/teen dating violence
- ☐ Inappropriate health intervention
- ☐ Past mental health concerns
- ☐ Witnessing traumatic events
- ☐ Other harmful or traumatic events

☐ Self-Disclosed Juvenile Delinquency

- ☐ Self-Disclosure of past juvenile delinquency charges
- ☐ Self-Disclosure of past juvenile delinquency convictions
- ☐ Self-Disclosure of past harm to others that lacks a charge or conviction

☐ Alleged gang affiliation reported

Incident Information:

Did someone other than this child initially report the incident?*

☐ Yes ☐ No

>| Add New Row

Name	Type	A#	Title	Specify
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	--Select-- UAC Staff Non-UAC Child Non-Staff Adult	Appears if user selects UAC	Appears if user selects Staff	Appears if user selects Non-UAC Child or Non-Staff Adult
--	--	-----------------------------	-------------------------------	--

Full Description of Incident: *

Was the child or anyone else injured? *

☐ Yes ☐ No

Specify:

Actions Taken:

Was or will the child be referred to the local legal service provider for a follow-up legal consultation? *

☐ Yes ☐ No

Was or will the child be referred for appointment of a child advocate? *

☐ Yes ☐ No ☐ N/A (child already has a child advocate)

Was or will the child be referred for healthcare services? *

☐ Yes ☐ No

Specify Type(s) of Healthcare Services: *

☐ Medical

☐ Mental Health/Behavioral

☐ Dental

Appears if user selects "Yes"

Describe the healthcare services that were or will be provided: *

Appears if user selects "Yes"

Staff Response and Intervention: *

Follow-up and/or Resolution:

ORR Recommendations:

Reporting: (Additional fields for each section only appear when the user selects Yes for the first question)

Was it reported to State Licensing? *

☐ Yes ☐ No

Date of Report:

Time of Report:

Was the Incident Investigated by State Licensing?

--Select--

Yes
No

Date Notified the Incident will be investigated:

Case/Confirmation Number:

To Be Determined
Unknown

Explain

Disposition of Investigation:

--Select--

Substantiated
Indicated
Not Substantiated
Unfounded
Administratively Closed

Result/Findings of
Investigation:

Attach Reports/Findings:

 Select File

>| Upload

>| Reset

File Name	File Size	File Type	Uploaded By	Uploaded Time	
					X

Was it reported to CPS?*

☐ Yes ☐ No

Date of Report:

Time of Report:

Was the incident investigated
by CPS?

--Select--

Yes
No
To Be Determined
Unknown

Date Notified the
Incident will be
investigated:

Case/Confirmation
Number:

Explain

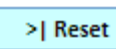
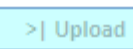
Disposition of Investigation:

--Select--

Substantiated
Indicated
Not Substantiated
Unfounded
Administratively Closed

Result/Findings of
Investigation:

Attach Reports/Findings:



File Name	File Size	File Type	Uploaded By	Uploaded Time	
					X

Was it reported to Local Law Enforcement?*

☐ Yes ☐ No

Date of Report:

Time of Report:

Officer Name:

Officer Badge:

Was the incident investigated by Local Law Enforcement?

--Select--

Yes

No

To Be Determined

Unknown

Date Notified the Incident will be investigated:

Case/Confirmation Number:

Explain

Disposition of Investigation:

--Select--

Substantiated

Indicated

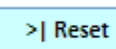
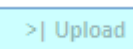
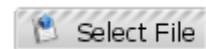
Not Substantiated

Unfounded

Administratively Closed

Result/Findings of Investigation:

Attach Reports/Findings:



File Name	File Size	File Type	Uploaded By	Uploaded Time	
					X

Was it reported to DCPI?*

☐ Yes ☐ No

Date of Report:

Time of Report:

Was the Incident Investigated by DCPI?

--Select--

Yes

No

To Be Determined

Unknown

Date Notified the Incident will be investigated:

Case/Confirmation Number:

Explain

Disposition of Investigation:

--Select--

Substantiated Tier I

Substantiated Tier II

Not Substantiated

Unfounded

Administratively Closed

Was it reported to DOJ/FBI?*

☐ Yes

☐ No

Date of Report:

Time of Report:

Explain

Was it reported to OIG?*

☐ Yes

☐ No

Date of Report:

Time of Report:

Explain

Was it reported to DHS*

☐ Yes

☐ No

Date of Report:

Time of Report:

Explain

Was it reported to Office on Trafficking in Persons (Shepherd)?*

☐ Yes

☐ No

Date of Report:

Outcome of Report:

--Select--

Eligibility

Interim Assistance

Denial

Explain

Notifications: *

>| Add New Row

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
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Attorney of Record/Legal Service Provider				--Select-- <i>Phone call</i> <i>In-person</i> <i>Email</i> <i>Messaging app</i> <i>Mail</i> <i>Other</i>	
Parent/Legal Guardian				--Select--	
Sponsor				--Select--	
Child Advocate (if applicable)				--Select--	

Reporter and Follow-Up Contact:*

>| Add New Row

Type	Name	Title	Email	Telephone Number
Staff Filing Report				
Contact for Follow-Up				

>| Save

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR care provider programs to inform ORR of situations that affect the safety and well-being of a child that occurred before the child entered ORR custody. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB control number is 0970-XXXX and the expiration date is MM/DD/YYYY. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.