



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 specific facility reviewed, if applicable.	OTHER CARE PROVIDER NAME(S): Enter any other name(s) used.	
GRANT/CONTRACT NO.: Enter the grant or contract number.	BED TYPE: <input style="width: 100%;" type="text"/>	
DATE(S) OF MONITORING: Enter start date of visit or review - Enter end date if visit or review spanned multiple days.	TYPE OF MONITORING: <input style="width: 100%; height: 20px;" type="text"/>	
REPORT AUTHOR(S): Name(s) of person(s) who wrote the report.	DATE ISSUED: Click to enter the date the report is sent to the program.	RESPONSE DUE: Click to enter the program response due date.
ORR POINT OF CONTACT: Name of the person responsible for follow up, including approving and closing out action plans.	PRIMARY PROGRAM CONTACT: Name of the primary program contact.	
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/PROCEDURE CITATION		ADDITIONAL CITATIONS (if applicable)
	The ONE most comprehensive citation 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 Sec. 1 Response Date.	Click to enter a date.	Program official: type your plan in this box, replacing this text.
FOLLOW UP NOTES			
OPTIONAL. Track efforts to resolve this corrective action and any issues preventing 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/PROCEDURE CITATION		ADDITIONAL CITATIONS (if applicable)
	The ONE most comprehensive citation 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 Sec. 1 Response Date.	Click to enter a date.	Program official: type your plan in this box, replacing this text.
FOLLOW UP NOTES			
OPTIONAL. Track efforts to resolve this corrective action and any issues preventing closure.			

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

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

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

BY TYPING YOUR NAME BELOW, YOU CERTIFY THAT THE ABOVE CORRECTIVE ACTION PLANS ARE ACCURATE AND HAVE BEEN OR WILL BE ENACTED:

PROGRAM OFFICIAL NAME:

PROGRAM OFFICIAL TITLE:

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:

ORR POINT OF CONTACT TITLE:

DATE:

X

ORR Point of Contact

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

X

Secondary ORR Official