Notification of Concern (Form A-7)

Section (PRS App)	Field (PRS App)	Field (PDF Form)	Section (PDF Form)	Modifications	Notes
	Status Draft Pending supervisor approval Approved by supervisor Certified and submitted	n/a	n/a	Added	System-generated based on workflow
	Completed	Date of Report Submission	Released Child Information	Reworded; Changed field type	System-generated based on workflow (previously entered manually)
	PRS case manager	n/a	n/a	Added	Displayed conditionally based on user role, autopopulated based on workflow (pulled from user account information)
	Supervisor review	n/a	n/a	Added	System-generated based on workflow
	Supervisor	n/a	n/a	Added	Displayed conditionally based on user role, autopopulated based on workflow (pulled from user account information)
	Submitted	Date of Report Submission		View-only	System-generated based on workflow
	Verified By	n/a	n/a	Added	Autopopulated based on workflow (pulled from user account information)
Submission Details Fields that appear in this section depend upon the user type	PRS Provider	n/a	n/a	Added	Displayed conditionally based on user role, autopopulated based on workflow (pulled from user account information)
	Subcontractor	n/a	n/a	Added	Displayed conditionally based on user role, autopopulated based on workflow (pulled from user account information)
		Reporter Name			
	Reporter Information	Reporting Organization Type Care Provider ORRNCC PRS Provider	Released Child Information	Reworded	Displayed conditionally based on user role, autopopulates name, organization, email, and phone based on workflow
		Reporter E-mail			
		Reporter Phone			
	Assessment Comments	n/a	n/a	Added	Appears in drawer after supervisor user clicks "Request edits" (replaces emailing comments to PRS case manager)
	Do you, [Current User Name] ([Current User Organization]), verify and submit this assessment to ORR?	n/a	n/a	Added	Appears in drawer after user clicks "Certify and submit" (replaces emailing final form to ORR)
	Child name	Child Name	Released Child Information	Changed field type	Autopopulated, not editable (previously entered manually)
	A#	A# (no spaces or dashes)	Released Child Information	Reworded; Changed field type	Autopopulated, not editable (previously entered manually)
	Also known as (AKA)	n/a	n/a	Added	Autopopulated (pulled from existing data in UC Portal approved under OMB 0970-0553), not editable
	Date of birth	Date of Birth	Released Child Information	Changed field type	Autopopulated (pulled from existing data in UC Portal approved under OMB 0970-0553), not editable (previously entered manually)
	Age	Age	Released Child Information	Changed field type	Autopopulated (pulled from existing data in UC Portal approved under OMB 0970-0553), not editable (previously entered manually)

