

# ORR/UCP Master Case File Checklist - **OPEN/CLOSED**

(Updated: 09/28/2020)

|                  |  |              |  |                   |
|------------------|--|--------------|--|-------------------|
| Reviewer:        |  | Date:        |  | Release Category: |
| UAC Name:        |  | A#:          |  | Case Manager:     |
| Nationality:     |  | DOB:         |  | Clinician:        |
| Admitted Date:   |  | Gender:      |  | Transfer?         |
| Date of Release: |  | Language(s): |  | Religion:         |

Orange Fill = Flores Minimum Requirement; Gray Fill = Important Document

|                                                                                                                                                                                                                                        | CF                       | Portal                   | Date | Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|------|-------|
| <b>Admission Documents</b>                                                                                                                                                                                                             |                          |                          |      |       |
| Initial Intakes Assessment (within 24 hours)                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |      |       |
| Placement Authorization Form (signed by care provider within 24 hours.)                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |      |       |
| UAC Photo (within 24 hours) (Recommendation only: Babies every 6 months; All other UAC annually)                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |      |       |
| Inventory of all Property and Cash (within 24 hours. Signed. Inventory should include clothing/cash kept by program and clothing/cash returned to UAC. Log should be updated as UAC receives additional property during his/her stay.) | <input type="checkbox"/> |                          |      |       |
| Clothing and Supplies distributed to UAC                                                                                                                                                                                               | <input type="checkbox"/> |                          |      |       |
| Other Admission Forms (insert below)                                                                                                                                                                                                   | <input type="checkbox"/> |                          |      |       |

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| <b>Orientation Documents (48 hours, translated into UAC language)</b>                                                                                                                                                                                                                                                    |                          |  |  |  |
| Acknowledgment of Orientation (Signed. Note in English indicating purpose of document. Should cover program rules and policies, grievance procedures, information on boundaries, abuse and neglect, and emergency and evacuation procedures.)                                                                            | <input type="checkbox"/> |  |  |  |
| Documentation that an Orientation on Sexual Abuse and Sexual Harassment has been completed                                                                                                                                                                                                                               | <input type="checkbox"/> |  |  |  |
| • 48 hours                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> |  |  |  |
| • Refresher every 90 days                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> |  |  |  |
| Documentation that UAC Received Program Pamphlet (Pamphlet should include care provider's P&P related to SA/SH, UAC's Right and Responsibilities related to SA/SH, how to contact diplomatic and consular personnel)                                                                                                     | <input type="checkbox"/> |  |  |  |
| Documentation that UAC Received ORR Pamphlet on Sexual Abuse and Harassment                                                                                                                                                                                                                                              | <input type="checkbox"/> |  |  |  |
| Acknowledgement of receiving information regarding local and/or national service providers and organizations that provide services to victims of sexual abuse and sexual harassment. (Signed. Information UAC received should include names, descriptions, addresses and phone numbers of national/local organizations.) | <input type="checkbox"/> |  |  |  |
| Other Orientation Forms (insert below)                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> |  |  |  |

|                                                                                                                                                                                                                                                     |                          |                          |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--|--|
| <b>Legal Information</b>                                                                                                                                                                                                                            |                          |                          |  |  |
| Acknowledgement of receiving the Legal Resource Guide at admission (Signed and initialed within 24 hours. Current Version: 04/04/19. Previous Versions: 09/20/16, 02/09/15, 05/10/13, 02/14/13, 10/22/12. List for CA - Current Version: 07/26/16.) | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Birth Certificate                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Supporting Docs from Referring Federal Agency (uploaded within 24 hours if referred by DHS, as available; e.g. DHS docs: medical/mental health/safety concern docs, criminal/juvenile records.)                                                     | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| EOIR docs (Executive Office for Immigration)                                                                                                                                                                                                        | <input type="checkbox"/> |                          |  |  |
| Court Documents/Criminal History Records (if applicable)                                                                                                                                                                                            | <input type="checkbox"/> |                          |  |  |
| G-28 (Notice of Entry of Appearance) (if UAC is represented by a lawyer)                                                                                                                                                                            | <input type="checkbox"/> |                          |  |  |
| Authorization for Release of Records (if applicable)                                                                                                                                                                                                | <input type="checkbox"/> |                          |  |  |

