ORR Unaccompanied Children Bureau Policy Guide: Section 5

Listen

Section 5: Program Management

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5.1 Responding to Inquiries from the Media

The Administration for Children and Families Office of Refugee Resettlement (ORR) has policies in place to ensure that ORR and ORR funded care providers consider the **best interests** of **unaccompanied alien children** when responding to inquiries from the media. As a federally funded program, ORR is committed to public transparency and accountability. As a service provider, we are committed to protecting the privacy and safety of the children in our care. Accordingly, ORR requires that grantees make a case-by-case evaluation of each media inquiry in a timely manner, while recognizing the overarching mission of providing for the physical and mental well-being of unaccompanied alien children in our care.

ORR funded care providers may be approached by members of the media for background information, requests for interviews with staff and unaccompanied alien children, and requests for tours of the facility. ORR grantees can respond to any and all media inquiries about their organization and any of the organization's activities as described in **Section 5.1.1 Policies for ORR Grantees**. ORR works with the Administration for Children and Families (**ACF**) and/or the U.S. Department of Health and Human Services (**HHS**), as applicable, to address media requests that are outside the scope for care providers as described in **Section 5.1.2 How ORR Responds to Press Inquiries.**

Revised 08/01/2024

5.1.1 Policies for ORR Grantees

When handling requests from the media, the following standards apply to grantees:

- The care provider organization may discuss activities of their own organization, but not those of other grantees. For questions about ORR or its programs, or about Federal or administration policy related to unaccompanied alien children, the reporter should be referred to the ACF Office of Public Affairs at 202-401-9215.
- In order to ensure the privacy and security of the children in its care, ORR and its grantees do not discuss specific cases or individuals with members of the media or others.
- Addresses of **shelters** must not be published or publicized. If a reporter obtains an address by other means, the organization should explain the security reasons for not publishing those addresses. Grantees may not have media at shelters or arrange for tours or visits without going through ORR. (Requests for facility tours will be handled by ORR as described in **Section 1.4 Requests to Visit a Facility** in a manner to protect the security and privacy of the unaccompanied alien children and with minimal disruption to the program).

In addition to these policies, ORR recommends that care providers use "best practices" in media relations. These include: developing talking points, which help representatives of an organization communicate clearly and effectively with the media; directing the media to the ORR website and other resources for more information about ORR's UAC Bureau; and preparing individuals who are handling press inquiries to answer the most common questions and respond in ways that effectively communicate the organization's achievements and contributions. Facilities experiencing a high volume of inquiries or facing difficulties in responding to complex requests should contact ORR.

Revised 08/01/2024

5.1.2 How ORR Responds to Press Inquiries

ORR care providers may receive inquiries on topics outside their expertise and authority or that would not meet the standards described above. These inquiries may include questions about ORR policies, activities at the national level, requests to interview specific unaccompanied alien children, and requests for data, such as the number of children in ORR care, names, nationalities, background and other aggregate information about the program. In those instances, ORR care providers must forward these requests to their **ORR/Project Officer (PO)**, with a copy to the **ORR/Federal Field Specialist (FFS)** and ORR communications staff. ORR then works with ACF and/or HHS, as applicable, to provide to the media an official, up-to-date and accurate response. During an influx, ACF/ORR may create special procedures to address the high volume of inquiries.

Revised 08/01/2024

5.1.3 Requests to Interview a Specific Child

To safeguard the privacy and well-being of unaccompanied alien children in ORR care, it is ORR's policy to decline requests by the media to interview children in ORR custody. In exceptional circumstances, ORR may consider a media request for an interview with a particular child and will evaluate the following factors in conjunction with ACF and/or HHS, as applicable, prior to making a decision about allowing the press to interview a specific child.

- Is the interview in the best interests of the child? (taking into consideration the child's placement, mental health situation, education, physical condition, culture, background and family in the United States)
- Is the child represented by counsel? If yes, does the attorney support an interview with the press?
- Does the U.S. Department of Homeland Security (**DHS**) believe there may be an adverse impact on the child's immigration case?
- Will the interview be disruptive to the facility or other children in the facility?
- Will special arrangements be needed? (e.g., interpreter, security)
- How will the interview be conducted (e.g., video, phone)? How long will the interview be?
- Are there preferable alternatives?

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5.1.4 Requests to Visit a Facility

The press may want to see a facility but not speak with the children.

To maintain the privacy, security and well-being of the children, we generally do not do media tours of facilities when children are present.

However, in certain circumstances, ORR will consider a request and evaluate the following factors in conjunction with ACF and/or HHS, as applicable, prior to making a decision about allowing the press to visit a particular facility.

- To what extent will the visit be disruptive to the facility or children in the facility?
- Will special arrangements be needed? (e.g., security)
- How will the visit be conducted? (e.g., interviews with facility staff, number of reporters) How long will the visit be?
- Are there preferable alternatives?

Revised 08/01/2024

5.1.5 Requests for General Information and Data

The media may ask for general information and data about the program, such as the number of children in ORR's care, and the names, nationalities and backgrounds of children. ORR releases a wide range of data that is posted to the ACF website. This data includes number of children in the program, aggregate information on country of origin, and county-level data for counties where more than 50 children have been **released**. Grantees may always refer media or others to this website: **www.acf.hhs.gov/programs/orr/programs/ucs/about**. ORR does not release the names of unaccompanied alien children or other private, identifying information. In addition, ORR generally does not allow photographs or videos to be taken that could reveal the identity of a child in ORR care. ACF and/or HHS, as applicable, can provide still images and, in some cases, video images of facilities for the media to use.

Revised 08/01/2024

5.2 ORR Policies on Requests to Tour ORR Care Provider Facilities

Interested parties who wish to visit a care provider facility must request a tour through ORR. ORR considers various factors when responding to these requests as described in **Section 5.2.1 Evaluation Criteria** with the best interests of the child of paramount importance.

A ***tour*** is a presentation of the physical ORR care provider facility, accompanied by program staff. A tour does not include interactions with children at the facility unless previously approved. Tours may be requested by advocacy groups, faith-based organizations, researchers, government officials, and other relevant stakeholders.

A ***visit*** refers to an approved party meeting with specific children in ORR care. Visits do not involve a tour of the facility. A visit may be requested by family members, potential sponsors, legal representatives, **child advocates**, or consulate officials.

- For policies governing visits by family members and potential sponsors, refer to **Section 3.3.10 Calls, Visitation, Mail, and Email**.
- For policies governing visits by consulate officials, refer to **Section 5.4.4 Visitation**.
- Litigation related visits must be arranged through ORR's Division of Unaccompanied alien children Policy.

Tours are generally not approved for attorneys (unless the attorney is plaintiff's counsel to an existing settlement and the tour is pursuant to the terms of the settlement, in which case the terms of the settlement set forth the requirements). If the attorney is interested in providing legal services for unaccompanied alien children, contact information should be requested from the attorney and provided to UAC Legal Services at **UACLegalServicesSupport@acf.hhs.gov**.

For media requests refer to **Section 5.1 Responding to Inquiries from the Media.**

Revised 9/18/2023

5.2.1 Evaluation Criteria

ORR uses the following criteria to evaluate the tour request:

1. Requestor has a legitimate mission or business purpose for participating in a tour (e.g., State, local government matter, child welfare advocacy, legal issue, etc.).
2. The privacy and well-being of children at the care provider facility will not be adversely affected by the tour.
3. There are sufficient staffing and ground resources to conduct the tour and protect the privacy and well-being of children. ORR will also consider the number of visitors subject to the request.
4. There is sufficient notice of a request. Requests should be submitted two (2) weeks prior to the tour. Requests not received within this time frame may be considered if there are exigent circumstances.

Revised 9/18/2023

5.2.2 Special Arrangements

Special arrangements, such as additional security and accessibility requests made under the Americans with Disabilities Act, may be necessary for certain types of tours. Such arrangements must be included in the submitted request and will be coordinated prior to the approved tour. Requests which include access to specific individuals, such as care provider staff or children, during the visit will be coordinated with the ORR/Federal Field Specialist (FFS). Any specific individual who the requestor wishes to speak with during the tour must be identified in the request. ORR will only approve such requests if it is consistent with the best interests of the children in care.

Revised 02/27/2025

5.2.3 Protocol for Tours of Care Provider Facilities

All parties interested in touring an ORR care provider facility must submit the Unaccompanied alien child (UAC) Tour Request Form to the UAC Tour Request inbox at **UACTourRequests@acf.hhs.gov**. Litigation related tours must be arranged through ORR's Division of UAC Policy. Flores Council visits will be coordinated through the U.S. Department of Justice and the ORR/Federal Field Specialist (FFS) following ORR procedures.

All tours must be conducted in a manner that is consistent with ORR's legal and child welfare obligations to treat all children in care with dignity, respect, and special concern for their vulnerability as unaccompanied alien children.

Approved tour participants may tour standard and secure facilities (shelters, **residential treatment centers**, heightened supervision, and **secure** facilities, etc.) and emergency influx facilities (e.g., **influx care facilities**). Tours must be conducted in accordance with ORR's policies and procedures, as well as the internal policies and procedures of the individual care provider facility.

The maximum number of participants in any tour of a facility is six (6) adults, including interpreters and others acting in a support capacity. When submitting a request, each individual should identify their professional connection to the UAC Bureau's mission and any organization(s) for which they work or volunteer. Visitors whose names are not provided in advance of the visit may not be accommodated.

Tours must:

- Take place during normal business hours and last no longer than one (1) and a half hours.
- Be conducted in a manner that minimizes disruption to the normal functioning of the care provider facility.
- Not interrupt routine activities such as mealtimes and scheduled activities.

Tour Participants must:

- Be sensitive to staff responsibilities.
- Always stay with their ORR federal guide.
- Not interact with staff or children unless specifically approved beforehand.
- Always demonstrate appropriate adult role-modeling (e.g., conveying respect and empathy toward others, including facility staff, in words and actions), as children may be observing the visit.
- Respecting the privacy of children and staffs personal effects and documents- Not search cabinets, drawers, the personal belongings of staff and children, and other unauthorized areas

operated by the care provider facility, which may contain sensitive information about the children in care.
- Not share, identifying information, such as the care provider facility's physical address, with individuals who are not part of the tour.

ORR does not allow any type of recording device, including phones and cameras, inside the care provider facilities during tours.

ORR reserves the right to terminate a tour if any tour participant violates this tour protocol policy, other ORR policies, or the care provider facility's policies and procedures.

Additional protocol or exceptions may apply to the following groups:

1. Legal representatives (i.e., Flores counsel, **legal service providers**);
2. Child advocates including Protection and Advocacy Systems (P&A) (see **Section 5.2.5 Protection and Advocacy System Visits**);
3. Consulate Officials
4. Members of Congress (**Section 5.2.4 Congressional Visits**)
5. Groups conducting oversight and investigations (i.e., HHS' Office of Inspector General; law enforcement, etc.)

Revised 9/18/2023

5.2.4 Congressional Visits

Members of the United States Congress (that is, members of the United States House of Representatives and the United States Senate) may, for the purposes of conducting oversight, tour ORR care provider and influx care facilities, provided:

- Members of Congress coordinate the oversight visit with ORR no less than two (2) business days prior to the visit. This time frame ensures that operations at ORR facilities will not be disrupted and that Congressional visits do not interfere with the child welfare and child safety operations of the facility.[1]
- Members of Congress, upon request, shall provide official, government-issued photo identification to show that the visitor is a member of Congress (such as a Congressional I.D. card).
- Staff accompanying any elected official must show current identification from the respective legislative body to confirm they serve in an official governmental role for an elected official.

Congressional staff, including those from a member's office, are required to adhere to the general requirements of **Section 5.2 ORR Policies on Requests to Tour ORR Care Provider Facilities**, including the requirement to submit a request two (2) weeks prior to the visit, unless they are accompanying the member of Congress.

Revised 9/18/2023

5.2.5 Protection and Advocacy System Tours and Visits

Protection and Advocacy Systems (P&As) exist in each U.S. state, the District of Columbia, and five U.S. territories, as well as for Native Americans residing in the four corners region (southwest Colorado, southeast Utah, northeast Arizona, and northwest New Mexico) to protect the rights of individuals with disabilities. These systems are independent of service-providing agencies and provide legal representation, protection, advocacy, and assistance, to individuals of that State or Territory with a **disability**.

A P&A may seek reasonable unaccompanied access to standard facilities and temporary emergency facilities (e.g., influx care facilities). This access is for the purpose of:

1. Providing information, training, and referral for programs addressing the needs and rights of individuals with disabilities;
2. Monitoring compliance with respect to the rights and safety of individuals with disabilities;
3. Inspecting areas of a facility used by or are accessible to children with disabilities; and
4. Investigating a facility based on a complaint or with probable cause of abuse or neglect.

Access to facilities

Access to ORR care provider facilities must be reasonable and afforded immediately upon request. It is reasonable for P&As to provide advance notice for informational and advocacy purposes. For purposes of monitoring, inspection, and investigation, a P&A, at its discretion, may provide advance notice of its intent to visit by contacting the care provider, but it is not required. Reasonable, unaccompanied access may take place outside normal business hours in for investigative purposes when a complaint has been filed or the P&A has probable cause for abuse or neglect.

P&As must have reasonable unaccompanied access to areas within a standard or temporary emergency facility that are used by or accessible to individuals with disabilities. The P&A may inspect, view, and photograph these areas.

Access to Children with Disabilities

Care providers must provide reasonable unaccompanied access to any individuals with a disability in ORR facilities.

Unless the P&A is responding to a complaint about, or has probable cause of abuse or neglect, the P&A should schedule interviews with children prior to the visit. Interviews should be held at reasonable times that do not interrupt the child's daily routine. A child may refuse the interview or end the interview at any time.

P&As may not photograph or video record any residents at ORR facilities without consent.

Response to a complaint with probable cause

P&As are not required to provide advanced notice of visits in response to a complaint or probable cause of abuse or neglect.

P&As may interview any unaccompanied alien child or facility resident, employee, or other persons, including the person thought to be the victim of abuse, who might be reasonably believed by the P&A to have knowledge of the incident under investigation. Children have the right to deny an interview request or terminate an interview at any time.

Access to Records

ORR will provide access to the records of children with disabilities to a P&A when such access is authorized, and the request is made appropriately under, the federal authorities governing disclosures to P&As. P&As follow strict confidentiality requirements. Any records collected by a P&A will not be used or disseminated inappropriately.

P&As must conduct their activities in a manner that minimizes interference with facility programs, respects children's privacy interests, and honors a child's request to terminate an interview. The P&A must follow **Section 5.2.3 Protocol for Tours of Care Provider Facilities** except for the explicit instances mentioned in this section, i.e. unaccompanied access, photography and video recording of areas in the facility used by or accessible to the children, and access to records.

Posted 9/18/2023

5.3 Testimony by Employees and Production of Documents Where the United States is Not a Party

Information about requesting the testimony of an ORR employee or production of documents where the United States is not a party is available at **45 CFR Part 2** (PDF).

Posted 3/30/2015

5.3.1 Care Provider Testimony and Views

ORR care provider staff should follow their organization's policy regarding testimony. This may include talking to the care provider's attorney. If care provider staff do testify, they must make clear that they do not represent ORR and that their testimony does not reflect the opinion or position of ORR.

Posted 3/30/2015

5.3.2 Confidentiality of Information

Care providers must maintain the confidentiality of children's information and must protect it from unauthorized disclosure. Therefore, as a general matter, they may not reveal client information in affidavits or testimony, where not legally required to so, and without ORR approval. However, care providers may allow a child 14 and older, who wishes the staff to testify or provide a declaration, to consent, in writing, to the testimony, and then ORR could approve the disclosure of the confidential information.

For children younger than 14, or who do not have the capacity to consent, the care provider should seek the written consent of the child's parent or **legal guardian** in order to include confidential information in an affidavit or written or verbal testimony. If such consent is not available, the care provider should contact ORR.

Posted 3/30/2015

5.3.3 Prohibition on Release of Records Without Prior Approval

The records included in an unaccompanied alien child's **case file** are ORR's property, regardless of whether they are in ORR's possession or in the possession of a care provider facility or **Post-Release Services (PRS) provider**. Subject to applicable whistleblower protections, care providers facilities and PRS providers must not release those records or information within the records without prior approval from ORR, except for program administration purposes. This does not apply to Child Advocates as they must be provided access to all of their client's case file information and may request copies of the case file directly from care providers without going through ORR's standard case file request process as referenced in **Section 5.10.3 Information Sharing with LSPs, Attorneys of Record, and Child Advocates**.

Revised 08/01/2024

5.4 ORR Policies on Communication and Interaction with Consulates

ORR and its care providers must follow consulate notification protocols established under international and federal law. Under most circumstances, ORR must notify an unaccompanied alien child's consulate that the child is in ORR custody and provide the location of the ORR care provider facility. Unaccompanied alien children must have reasonable access to consulate officials, and in some cases may be required to meet with consulate officials at the request of the consulate. ORR's policies cover notification, access, visitation, and documentation of contact with consulates.

Revised 9/18/2023

5.4.1 Notifications to Consulates

Q1: How does ORR notify consulates that their citizens are in ORR custody?

A1:

- *Children from countries requiring mandatory notification*[2]
  If the child is from a country requiring mandatory notification, the care provider working with their ORR/Federal Field Specialist (ORR/FFS) must notify the child's consulate as soon as practicable. The care provider must notify the consulate even if notification is against the child's wishes. If the child is claiming credible fear or seeking asylum, the care provider must still notify the consulate that the child is in ORR custody; however, under no circumstances should a care provider, ORR/FFS, or other stakeholder notify the consulate that the child is claiming credible fear or seeking asylum.

- *Children from countries NOT requiring mandatory notification*
  If the child is from a country not requiring mandatory notification, the care provider is not required to notify the consulate. However, if a particular consulate or region has made a formal request for standing notification of its citizens, ORR may, in its discretion, instruct the care provider to provide notice on terms agreed to between ORR and the consulate. For example, ORR and a consulate may agree on the frequency of notifications and the information provided, balancing the consulate's need for information about its citizens and ORR's need to ensure the effective functioning of the program and the privacy of the children. Even if ORR has entered into an agreement with a consulate, the care provider and ORR/FFS may not under any circumstances share the name of a child or any other information about a child claiming credible fear or seeking asylum from a country not requiring mandatory notification.

Posted 4/27/2015

5.4.2 Unaccompanied Alien Children's Right to Contact and Visit with their Consulate

During the admission orientation (within 48 hours of arrival into care), the care provider must inform unaccompanied alien children of their right to contact their consulate and give each child reasonable access to a telephone and contact information for their consulate. If a child requests to visit with a consulate official, the child's **Case Manager** will arrange, with the consulate, a time to visit with the child at the care provider facility.

Revised 9/18/2023

5.4.3 Consulate Officials: Access to Their Citizens and ORR Care Provider Facilities

To meet with a child in ORR care, consulate officials must make a request though a child's case manager. Consulate access to a child depends on whether the child is from a country requiring "mandatory notification" or a country NOT requiring "mandatory notification."

- Children from countries requiring mandatory notification:
  If the child is from a country that requires mandatory notification, the care provider makes arrangements for the visit as soon as reasonably possible, regardless of whether the child wishes to meet with the consulate official. This is true even if the child is claiming credible fear or seeking asylum.

- Children from countries NOT requiring mandatory notification:
  If the child is from a country not requiring mandatory notification, the care provider must attempt to make contact with the child's parent or legal guardian to seek permission for the child to meet with a consulate official.[3] However, if the parent or legal guardian is unavailable or unable to respond within 72 hours of the request, the care provider may presume the visit is authorized, unless the child objects or is claiming credible fear or seeking asylum, in which case, the care provider must deny access to the specific child.

What if consulate officials wish to tour a facility, but not meet with a particular child?

Consulates requesting to tour ORR care provider facilities or meet with program staff, must submit a UAC Tour Request Form to the UAC Tour Request inbox at **UACTourRequests@acf.hhs.gov**. For more information on ORR care provider facility tour requests, refer to **Section 5.2 ORR Policies on Requests to Tour ORR Care Provider Facilities**.

Can consulate officials bring other adults with them to tour a care provider facility?

If consulate officials wish to bring non-consulate officials, such as foreign dignitaries or third-parties, they must include all tour participants when submitting a tour request following ORR's care provider facility tour

policies described in Section **5.2 ORR Policies on Requests to Tour ORR Care Provider Facilities**, including limitation of six (6) adults or fewer for each tour request. ORR will evaluate the request as described in the policy.

Revised 9/18/2023

5.4.4 Visitation

Case Managers will arrange for consular visits by providing a private space for the consulate official and the unaccompanied alien child to meet. The visits will follow the care provider's general time, place and manner restrictions regarding visits so as to minimize the disruption to care provider facility operations.

Posted 4/27/2015

5.4.5 Information Requests

If consulate officials want to receive information on children in ORR care (other than whether the children are currently placed at a particular ORR care provider facility) they must make a request to ORR. ORR, in its discretion, may approve or deny the request. In making a decision, ORR takes into consideration the availability of the information and the children's privacy concerns. As a general policy, ORR does not release private information, such as medical and mental health records, unless the child provides consent.

Posted 4/27/2015

5.4.6 Documentation

Care providers must maintain documents in individual unaccompanied alien child case files regarding requests for access to individual children and meetings between children and their consulate. Case Managers must document this information in Case Manager notes.

Care providers must maintain documents of general visits or other requests from consulates that are not specific to individual children.

Posted 4/27/2015

5.4.7 ORR and Consulate Joint Activities

ORR partners with foreign consulates in a number of areas including:

- The authentication of foreign documents, such as birth certificates. ORR or its care providers may contact consulates to authenticate documents to assist in age determinations and the establishment of familial relationships between children and potential sponsors.
- Family tracing activities. Through family tracing activities, consulates often assist Case Managers so that unaccompanied alien children can communicate with their families in their home countries. This assistance is critical to the work of Case Managers, especially when a child's family is located in remote or rural towns that lack telephone access, or cases where the child's family is unknown or the child is too young to communicate.
- Provision of information related to crimes to which the child may be a perpetrator, witness or victim in their home country. When consulates are able to assist ORR in locating this information, it informs ORR's decisions concerning placements, services and release options.