					Autopopulated (pulled from existing data in UC Portal approved
Child Information	Gender	Gender	Released Child Information	Changed field type	under OMB 0970-0553), not editable (previously entered manually)
	Country of birth	Country of Birth	Released Child Information	Changed field type	Autopopulated (pulled from existing data in UC Portal approved under OMB 0970-0553), not editable (previously entered manually)
	Discharge date	Date of Discharge	Released Child Information	Reworded; Changed field type	Autopopulated (pulled from existing data in UC Portal approved under OMB 0970-0553), not editable (previously entered manually)
	Care provider facility	Care Provider Name	Released Child Information	Reworded; Changed field type	Autopopulated (pulled from existing data in UC Portal approved under OMB 0970-0553), not editable (previously entered manually)
	Phone number	n/a	n/a	Added	Autopopulated (pulled from existing data in UC Portal approved under OMB 0970-0553), not editable
	Sponsor name	Sponsor Name	Sponsor Information	Changed field type	Autopopulated (pulled from existing data in UC Portal approved under OMB 0970-0553), not editable (previously entered manually)
	Sponsor category	Sponsor Category Category 1 Category 2A Category 2B Category 3	Sponsor Information	Changed field type	Autopopulated (pulled from existing data in UC Portal approved under OMB 0970-0553), not editable (previously entered manually)
	Sponsor relationship to child	Relationship to Child	Sponsor Information	Reworded; Changed field type	Autopopulated (pulled from existing data in UC Portal approved under OMB 0970-0553), not editable (previously entered manually)
	Date of birth	n/a	n/a	Added	Autopopulated (pulled from existing data in UC Portal approved under OMB 0970-0553), not editable
	Gender	n/a	n/a	Added	Autopopulated (pulled from existing data in UC Portal approved under OMB 0970-0553), not editable
	Country of birth	n/a	n/a	Added	Autopopulated (pulled from existing data in UC Portal approved under OMB 0970-0553), not editable
	Address	Address	Sponsor Information	Changed field type	Autopopulated (pulled from existing data in UC Portal approved under OMB 0970-0553), not editable (previously entered manually)
Sponsor Information	City	City	Sponsor Information	Changed field type	Autopopulated (pulled from existing data in UC Portal approved under OMB 0970-0553), not editable (previously entered manually)
	State dropdown options for 50 states + DC	State dropdown options for 50 states + DC	Sponsor Information	Changed field type	Autopopulated (pulled from existing data in UC Portal approved under OMB 0970-0553), not editable (previously entered manually)
	Zip code	Zip Code	Sponsor Information	Changed field type	Autopopulated (pulled from existing data in UC Portal approved under OMB 0970-0553), not editable (previously entered manually)
	Primary phone	n/a	n/a	Added	Autopopulated (pulled from existing data in UC Portal approved under OMB 0970-0553), not editable
	Backup phone number	n/a	n/a	Added	Autopopulated (pulled from existing data in UC Portal approved under OMB 0970-0553), not editable

		Do you plan to enter a flag in UC Portal? Yes No	Reporter Entered/Will Enter Sponsor Flag? Yes No Reporter Entered/Will Enter Address Flag? Yes No	Sponsor Information	Reworded; Merged fields			
		Date of event	Date of Event	Event Details	No change			
		Date reporting party informed of event	Date Reporting Party Informed of Event	Released Child Information	Changed location			
		Sponsor's home Foster or group home (not run by UC Bureau) Community Care provider facility Out-of-network placement Department of Homeland Security (DHS) custody Country of origin Journey to U.S.	Foster Home Community (field trip outside the foster	Event Details	Changed dropdown options			
		Only appears if user selects Foster or group h	nome (not run by UC Bureau)					
		Specify foster or group home program	n/a	n/a	Added	Displayed conditionally, follow-up question to Location of Event (currently entered in Summary of Incident field)		
		Specify type of foster or group home Unaccompanied Refugee Minors (URM) Program State-licensed Local social services agency Other	n/a	n/a	Added	Displayed conditionally, follow-up question to Location of Event (currently entered in Summary of Incident field)		
		Other type of foster or group home	n/a	n/a	Added	Displayed conditionally, follow-up question for additional details is user selects "other" for Specify type of foster or group home		
		Only appears if user selects Community						
		Specify type of community location Hospital or other medical facility School Religious institution Field Trip Off-site appointment Other	n/a	n/a	Added	Displayed conditionally, follow-up question to Location of Event (currently entered in Summary of Incident field)		
		,,	n/a	n/a	Added	Displayed conditionally, follow-up question for additional details is user selects "other" for Specify type of community location		
		Only appears if user selects Care provider fac	ility					
		Specify care provider facility	n/a	n/a	Added	Displayed conditionally, follow-up question to Location of Event (currently entered in Summary of Incident field)		
					t .			

