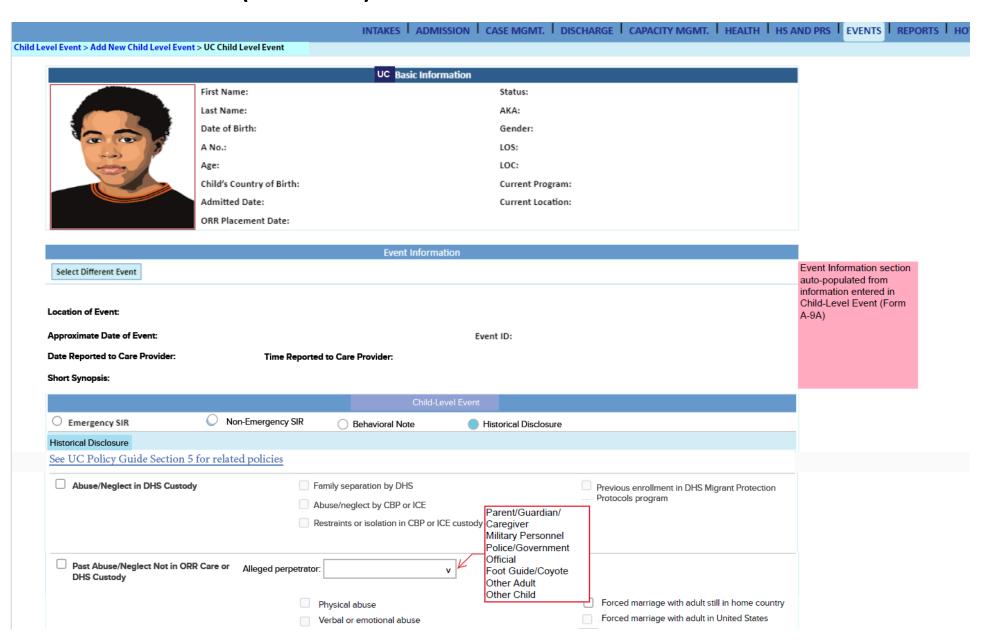
Historical Disclosure (Form A-9E)



Self-Disclosed Juvenile Delinquency	Neglect/abandonment Sexual abuse Sexual harassment Labor trafficking concerns Sex trafficking concerns Smuggling Self-Disclosure of past juvenile delinquency charges Self-Disclosure of past juvenile delinquency conviction Self-Disclosure of past harm to others that lacks a char	
Incident Information:		
Full Description of Incident *		h
Was the UC or Anyone Else Injured?:*	○ Yes ○ No Specify: [
Actions Taken		
Staff Response and Intervention *		/1
Follow-up and/or Resolution:		le
Recommendations:		le

leporting:						
Was it reported to State Licensing?*	O Yes ○ No	Date of Report:		Time of Report:		Other fields in the subsection only
Was the Incident Investigated?	○ Yes ○ No	Date Notified the Incident		Case/Confirmation Number:		appear if "yes" is selected for Was
		will be investigated:				reported to State Licensing?
Explain						
					11	
Results/Findings of Investigation:						
					11	
Attach Reports/Findings:			Select File	> Upload > Reset		
Was it reported to CPS? *	◯ Yes ○ No	Date of Report:		Time of Report:		Other fields in th subsection only
Was the Incident Investigated?	○ Yes ○ No	Date Notified the Incident		Case/Confirmation Number:		appear if "yes" is selected for Was
		will be investigated:				reported to CPS
Explain						
					/	
Results/Findings of Investigation:						
					//	
Attach Reports/Findings:			Select File	> Upload > Reset		

Was it reported to Local Law Enforcement? * Was the Incident Investigated?	Yes O No Date of Report: Time of Report: Officer Name: Officer Badge: State of No Date Notified the Incident Will be investigated:	Other fields in this subsection only appear if "yes" is selected for Was i reported to Local Law Enforcement
Explain Results/Findings of Investigation:		
Attach Reports/Findings:	Select File > Upload > Reset	

Was it reported to DOJ/FBI? * Notes	○Yes ○ No	Date of Repo	rt:		Time of Report:	6	Date of Repor Time of Repor and Explain fice in these subsections of appear if "yes"
Was it reported to OIG?*	○Yes ○ No	Date of Repo	rt:		Time of Report:		selected for W reported to?
Was it reported to DHS? *	Yes O No	Date of Repo	rt:		Time of Report:		
Was it reported to Office on	○Yes ○ No	Date of OTIP Submission	on:	Outcome	of OTIP Submission:		
Trafficking in Persons (Shepher	d)? *						
Trafficking in Persons (Shephero	d)? *					A Add New Pow	
Trafficking in Persons (Shepherd	Name	Agency/Title	Date Notified	Time Notified	Email	> Add New Row Telephone Numbe	er 🔺
Trafficking in Persons (Shepherd		Agency/Title ORR/FFS	Date Notified	Time Notified	Email	> Add New Row	er 🚣
Trafficking in Persons (Shephero			Date Notified	Time Notified	Email	> Add New Row	er 📤
Trafficking in Persons (Shephere		ORR/FFS	Date Notified	Time Notified	Email	> Add New Row	er 🛕

_					> Add New Row
Туре	e	Name	Title	Email	Telephone Number
Staff	f Filing Report				
Conta	tact for Follow-Up				

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR care provider programs to inform ORR of situations that affect the safety and well-being of a child that occurred before the child entered ORR custody. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB control number is 0970-0547 and the expiration date is 05/31/2023. If you have any comments on this collection of information please contact UCPolicy@acf.hhs.gov.