Posted 4/27/2015

5.5 ORR Monitoring and Compliance

This section covers ORR's monitoring activities, the roles and responsibilities of ORR staff, foster care monitoring, and care provider internal monitoring activities.

ORR conducts monitoring visits at least monthly to ensure that care providers meet minimum standards for the care and timely release of unaccompanied alien children, and that they abide by all Federal and State laws and regulations, licensing and accreditation standards, ORR policies and procedures, and child welfare standards. ORR increases the frequency of monitoring if it is warranted by issues identified at a facility. In addition, if ORR monitoring finds a care provider to be out of compliance with requirements, ORR issues **corrective action** findings and requires the care provider to resolve the issue within a specified time frame. ORR also provides technical assistance, as needed, to ensure that deficiencies are addressed.

As described below, the corrective action is the cornerstone of ORR's monitoring policy. These corrective actions are issued at any time as a result of ORR's various monitoring activities. The combined expertise of the ORR team allows for field staff to report on-the-ground findings, particularly in areas of licensing and cases involving specific children, and ORR Division of Grants Management staff to evaluate issues related to budget, program management, and risk assessment.

ORR's overall goal is always to ensure the care and safety of unaccompanied alien children in its custody. Therefore, ORR may discontinue funding, halt placements and remove children from a facility, and/or close programs that fail to address findings needing corrective action in a timely and effective manner. ORR's notification procedures and monitoring activities provide for an immediate response involving safety and security issues.

5.5.1 ORR Monitoring Activities

ORR monitoring is an ongoing, multi-layered process that provides consistent oversight of all components of a care provider's program, including program design, management, services, safety and security, child protection, case management, personnel management, stakeholder relations, and fiscal management. The monitoring policies addressed in this section are those that create formal accountability standards and check points at regularly scheduled intervals.

ORR monitoring activities include the following:

- Desk Monitoring: Ongoing oversight based on the HHS grants management model, which includes monthly check-ins with the care provider's ORR/Project Officer (PO), regular record and report reviews, financial/budget statements analysis, and communications review.
- Routine Site Visit Monitoring: Day long visits to every facility on a once or twice monthly basis, both unannounced and announced, to review policies, procedures, and practices and guidelines compliance. Generally, these visits are limited to review of case management services.
- Site Visits in Response to PO or Other Requests: Visits for a specific purpose or investigation, for example, in response to a corrective action plan.
- Monitoring Visits: Week long monitoring to the site not less than every two (2) years to conduct a comprehensive review of the program.

Desk Monitoring

Desk monitoring refers to ongoing oversight from ORR Division of Grants Management staff. Desk monitoring includes regular reviews of records and reports, such as annual goals and objectives, quarterly program reports, Significant Incident Reports (SIRs), ORR reports about the timely and accurate use of the ORR case management database, and financial reports. It also includes regular calls with care provider Program Directors and others, to become knowledgeable about the infrastructure and management systems of the individual programs and to review data found in required documents and reports. To ensure compliance with policies and procedures and to follow-up on SIRs, ORR staff also request facility case files and spot check them for accuracy and completeness.

Routine Site Visits

ORR staff conducts routine day long site visits at least once a month at each facility to observe service delivery and to review records and procedures. During site visits, ORR representatives attend "case staffings" (meetings that take place with care provider staff, **Case Coordinators**, and others, where

individual unaccompanied alien child cases are discussed) at care provider facilities to observe how care provider teams are collaborating and the effectiveness of the case management system as a whole. ORR receives monthly reports on all care provider facilities based on the findings from these site visits as well as quarterly reports on each facility identifying strengths and weaknesses, identified concerns and training needs.

All issues from desk monitoring or site visits that concern safety or security issues or otherwise need elevation are reported to ORR supervisors immediately.

Monitoring Visits

The monitoring visit, conducted not less than every two (2) years, consists of a comprehensive inspection based on information submitted by the care provider prior to the visit and during the visit and interviews with staff, unaccompanied alien children, and stakeholders. The formal monitoring visit utilizes templates and checklists and other tools that must be completed at each site. The last step in the process is ORR's submission of a monitoring report to the provider (30 days after the visit) with a list of corrective actions that must be addressed. A corrective action is any finding that indicates noncompliance with explicit policies or procedures defined by ORR. The care provider has up to 30 days to submit a response to the corrective action plan, indicating how the program has corrected or will remedy any noncompliance. However, ORR may require more immediate action when appropriate and will notify the care provider.

Prior to the monitoring visit, the care provider must provide to ORR written responses to standardized questions about their operations (the Site Visit Guide), including questions on internal quality assurance practices, child protection, case management, health, education, and other services, and administration and financial management. As detailed below, care providers also provide documents to ORR prior to the visit and during the visit.

Relevant documents, reports, and files examined prior to and during a monitoring site visit include but are not limited to:

- Grant application/cooperative agreements
- Completed answers to the Site Visit Guide
- Recent organizational chart of facility staff
- Educational curriculum and weekly class schedule
- Food services/menus and applicable employee food safety certification
- Facility lease
- Copies of applicable State and local licenses, State licensing requirements (or links to those requirements,) and recent State licensing inspection reports
- Recent Audit Report and Financial Status Report
- Recent vehicle inspection

- Safety and sanitation certificates—Fire inspection report
- Quality assurance procedures and internal monitoring resources
- Most recent Quarterly Report
- Current approved Fiscal year budget
- Recent SIRs
- Reports from previous monitoring visits (including corrective action plans) and site visit reports by other ORR staff or contractors.
- Unaccompanied alien children case files
- Care provider staff personnel files
- Care provider's internal policies and procedures
- Care provider's grievance policy, and copies of unaccompanied alien children's grievances
- Materials and reports about the provider's timely and accurate use of the ORR case management database

The week-long monitoring visit includes, but is not limited to, standardized interviews with the lead teams of every program component (for example, the Lead Teacher, Lead Clinician) as well as the Program Director, stakeholders (such as the local Legal Service Provider, the Case Coordinator, the Medical Provider, non-HHS Federal agency partners, and others), and unaccompanied alien children. The visit includes a thorough inspection of the physical facility. As with any monitoring activity, care providers must comply with ORR requests for access to the physical facility, program information and case files.

Each site visit generally involves the review of 3-15 randomly chosen case files and related documentation; review of personnel files, review of related documents from the list above; and review of submitted SIRs and internal incident reports from the care provider.

In secure care facilities, the Monitoring PO will review the Further Assessment Swift Track (FAST) Assessment information (used to reevaluate the placement of children in secure care facilities) in the case file to make sure children placed in secure care are assessed every 30 days for the possibility of a **transfer** to a less restrictive setting.

The Monitoring PO consults with the assigned Project Officer, Federal Field Specialist, Case Coordinator, CFS, and DHUAC Quality Assurance Specialists and meets with the PO and FFS to discuss any findings and any positive or negative trends identified.

ORR monitoring and compliance responsibilities are divided among the teams noted in the table below. The teams work collaboratively but also independently in order to provide a higher level of scrutiny and focused attention on various tasks.

Roles and Responsibilities in ORR Monitoring and Compliance Model

TEAM	RESPONSIBILITIES	TIME FRAME
ORR Monitoring Team: Project Officers who are assigned exclusively to monitoring and overseeing compliance with program management, services, safety and security, child protection, case management, personnel management, and fiscal management.	The review includes review of policies and procedures, reports, and case files and includes a 5-day visit and inspection of the facility to review additional reports/case files/ other documents, interviews with staff, children, and stakeholders. A monitoring report (30 days after the visit) documents corrective actions. Care providers must respond with a corrective action plan within 30 days.	Every two (2) years
Contractor Field Specialist (CFS) Team: Conduct regular independent site visits to all care provider facilities to provide technical assistance and to identify practices that deviate from ORR policies and procedures.	Routine site visits to every care provider (each CFS is assigned to specific care providers) to observe the facility first hand. Visits may be announced or unannounced. CFS provide ORR with monthly reports on all findings and quarterly reports that summarize the particular strengths and weaknesses, concerns and training needs of each facility, with special attention given to the provision of case management services. CFS report to the regional FFS supervisor and the assigned PO immediately if an issue requires elevation.	Monthly or twice a month to every care provider
ORR Project Officer (PO) Team: Project Officers that are assigned to oversee specific care provider facilities and who may elevate issues that arise based on day-to-day oversight.	Conducts ongoing desk monitoring by reviewing all required documents and reports. POs are responsible for overseeing the care provider's implementation of its corrective action plans.	Ongoing; Monthly conference calls with assigned care providers.
ORR Federal Field Specialist (FFS) Team	As the local ORR liaison with care providers and stakeholders, FFS are ORR's "eyes and ears" on the ground in specified regions and serve as the regional approval authority for transfer and release decisions. FFS may issue corrective actions (along with the Program POs and the Monitoring POs).	Ongoing

Posted 08/01/2024

5.5.2 Follow Up and Corrective Actions

If a care provider is found to be out of compliance with ORR policies or procedures based on monitoring activities, ORR will communicate the concerns in writing to the Program Director or appropriate person through a written monitoring or site visit report, with corrective actions and child welfare best practice

recommendations. The need for a corrective action occurs when the care provider is in noncompliance with explicit ORR policy and procedures.

The following table summarizes how the ORR corrective action team divides up responsibilities to make sure that all areas are reviewed for each care provider.

INDIVIDUAL ISSUING THE CORRECTIVE ACTION	AREAS COVERED
ORR Project Officer	• Program Design • Personnel • Compliance with ORR Policy and Procedures • Any items with budgetary impact - Staffing Ratios - Compliance with grants terms and conditions • Licensing Standards Compliance • Unaccompanied Alien Child Safety/Risk Issues
ORR FFS	• Compliance with ORR Policy and Procedures • Unaccompanied Alien Child Safety/Risk Issues • Licensing Standards Compliance • Any Child Specific Issues

Following the issuance of corrective actions, the ORR/Project Officer (ORR/PO) or ORR/Federal Field Specialist (ORR/FFS) will request a response to the corrective action findings from the Program Director and determine a time frame for resolution and the disciplinary consequences for not responding within the required timeframes.

The care provider's corrective action plan must include:

- The cause of noncompliance, because effective corrective action cannot be taken without first making a determination of the cause of noncompliance;
- Clear and concise statements of corrective actions (include person/s responsible and timelines);
- Thorough descriptions of corrective actions that reference specific documents, procedures, etc.;
- The date of completion of the corrective actions; and
- Evidence supporting the claim that a corrective action has been fully and effectively implemented and that the corrective action has been performed in the way that it was described.

For more information about the termination of grants and enforcement, see **45 CFR Part 74** .

Posted 6/15/2015

5.5.3 Foster Care Monitoring

Care providers who provide care and services for unaccompanied alien children through a sub-contract or sub-grant with a foster care home are responsible for conducting annual monitoring or site visits of the sub-recipient, as well as weekly desk monitoring. This includes evaluating the recipient's compliance with applicable Federal, State, and local laws. Upon request, care providers must provide findings of such reviews to the designated ORR/Project Officer (ORR/PO).

To assess care providers with foster home arrangements, ORR evaluates and monitors the care provider on-site and through desk monitoring, but may also conduct monitoring at foster homes, as necessary.

Care providers with foster home arrangements are subject to the same monitoring schedule as other care provider facilities but the activities are tailored to the foster care arrangement. For example, ORR Monitors, during on site monitoring visits, may schedule a visit with the grantee staff of a particular foster care home to conduct a first-hand assessment of the home environment and the care provider oversight of the home.

See also **Section 4: Preventing, Detecting, and Responding to Sexual Abuse and Harassment, and 4.3.5 Disciplinary Sanctions and Corrective Actions**.

Posted 6/15/2015

5.5.4 Abuse Review Team

In addition to the routine monitoring process, ORR has an Abuse Review Team (ART) that quickly reviews allegations of abuse that are particularly serious or egregious in nature. The team is composed of ORR staff with the appropriate expertise to assess these allegations, including members of ORR's Monitoring Team, the Division of Health for Unaccompanied Alien Children, and ORR's Prevention of Sexual Abuse Coordinator.

The ART evaluates and conducts a desktop monitoring of all allegations that fall into one of the categories below. ORR leadership may also ask the ART to review other abuse allegations of particular interest.

- Sexual abuse of an unaccompanied alien child by a staff member or other adult as defined at 45 CFR 411.6;

- Sexual abuse of an unaccompanied alien child by another unaccompanied alien child as defined at 45 CFR 411.6, with the exception of allegations involving intentional touching;
- Physical injury of an unaccompanied alien child by a staff member or another unaccompanied alien child that includes lacerations, fractured bones, burns, internal injuries, severe bruising or serious bodily harm;
- Negligent treatment of an unaccompanied alien child or children that includes failure to provide adequate food, clothing, or shelter so as to seriously endanger the physical health of the child;
- Inappropriate use of discipline, including corporal punishment, that result in humiliation, mental abuse, or punitive interference with the daily functions of living, such as eating or sleeping;[4]
- Negligent treatment of an unaccompanied alien child or children that includes failure to provide routine or urgent medical, mental, or dental care, and necessary medications, so as to seriously endanger the physical or mental health of the child;
- Inappropriate use of health interventions, including quarantine, isolation, physical or chemical restraints, or delayed discharge.

In addition to desktop monitoring, the ART may identify measures that are necessary to ensure the safety of the children in the care provider facility where the allegation occurred. These measures may include:

- On-site monitoring of the care provider where the allegation occurred conducted by members of the ART;
- Monitoring of the corporate offices to review internal policies and reporting structures, as well as supervisory response to events;
- Limiting new placements of unaccompanied alien children at the care provider facility;
- Stopping placement at the care provider facility where the allegation occurred;
- Removing all children in the unaccompanied alien children program from the care provider facility and placing them into other local care provider facilities;
- Issuing corrective actions; or
- Closing the care provider facility.

Revised 08/02/2023

5.5.5 Care Provider Internal Program Monitoring, Evaluation, and Quality Assurance

Care provider facilities must have their own internal monitoring processes that may be set by the care provider's organization and the professional accreditation agency with which they are associated or by

which they are licensed.

Care providers are expected to conduct internal monitoring, evaluation, and continuance quality assurance assessments on a quarterly basis in order to identify areas in need of improvement and/or modification. The care provider's monitoring, evaluation, and quality assessment plan must include measures to evaluate how the facility:

- Complies with Federal laws and regulations, ORR policies and procedures, and state and local licensing requirements, including programs which are not eligible for state and local licensing.
- Fulfills the program's cooperative agreement or contract as well as the terms of the Statement of Work with ORR
- Identifies issues subject to corrective action plans
- Fulfills requirements for any affiliate accreditation agency, if applicable
- Provides for the timely processing and release of unaccompanied alien children

Care providers are required to evaluate their program's strengths and weaknesses based on the following performance indicators:

- Number/type of grievances filed by unaccompanied alien children and staff
- Adverse state and local licensing citations
- Allegations and findings of staff misconduct
- On-site accidents
- The use of restraints
- Timeliness of service delivery and discharges for unaccompanied alien children
- Activities related to corrective action plans, if applicable

Revised 08/01/2024

5.6 Reporting and Record Keeping

ORR funded care providers submit quarterly and annual performance and financial status reports and comply with other measures to ensure program integrity and accountability.

If a care provider submits a report that requires revising, the provider must submit a revised report by the indicated due date. Failure to do so may result in immediate issuance of corrective action or other enforcement action.

Posted 7/27/2015

5.6.1 Program Reporting Requirements[5]

TYPE OF REPORT	REPORTING REQUIREMENTS	TIME FRAME
Performance Progress Reporting	In accordance with the terms of the grant or contract. *SS-PPR ACF Performance Progress Report (PPR)*	Quarterly basis, starting October 1, to the ACF Office of Grants Management and the ORR PO
Financial Reporting	*SF-425 Federal Financial Report (FFR)*, which reflects the cumulative actual Federal funds, unliquidated obligations incurred and the unobligated balance of Federal funds. (NOTE: the FFR represents a claim to the Federal government and filing a false claim may result in civil or criminal penalties.) Supporting documentation to information in an *SF-425* may be requested.	Within 30 days after the end of each quarter to the ACF Office of Grants Management and the ORR PO. A revision is required if any discrepancies are discovered in the *SF-425*.
Program Reports	Additional programmatic or statistical information upon request from ORR (may be one time request or ongoing).	As specified by ORR. If clarification is needed regarding a request, care providers must seek clarification in a timely manner.

Posted 7/27/2015

5.6.2 Maintaining Case Files

Care provider facilities and post-release services (PRS) providers must maintain comprehensive, accurate, and up-to-date case files as well as electronic records on children that are kept confidential and secure at all times and must be accessible to ORR upon request. (Case file records may be in hard copy and/or electronic records format on the care provider's network drive as well as those created and uploaded onto ORR's case management system.) Care providers must have written policies and procedures for organizing and maintaining the content of active and closed case files that incorporate State licensing requirements and/or accrediting agency requirements, and ORR policies and procedures.

To ensure accurate recordkeeping and the provision of quality care to children, care providers must create an individual case file for each child in its care which includes the child's name, A number, date of services, and Federal fiscal year. The file documents all services provided, information about the child's progress, barriers to the child's progress, and the outcome of the case.

Each child's case file must, minimally, include the following:

Unaccompanied Alien Child Information

- Name and A Number
- Birth certificate
- Photograph

Placement Documents

- *Placement Authorization*
- *Intakes Placement Checklist*
- Inventory of property and cash (signed by child)
- List of clothing and supplies distributed to child
- Notice of *Placement in a Restrictive Setting* (if applicable)
- Acknowledgment by the child that they have received the orientation in their language regarding program rules and policies; notification regarding self-disclosures made while in ORR custody; grievance procedures; information on boundaries; abuse and neglect; and emergency and evacuation procedures
- Acknowledgment by the child that they have received information regarding the local and/or national service providers and organizations (local child advocacy centers, rape crisis centers, immigrant victim service providers, and/or other community service providers to provide services to victims of **sexual abuse** and **sexual harassment** that occurred at the care provider facility) available to assist children

Legal Information

- Acknowledgment of receiving **Legal Resource Guide**at admission and discharge
- Executive Office of Immigration Review (i.e., immigration court) documents, including those from risk determination hearings
- Notice to Appear issued by U.S. Customs and Border Protection (if applicable)
- Court documents/criminal history records (if applicable)
- *Authorization for Release of Records* (if applicable)

Medical Records

- *Authorization for Medical, Dental, and Mental Health Care*
- Documentation of *Initial Medical Exam*
- Copies of referrals for medical services
- Medical and mental health records (including over-the-counter medications), diagnosis, and documentation of communicable diseases
- Lab results and imaging studies, including CT scans, X-rays, and MRIs

- Immunization Records
- Prescriptions (including prescription logs)
- Record of dental exam(s)
- TB Screening results
- Records of office visits/ER visits/hospital, surgery
- Progress notes related to medical or mental health services (if applicable)
- Diagnosis list

Educational Services

- Summary of educational assessments
- *Individualized Education Program (IEP)*, if applicable.
- Education plan (class placement, curriculum/course descriptions, and records (academic reports, progress notes))

Case Management Records

- Case manager progress notes
- Recreation/activity log
- Telephone log
- Religious services log
- Stipend log (if stipends are mandated by State licensing)
- Individual Service Plan (ISP) and updates
- *Sponsor Assessment*
- **Sponsor Application Packet**
- Home Study *Report*

Clinical/Mental Health Records

- Progress notes from individual counseling sessions
- Group counseling notes or records
- Mental health services progress notes (if applicable)
- Mental health assessments (if applicable)
- Records of mental health office visits, telepsychology/psychiatry/psychotherapy sessions, or hospitalizations (if applicable)
- Psychotropic prescriptions, including prescription logs (if applicable)
- *Initial Intakes Assessment*

- *Assessment for Risk*
- *UAC Assessment*
- *UAC Case Review* and updates
- *Disclosure Notice* for counseling services
- Behavioral Notes (if applicable)
- Historical Disclosures (if applicable)

Incident Reports

- Significant Incident Reports (if applicable)
- Documentation of the facility's Internal Incidents or reports
- Grievances/Grievance Reports

Discharge/Exit Information

- *Verification of Release form*
- *Transfer Request and Tracking form*
- For transfers only, *Notice of Transfer to ICE Chief Counsel (Change of Address/Change of Venue)*
- Log/checklist including all documents provided to the child at discharge
- Log of property returned/disbursed at discharge
- Discharge checklist for medical records
- Copy of Order of Removal (if applicable) (also see Legal Information above)
- Copy of Trafficking Eligibility Letter (if applicable)

In preparing and managing case files and documentation, the care provider must ensure compliance with all requirements imposed by Federal statutes concerning the collection and maintenance of data that includes personal identifying information.

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5.6.3 Record Management, Retention and Safekeeping

Care providers must ensure that all records are maintained and protected so that confidential information and data are secure and not accessed, used, or disclosed to unauthorized parties or improperly altered. There must be established administrative and physical controls to prevent unauthorized access to both electronic and paper records. Electronic records, including those in the ORR case management database, cannot be accessed outside of the United States by any entity within or outside of ORR.[6] The care

providers' internal policies must be consistent with ORR's policy not to utilize the ORR case management database outside of the United States. The care provider's policies and procedures must also address preventing the physical damage or destruction of records. For sensitive unaccompanied alien child's information pertaining to sexual abuse or clinical records, care providers must implement appropriate controls on the dissemination of such information in order to ensure that sensitive information is not exploited to the unaccompanied alien child's detriment by staff or other children.

