

OMB 0970-### [valid through MM/DD/YYYY] Administration for Children & Families Office of Refugee Resettlement

Corrective Action Report

ORR has identified one or more programmatic issues that are not in compliance with Unaccompanied Children Programs policy and procedures. Please review the information provided by the ORR officials in Sections 2.1 and 2.2, provide action plans as specified in those sections, and sign in Section 3.

SECTION 1: GENERAL INFORMATION (to be completed by ORR report authors) **CARE PROVIDER NAME:** Enter the full name of the care provider. Include the **OTHER CARE PROVIDER NAME(S):** Enter any other name(s) used. specific facility reviewed, if applicable. **GRANT/CONTRACT NO.:** Enter the grant or contract number. **BED TYPE: DATE(S) OF MONITORING:** Enter start date of visit or review - Enter end date if TYPE OF MONITORING: visit or review spanned multiple days. **REPORT AUTHOR(S):** Name(s) of person(s) who wrote the report. **DATE ISSUED:** Click to enter the date **RESPONSE DUE:** Click to enter the the report is sent to the program. program response due date. **ORR POINT OF CONTACT:** Name of the person responsible for follow up, **PRIMARY PROGRAM CONTACT:** Name of the primary program contact. including approving and closing out action plans. **PROGRAM CONTEXT:** OPTIONAL. List any significant programmatic changes or internal or external conditions that may have affected program performance. **PROGRAM STRENGTHS:** OPTIONAL. List any program features or practices that contribute to program effectiveness.

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 care provider non-compliance with minimum standards for the care and timely release of UAC; Federal and State Laws and regulations; licensing standards; ORR policies and procedures; and child welfare standards; and to allow care providers to respond to each citation. Public reporting burden for this collection of information is estimated to average 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. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.

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SECTION 2.1: AREAS OF NONCOMPLIANCE AND CORRECTIVE ACTION PLANS

As per ORR Policy Guide 5.5.2, for each corrective action, please provide a corrective action plan that includes: the cause of noncompliance, because effective corrective action cannot be taken without first making a determination of the cause of noncompliance; clear and concise statements of corrective actions (include person/s responsible and timelines); thorough descriptions of corrective actions that reference specific documents, procedures, etc.; the date of completion of the corrective actions; and evidence supporting the claim that a corrective action has been fully and effectively implemented and that the corrective action has been performed in the way that it was described. By not satisfying the requirements of this Corrective Action Plan, further financial support from ORR may be at risk.

ORR officials: delete or copy, paste, and number additional tables as necessary. Program officials: complete all fields highlighted in light orange

1 CORRECTIVE ACTION			SUPPORTING OBSERVATIONS
Enter ONE corrective	action based on	P&P or serious safety concerns.	Enter all findings that support the issuance of this corrective action.
PRIMARY POLICY/PROC	EDURE CITATION		ADDITIONAL CITATIONS (if applicable)
The ONE most compa	rehensive citatio	n related to the corrective action.	Citations that provide additional details related to, but not included in, the primary
			citation.
PLAN DUE DATE	CLOSE DATE	CORRECTIVE ACTION PLAN	
Enter if different from	Click to enter	Program official: type your plan in this box,	replacing this text.
Sec. 1 Response Date.	a date.		
FOLLOW UP NOTES			
OPTIONAL. Track et	fforts to resolve	this corrective action and any issues preventin	g closure.

2	CORRECTIVE ACTION			SUPPORTING OBSERVATIONS
	Enter ONE corrective	action based on	P&P or serious safety concerns.	Enter all findings that support the issuance of this corrective action.
	PRIMARY POLICY/PROC	EDURE CITATION		ADDITIONAL CITATIONS (if applicable)
	The ONE most compr	ehensive citatio	n related to the corrective action.	Citations that provide additional details related to, but not included in, the primary
				citation.
	PLAN DUE DATE	CLOSE DATE	CORRECTIVE ACTION PLAN	
	Enter if different from	Click to enter	Program official: type your plan in this box,	replacing this text.
	Sec. 1 Response Date.	a date.		
	FOLLOW UP NOTES			
	OPTIONAL. Track ef	forts to resolve	this corrective action and any issues preventin	ng closure.

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SECTION 2.2: BEST PRACTICES AND RECOMMENDATION PLANS (optional)

Development and implementation of action plans for recommendations is highly encouraged; however, it is not required.

ORR official: delete this entire Section 2.2 if you do not have any recommendations

1	RECOMMENDATION			SUPPORTING OBSERVATIONS
	Enter ONE recomme	endation based on	best practices.	Enter all findings that support the issuance of this recommendation.
	PRIMARY POLICY/PRO	CEDURE CITATION		ADDITIONAL CITATIONS (if applicable)
	If the recommendation	on is based on P8	P, enter the ONE most comprehensive	Citations that provide additional details related to, but not included in, the primary
	related citation.			citation.
	PLAN DUE DATE	CLOSE DATE	RECOMMENDATION PLAN	
	OPTIONAL.	OPTIONAL.	OPTIONAL. Program official: type your pla	an in this box, replacing this text.
	FOLLOW UP NOTES			
	OPTIONAL. Track	efforts to resolve	this recommendation and any issues preventing	ng closure.

2 R	RECOMMENDATION			SUPPORTING OBSERVATIONS
E	Enter ONE recommer	ndation based or	best practices.	Enter all findings that support the issuance of this recommendation.
P	PRIMARY POLICY/PROC	CEDURE CITATION		ADDITIONAL CITATIONS (if applicable)
I	If the recommendation	n is based on P8	kP, enter the ONE most comprehensive	Citations that provide additional details related to, but not included in, the primary
r	related citation.			citation.
	PLAN DUE DATE	CLOSE DATE	RECOMMENDATION PLAN	
(OPTIONAL.	OPTIONAL.	OPTIONAL. Program official: type your p	olan in this box, replacing this text.
F	FOLLOW UP NOTES			
(OPTIONAL. Track et	fforts to resolve	this recommendation and any issues prevent	ing closure.

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SECTION 3: PROGRAM CERTIFICATION (to be completed by the program official upon submission of action plans)

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PROGRAM OFFICIAL NAME: Enter name here.
PROGRAM OFFICIAL TITLE: Enter title here.

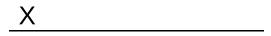
DATE: Click to enter a date.

SECTION 4: FINAL DETERMINATION (to be signed by the ORR point of contact at the end of the entire corrective action process)

ALL CORRECTIVE ACTIONS CITED IN SECTION 2.1 HAVE BEEN COMPLETED TO THE SATISFACTION OF ORR UNACCOMPANIED CHILDREN PROGRAMS:

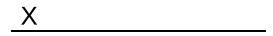
ORR POINT OF CONTACT NAME: Enter name here. ORR POINT OF CONTACT TITLE: Enter title here.

DATE: Click to enter a date.



ORR Point of Contact

OPTIONAL. COMPLETE IF AN ADDITIONAL ORR OFFICIAL ASSISTED WITH CLOSING THIS REPORT:



Secondary ORR Official

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