



Administration for Children & Families Office of Refugee Resettlement

Notice of Placement in a Restrictive Setting

You are in the care and custody of the Office of Refugee Resettlement (ORR) and have been placed in a restrictive setting (a secure facility, heightened supervision facility, residential treatment center, or an out-of-network psychiatric hospital) for the reason(s) listed below. Your case manager will explain the information in this form to you in your native or preferred language. You also have the right to receive a translated copy of this form in your native or preferred language. If you have any questions about this placement, please discuss them with your case manager, your attorney, an ORR-funded legal service provider, or your child advocate.

Form Distribution and Placement Review Timeline

This *Notice of Placement* must be provided to you no later than 48 hours after step-up to a restrictive setting, and a new *Notice of Placement* will be provided to you every 30 days you remain in a restrictive setting

ORR will review your placement in a restrictive setting, at a minimum, every 30 days to determine whether your placement in a restrictive level of care is still necessary.

- If you are placed in a residential treatment center, your 30-day review will involve a psychiatrist or psychologist.
- If you are placed in a secure facility, a more intensive 90-day review will be done by ORR supervisory staff.

A copy of this *Notice of Placement* will be automatically provided to your attorney, legal service provider, and child advocate, no later than 48 hours after step-up, and every 30 days you remain in a restrictive setting.

A copy will also be provided to your parent or legal guardian within the same timeframes, unless: (1) they cannot be reached, (2) there is an important reason not to share it with them for your own welfare, or (3) you are age 14 years or older and you request that they not receive it.

Your Rights to Challenge Your Placement in a Restrictive Setting

You have the right to consult an attorney to assist you and get advice about your rights to challenge your placement in a restrictive setting and potential avenues for relief, at no cost to the federal government. You may also request assistance from a child advocate.

You may request a Placement Review Panel to reconsider your placement in a restrictive setting as soon as you receive this *Notice of Placement*, and at any time after receiving it.

If you were placed in a restrictive setting based on a finding of dangerousness, you will be provided with a risk determination hearing in front of a Departmental Appeals Board judge who will decide whether you are a danger to yourself or the community, unless you decline such a hearing in writing. However, the hearing outcome does not automatically change your placement.¹ You may talk to an attorney before you decide whether to decline the hearing.

For more information on how to request reconsideration of your placement, please ask your case manager, attorney, legal service provider, or child advocate (as applicable).

¹ A Departmental Appeals Board judge does not rule on any of the following in the risk determination hearing: release to a sponsor; the child's placement or conditions of placement while in ORR custody; or releasing the child on his or her own recognizance (see UAC Policy Guide Section 2.9 Risk Determination Hearings for Unaccompanied Alien Children).

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR to document and inform unaccompanied alien children of the reason they have been placed in a restrictive setting. Public reporting burden for this collection of information is estimated to average 0.5 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 (Flores v. Reno Settlement Agreement, No. CV85-4544-RJK (C.D. Cal. 1996)). 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.

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Section A: Child Information

Child Full Name	<input type="text"/>	A# (no spaces)	<input type="text"/>
Date of Birth	<input type="text"/>	Sex	<input type="text" value="Options: Male, Female"/>
Country of Origin	<input type="text"/>	Preferred Language	<input type="text"/>

Section B: Placement Information

Care Provider Name	<input type="text"/>	Options: In-Network Heightened Supervision Facility, In-Network Secure Facility, In-Network Residential Treatment Center, Out-of-Network Heightened Supervision Facility, Out-of-Network Secure Facility, Out-of-Network Residential Treatment Center
Type of Facility	<input type="text"/>	
Out-of-Network Facility Name <i>(if applicable)</i>	<input type="text"/>	

If applicable, explain the reasons that the child is placed in an out-of-network facility.

Date of Placement at Current Restrictive Facility	<input type="text"/>
Date of Initial Notice of Placement	<input type="text"/>
Date Next Notice of Placement is Due <i>(within 30 days)</i>	<input type="text"/>

Disability Considerations

Does the child have an identified disability or disabilities? Yes No

If yes, answer the following questions:

What is the disability or disabilities?

If the child was not previously identified as having a disability, a referral for an evaluation based on their presenting symptoms is required. If applicable, when was such a referral made? N/A

What accommodations or services are currently being offered to meet the child's disability-related needs?