Care providers are also responsible for the timely entry of all required information into the ORR case management database. For specific timeframes related to assessment of unaccompanied alien children and potential sponsors, reporting, and release see:

- **Section 2.2.3 The Sponsor Application**
- **Section 3.3.1 UAC Assessment and Case Review**
- **Section 3.4.2 Initial Medical and Dental Examinations and Follow-up Care**
- **Section 3.4.5 Responding to Medical Emergencies**
- **Section 4.8.1 Assessment for Risk**
- **Section 2.8.2 Transfer of Physical Custody**
- **Section 2.8.3 Closing the Case File**

Care providers must provide timely and unrestricted access of all files to ORR or an individual or entity that ORR designates to have access.

Care providers must establish an internal file review system to periodically (once per quarter, at the minimum) review individual case files for completeness and accuracy.

ORR will determine prior to the end of the grant or contract with the care provider how the care provider will handle the retention or disposition of case files and program information created during the period of the agreement. Case files must be stored for the period specified in State licensing standards or its accrediting agency or three (3) years (five (5) years for records kept in the ORR case management database) from the date the unaccompanied alien child was released, whichever is longer. (Cases involving litigation must be maintained until the case is resolved.)

Complete closed case files may be scanned and saved electronically, if State licensing regulations permit. The care provider must state in its internal policies and procedures the length of time the care provider will retain records in compliance with ORR requirements, State licensing regulations, and/or the accrediting agency requirements.

Once the term for records retention matures, the care provider must inform ORR and seek guidance on how to dispose of or transfer the records. Care providers may never destroy, keep, or transfer records without

prior authorization from ORR.

Active and closed case files must be maintained in a locked file cabinet when not in use. At the minimum, care providers must ensure:

- Records, both paper or electronic, are protected from public access
- The area where paper records or electronic storage equipment is stored is supervised and/or securely locked during business hours to prevent unauthorized persons from accessing the records
- Records are inaccessible to unauthorized persons
- Records are not shared with unauthorized persons or under unauthorized circumstances in either oral or written form
- Safeguards are in place to prevent the misuse of documents
- All care provider sub-contractors, consultants, and outside parties are prohibited from using or disclosing information regarding the program for any purpose other than those detailed in the governing contract or agreement
- Sub-contractors or consultants return all ORR documents or destroy non-ORR documents at the completion of the contract
- ORR consent is obtained prior to destroying any documentation (disposable documents must be properly disposed of by shredding or by hiring a reputable company to take care of proper disposal)

Posted 08/08/2025

5.7 ORR Policies to Protect Sponsors from Fraud

ORR does not charge any fee to prospective or approved sponsors as a condition of release of an unaccompanied alien child. Any demand for payment of fees is not authorized by ORR and should not be paid.

Prospective sponsors should immediately report any suspicious calls or requests for payment to the care provider facility, ORR directly, or the ORR National Call Center Help Line at 1 (800) 203-7001.

Posted 7/27/2015

5.7.1 ORR Efforts to Help Prevent Fraud

Care providers notify all potential sponsors that ORR, its care providers, volunteer agencies, and grantees/contractors do not collect or require fees for any services related to the release of unaccompanied alien children from HHS custody.[7]

In order to detect potential fraud schemes, ORR also asks all approved sponsors at the time of a child's release if they have been approached by anyone asking for money at any point in the release process.

The Federal Bureau of Investigation (FBI) recommends that all members of the public should exercise caution and adhere to the following guidelines before making a payment or donation of any kind:

- Be skeptical of individuals representing themselves as officials and asking for payments or donations door-to-door, via phone, mail, e-mail, or social networking sites.
- Be skeptical of individuals requesting payment or contributions by courier or wire, or those who request your bank account or credit card number.
- Verify the legitimacy of the government agency or non-profit organization by utilizing various Internet-based resources which may confirm the correct phone number, e-mail, and/or the group's existence and its non-profit status rather than following a link to an e-mailed site.
- Call the official telephone number of the government agency seeking money to ensure the request for payment is legitimate.
- Do not respond to any unsolicited (spam) incoming e-mails. Do not click links contained within those messages.
- Be cautious of e-mails that claim to show pictures of intended recipients in attached files which may contain viruses. Only open attachments from known senders.
- Make contributions directly to known organizations rather than having others make the donation on your behalf to ensure contributions are received and used for intended purposes.
- Do not give your personal or financial information to anyone who seeks payment or solicits contributions. Providing such information may compromise your identity and make you vulnerable to identity theft.

See **New Fraud Schemes Targeting Families of Unaccompanied Alien Children** for the Spanish translation of this warning.

ORR also requests that sponsors:

- Report any suspicious calls or contact to the care provider facility and ORR directly.
- Call the ORR National Call Center Help Line at 1 (800) 203-7001. Sponsors may call the help line to inform ORR if a person defrauds or attempts to defraud them of money.

Posted 7/27/2015

5.7.2 Responding to Fraud Attempts

If a care provider determines that a sponsor or prospective sponsor has been the target of a fraud attempt, the care provider must report the incident to ORR through a Significant Incident Report (SIR) and to local law enforcement.

ORR reviews the information in the SIR and reports all fraud schemes, whether attempted or successfully perpetrated, to HHS/Office of the Inspector General (OIG). ORR and the care provider may provide ongoing consultation to HHS/OIG on their investigation, including providing circumstantial information surrounding the fraud scheme and additional clarification of facts after submitting the SIR. To obtain case file records pertaining to such an investigation, HHS/OIG must file a case file records request using the Authorization for Release of Records form following the process outlined in **Section 5.10.1 UAC Case File Request Process**. Requests may be expedited at ORR's discretion subject to the criteria in **Section 5.10.1**.

If the fraud scheme involves care provider staff, ORR instructs the care provider to contact local law enforcement and to follow their local licensing guidelines regarding reports of inappropriate employee behavior and to inform their local licensing agency that the case was referred to HHS/OIG and local law enforcement. A care provider facility must take disciplinary action including termination of any staff for criminal behavior, including fraud. ORR issues corrective action findings and requires the care provider to take appropriate action. See **Section 5.5.2 Follow Up and Corrective Actions**.

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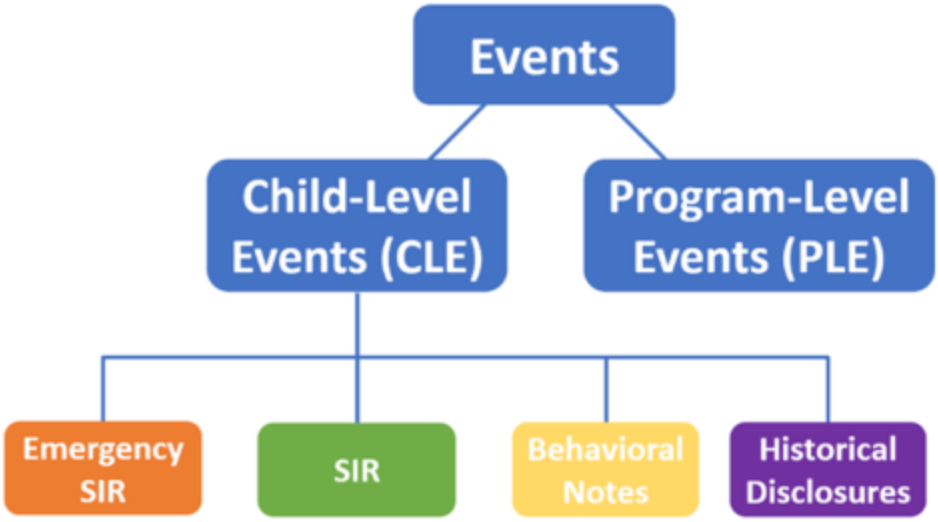
5.8 Reporting Child-Level and Program-Level Events

ORR requires that care providers and ORR staff report incidents affecting an unaccompanied alien child's safety and well-being and record observations that can inform how best to meet their needs. Care providers must report on a wide range of incidents and observations, including but not limited to abuse/neglect by staff, destruction of property by children, mental health concerns, and natural disasters that affect a program's functioning. Below is a chart that illustrates the broad types of events that care providers report to ORR:



Reporting these events to ORR helps ensure that significant incidents involving children are documented and responded to in a way that protects the **best interests** of children in ORR care, including their safety and well-being. Incident reports are not a complete or comprehensive record of a child's time in care because they are primarily meant as internal records, which purpose is to document and communicate incidents for ORR's immediate awareness (and not, for example, as legal documents, medical or clinical records, or as dispositive decision documents regarding aspects of a child's case management needs). Unless otherwise stated, information may not be fully verified; the incident itself or actions to address the incident may be ongoing and require several addendums. Further, an incident report is not intended to provide a complete context (such as trauma, other incidents) of the incident described or of the child's experience in home country, journey, or time in care.

Under no circumstances may care providers threaten children with incident or event reporting to regulate their behavior or for any other reason. Care providers are also prohibited from using the existence of a significant incident report (SIR) as a basis for a child's step-up to a restrictive placement, the sole basis for a refusal to step a child down to a less restrictive placement, or the sole basis for refusing a child's placement in their facilities.

This section describes each category of event and its reporting requirements; contains reference charts for reporting; and includes instructions for notifying certain non-governmental stakeholders (e.g., attorneys, potential sponsors, etc.).

Some events will rise to the level of an **emergency** and require prompt notification to ORR, in addition to the timely completion of an official **Emergency SIR** form. See **Section 5.8.1 Emergency Incidents** for reporting and notification requirements.

In other non-emergency cases, care providers are required to report significant incidents to ORR using an official SIR form through the ORR case management database. See **Section 5.8.2 Significant Incidents** for reporting and notification requirements.

Broadly, **child-level events (CLE)** are incidents, events, and observations that affect individual children and include emergency incidents, significant incidents, behavioral notes, and historical disclosures. Emergency incidents and significant incidents follow reporting requirements in **Section 5.8.1** and **Section 5.8.2** respectively, while behavioral notes and historical disclosures follow reporting requirements in **Section 5.8.12 Behavioral Notes and Historical Disclosures**. Conversely, some events, referred to as **program-level events** (PLE) may affect the entire care provider facility and/or children and staff within (e.g., an active shooter or natural disaster). Care providers are required to report these events to ORR using an official PLE Report form through the ORR case management database. See **Section 5.8.3 Program-Level Events** for reporting and notification requirements.

Care providers must ensure that each report includes sufficient detail regarding the incident or event to accurately describe it in a sequential manner, identifies the individuals involved, avoids judgmental or disparaging language about children, and records all follow-up actions. Properly documenting incidents helps identify dangers and avoid situations that could potentially endanger children and staff. When emergencies, significant incidents, or PLEs occur, ORR staff and care providers must prioritize the safety of children and staff ahead of reporting requirements. See **Section 5.5 ORR Monitoring and Compliance** and **Section 4.6 Coordinated Response** for further information about ORR's standards for monitoring and compliance, including actions ORR may take to ensure the safety and well-being of children in its care.

These reports may not be provided to any outside entity or individual without prior permission from ORR, unless stated otherwise in ORR policies and procedures. Any notification emails sent to external entities about relevant incidents (such as those subject to mandatory reporting in accordance with state, local, or federal law or ORR policy) **must** include the **Significant Incident Report (SIR) Triage Team** at **SIRTriage@acf.hhs.gov**.

Revised 08/01/2024

5.8.1 Emergency Incidents

Emergency incidents include (1) urgent situations in which there is an immediate and severe threat to a child's safety and well-being that requires immediate action, or (2) unauthorized absences.

Emergency incidents include, but are not limited to:

- Abuse or neglect in ORR care where there is an immediate and severe threat to the child's safety and well-being, such as physical assault resulting in serious injury, sexual abuse, or suicide attempt;

- Death of a child in ORR custody, including out-of-network facilities (see **Section 3.3.16 Notification and Reporting of the Death of an Unaccompanied Alien Child**);
- Medical emergencies, as defined in **Section 3.4.5 Responding to Medical Emergencies**;
- Mental health emergencies requiring hospitalization; and
- Unauthorized absences of children in ORR custody (see **Section 5.8.8 Reporting SIRs and Historical Disclosures to DHS** for additional reporting requirements).

Reporting:

Care providers must immediately report emergency incidents, as appropriate, to 9-1-1, local law enforcement, Child Protective Services (CPS), HHS Office of the Inspector General, and the State licensing agency, in accordance with mandatory reporting laws, State licensing requirements, Federal laws and regulations, and ORR policies and procedures. Care provider facilities also must immediately report emergencies to the ORR/Federal Field Specialist (FFS) Supervisor overseeing that facility. For unauthorized absences, care providers must automatically notify the legal service provider (LSP) or **attorney of record** (if applicable), as well as the appointed Child Advocate if there is one, **within 48 hours**.

Care providers must submit an Emergency Significant Incident Report (SIR) in ORR's case management system **within four (4) hours** of an emergency incident (or within four (4) hours of the care provider becoming aware of the incident). An Emergency SIR must be filed for each child involved in an emergency incident, and multiple Emergency SIR Addendums may be required to provide all updated and additional information after the initial Emergency SIR is submitted (see **Section 5.8.4 Report Addendums**).

Any notification emails to entities outside of ORR **must** include the SIR Triage Team at **SIRTriage@acf.hhs.gov**.

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5.8.2 Significant Incidents

Significant incidents are (1) situations that may immediately affect the safety and well-being of an unaccompanied alien child or (2) observations that may affect how a care provider can best meet a child's needs while in care.

Significant incidents include, but are not limited to:

- Abuse or neglect of an unaccompanied alien child by an adult while in (ORR) care;
- Sexual harassment or inappropriate sexual behavior;
- Staff code of conduct and boundary violations;

- External threats to children, such as:
    - Any outside actors perpetrating actual or potential fraud schemes on children or their sponsors;
    - Human trafficking or smuggling concerns or risks; and
    - Threats to a child while in ORR care related to crime or organized crime
- Incidents involving law enforcement on-site at the care provider;
- Outside actors perpetrating potential fraud schemes on children or their sponsors;
- Incidents of suspected document or information fraud, including suspicions of providing false information. This may involve misrepresentation of identity, relationships, or other key information in the sponsors assessment process, such as:
    - An unaccompanied alien child or an adult acting as an unaccompanied alien child, who misrepresents their identity or age;
    - An adult who misrepresents their biological or familial relationship with an unaccompanied alien child;
    - A sponsor or potential sponsor who misrepresents their identity or provides false or fraudulent identity documentation;
    - A sponsor providing false or altered documents regarding proof of address or place of residence;
    - A sponsor or potential sponsor who misrepresents the whereabouts or welfare of other children, including former unaccompanied alien children in the household;
    - A sponsor or potential sponsor who misrepresents information submitted in connection with a sponsor application, sponsor assessment, and/or supporting documentation;
    - A sponsor or potential sponsor who incorrectly reports an address, current work status, or intended care plans of a child;
    - A sponsor who fails to disclose their prior placement in ORR custody;
    - A sponsor fails to disclose their history of gang affiliation.
- Healthcare errors;
- Requests for termination of pregnancy;
- Runaway attempts;
- Mental health concerns; and
- Use of behavioral safety measures, such as restraints.

Reporting:

Care providers must submit a completed SIR in ORR's case management system within 24 hours of the

significant incident (or within 24 hours of the care provider becoming aware of the incident).

Care providers also must report significant incidents, as appropriate, to Child Protective Services (CPS), State licensing, and/or local law enforcement, in accordance with mandatory reporting laws, State licensing requirements, Federal laws and regulations, and ORR policies and procedures.

NOTE: ORR's Integrity and Accountability Team (I & A) will report all suspected fraud related incidents to the U.S. Department of Health and Human Services Office of Inspector General (HHS OIG) and to the U.S. Department of Homeland Security's (DHS) Immigration and Customs Enforcement (ICE) for criminal investigation. Care providers and field staff should not report fraud related incidents to HHS OIG or ICE; however, staff must respond if HHS OIG or any other law enforcement agency, including ICE, requests additional information or clarification of facts (see **Section 5.7.2 Responding to Fraud Attempts**) or utilize the case file request process to obtain records related to an investigation (see **Section 5.10.7 Information Sharing with Investigative Agencies**).

Additionally, some SIRs require notification to the U.S. Department of Homeland Security (DHS). See **Section 5.8.8 Reporting SIRs and Historical Disclosures to DHS**.

A SIR must be filed for each child involved in a significant incident, and multiple SIR Addendums may be required to provide all updated and additional information after the initial SIR is submitted (see **Section 5.8.4 Report Addendums**). A copy of each SIR and SIR Addendum must be kept in the child's case file.

Any notification emails to entities outside of ORR **must** include the SIR Triage Team at **SIRTriage@acf.hhs.gov**.

Revised 03/7/2025

5.8.3 Program-Level Events

Program-level events (PLE) are situations that affect the entire care provider facility and/or children and staff within and require immediate action.

PLEs include, but are not limited to:

- Death of a staff member, other adult, or non-unaccompanied alien child at a care provider facility or foster home;
- Major disturbance (e.g., shooting/terrorist attack, riot, protest, etc.);
- Natural disaster (e.g., earthquake, flood, tornado, wildfire, hurricane, etc.); and
- Any event that affects normal operations for the care provider facility (e.g., long-term power outage, gas leaks, inoperable fire alarm system, infectious disease outbreak[8] stoppage of

intakes/discharges that affects the entire facility, any safety or abuse/neglect concern where the child has not yet been identified, etc.)

Reporting:
Care providers must immediately report PLEs, as appropriate, to 9-1-1, local law enforcement, Child Protective Services (CPS), and/or State licensing, in accordance with mandatory reporting laws, State licensing requirements, Federal laws and regulations, and ORR policies and procedures. Care provider facilities must also immediately report PLEs to the ORR/Federal Field Specialist (FFS) Supervisor.

Care providers must submit a PLE Report in the ORR case management database within four (4) hours of the event (or within four (4) hours of the care provider becoming aware of the event)—or as soon as practicable. For PLEs that occur over multiple days, or if the situation changes, follow-up reporting may be required. Care providers are required to submit a final PLE Report after the incident is resolved.

If children are injured or become ill as a result of the PLE, and the injury or illness rises to the level of a medical emergency (as defined inâ€¯**Section 3.4.5 Responding to Medical Emergencies**), an SIR must be filed for each injured or ill child as outlined in **Section 5.8.1 Emergency Incidents**.

Any notification emails to entities outside of ORR **must** include the SIR Triage Team at **SIRTriage@acf.hhs.gov**.

Revised 08/02/2023

5.8.4 Report Addendums

Care providers must create an addendum to an existing Emergency Significant Incident Report (SIR) and SIR when information in the original document was incorrect or incomplete or new information becomes available about the incident. Care providers should update the Program-Level Event (PLE) in the original report when information in the original document was incorrect or incomplete or new information becomes available about the incident. Examples of information that care providers should document in addendums include a discussion with the potential sponsor about the incident; media inquiries; and receipt of official reports from State or local government agencies.

Care providers must submit addendums to SIRs or updates to PLEs to ORR within 24 hours of learning of the incorrect, incomplete, or new information.

Revised 6/7/2021

5.8.5 Elevation of Emergencies, Significant Incidents, and Program-Level Events

ORR elevates certain emergencies and significant incidents within its leadership structure as an additional measure of protection to help ensure children are safe and receive appropriate care, and to provide care providers and ORR field staff the support needed in handling the most difficult and sensitive situations.

In the following cases, the ORR/Federal Field Specialist (ORR/FFS) receiving the report must immediately elevate the case to their FFS Supervisor and Significant Incident Report (SIR) Triage Team (**SIRTriage@acf.hhs.gov**) simultaneously, and the SIR Triage Team then elevates the case (while keeping the relevant FFS and FFS Supervisor in the email) to the Field Manager, the Director of the Division of Unaccompanied Alien Children Policy, Associate UAC Bureau Director, Manager of Project Officers and Grants Management, ORR Chief of Staff, Director of Division of Planning and Logistics (DPL) (as applicable), Division of Health for Unaccompanied Alien Children (DHUAC) (as applicable), and the ORR Director.

- Death of a child, staff, or other person in a care provider facility or foster home;
- Situations in which the lives of children or care provider staff are in immediate danger (e.g., shooting/terrorist attack, natural disaster, medical emergency — as defined inâ€¯**Section 3.4.5 Responding to Medical Emergencies**, mental health emergency requiring hospitalization, and/or potential infectious disease outbreak);
- Unauthorized absences of children in ORR custody; and
- Any situation that is reasonably likely to require ORR leadership oversight or escalation to the leadership of the Administration for Children and Families and/or U.S. Department of Health and Human Services.

In cases that affect the entire care provider facility, such as a shooting/terrorist attack or natural disaster, the SIR Triage Team will elevate the case to the Director of DPL.

In cases of a death of a child, a medical emergency, or a mental health emergency requiring hospitalization of a child, the SIR Triage Team will elevate the case to the Director of DHUAC.

In cases of a potential infectious disease outbreak, ORR staff receiving the report shall immediately elevate the case to their immediate supervisor, who in turn elevates the case to DHUAC. DHUAC reviews the case and elevates any confirmed outbreaks simultaneously to the Field Manager, Division of Grants Management Manager, Director of DPL, Director of Division of Unaccompanied Alien Children Policy, Director of Division of Unaccompanied Alien Children Placements, Director of Division of Unaccompanied Alien Children Field Operations, ORR Unaccompanied Alien Children Bureau Deputy Director(s), ORR UAC Bureau Chief, and the Deputy Assistant Secretary for Humanitarian Services, and ORR Director.

QUICK REFERENCE CHART: ORR Supervisor Requirements for Elevation of Emergencies, Significant Incidents, and Program-Level Events

NOTE: The chart is intended as a quick reference guide and does not cover every type of reportable incident.

