Introduction

What is your name?

(Revised: 11/10/20)

## **UAC Questionnaire / 6-12 year olds**

• Before we start, do you have any questions for me?

Instructions: The interviewer should explain to the minor that the interview is not mandatory and confirm that he/she is voluntarily participating in the interview without their attorney(s) present. The interviewer should also explain to the minor the monitor's role, the purpose of the interview, and the use/role of an interpreter (if applicable). Explain the purpose of your visit in child friendly terms and answer any questions the UAC has about ORR or your visit. Also, reassure minor to not be nervous if he/she is nervous about the interview and help the minor feel comfortable and relaxed. Allow minor to share something about themselves to help. Please see the "Introduction Prompt for UAC Questionnaire" for additional guidance.

Questions in **bold** should be asked during the interview if possible. Other questions are optional prompts to assist the interviewer. These questions are NOT intended to be asked verbatim. Ask questions that help establish rapport. The UAC monitor should ask individualized interview questions based upon the UAC case file review and the circumstances of the inspection.

Name of witness present confirming minor volunteered to be interviewed without their attorney(s)

| UAC Name: A#:                      |                                |
|------------------------------------|--------------------------------|
|                                    |                                |
| Date of Admission: Geno            | der/Age:                       |
| Date/Time of Interview: Cour       | ntry of Origin:                |
| Name of Evaluator: Nam             | e of Interpreter:              |
| Primary Language of UAC: Language  | guage of Interview:            |
| Appropriately dressed? Yes No Appr | ropriately groomed? Yes 🗌 No 🗌 |

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR Monitoring Team staff to interview and document responses from UAC during biennial site visits. Public reporting burden for this collection of information is estimated to average 0.5 hour per response (plus an additional 0.5 hour if the site visit is performed by a contractor monitor), including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.

Notes

|   | (Revised: 11/10/20) |
|---|---------------------|
| • (UAC in Foster Care) Where is your favorite place to be inside your foster home? Would you like to talk there?  |                     |
| What is your favorite food/snack?   |                     |
| • Do you play outside? What is your favorite outside game?  |                     |
| Admission/Orientation   | Notes               |
| <ul> <li>What do you remember when you first came to the program and/or foster home? (depending on child's age and/or understanding)</li> <li>What items were you given when you arrived here? (depending on child's age and/or understanding)</li> <li>Clothes?</li> <li>Shoes?</li> <li>Good Touch, Bad Touch/Sexual Abuse/Sexual Harassment?</li> <li>Mail/Visits?</li> <li>Grievance Procedures?</li> <li>Do you remember having a conversation about a telephone and the purpose of it? Can you show me how the telephone(s) work? (Depending on location of telephone, child's age and/or understanding)</li> </ul> |                     |
| Education/School  | Notes               |
| • Tell me about school.   |                     |
| <ul> <li>What are some of the things you like about school? What<br/>are some of the things you do not like about school?</li> </ul>  |                     |
| Can you name some of the class subjects? Tell me one thing that you learned at school this week.  |                     |
| Medical   | Notes               |
| • If you felt sick, who would you tell?   |                     |
| <ul> <li>Has there been a time when you've felt sick since being<br/>here? If so, tell me about what happened.</li> </ul>   |                     |

(Revised: 11/10/20) **Communication with Family Notes** • Are you able to talk with your family over the phone? **Meetings with CM Staff/Reunification Notes** N/A **Clinical Services Notes** N/A **Program Rules Notes** • Can you tell me some of the rules here at the program or in your foster home? • Can you tell me what would happen if you or another child here did not follow the rules? Can you tell me about an example of when that happened? Reporting a Complaint or Abuse **Notes** • Have you ever been hurt by a staff member or someone in your foster home? • Do staff members or anyone in your foster home ever act angry or mean to you? (If so, can you tell me an example of when that happened?) Safety **Notes** • Do you always feel safe here (at the program or foster home)? If no, please tell me some examples of when you did not feel safe. If the child discloses feeling unsafe, the evaluator must elevate the issue for appropriate action, including connection with clinician when necessary. • Is there anyone at the program or in your foster home who makes you feel uncomfortable? If so, please explain.

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|---|---------------------|
| <ul> <li>If safety of UAC is a concern, please ask more questions to the UAC. Some examples below may be helpful:</li> <li>Tell me what you like most about the staff here. Tell me what you don't like about the staff. Are there any staff members who you avoid or who should not be working with children? Are there any staff members who make you feel uncomfortable?</li> <li>Which staff member has been most helpful and responsive to your needs?</li> <li>Have you ever been treated badly or with disrespect? (Yelled at? Cursed at? Made fun of by staff? Bullied by other children in front of staff?)</li> <li>Have you ever witnessed another child being treated badly or bullied while here?</li> </ul> |                     |
| Food/Snacks   | Notes               |
| Tell me about the food here.  |                     |
| Do you think you get enough food here?  |                     |
| Recreation/Structured Leisure Activities  | Notes               |
| Do you feel you get enough playtime here? Please explain.   |                     |
| Religious Services  | Notes               |
| <ul> <li>Are you given a choice about participating in religious<br/>services? (Are you pressured to attend religious<br/>services?)</li> </ul>   |                     |
| <ul> <li>Are you happy with the options for religious services that are<br/>provided to you?</li> </ul>   |                     |
| Conclusion  Re-explain that we will not say 'who said what' and will only share summary recommendations with program and ORR, unless there is something serious that needs to be elevated to leadership.  | Notes               |

Is there anything else you want to tell me? Or should tell me? Maybe something I haven't asked you? (depending on child's age and/or understanding)

Do you have any suggestions to improve the program? (depending on child's age and/or understanding)

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