	Specify type of care provider facility Congregate care	n/a	n/a	Added	Displayed conditionally, follow-up question to Location of Event
	Group home Individual foster home	17 G	11/4	, was	(currently entered in Summary of Incident field)
	Dining facility Dormitory area Medical area Recreational area Restroom or shower School area Other	Dining Facility Dormitory Area Field Trip	Event Details	Reworded; Changed dropdown options	Displayed conditionally, follow-up question to Location of Event
	Other location in care provider facility	n/a	n/a	Added	Displayed conditionally, follow-up question for additional details is user selects "other" for Specify location in care provider facility
	Only appears is user selects Out-of-network	placement			
	Specify out-of-network facility	n/a	n/a	Added	Displayed conditionally, follow-up question to Location of Event (currently entered in Summary of Incident field)
	Only appears if user selects Department of H	lomeland Security (DHS) custody			
	Customs and Border Batrol (CRR) systems	Specify Location if Event Occurred: in DHS Custody CBP Custody ICE Custody Unknown	Event Details	Reworded; Changed dropdown options	Displayed conditionally, follow-up question to Location of Event
	Synopsis of event	Synopsis of Event	Event Details	No change	
	Is the child living with their sponsor? Yes No	n/a	n/a	Added	Question allows app to dynamically display address on file when applicable
	Is the child still living at the address on file? Yes No	n/a	n/a	Added	Question allows app to dynamically display address on file when applicable
	What changed? With alternate caregiver (ACG) or non- sponsor Living independently Known runaway Returned to home country Location unknown Other	n/a	n/a	Added	Displayed conditionally, follow-up question to Is the child living with their sponsor? and Is the child still living at the address on file?
	More information about unknown location	n/a	n/a	Added	Displayed conditionally, follow-up question to Is the child living with their sponsor? and Is the child still living at the address on file?
Placement	Other change	n/a	n/a	Added	Displayed conditionally, follow-up question for additional details is user selects "other" for What changed?
	Who are they living with?				
	First Name Last Name	Caregiver Name	Primary Caregiver Information	Reworded; Split into two fields; Changed formatting	Displayed conditionally; displaying as card to improve user experience

	Relationship to child	n/a	n/a	Added	Displayed conditionally; displaying as card to improve user experience, follow-up question to First Name and Last Name
	Phone number	n/a	n/a	Added	Displayed conditionally; displaying as card to improve user experience, follow-up question to First Name and Last Name
	Where are they living?	•			
	Address	Address	Primary Caregiver Information	Changed formatting	Displayed conditionally; displaying as card to improve user experience
	City	City	Primary Caregiver Information	Changed formatting	Displayed conditionally; displaying as card to improve user experience
	State dropdown options for 50 states + DC	State dropdown options for 50 states + DC	Primary Caregiver Information	Changed formatting	Displayed conditionally; displaying as card to improve user experience
	Zip code	Zip Code	Primary Caregiver Information	Changed formatting	Displayed conditionally; displaying as card to improve user experience
	Notification of concern category	Notification of Concern Category	Incident Information	No change	No change to any category or subcategory checkbox options
Incident Information	How was this child involved? Victim Alleged Perpetrator Witness Reporter Other	How was this child involved? Victim Alleged Perpetrator Witness Reporter Other	Incident Information	No change	
	Other way the child was involved	n/a	n/a	Added	Displayed conditionally, follow-up question for additional details is user selects "other" for How was this child involved?
Alleged Perpetrator(s)	Add alleged perpetrator	n/a	n/a	Added functionality	Button created new card with below fields; enable addition of multiple alleged perpetrators if more than one exists
	Full name of alleged perpetrator	n/a	n/a	Added	Displayed conditionally, follow-up question to Type of Alleged Perpetrator (currently entered in Summary of Incident field)
	Type of alleged perpetrator Care provider staff HS/PRS provider staff Sponsor Released child or another UC Other child (non-UC) Non-staff adult Other	Alleged Perpetrator Program Staff UC or Released Child Other Child Non-Staff Adult Other	Incident Information	Reworded; Changed dropdown options	Displayed conditionally
	Other type of alleged perpetrator	n/a	n/a	Added	Displayed conditionally, follow-up question for additional details is user selects "other" for Type of Alleged Perpetrator
	Remove	+/-	Incident Information	Added functionality	Deletes card
	Summary of incident	Summary of Incident	Incident Information	No change	
Incident Summary and Response	PRS case manager response and intervention	Case Worker Response and Intervention	Incident Information	Reworded	
	Add agency contacted	+/-	Incident Information	Reworded	Button created new card with below fields
	Agency name	Agency or Person (Title)	Incident Information	Reworded	Displayed conditionally
	Type of agency Local law enforcement CPS NCMEC Residential staff Other	Type of Agency Local Law Enforcement CPS NCMEC Residential Staff Other	Incident Information	No change	Displayed conditionally