TYPE OF INCIDENT	CARE PROVIDER REPORTING REQUIREMENTS
UNAUTHORIZED ABSENCES	
Unauthorized absence from a care provider facility or foster home	ORR SIR Triage Team elevates to the Field Manager, PO Supervisor, Division of UAC Field Operations Director, Division of Grants Management Manager, ORR UAC Bureau Chief, and the ORR Director.
DEATH OF A CHILD, STAFF, OR OTHER PERSON IN A CARE PROVIDER FACILITY OR FOSTER HOME	
Death of a child	ORR SIR Triage Team elevates to the Field Manager, PO Supervisor, Division of UAC Field Operations Director, Division of Grants Management Manager, ORR UAC Bureau Chief, ORR Director, and the Director of DHUAC.
Death of staff or other person	ORR SIR Triage Team elevates to the Field Manager, PO Supervisor, Division of UAC Field Operations Director, Division of Grants Management Manager, ORR UAC Bureau Chief, and ORR Director.
SITUATIONS IN WHICH THE LIVES OF CHILDREN OR CARE PROVIDER STAFF ARE IN IMMEDIATE DANGER	
Cases that affect the entire care provider facility	ORR SIR Triage Team elevates to Field Manager, PO Supervisor, Division of UAC Field Operations Director, Division of Grants Management Manager, ORR UAC Bureau Chief, Deputy Assistant Secretary for Humanitarian Services and ORR Director, and the Director of DPL.
Medical emergency and mental health emergencies requiring hospitalization	ORR SIR Triage Team elevates to the Field Manager, PO Supervisor, Division of UAC Field Operations Director , Division of Grants Management Manager, ORR UAC Bureau Chief, ORR Director, and Director of DHUAC.
Potential infectious disease outbreak	• FFS Supervisor reports to DHUAC. • DHUC reports confirmed outbreaks to the Field Manager, Director of DPL, PO Supervisor, Division of UAC Field Operations Director, Division of Grants Management Manager, ORR UAC Bureau Chief, and ORR Director.

Revised 08/01/2024

5.8.6 Allegations of Sexual Abuse in ORR Care

ORR has a zero-tolerance policy for all forms of sexual abuse, sexual harassment, inappropriate sexual behavior, and staff code of conduct violations at care provider facilities and foster family homes and makes every effort to prevent, detect, and respond to such conduct. For detailed information on reporting allegations of sexual abuse, sexual harassment, inappropriate sexual behavior, and staff code of conduct violations, see **Section 4.10 Sexual Abuse Reporting and Follow-up**.

Revised 6/7/2021

5.8.7 Allegations of Child Abuse in DHS Custody

If a child makes an allegation of child abuse, including sexual abuse, sexual harassment, or inappropriate sexual behavior, that occurred while they were in U.S. Department of Homeland Security (DHS) custody, care providers must report the allegation according to State mandatory reporting laws and ORR policies and procedures. See definitions for physical abuse, verbal/emotional abuse, neglect, and medical neglect in the **Guide to Terms**.

Care providers must document the allegation as a Historical Disclosure (**Section 5.8.12 Behavioral Notes and Historical Disclosures**) in ORR's case management system within 24 hours. ORR then reports these allegations of abuse to DHS Customs and Border Protection and DHS Office for Civil Rights and Civil Liberties.

Revised 6/7/2021

5.8.8 Reporting SIRs and Historical Disclosures to DHS

The following chart outlines care provider reporting requirements for significant incidents and historical disclosures that must be reported to U.S. Department of Homeland Security (DHS).

Care providers must not include clinical or mental health information in Significant Incident Reports (SIRs) or historical disclosures that are reported to DHS unless required by mandatory reporting laws.

QUICK REFERENCE CHART: Care Provider Reporting Requirements for Significant Incidents and Historical Disclosures to DHS

NOTE: The chart is intended as a quick reference guide and does not cover every type of reportable incident or disclosure.

TYPE OF INCIDENT	CARE PROVIDER REPORTING REQUIREMENTS
	INCIDENTS THAT OCCURRED IN ORR CARE
Unauthorized absence	1. Report to 9-1-1 or local law enforcement, as appropriate. 2. Report to Child Protective Services (CPS) and/or State licensing officials and include the SIR Triage Team at **SIRTriage@acf.hhs.gov***. 3. Report to the ORR FFS Supervisor 4. Contact DHS' Field Office Juvenile Coordinator (FOJC) by telephone. 5. Submit an Emergency SIR in ORR's case management system within four (4) hours. 6. Submit an Emergency SIR to the FOJC within four (4) hours and include the SIR Triage Team at **SIRTriage@acf.hhs.gov***. Call the National Center for Missing and Exploited Children (NCMEC) Hotline at 1-800-THE-LOST (1-800-843-5678).
Arrest	1. Submit an SIR in ORR's case management system within four (4) hours. 2. Submit an SIR to the FOJC via email and include the SIR Triage Team at **SIRTriage@acf.hhs.gov***. Contact the FOJC by telephone.
Care Provider Facility Evacuations that result in the relocation of child to another facility	1. Report to 9-1-1 or local law enforcement, as appropriate. 2. Report to CPS and/or State licensing officials and include the SIR Triage Team at **SIRTriage@acf.hhs.gov***. 3. Report to the ORR FFS Supervisor 4. Contact DHS' Field Office Juvenile Coordinator (FOJC) by telephone.

TYPE OF INCIDENT	CARE PROVIDER REPORTING REQUIREMENTS
	5. Submit a Program-Level Event Report in ORR's case management system within four (4) hours. Submit a Program-Level Event Report to the FOJC within four (4) hours and include the SIR Triage Team at **SIRTriage@acf.hhs.gov***.
INCIDENTS THAT DID NOT OCCUR IN ORR CARE	
Abuse (other than sexual abuse) or Neglect that Occurred in DHS Custody	1. Report to CPS in the state of the reporting care provider, according to State mandatory reporting laws and include the SIR Triage Team at **SIRTriage@acf.hhs.gov***. 2. Report to CPS in the state where the allegation took place according to State mandatory reporting laws and include the SIR Triage Team at **SIRTriage@acf.hhs.gov***. 3. Submit historical disclosure in ORR's case management system within 24 hours (ORR will provide a copy of the disclosure to the appropriate components of DHS).
Sexual Abuse, Sexual Harassment, or Inappropriate Sexual Behavior that Occurred in DHS Custody	Refer to the quick reference guide in **Section 4.10.2 Care Provider Reporting Requirements**.

* Where notification occurs via email. If the entity to which the care provider is reporting an event requires notification via their own website or portal, care providers should also upload a copy of that completed form into ORR's case management system as an addendum in the relevant SIR.

The following chart outlines ORR/Federal Field Specialist (ORR/FFS) reporting requirements for significant incidents that must be reported to DHS.

QUICK REFERENCE CHART: FFS Reporting Requirements for Significant Incidents to DHS

NOTE: The chart is intended as a quick reference guide and does not cover every type of reportable incident.

TYPE OF INCIDENT	FFS REPORTING REQUIREMENTS
Alleged or Suspected Human Smuggling, Drug Trafficking, and Weapons Trafficking	Email the SIR to the Immigration and Customs Enforcement (ICE)/Homeland Security Investigations (HSI) Tip Line within one business day of receiving the SIR.

TYPE OF INCIDENT	FFS REPORTING REQUIREMENTS
Alleged or Suspected Human Trafficking	1. Email the SIR to the ICE/HSI Tip Line **within one business day** of receiving the SIR. 2. Email the SIR to the ICE Human Trafficking Help Desk **within one (1) business day** of receiving the SIR.
Death of an Unaccompanied Alien Child (See **Section 3.3.16 Notification and Reporting of the Death of an Unaccompanied Alien Child**)	1. Contact the child's parent(s), legal guardian, or next-of-kin. 2. Contact the child's attorney of record or the care provider's local legal service provider. 3. Contact the applicable consulate officials. 4. Contact the child advocate, if applicable. 5. Contact the FOJC by telephone. 6. Contact the local medical examiner to obtain a death certificate.

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5.8.9 Allegations of Past Abuse that Occurred Outside of the United States

If a child reports past abuse that occurred in his or her home country or on the way to the United States, **care providers** must document it as a Historical Disclosure (**Section 5.8.12 Behavioral Notes and Historical Disclosures**) and follow State licensing requirements, as applicable, to report the allegations of abuse. Any notification emails to entities outside of ORR must include the Significant Incident Report (SIR) Triage Team at **SIRTriage@acf.hhs.gov** for the team to track incidents and reporting compliance.

Revised 08/02/2023

5.8.10 Allegations of Past Abuse that Occurred Inside of the United States

All allegations of abuse that occurred within the United States (but not when the child was in the custody of the Federal government) must be reported to the care provider's State licensing agency, Child Protective Services (CPS), and local law enforcement, in accordance with State licensing requirements, as applicable, and must be documented as a Historical Disclosure (**Section 5.8.12 Behavioral Notes and Historical Disclosures**). For allegations of sexual abuse in the United States, care providers must also elevate the case to the ORR Prevention of Sexual Abuse Coordinator at **PCAN@acf.hhs.gov**.

If the State licensing or CPS agency directly reports an allegation to local law enforcement, the care provider does not need to make a separate report but must confirm and document when such a report has been made. Care providers must report allegations of abuse involving an adult to local law enforcement, regardless of whether State licensing or CPS reports the allegation. Any notification emails to entities outside of ORR **must** include the SIR Triage Team at **SIRTriage@acf.hhs.gov** for the team to track incidents and reporting compliance.

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5.8.11 Notification to Attorneys, Legal Representatives, Child Advocates, Families, and Sponsors

Care providers must notify, as appropriate, attorneys of record, legal service providers (LSP), child advocates, parents or legal guardians, and potential sponsors of certain types of Significant Incident Reports (SIRs).

Referrals/Notifications to Legal Service Providers and Attorneys of Record

Care providers **MUST** automatically refer children to the on-site LSP (or notify the child's attorney of record, if applicable) for a follow-up legal screening in the following events:

- A child is reported to be involved in the following Emergency SIRs:
    - Incidents Involving Weapons
    - Severe Abuse/Neglect
- A child is reported to be involved in the following SIRs:
    - External Threats to Unaccompanied Alien Children
    - Incidents Involving Law Enforcement On-Site

Also see **Section 4.10.4 Notification and Access to Attorneys/Legal Representatives, Families, Child Advocates, and Sponsors** and **Section 5.8.12 Behavioral Notes and Historical Disclosures** for additional circumstances that require a referral the LSP or attorney of record.

The care provider must explain to the child that they are being automatically referred to an attorney who can assess whether the incident will affect the child's immigration case. The referral must take place **within 48 hours** of the care provider becoming aware of the SIR requiring triggering a referral.

If the child is 14 years or older: The care provider **must not** disclose the type of SIR or Emergency SIR (or related information) requiring the referral to the LSP or attorney of record.

If the child is 13 years or younger or has a diagnosed developmental disability at any age: The care provider **must** automatically disclose the type of SIR or Emergency SIR requiring the referral (but not the SIR itself) in the email referral to the LSP or attorney of record.

The care provider **must not** provide a copy of the underlying SIR (or related information) for the follow-up legal screening until/unless the LSP or attorney of record completes the Authorization for Release of Records in accordance with **Section 5.10.1 UAC Case File Request Process**.

If a care provider reports an Unauthorized Absence for an unaccompanied alien child, the care provider must also automatically notify the LSP or attorney of record (if applicable) **within 48 hours**.

Referrals to the Child Advocate

Care providers **MUST** automatically refer children to the Child Advocate in the following circumstances:

- A child is reported to be involved in the following Emergency SIRs:
    - Severe Abuse/Neglect
- A care provider documents one of the following types of SIRs:
    - Incidents Involving Law Enforcement On-Site
    - External Threats to Unaccompanied Alien Children
        1. **Labor trafficking** concern or risk identified
        2. **Sex trafficking** concern or risk identified

The care provider must make clear to the child that they are being automatically referred to a Child Advocate (if the child does not already have one appointed), who, if appointed, will provide recommendations in the child's best interests regarding the child's care or placement. The referral must take place **within 48 hours** of the care provider becoming aware of the triggering SIR.

Care providers must use the Child Advocate Recommendation and Appointment Form available on ORR's case management system to make the referral.

Only if/when the Child Advocate confirms that they are appointed to the child's case and has sent ORR the completed Child Advocate Recommendation and Appointment Form may the care provider furnish the Child Advocate with the child's complete case file, including SIR documentation.

If a care provider reports an Unauthorized Absence for an unaccompanied alien child, the care provider must automatically notify the child's appointed Child Advocate (if there is one) **within 48 hours**.

For any child who is hospitalized or requires a serious medical service, care providers must notify the child's child advocate (if applicable), parent or legal guardian and sponsor, in accordance with

Section **4.10.4 Notification and Access to Attorneys/Legal Representatives, Families, Child Advocates, and Sponsors** and Figure **4.10.2**.

More information on the role of Child Advocates can be found in **Section 2.3.4 Child Advocates**.

Arrests

Care providers should make every effort to de-escalate a conflict to prevent the need to contact law enforcement (see **Section 3.3.13 Behavior Management**).

If a child is arrested by law enforcement, care providers should—**within four (4) hours** of the arrest during regular business hours or the morning of the next calendar day—complete the following notifications to:

- the child's parent or legal guardian, if possible and if there are no specified child welfare reasons not to provide notice;
- the LSP or attorney of record (if applicable);
- the appointed Child Advocate (if applicable); and
- any potential sponsor, if possible and if there are no specified child welfare reasons to not provide notice

When making notifications to the individuals listed above, care providers shall also specify the following information:

- that the child was arrested, but:
    - If the child is 14 years or older: the care provider **must not** disclose details about the arrest unless child consents to disclosing those details
    - If the child is 13 years or younger or has a diagnosed developmental disability at any age: the care provider **must** automatically disclose the details of the arrest if known;
- the child's present location, if known;
- a law enforcement point of contact; and
- a public defender point of contact, if known.

Care providers shall make reasonable and timely efforts to notify law enforcement of information necessary to ensure the child's immediate safety while in law enforcement custody, such as current medications or allergies, any disability-related accommodation needs (e.g., the need for hearing aids), or whether the child is at documented enhanced risk for suicide.

ORR will begin planning for the child's return to ORR custody within one (1) calendar day of the child's arrest to ensure there is an appropriate ORR placement available for the child upon their release and

minimize the time, if any, that the child spends waiting for an ORR placement following release from law enforcement.

Notification and Access to Families and Sponsors

Care providers must notify, as appropriate, parents or legal guardians, and potential sponsors of any type of abuse and neglect, incidents involving law enforcement on-site, and unauthorized absences. Care provider facilities must ensure children have access to their families, including legal guardians, unless ORR has documentation that certain family members or legal guardians should not be provided access due to safety concerns. Care providers must provide a notification only and may not send SIRs.

If a child is arrested by law enforcement, care providers should—**within four (4) hours** of the arrest during regular business hours or the morning of the next calendar day—notify the child's parent, legal guardian, and/or sponsor, if possible, and if there are no specified child welfare reasons not to provide such notice.

QUICK REFERENCE CHART: Notification to Parents/Legal Guardians and Sponsors Here

CHILD'S AGE	CARE PROVIDER REQUIREMENTS
14 Years Old or Older	1. Follow child's decision whether to notify the parent or legal guardian unless there is evidence showing they should not be notified 2. Follow the child's decision whether to notify the sponsor or receiving facility, if different from the parent or legal guardian
14 Years of Age or Older with a Diagnosed Developmental Disability	Notify the ORR/FFS prior to speaking with the child
13 Years of Age or Younger	1. Notify the child's parent or legal guardian unless there is evidence showing they should not be notified 2. Notify the child's sponsor or receiving facility, if different from the parent or legal guardian

Care providers must document any and all notifications made in ORR's case management system.

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5.8.12 Behavioral Notes and Historical Disclosures

Behavioral Notes

In some instances, it may be beneficial for care providers to document behaviors or observations about children that highlight positive events or developments in the children's daily life while in care. Examples

include demonstrating significant improvement in developing life skills or doing particularly well in a class, program, or activity. It may also be beneficial for care providers to document patterns of behavior that potentially merit intervention or support over time. Examples include benign, developmentally appropriate horseplay, or adolescent non-compliance with staff instructions. Such observations may be documented as a **Behavioral Note** in the child's ORR's case management system where it could be helpful to have a record of the behavior for the purpose of adding meaningful context for the child's time in ORR care and to provide support and/or relevant services that meet the child's individual needs. Documenting behavioral notes is optional and at the care provider's discretion on whether a given observation is worth documenting.

Under no circumstances may care providers threaten children with the use of Behavioral Notes to regulate their behavior or for any other reason.

Behavioral Notes are subject to the information sharing prohibitions described in **Section 5.10.2 Limits to Sharing Information with DHS and EOIR** (i.e., ORR prohibits the sharing of non-essential case information with DHS and EOIR, which includes behavioral reports). Further, ORR will not release any records to a government agency if the records request is clearly outside the scope of the agency's authority or if the request appears to be for immigration enforcement purposes (even in cases where an authorizing signature is provided) absent a lawfully issued subpoena or court order (see **Section 5.10.1 UAC Case File Request Process**). Behavioral Notes are also subject to information sharing prohibitions described in **Section 5.9.2 Protecting Confidentiality of Mental Health and Medical Records**, when applicable, as well as the Disclosure Notice Requirements in **Section 5.9.1 Requirement to Inform Children of Limits to Confidentiality**.

Historical Disclosures

Incidents that have occurred prior to the child coming into ORR care and custody should be documented as a **Historical Disclosure** in ORR's case management system **within 24 hours** of disclosure from the child. Examples of past incidents that should be captured as a Historical Disclosure include abuse/neglect in DHS custody, abuse/neglect allegations that occurred in the United States but not while in federal custody, or other abuse or traumatic events in home country. The purpose of the Historical Disclosures is to document past incidents of abuse, neglect, other harm, or threats of harm that occurred before the child came into ORR care that may inform how a care provider can best meet a child's needs, such as by providing relevant mental health support. Additionally, this documentation helps ensure that relevant investigative entities are notified of threats like human trafficking. **It is the care provider's responsibility to render any relevant support services in response to a historical disclosure (such as mental health support following disclosure of a past traumatic event).**

Reporting Requirements

Care providers must report past abuse or neglect that occurred in home country, during the child's journey, or otherwise in the United States prior to coming into ORR care and custody, as appropriate, to relevant state child protective service entities, State licensing, and/or law enforcement, in accordance with mandatory reporting laws, State licensing requirements, Federal laws and regulations, and ORR policies and procedures **within 24 hours** of the disclosure.

Care providers must also report certain disclosures to various other stakeholders, as outlined below.

Also see **Section 4.10.4 Notification and Access to Attorneys/Legal Representatives, Families, Child Advocates, and Sponsors** and **Section 5.8.11 Notification to Attorneys, Legal Representatives, Child Advocates, Families, and Sponsors** for additional circumstances that require a referral the LSP and/or Child Advocate.

Referrals/Notifications to LSPs and Attorneys of Record

Care providers **must** automatically refer children to the legal service provider (LSP) (or notify the child's attorney of record, if applicable) for a follow-up legal screening **within 48 hours** if one of the following types of Historical Disclosures is reported:

- Abuse/Neglect in DHS Custody;
- Past Abuse/Neglect Not in ORR Care or DHS Custody;
- Self-Disclosed Juvenile Delinquency.

The care provider must explain to the child that they are being automatically referred to an attorney so that the lawyer can assess whether the disclosure will affect their immigration case.

If the child is 14 years or older: The care provider **must not** disclose the type of historical disclosure requiring the referral to the LSP or attorney of record.

If the child is 13 years or younger, or has a developmental disability at any age: The care provider **must** automatically disclose the type of historical disclosure requiring the referral (but not the Historical Disclosure itself) in the email referral to the LSP or attorney of record.

The care provider **must not** provide a copy of the Historical Disclosure for the follow-up legal screening until/unless the LSP or attorney of record completes the Authorization for Release of Records in accordance with **Section 5.10.1 UAC Case File Request Process**.

Referrals to a Child Advocate

Care providers must automatically refer children to a Child Advocate **within 48 hours** if one of the following types of Historical Disclosures is reported:

- Labor Trafficking
- Sex Trafficking

The care provider must make clear to the child that they are being automatically referred to a Child Advocate (if the child does not already have one appointed), who, if appointed, will provide recommendations in the child's best interests regarding the child's care or placement.

Care providers must use the Child Advocate Recommendation and Appointment Form available on ORR's case management system to make the referral. The care provider may provide basic information about the reason for the referral in the form.

Only if/when the Child Advocate confirms that they are appointed to the child's case may the care provider furnish the Child Advocate with the child's complete case file, including SIR or Historical Disclosure documentation.

More information on the role of Child Advocates can be found in **Section 2.3.4 Child Advocates**.

Reporting Sexual Abuse and Sexual Harassment that Occurred in DHS Custody

For allegations of sexual abuse, sexual harassment, and inappropriate sexual behavior occurring in DHS custody, care providers must follow reporting requirements in **Section 5.8.8 Reporting SIRs and Historical Disclosures to DHS** and must remember to make report within 24 hours. Care providers must report suspicions about the possibility of human trafficking or smuggling to the Office of Trafficking in Persons (OTIP) within 24 hours. Allegations of other sexual abuse, sexual harassment, and inappropriate sexual behavior that occurred outside of ORR care and DHS custody should be reported in accordance with **Section 4.10.2 Care Provider Reporting Requirements**.

NOTE: only *some* Historical Disclosure notes are reportable to DHS. Only the disclosures listed in **Section 5.8.8** may be shared with DHS. Other disclosures by children that are documented within Historical Disclosures that are not listed in **Section 5.8.8** may not be shared with DHS without (1) the child's consent, and (2) completing the case file request process (see **Section 5.10.1 UAC Case File Request Process, and any such disclosures to DHS must also be in compliance with Section 5.10.2, Limits to Sharing Information with DHS and EOIR**).

For health-related historical disclosures, care providers will also notify ORR's Division of Health for Unaccompanied Alien Children.