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| <b>Medical Documents</b>                                                                                                                                                                                                                            |                          |                          |  |  |
| Authorization for Medical, Dental, and Mental Health Care (signed by care provider within 24 hours)                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Documentation of Initial Medical Exam (unless the minor obtained a medical exam within one calendar year while under the care of another ORR-funded care provider. Current Version - expiration: 05/31/22. Previous Version - expiration: 11/30/18) | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Immunization Records                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Record of Dental Exam(s) (Initial > 60, but < 90 days after admission. Effective 05/02/17 Portal: Initial Dental Exam, regardless of final outcome, should be recorded in the Health Tab; Recommendation every 6 months thereafter)                 | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Prescriptions (including Prescription log.)                                                                                                                                                                                                         | <input type="checkbox"/> |                          |  |  |
| TB Screening Results (if diagnosed with latent TB (LTBI), check if there is a letter in the case file at discharge. Current Version - expiration: 05/31/22. Previous Version - expiration: 11/30/18)                                                | <input type="checkbox"/> |                          |  |  |
| Communicable Diseases                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |  |  |

|                                                                                                                                                                                                                                                                                                 |                          |                          |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--|--|
| Records of Office Visits/ER Visits/Hospital, Surgery (Medical information should be uploaded in respective section of Health tab; Mental health visits should be entered as Medical Complaint reports in the Health tab if the child is seen by a psychiatrist and/or prescribed a medication.) | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Diagnosis List                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> |                          |  |  |
| Copies of Referrals for Medical Services                                                                                                                                                                                                                                                        | <input type="checkbox"/> |                          |  |  |
| Medical or Mental Health Records (including over-the-counter medications, diagnosis, and documentation of communicable diseases if applicable)                                                                                                                                                  | <input type="checkbox"/> |                          |  |  |
| UAC Request for Emergency and Non-Emergency Health Care Services (Care providers must respond to non-emergency requests within 24 to 48 hours, excluding weekends and holidays.)                                                                                                                | <input type="checkbox"/> |                          |  |  |

#### Assessments

|                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                          |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--|--|
| Risk Assessment                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                          |  |  |
| • Within 72 hours                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| • Updated every 30 days                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| UAC Assessment (Effective: 12/16/16 - Within 5 days, should not be updated after day 5. Effective 3/23/16 - Medical Sections no longer need to be completed. If there is a significant condition/illness, program can write "refer to medical". Effective 12/06/16 - Programs are no longer required to complete the Sponsor Assessment sections for sponsors who are identified on 12/6/16 and going forward.)                           | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| UAC Case Review (Initial completed within 30 calendar days in care) (Effective 3/23/16 - Medical Sections no longer need to be completed. If there is a significant condition/illness, program can write "refer to medical". Effective 12/06/16 - Programs are no longer required to complete the Sponsor Assessment sections for sponsors who are identified on 12/6/16 forward.)                                                        |                          |                          |  |  |
| • Continuously updated until 30 calendar days after admission if required or relevant information that was unknown during the assessment is later received or additional information is obtained from the UAC or other sources (e.g. KYRs) <u>OR</u>                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| • Every 30 calendar days after admission opens NEW UAC Case Review <u>OR</u>                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| • Anytime there is a substantial change in the UAC's case information                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Sponsor Assessment (Current version: 6/26/19; Effective: 12/6/16 - Within 5 days of identification of the primary sponsor. If information is not complete or collected by day 7, then CM should include a status update in UAC Case Review.)                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| • Required or relevant information that was unknown during the time of the assessment is later received by the care provider. <u>OR</u>                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| • Additional information is obtained from the sponsor, UAC, UAC's family, home study provider, adult caregiver, adult household members, law enforcement or a government entity.                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Individual Service Plan (Effective: 12/6/16 - Within 5 days.)                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Individual Service Plan Update                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                          |  |  |
| • Every 30 days in care <u>OR</u>                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| • Any time there is a substantive change in UAC's case information                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Know Your Rights (KYRs) Presentation (Should be conducted within 7-10 days of admission into ORR care. If UAC is a transfer, KYRs only required at first care provider.) The program is responsible for documenting KYRs in the UAC Assessment, UAC Case Review, and ISP; however, they are not responsible for providing the service and should not be written up if the LSP does not provide the service within the required timeframe. | <input type="checkbox"/> | <input type="checkbox"/> |  |  |