Agencies Contacted Split Persons/Agencies Contacted table into	Other type of agency	n/a	n/a	Added	Displayed conditionally, follow-up question for additional details is user selects "other" for Type of Agency
two separate sections	Date reported	Date Reported	Incident Information	No change	Displayed conditionally
	Case number	Case Number	Incident Information	No change	Displayed conditionally
	State dropdown options for 50 states + DC	State dropdown options for 50 states + DC	Incident Information	No change	Displayed conditionally
	Phone number	Phone Number	Incident Information	No change	Displayed conditionally
	Email	n/a	n/a	Added	Displayed conditionally, follow-up question to Agency Name
	Remove	+/-	Incident Information	Reworded	Deletes card
	Add person contacted	+/-	Incident Information	Reworded	Button created new card with below fields
	Full name and title	Agency or Person (Title)	Incident Information	Reworded	Displayed conditionally
Persons Contacted Split Persons/Agencies Contacted table into two separate sections	Type of agency Local law enforcement CPS NCMEC Residential staff Other	Type of Agency Local Law Enforcement CPS NCMEC Residential Staff Other	Incident Information	No change	Displayed conditionally
	Other type of person	n/a	n/a	Added	Displayed conditionally, follow-up question for additional details is user selects "other" for Type of Agency
	Date reported	Date Reported	Incident Information	No change	Displayed conditionally
	Phone number	Phone Number	Incident Information	No change	Displayed conditionally
	Email	n/a	n/a	Added	Displayed conditionally, follow-up question to Full Name and Title
	Remove	+/-	Incident Information	Reworded	Deletes card
Addendum	n/a	+/-	Addendums	Removed	
	Completed	Addendum Date	Addendums	Reworded	Instead of updating the PDF form and entering adding a description of the change in the Addendums table, users now
	Addendum description	Addendum Description	Addendums	No change	have a separate interface to enter addendums. The interface includes the same workflow submission process as the initial form submission and only sections of form that can be updated. See Addendum tab in this workbook for details.

Notification of Concern (Form A-7) - Addendum

Instead of updating the PDF form and entering adding a description of the change in the Addendums table, users now have a separate interface to enter addendums. The interface includes the same workflow submission process as the initial form submission and only sections of form that can be updated.

Section (PRS App)	Field (PRS App)
Addendum	Addendum description
	Status Draft Pending supervisor approval Approved by supervisor Certified and submitted
	Completed
	PRS case manager
	Supervisor review
	Supervisor
Submission Details	Submitted
Fields that appear in this section depend upon the user type	Verified By
type	PRS provider
	Subcontractor
	Reporter Information
	Assessment Comments
	Do you, [Current User Name] ([Current User Organization]), verify and submit this assessment to ORR?
	Is the child living with their sponsor? Yes No

Updates to Placement	Is the child still living at the address on file? Yes No What changed? With alternate caregiver (ACG) or non-sponsor Living independently Known runaway Returned to home country Location unknown Other More information about unknown location Other change Who are they living with?
	First Name
	Last Name
	Relationship to child
	Phone number
	Where are they living?
	Address
	City
	State dropdown options for 50 states + DC
	Zip code
	Notification of concern category
Updates to Incident Information	How was this child involved? Victim Alleged Perpetrator Witness Reporter Other
	Other way the child was involved
	Add agency contacted
	Agency name

	Type of agency Local law enforcement CPS NCMEC Residential staff Other
Additional Agencies Contacted Split Persons/Agencies Contacted table into two	Other type of agency
separate sections	Date reported
	Case number
	State dropdown options for 50 states + DC
	Phone number
	Email
	Remove
	Add person contacted
	Full name and title
Additional Persons Contacted Split Persons/Agencies Contacted table into two separate sections	Type of agency Local law enforcement CPS NCMEC Residential staff Other
	Other type of person
	Date reported
	Phone number
	Email
	Remove