Posted 08/02/2023

5.9 Protecting the Privacy and Confidentiality of Unaccompanied Alien Children Information

The below sections describe ORR's internal agency policies and practices on protecting the privacy and confidentiality of children's information, as well as limits to the confidentiality of certain types of information shared by the child while in ORR care. ORR treats information maintained in ORR systems of records on non-U.S. persons, including case files containing information about unaccompanied alien children and sponsors, as being subject to the administrative provisions of the Privacy Act.

UAC Bureau records include all records pertaining to individual unaccompanied alien children and former unaccompanied alien children, including all information the care provider or ORR staff has collected regarding unaccompanied alien children, in both written and electronic forms. This includes but is not limited to all records specified in **Section 5.6.2 Maintaining Case Files**.[9] All contractors and grantees who support the UAC Bureau must comply with the requirements of the Privacy Act when they access or use Privacy Act-protected records of the Department.

As stated in **Section 5.3.3 Prohibition on Release of Records Without Prior Approval**, UAC Bureau records are the property of ORR and may not be released without prior approval from ORR in accordance with policies set forth in the ORR UAC Bureau Policy Guide. UAC Bureau records contain highly sensitive information about program participants and must be kept confidential and protected from unauthorized disclosure for privacy as well as safety reasons.[10] However, ORR or HHS may need to provide UAC case file information pursuant to a lawsuit or in response to UAC Bureau oversight investigations, audits, evaluations, and inspections conducted by the U.S. Department of Health and Human Services' Office of the Inspector General (OIG); the Government Accountability Office (GAO); or in response to Congressional inquiries (please see and **Section 5.10.7 Information Sharing with Investigative Agencies** for requirements on investigations involving child safety and individual case files).

The sections below describe ORR's records privacy and confidentiality policies and practices applicable to UAC Bureau records, as well as procedures for requesting records.

Revised 08/07/2023; Effective 08/21/2023

5.9.1 Requirement to Inform Children of Limits to Confidentiality

ORR ensures that children are informed of the limits to the confidentiality of information they share while in ORR care and custody, as well as the types of information and entities to which such information must be disclosed by the care provider and ORR for the safety of the child or for the safety of others. Care providers are required to verbally explain the Disclosure Notice with each child in their preferred language twice—

once prior to the completion of the UAC Assessment and again prior to starting clinical sessions as noted in **Section 3.2.1 Admissions for Unaccompanied Alien Children**. The Disclosure Notice must be reviewed again with the child after each transfer within the ORR care provider network, according to the same timeframe requirements (prior to the completion of the UAC Assessment, and again prior to starting clinical sessions).

The Disclosure Notice explains to the child that the majority of the information that a child discloses in counseling or during other assessments remains confidential, but there are certain exceptions to this confidentiality when it is necessary to share this information for the child's safety or the safety of others, according to mandatory reporting requirements and according to **Section 5.8 Reporting Child-Level and Program-Level Events**. Additionally, children are informed that mental health information is not released to the U.S. Department of Homeland Security (DHS) without their consent.

Care providers are required to inform the child of situations where their case file or other records may be shared with entities outside of ORR in limited scenarios (e.g., if required by a federal court subpoena). Care providers must have accountability systems and policies in place to protect the confidentiality of unaccompanied alien children's information and records from unauthorized use or disclosure in accordance with:

- **Section 3.3 Care Provider Required Services**
- **Section 3.4.7 Maintaining Health Care Records and Confidentiality**
- **Section 5.3.2 Confidentiality of Information**
- **Section 4.8.2 Use of Assessment Information**
- **Section 4.10.5 Confidentiality**
- **Section 5.3.3 Prohibition on Release of Records Without Prior Approval**
- **Section 5.6.2 Maintaining Case Files**
- **Section 5.6.3 Record Management, Retention and Safekeeping**
- **Section 6.8 Records and Reporting**
- **Section 7.5 Influx Care Facility Minimum Services**

Revised 08/01/2024

5.9.2 Protecting Confidentiality of Mental Health and Medical Records

In recognition of the confidential nature of clinical sessions, most information disclosed by children during such sessions while in ORR care, as well as related documentation, including case notes and records of therapists and other **clinicians**, remains confidential and is only released subject to the policies in this section and **Section 5.10 Information Sharing**[11] ORR also does not share any clinical or mental health

records with any immigration court for master calendar hearings, where the court is not making decisions about the child's custody (see **Section 5.10.2 Limits to Sharing Information with DHS and EOIR**).[12]

In cases where ORR would require the child's consent to share mental or medical health records, but the child in ORR custody is unable to consent due to age, a diagnosed developmental disability, or other medical or mental health condition, ORR generally provides consent when the information is needed for the provision of services in accordance with **Section 3.3 Care Provider Required Services**.

For confidentiality policies on medical records related to pregnancy, birth, and abortion, please reference the **Policy Memorandum: Medical Services Requiring Heightened ORR Involvement** (PDF).

If medical or mental health records are requested for reasons other than the provision of services, ORR requires the authorizing signature and consent of the child or the child's caregiver (parent/legal guardian or sponsor) as specified in **Figure 5.10.3 Signature Requirements for Release of Sensitive Information**. In cases where the child was released from ORR custody and is unable to consent due to age, diagnosed developmental disability, or other medical or mental health condition, ORR requires the consent of the child's caregiver (parent/legal guardian or sponsor). If child's caregiver (parent/legal guardian or sponsor) is unable to provide consent (i.e., child is orphaned, parent/legal guardian cannot be located), ORR may provide consent for the release of medical or mental health records if the request is in the best interests of the child. Additionally, care providers must follow applicable state laws regarding consent for release of medical or mental health records.

If local law enforcement agency or other investigative agencies request medical records through the case file request process in cases where a child has been reported missing from ORR care or after release from ORR care, the records may only be shared if the UAC Bureau Director provides approval.

Revised 08/07/2023; Effective 08/21/2023

5.10 Information Sharing

The below sections describe ORR's internal policies and practices on protecting privacy when sharing information; the process for requesting information (including case files) from ORR; and which information ORR does and does not share with other government agencies, law enforcement agencies, and stakeholders. ORR notes that these policies do not apply to Child Advocates, as they must be provided access to all of their client's case file information and may request copies of the case file directly from care providers without going through ORR's standard case file request process as referenced in **Section 5.10.3 Information Sharing with LSPs, Attorneys of Record, and Child Advocates**.

Subject to applicable whistleblower protection laws, employees, former employees, or contractors of a care provider facility or Post-Release Services (PRS) provider must not disclose case file records or

information about unaccompanied alien children, their sponsors, family, or household members to anyone for any purpose, except for purposes of program administration, without first providing advanced notice to ORR to allow ORR to ensure that disclosure of unaccompanied alien children's information is compatible with program goals and to ensure the safety and privacy of unaccompanied alien children. ORR notes that some unaccompanied alien children's information is intensely personal in nature, including Child-Level Events; documents (including Child-Level Events) containing allegations of abuse or relating to the child's mental health or suicidal ideation; documents relating to pregnancy termination; documents recounting a child's prior trauma; or similar documents of an intensely personal nature. In such cases, ORR will evaluate whether the information available, including through a recitation of the event, could allow some readers to determine to whom the report pertains. Then, taking into account ORR's directive under 8 U.S.C. § 1232(c)(1) to protect children from those who would seek to exploit them, including adopting policies and practices reflecting witness protection programs, and the responsibility to ensure that the interests of the child are considered in decisions and actions relating to their care and custody under 6 U.S.C. 279(b)(1)(B), and considering the intensely personal nature of information relating to juveniles, ORR may in its discretion deny the request if it determines the information should be protected from disclosure, even if the policy permits an individual to request these records and allows ORR to disclose them.

ORR is not an immigration enforcement agency. Any request for information sharing by the U.S. Department of Homeland Security, U.S. Department of Justice, or similar governmental entity will require a completed **Authorization for Release of Records (ARR)** and either a statement on the agency's official letterhead, a lawfully-issued subpoena[13], or court order.

ORR as a custodian of unaccompanied alien children's information may use UAC case file information for its own operations, prosecution, and defense. ORR may provide unaccompanied alien children's information outside of the case file request process in response to UAC Bureau oversight audits, evaluations, investigations, and inspections conducted by HHS Office of the Inspector General (OIG) or Government Accountability Office (GAO) or in response to Congressional inquiries (see **Section 5.10.7 Information Sharing with Investigative Agencies** for requirements for investigations involving child safety and individual case files). For information sharing with litigants adverse to HHS, ACF, and/or ORR, UAC Bureau contractors and grantees must adhere to the federal rules of civil procedure, including responding to discovery orders in Federal court litigation. Care providers must take steps to protect the confidentiality of records disclosed in litigation by seeking a protective order from the court. The policies in this section do not apply to Freedom of Information Act (FOIA) requests, which are subject to Department-wide rules.

Revised 06/02/2025

5.10.1 UAC Case File Request Process

As stated in **Section 5.3.3 Prohibition on Release of Records Without Prior Approval**, UAC Bureau records are the property of ORR and may not be released without prior approval from ORR. Requests for unaccompanied alien children and/or released children's case file records must be made directly to ORR and not to the Administration for Children and Families (ACF) Freedom of Information Act (FOIA) office.

ORR works closely with its stakeholders to ensure the safety and well-being of children in care. In support of that goal, certain stakeholders may request records contained in the case file (see **Section 5.6.2 Maintaining Case Files** for a list of records typically contained in a case file). Stakeholders include ORR-funded legal service providers (LSPs); attorneys of record for the individual child; child advocates; released children; sponsors and potential sponsors; the child's parent/legal guardian; educational institutions or medical providers delivering services to the child after release from ORR custody; and other Federal and State government agencies. When processing requests, ORR protects the safety and privacy of children, sponsors or potential sponsors, members of the sponsor or potential sponsor's household, foster parents, and other individuals whose information ORR holds.

Revised 08/07/2023; Effective 08/21/2023

5.10.1.1 Authorization for Release of Records Form

All requesters are required to complete the **Authorization for Release of Records (ARR)** and submit the form and any required supporting documentation to **UCRecords@acf.hhs.gov** for ORR approval in advance of receiving records, with the exception of child advocates (see **Section 5.10.3 Information Sharing with LSPs, Attorneys of Record, and Child Advocates**). ORR, in its discretion, may reject or deny requests for case file records if the form is incomplete, does not follow ORR policies and procedures, for safety reasons, or for other reasons, taking into consideration the best interests of the child. The ARR form does not cover requests for the child's case file records in order to provide medical services to children in care (please reference **Section 3.4.3 Requests for Health Care Services** and **Section 3.4.7 Maintaining Health Care Records and Confidentiality**).

Verifying Identity of Requestor

When reviewing the ARR form, ORR strives to verify the identity of requesting parties and ensure they have a legitimate reason for requesting case file records. Therefore, some requesters are required to provide additional supporting documentation. The following table describes supporting documentation requirements for various types of requesters. ORR reserves the right to request additional supporting documentation as appropriate.

Figure 5.10.1: Required Supporting Documentation

The table below outlines supporting documentation requirements by requestor type for UAC case files:

TYPE OF REQUESTER	SUPPORTING DOCUMENTATION
Attorney or U.S. DOJ accredited representative, paralegal, law student, or law graduate working under the direct supervision of the attorney or accredited representative of record, representing the child before an immigration court	Notice of Attorney Representation
Attorney or other appointed representative representing the child in: • A Risk Determination Hearing under 45 C.F.R. 410.1903; • A matter related to ORR adjudications including placement in a restrictive setting or release from ORR custody under 45 C.F.R. 410.1206 and 45 C.F.R. 410.1902; or • A hearing under 45 C.F.R. 412.102(d)(7) to which the child is a party.	Notice of Attorney Representation
Attorney representing the child on other individual matters	Notice of Attorney Representation
ORR-funded legal service providers conducting a legal screening pursuant to **Section 3.7.1 Know Your Rights Presentation & Screenings for Legal Relief** and 45 C.F.R. 410.1309(a)(2)	Notice of Legal Service Provider Screening
Representative of a Federal/State government agency (e.g., DHS, EOIR, HHS/OIG, state police departments, GAO, Child Protective Services, State Licensing) or the National Center for Missing or Exploited Children	A statement on the agency's official letterhead verifying the requesting party's affiliation, specifies the scope of their investigation, and includes a case reference number, investigation number or warrant to indicate jurisdiction over a case. OR A lawfully-issued subpoena or court order
Current unaccompanied alien child	None
Released child	ORR Verification of Release form or government-issued photo identification (see **Section 2.2.4 Required Documents for Submission with the Application for Release** for a list of acceptable proof of identity documents)

TYPE OF REQUESTER	SUPPORTING DOCUMENTATION
Sponsor or parent/legal guardian[15]	Government-issued photo identification (see **Section 2.2.4** for a list of acceptable proof of identity documents).
Educational institution or medical provider	A statement on the organization's official letterhead verifying that the requesting party is providing educational or medical services to the subject of the record request

Revised 12/03/2025

5.10.1.2 Obtaining Authorization from the Subject of the Request

The requester must obtain authorization from the subject of the records request (that is, the child and/or the sponsor) on the **Authorization for Release of Records (ARR)** (PDF) form before ORR will release their information. Authorization is evidenced by the signature of the subject of the request and the signature of a witness. For example, ORR requires requesters to obtain the signature of children 14 years of age or older before releasing their information. Similarly, ORR requires the signature of a sponsor or potential sponsor to authorize the release of their information.

ORR may deny records requests in part or in whole if the requesting party does not comply with the signature requirements outlined below.

Signature Requirements for Release of UC Case File Information

The following table describes ORR's signature requirements for releasing information pertaining to an unaccompanied child. Signature requirements are based on the age of the child and whether the child has been released from ORR care.

Figure 5.10.2: Signature Requirements for Release of Unaccompanied Alien Child Information

IS THE CHILD IN ORR CUSTODY?	CHILD'S AGE	SIGNATURE REQUIREMENTS
Yes	14 Years Old or Older	Child and a witness
	14 Years Old or Older with a Diagnosed Developmental Disability.[14] OR Under 14 Years Old.[16]	None. ORR may release information in its discretion in the best interests of the child.[17]

IS THE CHILD IN ORR CUSTODY?	CHILD'S AGE	SIGNATURE REQUIREMENTS
No	14 Years Old or Older	Child and a witness
	14 Years Old or Older with a Diagnosed Developmental Disability OR Under 14 Years Old	Child's caregiver (typically the sponsor) or parent/legal guardian, and a witness **Note:** If the child's caregiver refuses to sign, ORR will release case file information at its discretion if the child's caregiver is the subject of a legal proceeding related to their care of the child.

In addition to the above requirements, ORR specifically requires the following signatures for release of certain categories of records that it considered particularly sensitive in nature.

Figure 5.10.3: Signature Requirements for Release of Sensitive Information

RECORD CATEGORY	SIGNATURE REQUIREMENT
Medical Records	Child, the child's caregiver (typically the sponsor), or the child's parent/legal guardian
Clinical/Mental Health Services	Child, the child's caregiver (typically the sponsor), or the child's parent/legal guardian
Home Study Reports or Post-Release Services Records	Sponsor or potential sponsor

As noted in the table above, the sponsor or potential sponsor's signature is required to obtain home study reports and post-release service records. In addition, if the requesting party does not provide the signature of the sponsor, potential sponsor, or sponsor household member, ORR redacts all information pertaining to those individuals where information may be reflected in other types of UC case file records.

Signature Requirements for Requests from Government Agencies

ORR recommends that government agencies obtain the authorizing signature of the subject of the request as outlined above. However, ORR may release the following limited categories of records a relevant government agency, consistent with the Privacy Act (5 U.S.C. § 552a(b)) and the **UACB SORN** (89 FR 100500), without an authorizing signature:

- Child information (name and A number)
- Photograph of the child (this may only be provided without the child's consent when the child's consent cannot be obtained and it is understood that the provision of the photograph

is not for immigration enforcement purposes, ORR determines that provision of the photograph is in the child's best interests, and there is a legitimate child welfare reason for the photograph to be provided, such as for a case where a child has been reported missing. Limitations on sharing a child's photograph with DHS or EOIR are subject to the restrictions outlined in **Section 5.10.2 Limits to Sharing Information with DHS and EOIR**).

- Placement documents
- Legal information (name and contact information of child's legal representative only)
- Educational services
- Case management records (telephone/visitor logs only)
- The following discharge/release information:
    - *Verification of Release form*
    - *Discharge Notification form*
    - *Notice of Transfer to ICE Chief Counsel — Change of Address/Change of Venue* form (if applicable)
    - Copy of the Trafficking Eligibility Letter (if applicable)
    - Basic information on the Post-18 plan (name, relationship type, address and individual on Post-18 plan).

ORR will not release any records of the child or sponsor to a government agency if the records requested are clearly outside of the scope of the requesting agency's authority. When immigration status information is requested by DHS, it must be accompanied with a statement on the agency's official letterhead, lawfully-issued subpoena[18], or court order, even in cases where an authorizing signature is provided with the ARR form.

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5.10.1.3 Case File Information that is Restricted from Release

ORR does not release certain information to the public or through case file requests that could present a potential safety risk or violate the privacy of children currently or formerly in care. In such cases (i.e., release to the public or through case file requests), ORR does not release information in UAC case files pertaining to sponsors, potential sponsors, or sponsor household members without their written consent. ORR may also redact law enforcement-sensitive information, as well as information protected by privacy considerations. ORR will not release the following categories of information through the case file request process unless this information is required to be provided in response to a lawfully-issued court subpoena, court order, or other court litigation; or pursuant to federal investigation:

- Internal communications, such as memoranda and emails by care provider staff or ORR, to the extent they are included in the case file (not all such emails and memoranda are considered case file information);
- Internal care provider incident reports;
- Sponsor Assessments;
- Sponsor Application Packets;
- Background check results;
- Foster parent information; and/or
- Information pertaining to other children who are not the subject of the information requests, unless they are siblings of the child whose information is being requested.

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5.10.1.4 Child's Request for their Own Case File

A child in ORR custody may request a copy of their own case file from ORR and may either fill out the **Authorization for Release of Records (ARR)** form for themselves or request the care provider to fill out this form on their behalf. Before providing the case file to the child, ORR redacts the personal information of others (e.g., other children in ORR custody) to prevent unauthorized disclosure of information. Other parties may not retrieve a copy of the case file directly from the child and must make their request via the case file request process.

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5.10.1.5 Timeframe for Processing Requests for UAC Case File Documents

ORR processes case file requests in the order they are received. Generally, ORR fulfills case file requests within 40 calendar days of receiving the complete request. However, ORR may be unable to adhere to this timeframe if the volume of requests received exceeds 150 in a two-week period or the request is for documents created before January 2014. In these circumstances, ORR informs the requester and fulfills the request as expeditiously as possible, considering the order in which the request was received, and its relative urgency as compared with other requests.

Expedited processing may be requested if there is an urgent situation in which case file documents are needed sooner than 40 calendars days from the date the request is submitted.

For the following reasons, ORR may process an expedited records request within seven (7) calendar days:

- Unaccompanied alien child or released child has been reported missing to the National Call Center, the National Center for Missing and Exploited Children or an investigative agency with jurisdiction over the missing child case (see **Section 5.10.6Information Sharing for Cases Involving Children Reported Missing**);
- Child has a court hearing scheduled within 30 calendar days;
- Child is turning 18 years old in less than 30 calendar days;
- Child has a risk determination hearing scheduled within 30 calendar days (see **Section 2.9 Risk Determination Hearings**);
- Records are needed for the provision of medical services to the child;
- Records are needed for the child's enrollment or continued enrollment in school;
- Records are requested for a Federal, State, or local agency investigation (i.e., OIG, GAO, State licensing or Child Protective Services, law enforcement not related to immigration enforcement) (see **Section 5.10.7 Information Sharing with Investigative Agencies**); or
- Any other situation in which ORR determines, in its discretion, that an expedited response is warranted.

ORR must provide attorneys of records and U.S. Department of Justice (DOJ) Accredited Representatives with key documents from the child's case file within seven (7) calendar days of receiving a properly submitted expedited records request.

ORR may provide other types of requesters with key documents from the child's case file within seven (7) calendar days of receiving a properly submitted expedited records request.

To the extent possible, ORR will prioritize records requests related to investigations to be processed faster than seven (7) calendar days. Requesters seeking expedited processing for reasons other than those specified above may be approved for expedited processing at ORR's discretion after consideration of the requestor's explanation for why expedited processing is necessary.

The following are key documents eligible for expedited processing:

- *UAC Assessment;*
- *UAC Case Review* (two (2) most recent);
- *Assessment for Risk;*
- Referral information;
- *Initial Intakes Assessment;*
- *Notice of Placement in a Restrictive Setting* (if any for the current placement);
- Completed *Transfer Requests*(if any for the current or prior placement) or *Verification of Release*;

- Potential sponsor contact information and Home Study Report (if there is approval from the potential sponsor)
- *Individual Service Plan;*
- Child-Level Events (SIRs and Historical Disclosures only) for the current placement (please note where the child has 10 or more Child-Level Events, the attorney should specify if there are specific Child-Level Events or types of Child-Level Events that are requested in order for ORR to expeditiously process the request);
- Unaccompanied alien child's identity documents, such as birth certificate;
- Reports of medical and psychological examinations (if any)
- Log of prescribed medications and corresponding consent forms;
- Trafficking eligibility letter copy (if any); and
- *Notice to Appear.*

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5.10.2 Limits to Sharing Information with DHS and EOIR

House Report 116-450 (PDF)(PDF), which accompanies the **Consolidated Appropriations Act, 2021** (PDF), directs ORR to restrict sharing certain case-specific information with the Executive Office for Immigration Review (EOIR) and the U.S. Department of Homeland Security (DHS) that may dissuade a child from seeking legal relief through due process with their legal service provider or may bias the court and unfairly influence issuance and length of continuances. ORR establishes the following policies in accordance with H.R. 116-450.