#### Educational Services

|                                                                                                                                                             |                          |                          |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--|--|
| Summary of Educational Assessment (Assessment must be administered within 72 hours, excluding weekends and holidays.)                                       | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Educational Plan ("Plan" should include information on UAC class placement, curriculum/course descriptions, and Records (academic reports, progress notes.) | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Class Attendance (Effective 1/2/19)                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |  |  |

#### Case Management

|                                                                                                                                                                                                                                                                                                  |                          |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--|--|
| Case Manager Progress Notes (1 per week)                                                                                                                                                                                                                                                         | <input type="checkbox"/> |  |  |  |
| Quality of Case Manager Notes                                                                                                                                                                                                                                                                    | <input type="checkbox"/> |  |  |  |
| Logs:                                                                                                                                                                                                                                                                                            |                          |  |  |  |
| Recreation/Leisure Activity <u>Log</u> ("Recreation" - 1 hr outdoor large muscle (weather permitting) daily, 1 hr leisure daily; increases to 3 hr outdoor when school not in session. PE cannot count towards this requirement.) (Effective 3/20/20 - avoid community outings due to Covid-19.) | <input type="checkbox"/> |  |  |  |
| Phone <u>Log</u> (two 10 minute phone calls per week and list of approved contacts in the UAC)                                                                                                                                                                                                   | <input type="checkbox"/> |  |  |  |
| Religious Services Log                                                                                                                                                                                                                                                                           | <input type="checkbox"/> |  |  |  |
| Visitor Log                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> |  |  |  |
| Stipend Log (Only if stipends are mandated by state licensing)                                                                                                                                                                                                                                   | <input type="checkbox"/> |  |  |  |

| Clinical Services                                                                                                                                                                                    |                          |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--|
| Clinical Progress Notes - Individual Counseling (1 per week)                                                                                                                                         | <input type="checkbox"/> |  |  |
| Quality of Clinical Notes                                                                                                                                                                            | <input type="checkbox"/> |  |  |
| Progress Notes Related to Mental Health Services (if applicable)                                                                                                                                     | <input type="checkbox"/> |  |  |
| Group Counseling Notes or Record (2 per week OR 1 group counseling and 1 community meeting; should include acculturation and adaptation services such as developing social and interpersonal skills) | <input type="checkbox"/> |  |  |

| Incident Reports      |                          |  |  |
|-----------------------|--------------------------|--|--|
| SIRS (time sensitive) | <input type="checkbox"/> |  |  |
| Internal Incidents    | <input type="checkbox"/> |  |  |
| Grievances            | <input type="checkbox"/> |  |  |