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Describe the services or care that will be provided at the restrictive placement, why they are necessary, and why they cannot be provided in a more integrated and less restrictive setting with additional services, supports, and/or accommodations.

Section C: Reasons for Restrictive Placement

Check the reason(s) that apply for the **current** placement recommendation **only**. Do **not** check reasons listed under a type of placement that is not applicable to the current facility.

Secure Facility

ORR has determined based on clear and convincing evidence, that you:

- Have been charged with a crime or convicted of a crime, or are the subject of delinquency proceedings, have been adjudicated delinquent, or are chargeable with a criminal offense and ORR believes that these circumstances show that you are a danger to others.

Note that you will **not** be placed in a secure facility for:

- An isolated offense that was not within a pattern or practice of criminal activity and that did not involve violence against a person or the use or carrying of a weapon; or
- A petty offense, which is not considered grounds for a stricter means of detention in any case.

- Have committed, or have made credible threats to commit, a violent or malicious act directed at others while in ORR custody; Department of Homeland Security (DHS) custody; or in the presence of an immigration officer, ORR official, or ORR contracted staff.

- Have engaged, while in a restrictive placement, in conduct that has proven to be unacceptably disruptive to the normal functioning of a care provider facility, and removal is necessary to ensure the welfare of others, as determined by the staff of the care provider facility (e.g., stealing, fighting, intimidation of others, or sexually predatory behavior), and ORR determined that you pose a danger to others based on such conduct.

- Are pending transfer or discharge/release to: (no other option above should be checked)

Residential Treatment Center (RTC)

A licensed psychiatrist or licensed doctoral level psychologist has determined that you require special healthcare services because of a mental health diagnosis. It has been determined, based on clear and convincing evidence, that you:

- Are a danger to yourself or others.

- Are pending transfer or discharge/release to: (no other option above should be checked)

Heightened Supervision Facility

ORR has determined, based on clear and convincing evidence, that you:

- Have been unacceptably disruptive to the normal functioning of a shelter care facility such that transfer is necessary to ensure your welfare or the welfare of others.

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- Are a runaway risk.
- Have displayed a pattern of severity of behavior, either prior to entering ORR custody or while in ORR care, that requires an increase in supervision by trained staff.
- Have non-violent criminal or delinquent history not warranting placement in a secure facility, but which evidences a behavioral concern that requires an increase in supervision above what would be provided in a non-restrictive facility.
- Are pending transfer or discharge/release to: (no other option above should be checked)

Out-of-Network Psychiatric Hospital

ORR has determined, based on clear and convincing evidence, that you:

- Require placement in an out-of-network psychiatric facility that has lasted 14 days or more.

Section D: Summary of Supporting Evidence for Restrictive Placement

The Case Manager, Case Coordinator, and Federal Field Specialist must each provide a detailed summary that supports their recommendation.

Each party must also list **all** the evidence they relied on to make their recommendation, in detail. This could include information and documents provided with the referral, law enforcement or court records, ORR records (e.g., Child-Level Events), and/or self-disclosures (that have been independently corroborated or confirmed) made by the child.

Case Manager Notes

Name	Recommendation
<input type="text"/>	Options: Continue Placement, Step Up, Step Down

Provide a detailed summary of the reason(s) for restrictive placement you selected above and list the evidence you relied on to make your recommendation.

Case Coordinator Notes

Name	Recommendation
<input type="text"/>	Options: Continue Placement, Step Up, Step Down

Provide a detailed summary of the reason(s) for restrictive placement you selected above and list the evidence you relied on to make your recommendation.

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Federal Field Specialist Notes

Name

ORR Overall Recommendation

Options: Continue Placement, Step Up, Step Down

Provide a detailed summary of the reason(s) for restrictive placement you selected above and list the evidence you relied on to make your recommendation.

Section E: Acknowledgment and Certification

Child's Acknowledgment of Receipt

Child's Signature/Mark

Date

Please check this box *ONLY* if the child refused to sign the *Notice of Placement*.

Refusing to sign will not affect the child's placement in the ORR care provider facility, services provided to the child by ORR, or ORR's decision to release child to their sponsor.

Care Provider/Issuing Official Certification

Care Provider/Issuing Official's Signature

Date

Care Provider/Issuing Official's Name and Title

Interpretation

This document was explained to the child in

by , ID#

Translation

This document was translated into

by , ID#