Prohibition on Sharing Mental Health Information with DHS and EOIR

In accordance with **House Report 116-450** at 185, ORR does not transmit the following types of case file information to U.S. Immigration and Customs Enforcement (ICE), U.S. Customs and Border Protection (CBP), or any other entity of the DHS for any immigration enforcement purpose, or to the EOIR for purposes of use in an immigration court, including use in removal proceedings or asylum determinations (unless ORR or the care provider is appearing as a party or counsel in a proceeding of record):

- Any mental health records or mental health information provided by the child during clinical mental health sessions;
- Any mental health information provided by the child or their parent/legal guardian during joint-mental-health sessions; and/or
- Any mental health information provided by the child in a separate session in order to facilitate the joint-mental-health session.

Prohibition on Sharing Non-Essential Case File Information with DHS and EOIR

In accordance with **House Report 116-450** at 184, ORR does not transmit non-essential case file information to EOIR or DHS when it is understood that the information is to be used in immigration proceedings or for immigration enforcement. Note that neither ORR nor the care provider are a party to immigration proceedings.

Examples of non-essential information include, but are not limited to:

- Medical or mental health records and behavioral reports, and
- Assessments of a child's eligibility for immigration relief.

Limits on Sharing Biographic Information with DHS and EOIR

Sharing of unaccompanied alien children's biographic information with DHS and EOIR is limited to that which is necessary to ORR's provisions of services to unaccompanied alien children and its statutory authority under **8 U.S.C. 1232(b)(4)**

ORR may share a child's biographic information (including but not limited to a birth certificate or photograph) with DHS or EOIR under the following limited scenarios:

- Providing supporting evidence for age determinations to DHS (see **Section 1.6.2 Instructions**);
- Correcting the child's biographic information in the government databases (i.e., correcting the date of birth, name, etc. in the ORR case management database, on a Notice to Appear (NTA), or similar forms and databases) when it is in the best interests of the child;
- Validating the relationship between a child and a separated parent/legal guardian;
- Submitting the Discharge Notification to DHS;
- Submitting the Case Status Summary for EOIR in advance of a child's immigration hearing[19]
- For facilitating sponsors' participation in Legal Orientation Programs for Custodians (LOPCs) at EOIR under the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 section 235(c)(4), 8 U.S.C. 1232(c)(4).
- Providing the Notice of Transfer to the Immigration and Customs Enforcement Chief Counsel Change of Address/Change of Venue, ORR Notification to ICE Chief Counsel Release of Unaccompanied Alien Child to Sponsor and Request to Change Address, and the Discharge Notification to the immigration courts; and
- Providing information in response to a court order for information in relation to a legal proceeding to which ORR or a care provider is a party.

In addition, ORR may provide a photograph to DHS of an unaccompanied alien child if it is needed for a missing child case or child safety investigation (e.g., trafficking investigation), provided the photograph is not used for immigration enforcement purposes. ORR must seek consent from the child to release the photo if possible, but may release the photo if consent cannot be obtained and ORR determines that the release of the photograph is in the child's best interests (see also **Section 5.10.1.2 Obtaining Authorization from the Subject of the Request**).

Provision of a child's biographic information to DHS or EOIR for any of the above scenarios must be approved by an ORR Federal Field Specialist (FFS). In addition, the child's attorney of record or LSP, and Child Advocate if applicable is notified when a child's biographic information is provided to DHS or EOIR and is given the opportunity to address the matter directly with DHS or EOIR.

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5.10.3 Information Sharing with LSPs, Attorneys of Record, and Child Advocates

Information Provided for Know Your Rights (KYRs) and Legal Screenings

ORR shares limited categories of information with legal service providers (LSPs) responsible for **Know Your Rights (KYR) presentations** and legal screenings, other LSPs, and attorneys of record.

ORR is authorized to provide basic information for LSPs who are providing the KYR presentation to conduct the KYR and legal screening without going through the case file request process outlined in **Section 5.10.1 UAC Case File Request Process**. This information includes:

- The census of children at the care provider(s) to which the LSP is assigned;
- A child's birth certificate, if available;
- Notice to Appear (NTA, DHS Form I-862), if available;
- Report of a Deportable/Inadmissible Alien (DHS Form I-213), if available;
- Arrival/Departure Record (DHS Form I-94), if available and applicable;
- Documents that a child brings with them if that child grants permission;
- Contact information of the child's family members if the child grants permission (e.g., telephone numbers of family) [20]
- Information on the child's siblings in ORR care and which care provider they are placed at, if applicable;
- Notification that the child was separated from family, if applicable; and
- Notification that the child has a removal order, if applicable, including any removal orders pursuant to the Migrant Protection Protocols (MPP)[21]

To the extent that DHS has previously provided ORR with forms about the child, ORR will provide the forms to the LSP for a legal screening. ORR is unable to provide DHS-issued form(s) to the LSP that are not in its possession.

Under rare cases where necessary, ORR may provide additional information to an LSP for the purposes of a legal screening once the LSP follows the case file request process outlined in **Section 5.10.1 UAC Case File Request Process**.

Case Management Updates to Stakeholders

Per **Section 2.3.2 Case Managers**, care providers must provide stakeholders (including the LSP, attorney of record, and Child Advocate if assigned) with weekly updates on case management decisions. Care providers must notify stakeholders of any final release decisions are made, if a child ages out of care or leaves care for another reason, when a child's sponsorship changes, if a child has no viable sponsor (designated as a Category 4 case), and if the child is recommended for or has initiated a transfer request to a different level of care (e.g., long-term foster care or other level of care), and when a child's transfer request has been approved. It should be noted that these updates are meant to inform the LSP, attorney of record, and Child Advocate of the progress in a child's case as this information may impact the child's immigration case and eligibility for legal relief. LSPs, attorneys of record, and Child Advocates can make recommendations but are not decision makers in ORR's sponsor assessment or release decisions.

Care providers should also provide case status updates with stakeholders in advance of the child's immigration hearings and as part of weekly census updates. Case managers should share information about the child's case that is permitted to be shared with immigration court on the Case Status Summary Form for EOIR in advance of an immigration hearing to stakeholders (see **Section 5.10.2 Limits to Sharing Information with DHS and EOIR**). This information includes:

- Child's Name (and alias if applicable);
- A Number;
- Date Entered ORR Care;
- Number of Days in ORR care (length of stay and length of care);
- Sponsor Category; and
- Program/Facility Name and Address

Child Advocates are permitted to attend case staffings between the FFS, case manager, and case coordinator, pertaining to the child's placement and assessment for release and have access to the child's entire case file as noted in **Section 2.3.4 Child Advocates**.

LSPs and attorneys of record are not permitted to attend case staffings between the FFS, case manager, and case coordinator pertaining to assessment of a child's family reunification case. However, case managers

must update LSPs and attorneys of record on a weekly basis of case management decisions and progress in a child's case as outlined above (see **Section 2.3.2**). It is also encouraged for LSPs and attorneys of record to seek permission from the child to share updates in the child's legal case with their case manager to ensure case management services and legal services are coordinated. LSPs are required to enter representation for children who are Category 4 children, children placed in long-term foster care, and unaccompanied alien children who are in the URM program. Weekly updates to the LSPs on the likelihood of the child meeting one of those mandatory representation categories is important to ensure that the LSP is able to fulfill their contractual obligations to provide representation to these children. Further requests for information from LSPs or attorneys of record about the child's case should be directed to the case file request process outlined in **Section 5.10.1**.

Notification of Transfers and Discharges to Stakeholders

ORR will notify the LSP, attorney of record, and Child Advocate, if appointed when the child is recommended for or initiated a transfer to another care provider facility, including out-of-network placements (see **Section 1.4 Transfers within the ORR Care Provider Network**), and when the child is discharged from ORR custody (see **Section 2.8 Release from Office of Refugee Resettlement (ORR) Custody**).

Requests for Case File Information from LSPs and Attorneys of Record

For other categories of case file information, LSPs and attorneys of record generally must follow the process outlined in **Section 5.10.1**, including submission of the **Notice of Attorney Representation** (PDF), to request specific case file information of a child. Please reference **Section 3.7.3 Attorney Request for Information on UAC Case** for more information about what information may be shared with LSPs and attorneys of record. Nothing in this section should be read to preclude or limit LSPs access to information under **Section 4.10.4 Notification and Access to Attorneys/Legal Representatives Families, Child Advocates, and Sponsors**, or **Section 5.8 Reporting Emergencies, Significant Incidents, and Program-Level Events**, or other notices to LSPs provided under ORR's policies, guidance, or procedures.

Child Advocates' Access to Case File Information

Child Advocates have access to the child's entire case file, as noted in **Section 2.3.4 Child Advocates**. Once the Child Advocate presents a Child Advocate Recommendation and Appointment form as proof of assignment, they may request and receive case file documents directly from the ORR care provider. Child Advocates must keep the information in the case file, and information about the child's case, confidential from non-ORR grantees, contractors, and Federal staff.

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5.10.4 Information Sharing Agreements for Child Welfare Purposes

ORR may enter into agreements with state and local governments and other child welfare agencies (e.g., the National Center for Missing and Exploited Children) to share general information regarding the UAC Bureau or aggregated and de-identified information about children, with consideration to child safety concerns or provision of direct services to the child while in ORR care or after release, independently of the case file request process outlined in **Section 5.10.1 UAC Case File Request Process**. ORR will consider requests for information sharing agreements with state and local governments and other child welfare agencies considering the best interests of the child and the administrative burden to ORR. Furthermore, these information sharing agreements must not be for the purposes of immigration enforcement.

Additionally, ORR may enter into written data sharing agreements where ORR may disclose unaccompanied alien child and sponsor biographic information in limited circumstances to state or local child welfare agencies or state or local agencies offering services to benefit the child in care or after release or their sponsors, if ORR determines that providing such information is in the child's best interests; there is no specific confidential or privileged information disclosed without a child or sponsor's consent; there exists a valid child welfare interest in ORR's discretion for sharing the information; the release of the information does not impose an undue administrative burden to ORR; and, provided that the information is not used for immigration enforcement purposes or shared with law enforcement for purposes unrelated to child welfare. Prior to disclosure of information under this provision, ORR must enter into a written agreement with the state government, local government, or other child welfare agency outlining the authorized use of the information.

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5.10.5 Information Sharing on Separated Children

This section describes what information ORR is required to share with Congress, DHS, and other stakeholders regarding children who were separated from their parents or legal guardians under the "Zero Tolerance" immigration policy, which is no longer in effect.[22]

Mandatory Notification

For as long as necessary to carry out any applicable court order, settlement, or other legal requirement relating to child separations and family reunifications and in accordance with **House Report 116-450** at 186, ORR will promptly notify the legal service provider (LSP) assigned to the program where the child is housed and the child's attorney of record upon learning a child may have been separated from a parent/legal guardian by DHS or processed under the Migrant Protection Protocols (MPP). Additionally, ORR reports to Congress on a monthly basis the number of children in its care who have been separated

from their parent(s)/legal guardian(s) by DHS in accordance with the **Consolidated Appropriations Act, 2024** and the **House Report 116-450** (PDF).

Whenever required, ORR or the care provider will provide the LSP assigned to the program where the child is housed, and the child's attorney of record, information available to ORR pertaining to family members of a separated child, including their location and contact information, and will work to facilitate routine communication between the separated child and their family members. ORR also seeks information from DHS to determine the reason for separation and to determine the location of the separated parent/legal guardian.

Communication with LSPs, Attorneys of Record, and Child Advocates

To obtain additional information concerning a separation case, LSPs and attorneys of record with a **Notice of Attorney Representation (Form L-3)** (PDF) must submit a case file records request according to **Section 5.10.1 UAC Case File Request Process**. Child Advocates have access to the child's entire case file and may make written requests via email to a child's care provider, copying the ORR FFS, for additional information regarding families who were separated at the border by DHS. Requests for additional information from the LSPs, attorneys of records, and Child Advocates must identify the child about whom information is sought, specify the information needed, and state the reasons for the request. In stating the reasons, LSPs must describe how the request relates to services covered in the ORR contract for legal services or child advocacy, as applicable. ORR will not authorize the release of information to an LSP for reasons unrelated to the legal services contract or who do not provide a Notice of Attorney Representation. ORR provides initial response to these requests for information within seven (7) days. LSP and attorney of record requests for the case file information of a separated child must follow the policy outlined in **Section 5.10.1**. Information sharing with Child Advocates follows the policy outlined in **Section 5.10.3 Information Sharing with LSPs, Attorneys of Record, and Child Advocates** and **Section 2.3.4 Child Advocates**.

Birth Certificate Authentication and DNA Testing

In rare circumstances, ORR may authorize birth certificate authentication or DNA testing of the separated parent and child in order to validate the relationship between the parent and child. Submission of DNA by the parent/legal guardian is voluntary, and consent must be obtained prior to conducting DNA testing. Children aged 14 or older without a diagnosed developmental disability must voluntarily consent to DNA submissions. ORR will provide consent for children under the age of 14 for purposes of DNA submissions to establish relationship. For children aged 14 or older who have a diagnosed developmental disability, the FFS must be consulted for a best interests determination on behalf of the child to obtain consent. Case Managers must provide an advanced notice to a child's attorney of record or LSP that a DNA test will be conducted. If positive proof of relationship is obtained, ORR notifies DHS that the case is a confirmed separation. ORR destroys genetic testing material after determining relationship. Furthermore, the House

Report 116-450 directs that no government agency may use any such DNA testing result or genetic material for the purpose of criminal or immigration enforcement.

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5.10.6 Information Sharing for Cases Involving Children Reported Missing

In the event that a child in ORR care runs away from their current placement or a child formerly in ORR care ("released child") goes missing or runs away from their **sponsor's** residence, ORR may share certain information with the National Center for Missing and Exploited Children (NCMEC). NCMEC is a is a non-profit organization whose mission is to help find missing children, reduce child sexual exploitation, and prevent child victimization. NCMEC works with families, governments, and law enforcement to find and recover missing children and prevent child exploitation.

In addition, ORR may share certain information with investigative agencies who have jurisdiction over a missing child case. Such agencies include:

- Local law enforcement
- State licensing agencies
- Child Protective Services
- Other investigative agencies (e.g., HHS Office of Inspector General) who have jurisdiction over missing child cases.

Investigative agencies must submit a warrant, investigation number, subpoena, or other documentation to indicate that they have jurisdiction over a missing child case.

In the event of an unauthorized absence of a child in ORR care, care providers follow procedures in **Section 5.8.1 Emergency Incidents** to report the incident to ORR, NCMEC, local law enforcement, and state licensing and child protective services, if applicable.

A released child who has gone missing, regardless of whether the child has been referred for PRS, may be reported to ORR as missing through the National Call Center. The National Call Center will file a Notification of Concern to appropriate investigative agencies (including local law enforcement and child protective services), as applicable for reports of missing released children and report missing released children to NCMEC. If a released child is receiving PRS, and the PRS worker becomes aware of the child's disappearance, the **PRS provider** submits a Notification of Concern according to **Section 6.8.6 Notifications of Concern**. The PRS provider will advise the sponsor to contact NCMEC. If the sponsor does not contact NCMEC, the PRS provider will report the missing released child to NCMEC.

ORR may provide the following categories of information to NCMEC, local law enforcement, or other investigative agencies with jurisdiction over a missing child case immediately upon initial report of a missing child, or in follow up to an initial report without going through the case file request process when sharing this information is in the best interests and safety and wellbeing of the child.

- The child's full name and/or any alternative spellings and any known aliases;
- The child's A number;
- The child's date of birth;
- The child's country of birth;
- Recent photograph of the child;[23]
- The child's address (includes the ORR care provider facility address they were housed in or the sponsor's address or other post-release address for a released child);
- All contact information for family and sponsors in the United States; and
- All contact information for family in the child's country of origin.

Upon request from NCMEC, ORR may also provide NCMEC with telephone and visitor logs from the child's time in ORR care during an initial report or follow-up reports in cases where contact information for family and sponsors in the United States and the child's country of origin are missing or incomplete. Upon request from local law enforcement or other investigative agencies, ORR may provide the telephone and visitor logs from the child's time in ORR care after receiving approval from the UAC Bureau Director.

In addition to above categories of information, an ORR representative is permitted to provide any additional relevant information that may assist NCMEC and/or the investigative agency in their efforts to find a missing child as part of ongoing consultation and case management on a missing child case. The ORR representative, whether it is the ORR/Federal Field Specialist (ORR/FFS), or ORR/Project Officer (ORR/PO), National Call Center representative, Home Study/Post Release Services (HS/PRS) worker, or care provider staff may provide information about the circumstances of the child's disappearance that may assist NCMEC or the investigative agency in finding the child's whereabouts. The ORR representative may provide summaries of the following information, which includes but is not limited to:

- Descriptive information about the child's appearance
- The child's primary language
- Child endangerments or risk factors (such as potential trafficking indicators)
- Child's history of communication with contacts online
- Other circumstantial information surrounding the child's disappearance

Requests for case file records (included but not limited to: case management notes and assessments, clinical notes, and trafficking eligibility letters); however, must only be provided to NCMEC, local law

enforcement, or other investigative agencies with jurisdiction over a missing child case via the case file request process in **Section 5.10.1 UAC Case File Request Process**, in which provision of a warrant, investigation number, subpoena, or other documentation to indicate they have jurisdiction over a missing child case is required as supporting documentation to the request. Further, mental health and medical case files records must not be provided without obtaining appropriate consent as noted in **Section 5.9.2 Protecting Confidentiality of Mental Health and Medical Records**, and must only be provided if it is within the scope of the investigative agency's authority and the UAC Bureau Director provides consent that the records are shared.

In order for NCMEC to have authorization to post a photo of the child on their flyer for missing children, appropriate consent must be obtained and documented via the NCMEC Photo Release and Verification form for a Social Services Agency Representative. The ORR FFS is authorized to sign the NCMEC Photo Release and Verification form for a Social Services Agency Representative on behalf of ORR for a child who is in ORR care. For a child who has been discharged or released from ORR care, the ORR FFS or ORR Project Officer for a PRS provider may sign the NCMEC Photo Release and Verification form for a Social Services Agency Representative on behalf of the child's parent or legal guardian if verbal consent has been obtained from the child's parent or legal guardian for the release of the child's photo. Verbal consent from the child's parent or legal guardian for release of the child's photo must be documented in the child's case file. The sponsor may not sign the NCMEC Photo Release and Verification form for a Social Services Agency Representative on behalf of ORR or a child's parent/legal guardian, unless the sponsor is the parent of the child or has obtained legal guardianship of the child. ORR may provide the child's photo to other investigative agencies with jurisdiction over a missing child case pursuant to **Section 5.10.1**.

In the event that NCMEC or an investigative agency with jurisdiction over a missing child case needs verification of the child's name, family members' names, contact information, or other circumstantial information concerning the child's disappearance after initial report of the missing child, ORR may provide consultation and clarification as necessary to validate this information. As noted in **Section 5.10.1**, ORR is authorized to release documents via the case file request process to NCMEC and other investigative agencies with jurisdiction over a missing child case. ORR does not release any records to the NCMEC, local law enforcement, or another investigative agency with jurisdiction over a missing child case that are clearly outside of the scope of the agency's investigation or investigative authority absent a lawfully-issued subpoena or court order. ORR applies the requirements in **Section 5.10.1** for release of documents to NCMEC, local law enforcement, or another investigative agency with jurisdiction over a missing child case under expedited processing without an authorizing signature, as well as requirements to evaluate release of records in the best interests of the child when it is not possible to obtain a child or caregiver signature for release of records.

In the event that a child is deemed a long-term missing child case by the NCMEC, local law enforcement, or another investigative agency with jurisdiction over a missing child case, the investigative agencies may

request biometric data as the case progresses in age. A long-term missing child case is a case in which all viable leads have been thoroughly investigated, but the child has not been recovered. In the case of a long-term missing child case, or in the instance that NCMEC or law enforcement has identified a deceased child that matches the profile of the missing child, NCMEC or law enforcement may request medical and dental records of the child for the purpose of identifying a deceased child. Under these circumstances, ORR will evaluate such requests according to the requirements in **Section 5.10.1**, and can provide consent for the release of records based on the best interests of the child. Medical or mental health information must only be provided if it is within the scope of the investigative agency's authority and the UC Bureau Director provides consent that the records are shared.

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5.10.7 Information Sharing with Investigative Agencies

ORR shares information with investigative agencies in accordance with its policy in **Section 5.10 Information Sharing** and in accordance with each respective agencies' mandate and authority, while not releasing information that is outside the scope of their investigation (see **Section 5.10.1.2 Obtaining Authorization from the Subject of the Request**). The primary investigative agencies ORR interacts with include, but are not limited to:

- U.S. Department of Health and Human Services, Office of the Inspector General (HHS/OIG);
- U.S. Department of Homeland Security, Immigration and Customs Enforcement, Homeland Security Investigations (DHS/ICE/HSI);
- The Federal Bureau of Investigation (FBI);
- The Government Accountability Office (GAO);
- Local law enforcement
- State Licensing; and
- Child Protective Services

Investigative agencies may request case file records to **UACRecords@acf.hhs.gov** in the following manner, consistent with the Privacy Act (5 U.S.C. § 552a(b)) and the **UACB SORN** (89 FR 100500):

- Provide a completed **Authorization for Release of Records (ARR)**, and
- Provide either:
    - A statement on the agency's official letterhead that verifies the requesting party's affiliation, specifies the scope of their investigation, and includes a case reference number, investigation number or warrant to indicate jurisdiction over a case, or

- A lawfully-issued subpoena or court order.

Requests for case file records are eligible for expedited processing within seven (7) calendar days and should be marked as "URGENT" in the subject line for expedited processing (see **Section 5.10.1.5 Timeframe for Processing Requests for UAC Case File Documents).** Please note that such case file requests may be further expedited at ORR's discretion due to the time-sensitive nature of the request. For restrictions on case file releases, see **Section 5.10.1.3 Case File Information that is Restricted from Release**. When additional case file information is requested by investigative agencies that is not within the scope of the information sharing authorized by **Sections 5.7.2 Responding to Fraud Attempts**, **4.10 Sexual Abuse Reporting and Follow-up**, and **5.8 Reporting Child-Level and Program-Level Events**, investigative agencies must follow the case file records request process outlined in **Section 5.10.1 UAC Case File Request Process**. Once requested, ORR may determine whether to share the information on a case-by-case basis.