| Discharge                                                                                                                                                                                                                           |                          |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--|
| Family Reunification Packet (Sponsor must sign the Family Reunification Application agreeing to the terms of the Sponsor Care Agreement. Current Version: 1/31/20)<br>Previous Version: 06/27/19                                    | <input type="checkbox"/> |  |  |
| Log of Property returned/disbursed at Discharge                                                                                                                                                                                     | <input type="checkbox"/> |  |  |
| Acknowledgement of receiving the Legal Resource Guide at Discharge (Signed and Initialed. Current Version: 04/04/19. Previous Versions: 09/20/16, 02/09/15, 05/10/13, 02/14/13, 10/22/12. List for CA - Current Version: 07/26/16.) | <input type="checkbox"/> |  |  |
| Release Request (verify that the FFS has approved the release)                                                                                                                                                                      | <input type="checkbox"/> |  |  |
| Discharge Notification                                                                                                                                                                                                              | <input type="checkbox"/> |  |  |
| Verification of Release (Effective: 6/5/15 - Not complete unless document has a date)                                                                                                                                               | <input type="checkbox"/> |  |  |
| Log/checklist including all documents provided to UAC at discharge Checklist should include:                                                                                                                                        | <input type="checkbox"/> |  |  |
| Sponsor Care Agreement                                                                                                                                                                                                              | <input type="checkbox"/> |  |  |
| DHS and Immigration case related documents (i.e. Form I-862, trafficking eligibility letter, I-360 approval notice, asylum letter etc.)                                                                                             | <input type="checkbox"/> |  |  |
| Educational assessments and records                                                                                                                                                                                                 | <input type="checkbox"/> |  |  |
| Change of Venue/Change of Address forms                                                                                                                                                                                             | <input type="checkbox"/> |  |  |
| Post-release safety plan (if applicable)                                                                                                                                                                                            | <input type="checkbox"/> |  |  |
| Zika Letter and Fact Sheet (if applicable) (Effective: 06/14/16)                                                                                                                                                                    | <input type="checkbox"/> |  |  |
| ORR National Call Center Flyers and Wallet Cards                                                                                                                                                                                    | <input type="checkbox"/> |  |  |
| CDC Covid-19 Fact Sheet and Symptoms Sheet (Effective: 3/13/20)                                                                                                                                                                     | <input type="checkbox"/> |  |  |
| Discharge Checklist - Medical Records                                                                                                                                                                                               | <input type="checkbox"/> |  |  |
| Letter to Sponsor for UAC with latent TB or TB Exposure (ONLY for UAC who are diagnosed with LTBI or TB exposure)                                                                                                                   | <input type="checkbox"/> |  |  |
| Copy of Order of Removal (if applicable;)                                                                                                                                                                                           | <input type="checkbox"/> |  |  |
| Copy of Trafficking Eligibility Letter (if applicable)                                                                                                                                                                              | <input type="checkbox"/> |  |  |

| Transfer to another ORR Care Provider (Non-Influx Site)                                                                           |                          |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--|
| All Family Reunification Forms and Supporting Documentation                                                                       | <input type="checkbox"/> |  |  |
| Care Provider Family Reunification Checklist                                                                                      | <input type="checkbox"/> |  |  |
| Medical Checklist for Transfers                                                                                                   | <input type="checkbox"/> |  |  |
| Transfer Request and Tracking Form                                                                                                | <input type="checkbox"/> |  |  |
| Notice of Transfer to ICE Chief Counsel COA/COV (If applicable. Note: Refer to FFS regarding regional practices/use of this form) | <input type="checkbox"/> |  |  |

| Post-Discharge                                                                                                                                                   |                          |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--|
| Safety & Well Being Follow-up Call (Effective: 3/14/16; all call attempts must be made within 7 days following the 30-day mark of the UAC's release)             | <input type="checkbox"/> |  |  |
| Health Follow-Up Call (Effective 4/6/20: Must follow up with sponsor for 14 days after release date; document if UAC is experiencing acute respiratory symptoms) | <input type="checkbox"/> |  |  |

Orange Fill = Flores Minimum Requirement; Gray Fill = Important Document

| Comments:        |  |  |  |
|------------------|--|--|--|
|                  |  |  |  |
| Trends/Patterns: |  |  |  |



**Covid-19 Update**

Effective 3/20/20 delays in meeting deadlines due to Covid-19 related constraints must be documented

[illegible]