Mandatory Reporting Requirements

Care providers are required to report significant incidents, as appropriate, to CPS, State licensing, and/or local law enforcement, in accordance with mandatory reporting laws, State licensing requirements, Federal laws and regulations, and ORR policies and procedures (See **Section 5.8** and **Section 4.10**). In addition, sexual abuse significant incidents are required to be reported to HHS/OIG and the FBI as required in **Section 4.10**, and suspected fraud schemes (e.g., confidence schemes, document/information fraud, schemes targeted at a sponsor) are reported to HHS/OIG as required in **Section 5.7.2 Responding to Fraud Attempts** and **Section 5.8.2 Significant Incidents**. Additionally, information may be provided to investigative agencies who have jurisdiction over a missing child case according to Cases Involving Children Reporting Missing.

Oversight Audits, Evaluations, and Inspections Conducted by HHS OIG and GAO

ORR will comply with turning over case file information including documents, papers, or other records, outside of the case file request process, to the HHS Office of Inspector General (HHS OIG) and the Government Accountability Office (GAO) when such case file information is requested as part of a UC Bureau oversight audit, evaluation, inspection or investigation.[24] For individual child safety investigations, including investigations to resolve specific allegations or complaints that affect fewer than ten individual children, HHS OIG and, if applicable, GAO must follow case file request processes noted above and in **Section 5.10.1 UAC Case File Request Process** and **Section 5.10.6 Information Sharing for Cases Involving Children Reported Missing**. ORR will also comply with providing HHS OIG and GAO access to care provider staff and personnel files for interview and investigatory purposes. Please note that any case file requests under this section may be further expedited at ORR's discretion due to the time-sensitive nature of the request.

5.11 ORR Child Protection Investigations

It is vital to the safety and well-being of all unaccompanied alien children in the care of the Office of Refugee Resettlement (ORR) that investigations are conducted for allegations of child abuse or neglect in custody. Typically, such investigations are conducted by state or local authorities, but in some cases state or local authorities will not conduct such investigations.

Section 5.11 outlines the circumstances and processes by which ORR performs investigations of child abuse or neglect of unaccompanied alien children alleged to have occurred at certain ORR-funded facilities. These policies implement ORR regulations found at 45 C.F.R. Part 412. Under these policies, ORR investigates covered allegations of abuse or neglect of unaccompanied alien children by covered individuals that were alleged to have occurred at (1) care provider facilities housing unaccompanied alien children in states where the State agency responsible for investigating child abuse or neglect allegations will not investigate such allegations in ORR-funded facilities; and (2) Emergency or Influx Facilities (EIFs).

Covered allegations include adult-on-child allegations of **child abuse or neglect** such as **inappropriate sexual behavior**, **neglect**, **medical neglect**, **physical abuse**, **sexual abuse**, **sexual harassment**, and **verbal or emotional abuse** that occur in facilities funded by ORR to provide residential and other services for unaccompanied alien children, where a state agency that would otherwise be responsible for such investigations will not investigate such allegations in ORR-funded care provider facilities, and at EIFs.

Covered individuals are staff, contractors or sub-grantees, and volunteers of the care provider facility and EIF, or other adult individuals who have access to children in ORR care through contracts or grants with ORR. This policy does not consider foster parents as covered individuals subject to ORR investigations, as they remain subject to state licensing requirements and state investigations.

This section further outlines the actions ORR will take when conducting investigations of covered allegations, including the types of **dispositions** that may result from the investigation. A disposition is issued by the ORR Division of Child Protection Investigations (DCPI).

The five possible dispositions include:

1. Substantiated at Tier I;
2. Substantiated at Tier II;
3. Not substantiated;
4. Unfounded; or
5. Administratively closed.

This section also covers care provider responsibilities throughout the pendency of an investigation, interventions and staff disciplinary actions, and the appeal and review processes available to Tier I and Tier II substantiated perpetrators.

Effective 01/10/2025

5.11.1 Investigations of Allegations of Child Abuse or Neglect

Care providers must report Child-Level Events (CLE) regarding allegations of child abuse or neglect to ORR consistent with **Section 5.8 Reporting Child-Level Events and Program-Level Events**. ORR Prevention of Child Abuse and Neglect (PCAN) staff receive and review these Child-Level Events.

Child abuse and neglect means any act or failure to act which results in death, serious physical or emotional harm, sexual abuse, or exploitation of a child; or an act or failure to act which presents an imminent risk of serious harm to a child including but not limited to physical abuse, verbal or emotional abuse, sexual harassment, sexual abuse, inappropriate sexual behavior, neglect, and medical neglect.

Within twenty-four (24) hours of receiving the report, PCAN will refer allegation types that meet this definition, also known as **covered allegations**, to DCPI for evaluation when the incident occurs in a state that does not conduct investigations for unaccompanied alien children in ORR custody or at an EIF.

Upon receipt of these reports, DCPI will first evaluate to confirm that the allegation of child abuse or neglect meets the criteria of adult-to-child abuse and neglect types as defined in the **Guide to Terms** when initially receiving a Significant Incident Report (SIR) for a covered allegation. During intake, DCPI will review the report to assess whether the report indicates a risk of harm, a situation or condition that could potentially harm a child's physical, emotional, or psychological well-being, but is not necessarily immediate or severe or a substantial risk of harm, conditions or behaviors that are more than likely to result in the serious harm to the child if not addressed with more intensive intervention. DCPI will determine whether the allegation(s) requires an immediate response based on the level of risk of harm to the alleged victim, assign different response times based on the assessed level of risk of harm, and designate one of the following actions:

INTAKE DETERMINATION TYPE	INTAKE DETERMINATION TYPE DESCRIPTION
Assigned for Investigation	DCPI Supervisor assigns an ORR DCPI Child Welfare Investigator to investigate the report of child abuse or neglect, and the individual who is the subject of the investigation will be categorized as an "alleged perpetrator".
Administratively Closed	The intake report is administratively closed when DCPI determines it will not seek to make a disposition of a covered allegation of child abuse or

INTAKE DETERMINATION TYPE	INTAKE DETERMINATION TYPE DESCRIPTION
	neglect.

Administrative closure can occur at any point during an investigation. If a report is closed administratively and not assigned for investigation at intake, notification of the closure will be provided to the reporter and/or care provider facility. The following are examples of circumstances in which DCPI may administratively close a report at intake, but DCPI is not limited to these following circumstances:

- Lack of jurisdiction to conduct an investigation of the allegation (e.g., if the alleged abuse or neglect occurred in a State where the State agency responsible for investigating child abuse and neglect continues to investigate such reports of unaccompanied alien children in ORR care);
- Transfer of the report to another jurisdiction or agency;
- Where the covered allegation does not meet the definition of abuse or neglect;
- Where it is unable to locate the alleged unaccompanied alien child victim;
- Where it already investigated the covered allegation;
- Where the DCPI intake report is a duplicate of an already existing report; or,
- Where an exigent circumstance or condition exists that makes investigation impossible.

Investigations will be initiated either immediately, within twenty-four (24) hours, within seventy-two (72) hours, or within ten (10) calendar days based on evaluated level of risk to the child.

Over the course of its investigation, DCPI will, at a minimum:

- Immediately request preservation of any potential video and documentary evidence;
- Establish a plan to thoroughly investigate the allegation;
- Review the care provider facility's records, including the intake report, on the alleged victim and alleged perpetrator;
- Conduct an updated background check on the alleged perpetrator. This may include an FBI fingerprint check of national and State criminal history repositories, a National Sex Offender Public Website check, state child abuse and neglect registry checks, or other public records checks;
- Interview the person who reported the allegation if this person was not interviewed during intake; and
- Review evidence of past conduct that resulted in dispositions of substantiated at Tier II and not substantiated findings relating to the same alleged perpetrator, if applicable.

DCPI may also form a multidisciplinary team of ORR staff and subject matter experts to review case facts with the assigned ORR Child Welfare Investigator, as necessary.

In addition to investigating the covered allegations DCPI will also evaluate any imminent or ongoing risk of child abuse or neglect to the unaccompanied alien children who remain in the care of the care provider. If risks or concerns are identified, DCPI will at the time of investigation, require the implementation of a safety plan and may also collaborate with the assigned Contracting Officer's Representative (COR) or Project Officer (PO) to ensure the care provider facility (including EIFs) implements an ongoing plan to mitigate the risk and ensure the safety of the children.

When an investigation begins, an alleged perpetrator will be added to a pending registry, internal to ORR, to ensure the alleged perpetrator is not hired to serve the UACB at an ORR-funded facility while a DCPI Investigation is underway. To the extent other authorities are also investigating the same covered allegation (e.g., local, state, or federal agencies, including law enforcement), DCPI will coordinate with such entities so as not to disrupt or interfere with their investigation. DCPI provide a written *Notification of Investigation* to inform relevant parties when initiating an investigation. Additionally, provided the child (14 or older) consents, DCPI will also notify the alleged victim's parent(s), legal guardians, or sponsors. In cases where the alleged victim is under the age of 14 or has a diagnosed developmental disability, ORR will make a determination in its discretion and in consideration of the best interests of the child whether to provide notification to the alleged victims parent(s), legal guardians, or sponsors. Relevant parties include, but are not limited to:

- The alleged victim;
- The care provider of the identified alleged victim child at the time the reported incident occurred;
- The parent(s) or legal guardian(s) of the identified alleged victim;
- The alleged perpetrator;
- The alleged victim's attorney of record, (if the child has an attorney of record);
- The child's current sponsor, if applicable.

DCPI will conclude an investigation after the ORR Child Welfare Investigator has made every effort to determine findings within sixty (60) calendar days of being assigned to the case. However, an investigation may be paused or resumed in thirty (30)-day increments with approval by the DCPI Supervisor or DCPI Director.

Following the completion of an investigation, DCPI will then issue one of the following dispositions for each reported allegation under investigation. These dispositions are based on the preponderance of the evidence, meaning the evidence shows whether it is more likely than not that abuse or neglect occurred. This standard guides DCPI in determining one of the following case dispositions:

- **Substantiated Tier I**: A disposition that there is a preponderance of the evidence establishing that abuse or neglect occurred, and that one or more automatic Tier I substantiating circumstances are found, or substantiation is warranted based on consideration of aggravating and mitigating factors. If no automatic Tier I substantiating circumstances are present, ORR will consider both aggravating and mitigating factors, based on the totality of the circumstances, with a focus on ensuring the child's safety. Aggravating factors will be weighed alongside mitigating factors as follows:
    - Aggravating factors include, but are not limited to:
        - Violations of ORR behavior management requirements (see **Section 3.3.13 Behavior Management**) ;
        - The individual's failure to comply with care provider facility policies, corrective action plans, or agreed-upon conditions;
        - The tender age, delayed developmental status, or other vulnerability of the child;
        - Significant or lasting physical, psychological, or emotional harm to the child;
        - Attempts to inflict significant or lasting physical, psychological, or emotional harm to the child;
        - Evidence suggesting a repetition or pattern of abuse or neglect, including multiple instances where abuse or neglect was substantiated at Tier I or Tier II, or even unsubstantiated allegations demonstrating a pattern of abuse, neglect, or harm.
    - Mitigating factors include, but are not limited to:
        - Remedial actions taken by the individual before the investigation was concluded;
        - Extraordinary, situational, or temporary stressors that caused the individual to act in an uncharacteristically abusive or neglectful manner;
        - The isolated or aberrational nature of the child abuse or neglect;
        - The limited, minor, or negligible physical, psychological, or emotional impact of the abuse or neglect on the child.
    - Circumstances, that when substantiated, trigger an Automatic Tier I disposition include:
        - Death or near death of a child as a result of child abuse or neglect;
        - Subjecting or exposing a child to sexual abuse or sexual harassment;

- Inflicting an injury or creating a condition requiring a child to be hospitalized or to receive significant medical attention;
- Repeated instances of physical abuse committed by the individual against any unaccompanied alien child in ORR care;
- Failure to take reasonable action to protect a child from sexual abuse or repeated instances of physical abuse under circumstances where the individual knew or should have known that such abuse was occurring; or
- Depriving a child of necessary care (food, shelter, health care, or supervision) which either caused serious harm or created a substantial risk of serious harm.

- **Substantiated Tier II**: A disposition that there is a preponderance of the evidence establishing that abuse or neglect occurred, and that based on consideration of aggravating and mitigating factors, the evidence does not warrant a finding of substantiated allegation, Tier I.
- **Not Substantiated**: A disposition that there is not a preponderance of the evidence establishing that abuse or neglect occurred, but the evidence indicates the unaccompanied alien child was harmed or placed at risk of harm.
- **Unfounded**: A disposition that there is not a preponderance of the evidence establishing that abuse or neglect occurred, and the evidence indicated that the unaccompanied alien child was not harmed or placed at risk of harm.
- **Administrative Closure**: An investigation can be administratively closed when DCPI determines it will not seek to make a disposition for a covered allegation of child abuse or neglect.

Within five (5) calendar days of making a disposition, DCPI will notify the alleged perpetrator via certified mail. Within five (5) calendar days of making a disposition, DCPI will provide written Notification of Disposition to the care provider (including EIFs), the alleged victim, and the alleged victim's attorney of record (if the child has an attorney of record). Additionally, provided the child (14 or older) consents, DCPI will notify the alleged victim's parent(s), legal guardians, or sponsors with a written notification. In cases where the alleged victim is under the age of 14 or has a diagnosed developmental disability, ORR will make a determination in its discretion and in consideration of the best interests of the child whether to provide notification to the alleged victims parent(s), legal guardians, or sponsors.

If an allegation of abuse or neglect is found to be not substantiated, unfounded, or administratively closed, a disposition will be issued, and no further action will be taken in that specific investigation.

If DCPI substantiates an allegation of abuse or neglect, the alleged perpetrator will be categorized as a substantiated perpetrator at either Tier I or substantiated perpetrator at Tier II. The *Notification of Disposition* for substantiated perpetrators will summarize the basis for DCPI's substantiation of the relevant allegations. The *Notification of Disposition* will inform a substantiated perpetrator that they may request an appeal to an Administrative Law Judge (ALJ) of the HHS Departmental Appeal Board (DAB), and will include the steps required to initiate an appeal (see **Section 5.11.4 HHS Departmental Appeals Board and ACF Assistant Secretary Appeals and Review Process**). The *Notification of Disposition* will also inform a substantiated perpetrator that if they do not submit a written request for an appeal within thirty (30) calendar days of receiving the *Notice of Disposition*, they are waiving their right to an appeal, as referenced in **Section 5.11.3 Interventions and Discipline**, and subject to the following actions:

- Substantiated perpetrators at Tier I will be referred to the ORR Central Registry, a database maintained by ORR consisting of ORR findings of sustained perpetrators of child abuse and neglect at Tier I after the thirty (30) calendar day timeframe to request an appeal has passed. This registry is distinct from the internal registry used to track alleged perpetrators during an active investigation. Once identified in the ORR Central Registry they will be prohibited from working or volunteering in any way on ORR-funded grants or contracts and may not have access to or contact with any unaccompanied alien child in ORR custody, or the UAC Portal.
- Substantiated perpetrators at Tier II will be maintained within ORR records as a sustained perpetrator at Tier II.

Effective 01/10/2025

5.11.2 Obligations of Care Provider Facilities (including Emergency or Influx Facilities)

Care provider facilities (including an emergency and/or influx facility (EIF) are required to take immediate action when they become aware of a covered allegation involving the abuse or neglect of an unaccompanied alien child. These actions are designed to ensure both the safety of children and compliance with investigative procedures. Additionally, an ORR Central Registry check must be conducted for all staff at least once a year, in coordination with the assigned ORR Project Officer (PO).

Required Responsive Actions:

Care providers (including EIFs) must take the following steps when a covered allegation is reported to minimize the potential risk to the child or others while the investigation is ongoing.:

- **Suspension or Reassignment of Alleged Perpetrators**
    - Any alleged perpetrator suspected of sexual abuse or harassment must be immediately suspended with pay from duties that involve contact with

unaccompanied alien children, pending the outcome of the investigation.

- For all other allegation types, care providers must take remedial actions for alleged perpetrators, which may include reassignment of the alleged perpetrator, the implementation of a safety plan, or suspension with pay from all duties that would involve or allow any contact or access to children.
- If DCPI closes the investigation administratively, care providers may remove the suspension. Approval from the assigned COR or PO is required before lifting suspensions for perpetrators with dispositions of "not substantiated" or "unfounded."
- Create an addendum to the existing SIR report (see **Section 5.8.4 Report Addendums**) once a final case disposition is issued by DCPI.

- **Disciplinary Measures for Concerning Behavior**
    - Care providers must take appropriate disciplinary action if an individual's behavior raises child welfare concerns, even if the allegation is not substantiated (see **3.5 Staff Code of Conduct**). This includes addressing acts of retaliation against those who report or participate in the investigation of child abuse or neglect (see **4.10.1 Methods for Children and Youth to Report**, and **4.10.2 Care Provider Reporting Requirements**).
    - Care providers must also address employee misconduct via internal review consistent with their internal employee conduct policies and procedures, including decisions about allowing an employee to return to work.

- **Cooperation with DCPI**: Care provider must fully cooperate with DCPI investigations and are prohibited from conducting internal investigation while DCPI investigations are ongoing. During the investigation, care providers must:
    - Promptly preserve any potential video or documentary evidence and within the limitations of privacy rights under the law, prior to or during the investigation.
    - Provide access to all requested files, records, reports, data, and video recordings to DCPI within one (1) business day of receiving a request.
    - Notify the alleged perpetrator of the DCPI investigation, except when safety concerns require delaying notification.
    - Care providers must not share information with an alleged perpetrator that could compromise the integrity of a DCPI investigation or a concurrent criminal investigation but can share updates related to the initiation of an investigation, case disposition, and their employment status or task assignments.
    - Permit DCPI unrestricted access to the facility, including buildings, staff, and children.

- Submit complete responses to written questions within one (1) business day.
- Fully cooperate with any investigation of the same covered allegation by other State, local, and Federal entities, and their relevant law enforcement agencies. Investigative agencies must follow the case file records request process outlined in **Section 5.10.1 UAC Case File Request Process**.

Access to Supports for Unaccompanied Alien Children

Care providers must ensure the following supports and services are in place for the alleged victim child:

1. Access to Legal Representation and Family:
    - Children must be provided access to their attorney of record (if the child has an attorney of record) or other legal service provider (LSP).
    - Children must also have access to their families, including legal guardians, unless ORR has documented reasons that certain family members or legal guardians should not be provided access due to safety concerns.
2. Access to Embassy or Consulate:

Provide children with the opportunity to contact their consulate or embassy for additional assistance and support. If children have concerns about their immigration case, they are encouraged to consult with their attorney of record or LSP before contacting their consulate or embassy.

Note: While children with credible fear or asylum claims must also be afforded this opportunity, care providers are not required to proactively share information of the child's claims with the consulate or embassy. Additionally, requirements such as death notifications remain mandatory (see **Policy Guide Section 3.3.16 Notification and Reporting of the Death of an Unaccompanied Alien Child**).

Implementation of a Safety Plan:

Care providers must implement a comprehensive safety plan when responding to a covered allegation. This safety plan must be tailored to the individual needs of the child and address any immediate concerns for their safety:

- **Comprehensive Safety Plan Development:** A safety plan must be developed to ensure the child's physical and emotional well-being. It should outline specific steps, services, and resources, available to the child, such as medical care, crisis intervention services, counseling services, or other support systems. The plan must be responsive to the child's immediate needs during and after the investigation as outlined in '**Section 3.3.4 Safety Planning**. In consideration of an unaccompanied alien child's needs, investigations may be used to inform

release decisions, but ORR does not delay release unless there is a reason consistent with **Section 2.7.4 Deny Release Request**, or other applicable ORR requirements.

- **Collaboration with DCPI and ORR:** DCPI may collaborate with the care provider's assigned PO or FFS, and elevate any concerns that require a Corrective Action Plan or additional monitoring, to address any other identified concerns, as appropriate. Care providers must take immediate steps to address concerns identified by DCPI, the assigned PO, or FFS.

Monitoring and Enforcement:

ORR may take monitoring and enforcement actions when care provider facilities interfere with, delay, or fail to permit investigations. These actions include, but are not limited to:

- Remote or on-site monitoring;
- Monitoring of the corporate offices to review internal policies and reporting structures, as well as supervisory response to events;
- Limiting or stopping new placements of unaccompanied alien children at the care provider facility;
- Removing all unaccompanied children from the care provider facility and placing them into other care provider facilities;
- Issuing corrective actions;
- Terminating the cooperative agreement or contract with the care provider facility; or
- Imposing remedies for noncompliance applicable to HHS grant recipients and contractors (e.g., those described at 45 C.F.R. §75.371).

ORR also requires the immediate suspension, with pay, of and the alleged perpetrator suspected of perpetrating sexual abuse or sexual harassment from all duties that involve or allow any contact with, or access to, unaccompanied children pending the outcome of an investigation. (see **UAC Policy Guide Section 4.3.5 Staff Code of Conduct**). An alleged perpetrator must remain suspended throughout an investigation until a case disposition has been determined. Care providers must obtain approval from the assigned COR or PO before lifting the suspension or /reassignment of alleged perpetrators with not substantiated or unfounded disposition types. Alleged perpetrators with investigation types that have been determined to be Not Substantiated, Unfounded, or Administratively Closed may be removed from suspension or reassignment.

Care providers (including EIFs) where DCPI investigates covered allegations, may also take appropriate disciplinary measures where they find that covered individuals exhibit behavior whose conduct does not rise to the level of a disposition of substantiated allegation, Tier I, but raises child welfare concerns. This includes any acts of retaliation against any person who, in good faith reports and participates in an investigation of child abuse or neglect. Any incidents of this nature should also be reported, as

appropriate, as referenced in **4.3.5 Staff Code of Conduct**, **4.10.1 Methods for Children and Youth to Report**, and **4.10.2 Care Provider Reporting Requirements**. Care providers must also address employee misconduct via internal review consistent with their internal employee conduct policies and procedures, including decisions about allowing an employee to return to work. After a final case disposition, care providers must create an addendum to the existing SIR report as directed in **Section 5.8.4 Report Addendums**.

Care providers (including EIFs) must notify attorneys of record, LSP, child advocates, parents or legal guardians, and potential sponsors of any investigation resulting from Significant Incident Reports (SIRs) that require stakeholder notification as appropriate (see **Section 4.10.4 Notification and Access to Attorneys/Legal Representatives, Families, Child Advocates, and Sponsors** and **Section 5.8.11 Notification to Attorneys, Legal Representatives, Child Advocates, Families, and Sponsors**).

ORR requires care providers (including EIFs) to fully cooperate with DCPI during the investigation of any overed allegation of child abuse or neglect. Care providers are prohibited from conducting internal investigations of allegations of abuse and neglect that are actively being investigated by DCPI. During the pendency of a DCPI investigation care providers (including EIFs) must:

- At minimum, temporarily reassign the alleged perpetrator to duties that do not involve any direct contact or access to unaccompanied alien children or the UAC Portal, minimizing the potential risk to the child or others while the investigation is ongoing.

- Immediately notify an alleged perpetrator that a DCPI investigation has been initiated, as appropriate. If there are safety concerns for other staff, the alleged victim or other children, notification may be appropriately delayed in order for the care provider to take safety measures to protect life and property at the facility. Care providers must not share information with an alleged perpetrator that could compromise the integrity of a DCPI investigation or a concurrent criminal investigation but can share updates related to the initiation of an investigation, case disposition, and their employment status or task assignments.

- Provide unaccompanied alien children access to health services (including specialists and mental health practitioners), individual counseling sessions, and crisis intervention to address unaccompanied alien children's needs most appropriately. For investigations that involve allegations of sexual abuse or sexual harassment, children must be offered access to community service providers as referenced in **Section 4.5 Responsive Planning**.

- Provide unaccompanied alien children access to their attorney of record or other LSP, families, including legal guardians, unless ORR has documented reasons that certain family members

or legal guardians should not be provided access due to safety concerns.

- Alleged victims of sexual abuse or sexual harassment must be provided the opportunity to contact their embassy for additional assistance and support.

- Permit DCPI unrestricted access to the premises, any physical property on the premises, buildings, staff, and children in the physical custody of the care provider facility.

- At the direction of the ORR Child Welfare Investigator, DCPI, implement a safety plan to mitigate the risk of child abuse or neglect to ensure the safety of the unaccompanied alien children in ORR care at the facility for concerns identified that require an immediate response. DCPI may also collaborate with the care provider's assigned PO or FFS and elevate any concerns that may require a Corrective Action Plan or additional monitoring to address any other identified concerns, as appropriate.

- Permit DCPI to conduct interviews with children admitted or residing at the care provider facility, and without care provider facility staff, contractors or subrecipients of the care provider facility, or care provider facility volunteers present.

- Within the limitations of privacy rights under the law, permit DCPI to observe the activities of care provider facility staff, contractors or sub-recipients of the care provider facility, care provider facility volunteers, or additional individuals who have access to children in ORR care through other contracts or grants with ORR.

- Promptly preserve any potential video or documentary evidence and within the limitations of privacy rights under the law, prior to or during the investigation, promptly provide access to all requested files, records, reports, data, and video recordings to DCPI within one (1) business day of receiving a request.

- Promptly submit complete and accurate responses to any written questions within one (1) business day.

- Fully cooperate with any investigation of the same covered allegation by other State, local, and Federal entities, and their relevant law enforcement agencies. Investigative agencies must follow the case file records request process outlined in **Section 5.10.1 UAC Case File Request Process**.

ORR may take monitoring and enforcement actions when care provider facilities interfere with, delay, or fail to permit investigations, including but not limited to, desktop monitoring of the care provider facility; on-site monitoring of the care provider facility; monitoring of the corporate offices to review internal policies and reporting structures, as well as supervisory response to events; limiting new placements of unaccompanied alien children at the care provider facility; stopping placement at the care provider facility; removing all unaccompanied alien children from the care provider facility and placing them into other care provider facilities; issuing corrective actions; closing the care provider facility; or remedies for noncompliance applicable to HHS grant recipients and contractors (e.g., those described at 45 C.F.R. §75.371 or similar regulations).

Revised 1/10/2025

5.11.3 Interventions and Discipline

ORR requires specific interventions and discipline with respect to covered allegations that have been substantiated by DCPI. These include measures taken by ORR and the relevant care provider facility.

If a substantiated perpetrator at Tier II waives their opportunity for appeal and review or a DCPI disposition is upheld following an appeal and review process (see **Section 5.11.4 HHS Departmental Appeals Board Appeals and ACF Assistant Secretary Review Process**), information regarding the individual will only be recorded and maintained in agency records as a sustained perpetrator at Tier II, separate from the ORR Central Registry. Sustained perpetrators at Tier II will not face additional disciplinary action from ORR for the specific allegations. However, ORR may use their records to identify patterns of abuse and neglect, as well as to guide future safety planning at care provider facilities.

If a substantiated perpetrator waives their opportunity for appeal and review, or a DCPI disposition is upheld following an appeal and review process, the substantiated perpetrator will be subject to the following:

1. **Referral to the ORR Central Registry:**

    - Substantiated perpetrators at Tier I will be listed in the ORR Central Registry as sustained perpetrators at Tier I, which will contain names and other identifying information, along with details of any underlying allegations of child abuse or neglect. It is important to highlight that the Registry only applies to individuals investigated by DCPI, not to those with substantiated findings from state or local investigations.

    - The ORR Central Registry is not available to the general public. Individuals listed may be referred to relevant State and local entities and to relevant law enforcement agencies in the

state in which the child abuse or neglect occurred by DCPI Registry in accordance with 45 C.F.R. §412.101(d)(1). Information requests by out-of-state agencies will also be review on a case-by-case basis.

- ORR will utilize the ORR Central Registry to identify Sustained Perpetrators at Tier I as part of the screening process by care provider facilities as described in **Section 4.3.3.1 ORR Required Background Investigations**. Individuals listed on the ORR Central Registry will be prohibited from working or volunteering in any way on ORR-funded grants or contracts and may not have contact with children in ORR custody.

Five years after the initial entry of a name into the Central Registry and with confirmation of no further substantiated allegations of child abuse or neglect, a substantiated perpetrator at Tier I may submit a written request to DCPI at **ORR_UACB_DCPI_Supervisors@acf.hhs.gov** to have their name removed from the Central Registry. ORR will review requests on a case-by-case basis. For cases involving sexual penetration, child death, sexual molestation, or sexual exploitation, the record will be maintained for 25 years. Records regarding unfounded allegations are maintained and disposed of in accordance with federal records management requirements.

2. **Employment Prohibition:**

- Individuals listed in the ORR Central Registry are prohibited from working or volunteering in any way on ORR-funded grants or contracts and may not have access to or contact with any unaccompanied alien child in ORR custody or the UAC Portal, unless ORR removes such individual from the registry.
- As part of the screening process for hiring decisions by care provider facility staff, contractors or sub-grantees of the care provider facility, or for allowing care provider facility volunteers to be at the care provider facility, all care provider facilities, whether or not they are located in states that investigate child abuse and neglect allegations at ORR care provider facilities, must confirm with their ORR Project Officer or Contract Officer's Representative (COR) that an applicant is not listed in the ORR Central Registry.
- All care provider facilities, whether located in states that investigate child abuse and neglect allegations at ORR care provider facilities or not, must also annually check all of their personnel against the ORR Central Registry.

3. **Disciplinary Sanctions:**

- Care provider facilities must take appropriate remedial measures when staff, contractors, or volunteers exhibit behavior that, while not meeting the definition of child abuse or neglect,

may be a violation of the staff code of conduct (see **Section 4.3.5 Staff Code of Conduct**), or raises child welfare concerns (e.g., retaliation, interference with an investigation, etc.).

- At the direction of the DCPI, remedial measures may prohibit contact between relevant care provider facility staff, contractors, or volunteers with unaccompanied alien children.

4. **Referrals to State, Local, and Other Federal Agencies**

- ORR will refer the names of substantiated perpetrators to relevant State and local entities and to relevant law enforcement agencies in the state in which the child abuse or neglect occurred. Additionally, if a State or local authority or relevant local law enforcement agency outside of the state where the sustained allegation at Tier I occurred requests information about the sustained perpetrator, ORR will confirm whether a particular individual is on the ORR Central Registry in accordance with 45 C.F.R. §412.101(d)(1) prior to releasing such information.
- ORR will refer the names of Tier I sustained perpetrators to the Federal Bureau Investigations (FBI) and HHS's Office of the Inspector General (OIG) consistent with applicable agreements.
- ORR and care provider facilities shall not interfere with another State, local, or Federal entity or agency's investigation into allegations of child abuse or neglect.

Investigation findings may assist in completing U and T visa certifications. Care providers should ensure that children have access to their LSP or attorneys of record for consultation, as these findings may impact their immigration cases. Requests for U or T visa certifications should be emailed to DCPI at**ORR_UACB_DCPI_Supervisors@acf.hhs.gov**.

Effective 1/10/2025

5.11.4 HHS Departmental Appeals Board Appeals and ACF Assistant Secretary Appellate Review Process

The ORR Unaccompanied Alien Children Bureau (UCAB) and HHS Departmental Appeals Board (DAB) have established two separate optional procedures available to substantiated perpetrators, at their personal cost, following receipt of a *Notification of Disposition*:

1. **Appeal Process**: A substantiated perpetrator may request to appeal an ORR substantiated disposition to an Administrative Law Judge (ALJ) at the HHS Departmental Appeals Board (DAB).

- If the substantiated perpetrator submits a notice of the appeal, and it is not dismissed by the ALJ, ORR must notify the alleged victim, the victim's attorney of record (if the child has an attorney of record), and, as appropriate and determined by ORR, the alleged victim's parent(s),

legal guardian(s), or sponsor(s), absent the non-consent of children 14 and older, that an appeal of ORR's disposition will be conducted by an ALJ. The alleged victims, witnesses and family members of the alleged victims will not be required to testify.

- Substantiated perpetrators may choose to have the appeal conducted via telecommunications technology or based on documentary submission.
- If a request for appeal is not submitted within thirty (30) calendar days, the substantiated perpetrator will be deemed to have waived their right to appeal, and the appeal will be dismissed.

Dismissal of Appeal Requests

An ALJ will dismiss a request for appeal under the following circumstances:

- The request is not received within thirty (30) calendar days of the substantiated perpetrator's receipt of the *Notification of Disposition*;
- Failure to demonstrate good cause, as determined by the ALJ, for an untimely request; or
- Withdrawal or abandon of a request for appeal (e.g., no communication for 30 days).

The individual files a request to appeal a finding of "not substantiated," "unfounded," or "administratively closed" - dispositions which are not eligible for appeal. If an appeal is initially dismissed, the DAB may, at its discretion, temporarily remove the sustained perpetrator designation at Tier I or Tier II. For Tier I cases, this would involve temporary removal from the ORR Central Registry, and for Tier II, temporary removal from ORR agency records. This action may be granted when the DAB ALJ determines the individual has established good cause for missing the original appeal deadline. It also allows for the possibility of rescheduling the appeal and subsequent final decision rendered by the ALJ if the perpetrator re-establishes communication.

Disclosure of Case Materials

Upon a timely request for appeal, ORR will provide the substantiated perpetrator and their legal counsel with all information used in the disposition except for portions that:

- Compromise the safety and well-being of a child, the reporter, or any other person;
- Reveal the identity of a child who furnished information with the understanding their identity would be confidential;
- Reveal the identity of any alleged perpetrator(s) involved in the same case who has an unfounded disposition; and
- Are otherwise prohibited by state or federal law.

Outcome of Appeal

- If a Tier I perpetrator waives the right to appeal or if the ALJ upholds the disposition, the individual will be added to the ORR Central Registry as a sustained perpetrator at Tier I.

- For Tier II perpetrators, if they waive their right to appeal or the ALJ upholds the disposition, ORR will not impose further disciplinary action. However, records may still be reviewed to identify patterns of abuse or neglect and inform future safety planning.

- A case may be remanded to DCPI if the ALJ determines that the evidentiary record is insufficiently complete to decide whether ORR's disposition is supported by a preponderance of the evidence.

Notification and Appeal Determination

- If the appeal request is granted and the appeal proceeds, ORR must notify the alleged victim, the victim's attorney of record (if the child has an attorney of record), and, as appropriate and determined by ORR, the alleged victim's parent(s), legal guardian(s), or sponsor(s), absent the non-consent of children 14 and older, that an appeal will be conducted. Alleged victims, witnesses, and family members will not be required to testify.
- The ALJ's written decision to uphold, modify, or reverse DCPI's disposition will be served to the relevant parties, including the Assistant Secretary for Children and Families, the alleged victim, the victim's attorney of record (if the child has an attorney of record), and, as appropriate and determined by ORR, the alleged victim's parent(s), legal guardian(s), or sponsor(s), absent the non-consent of children 14 and older.
- The ALJ's notification of the final decision will include instructions for requesting a review by the Assistant Secretary for ACF.

2. **Review by the Assistant Secretary for Children and Families**

A substantiated perpetrator at Tier I or Tier II may request a review of the ALJ's decision within thirty (30) calendar days of receiving it by filing a request for review with the Office of the Assistant Secretary for Children and Families.

- Within 30 days of receiving a timely request, the Assistant Secretary for ACF may affirm, modify, or reverse the ALJ's decision, including cases dismissed for untimeliness or procedural defects. The review will assess whether the ALJ's decision was based on a significant legal or factual error.
- If the Assistant Secretary affirms the ALJ's decision, or if no modifications are made within thirty (30) calendar days of receiving the request, the ALJ's decision becomes final and binding

on all parties.

- If no request for review is made, the Assistant Secretary has an additional thirty (30) calendar days to review the decision at their discretion. If no changes are made, the ALJ's decision becomes final, and the substantiated perpetrator will be considered a sustained perpetrator at either Tier I or Tier II (see **UAC Policy Guide Section 5.11.3 Interventions and Discipline**).

Final Decision and Notifications

- If a Tier I perpetrator waives the right to review or if the Assistant Secretary upholds the disposition, the individual will be added to the ORR Central Registry as a sustained perpetrator at Tier I.
- For Tier II perpetrators, if they waive their right to review or the Assistant Secretary upholds the disposition, ORR will not impose further disciplinary action. However, records may still be reviewed to identify patterns of abuse or neglect and inform future safety planning and investigations prompted by a new allegation(s).
- The Office of the Assistant Secretary will serve a copy of the final decision to all involved parties, including the alleged victim, the victim's attorney of record (if the child has an attorney of record), and, as appropriate and determined by ORR, the alleged victim's parent(s), legal guardian(s), or sponsor(s), absent the non-consent of children 14 and older.

Effective 1/10/2025

Footnotes

[1] Emergency Supplemental Appropriations for Humanitarian Assistance and Security at the Southern Border Act, 2019, Pub. L. 116-26.

[2] At this time the Central American countries of El Salvador, Guatemala and Honduras are not mandatory notification countries. Mexico is not a mandatory notification country, but the U.S. does have a bilateral agreement that confers similar protocols for children, therefore Mexican consulate officials will be given access to unaccompanied alien children under similar arrangements as a mandatory notification country.

[3] If there has been a court ordered termination of parental rights, a fear that the child is a victim of abuse or trafficking, or that contacting the parent or legal guardian would place the unaccompanied alien child in danger, the care provider will contact the consulate without the parent/legal guardian's permission (unless the child is claiming credible fear or asylum). If the care provider is unsure, they should immediately elevate their concerns to the ORR/FFS assigned to the care provider.

[4] See Exhibit 1, para. C of the Flores settlement agreement.

[5] For report templates, see **https://www.grants.gov/forms/forms-repository/post-award-reporting-forms** .

[6] The ORR Case Management database has a firewall in place to prevent access outside the United States and its territories.

[7] Sponsors may be required to pay for the transport of a child (and the travel of any escorts). See **Section 2.8.2 Transfer of Physical Custody**.

[8] For Program-Level Events (PLE) reporting purposes, an outbreak is defined as four (4) or more cases of an infectious disease (e.g., influenza, norovirus, strep throat) within a two (2) week period. Individual cases of notifiable diseases are reportable to ORR through other mechanisms. Care providers must also be aware of notifiable disease and outbreak reporting requirements in their States, as outlined in **Section 3.4.6 Management of Communicable Diseases**.

[9] Unaccompanied alien children's case files and program records should be maintained and shared in adherence to what is set out in the System of Records Notice for the Unaccompanied Alien Children's Bureau 81 FR 46682, or any updated Systems of Records Notice as is published for the Unaccompanied Alien Children's Bureau.

[10] As a matter of discretion ORR treats information maintained in ORR system of records on non-U.S. persons, including case files containing information about children and sponsors, as being subject to the provisions of the Privacy Act. Office of Management and Budget (OMB) guidance allowing agencies discretion to treat mixed systems as subject to the Privacy Act, *OMB Privacy Act Implementation: Guidelines and Responsibilities*, **40 Fed. Reg. 28948** (PDF)(PDF), 28951 (July 9, 1975). Specifically, the 1975 OMB guidance states: Files relating solely to nonresident aliens are not covered by any portion of the [Privacy] Act. Where a system or records covers both citizens and nonresident aliens, only that portion which relates to citizens or aliens is subject to the Act, but agencies are encouraged to treat such systems as if they were, in their entirety, subject to the Act.

[11] The **Joint Explanatory Statement on Consolidated Appropriations, 2021-Division H** (PDF) (PDF) directs ORR to develop specific policies and procedures regarding the confidentiality of counseling and mental health services provided to unaccompanied alien children, as well as all related documentation, consistent with applicable child welfare laws and regulations, and to ensure care providers are informed of such policies.

[12] The **House Report 116-450** (PDF) directs ORR to refrain from sharing mental health information with immigration court for master calendar hearings where the court is not making decisions about a child's

custody. The **House Report 116-450** (PDF) further restricts ORR from sharing mental health records with EOIR unless ORR or the care provider is appearing as party in a legal proceeding.

[13] In general, a "lawfully-issued" subpoena is a subpoena that was issued in accordance with applicable law. ORR staff and care providers should consult with their general counsel to determine if a subpoena was lawfully-issued. See **45 CFR 2.5** .

[14] ORR tries to provide for the veracity of who the parent or legal guardian is based on its records.

[15] Diagnosed developmental disability in this context refers to a diagnosed condition that impacts the child's cognitive capacity to consent. Examples of this would include, but are not limited to an intellectual disorder, neurocognitive disorder, or severe psychiatric disorder. The assessment of whether a child can consent to release of records must be determined by a physician, nurse practitioner, psychologist, or psychiatrist, following a diagnosis of a cognitive disorder that impacts capacity to consent. Diagnosis of a disability alone is not sufficient to determine whether a child has the capacity to consent for release of their information. If ORR reasonably believes there is a competency concern, while pending the diagnosis or assessment, ORR could make a best interests determination on behalf of the child.

[16] ORR refers children who are child trafficking victims and other vulnerable children to be appointed a Child Advocate (see 8 U.S.C. 1232(c)(6)). Under the authorities of the **Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA)** (PDF), ORR refers children who have a developmental disability, tender age children, children who are pregnant or parenting, children who are placed in a restrictive or therapeutic setting, children who are within six (6) months of aging out where family reunification is unlikely, and children who have been a victim of a crime or human trafficking to be appointed a Child Advocate.

[17] If the records request is from a government agency (federal, state, or local), ORR will notify a child's attorney of record or Child Advocate if assigned of the records request to provide notice of the request. The child's attorney of record and Child Advocate will be given an option to notify ORR within two (2) business days of receipt if there is any objection to the release of this information.

[18] In general, a "lawfully-issued" subpoena is a subpoena was that was issued in accordance with applicable law. ORR staff and care providers should consult with their general counsel to determine if a subpoena was lawfully-issued.

[19] Note that a copy of this form must be provided to the child's LSP or attorney of record, and Child Advocate after provision to EOIR.

[20] For children under the age of 14 or children with a diagnosed developmental disability, the care provider should ask the child's parents for their consent for their contact information to be shared with the LSP.

[21] ORR notifies the LSP whenever ORR finds out there is a removal order pursuant to MPP, whether before or after the KYR and legal screening are conducted. ORR also notifies the LSP before transfer of the child with an MPP removal order to another care provider facility.

[22] In general, this policy describes information sharing policies regarding children in ORR care who were separated from parents/legal guardians by DHS at the southern border, as described in *Ms. L. v. U.S Immigr. & Customs Enf't ("ICE")*, 310 F. Supp. 3d 1133 (S.D. Cal. 2018), modified, 330 F.R.D. 284 (S.D. Cal. 2019), and enforcement granted in part, denied in part sub nom. *Ms. L. v. U.S. Immigr. & Customs Enf't ("ICE")*, 415 F. Supp. 3d 980 (S.D. Cal. 2020). Where the circumstances of separated children in ORR care differ from those described by the *Ms. L.* litigation, or by other legal requirements (e.g., House Report 116-450), this sub-section may not apply.

[23] The child's photograph may not be shared with DHS or EOIR absent one of the covered exceptions outlined in **Section 5.10.2 Limits to Sharing Information with DHS and EOIR**.

[24] ORR will provide records to OIG and GAO in compliance with **45 CFR § 75.364 Access to records.**

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