



## Corrective Action Report

ICF, as a contract provider to the Office of Refugee Resettlement (ORR) conducting Unaccompanied Children Prevention of Sexual Abuse Audits, has identified one or more standards that are not in compliance with Interim Final Rule (IFR) Title 45 Part 411 – Standards to Prevent, Detect, and Respond to Sexual Abuse and Sexual Harassment Involving Unaccompanied Children (Dec. 24, 2014) and/or ORR’s Section 4: Children Entering the United States Unaccompanied Guide (June 7, 2021). Please review the information provided and provide action plans as noted. Per regulations, the facility has 30 days from the date of issuance of the ORR-approved Interim Audit Report to submit the facility’s action plan for approval. Upon approval, facility will have 90 days to implement the corrective action and remedy the noncompliance.

**SECTION 1: GENERAL INFORMATION** *(To be completed by ICF Auditors)*

<b>CARE PROVIDER NAME:</b> Enter the full name of the care provider. Include the specific facility reviewed, if applicable.	<b>OTHER CARE PROVIDER NAME(S):</b> Enter any other name(s) used.	
<b>CONTRACT:</b> 47QFDA22F001		
<b>DATE(S) OF AUDIT:</b> Enter start date of visit or review – Enter end date if visit or review spanned multiple days.		
<b>LEAD AUDITOR:</b>	<b>DATE ISSUED:</b> Click to enter the date the report is sent to the program.	<b>RESPONSE DUE:</b> Click to enter the program response due date.
<b>ICF POINT OF CONTACT:</b> Name of the person responsible for follow up, including approving and closing out action plans.	<b>PRIMARY PROGRAM CONTACT:</b> Name of the primary program contact.	
<b>PROGRAM CONTEXT:</b> OPTIONAL. List any significant programmatic changes or internal or external conditions that may have affected program performance.		
<b>PROGRAM STRENGTHS:</b> 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 ORR prevention of sexual abuse regulations, policies, and procedures and to allow care providers to respond to each citation. PSA audits are required in the Interim Final Rule on Standards to Prevent, Detect, and Respond to Sexual Abuse and Sexual Harassment Involving Unaccompanied Children (45 CFR Part L). Public reporting burden for this collection of information is estimated to average 1 hour per response for the care provider and 2 hours per response for the contractor performing the audit, 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 [UCPolicy@acf.hhs.gov](mailto:UCPolicy@acf.hhs.gov).





## SECTION 2: AREAS OF NONCOMPLIANCE AND CORRECTIVE ACTION PLANS

Per [Children Entering the United States Unaccompanied: Section 4 | The Administration for Children and Families \(hhs.gov\)](#), **Section 4.12** requires the care provider develop a corrective action plan for all findings of “does not meet standard.” The purpose of the corrective action plan is to ensure the care provider achieves compliance with the standard.

*ORR officials: Delete or copy, paste, and number additional tables as necessary.  
Program officials: Complete all fields highlighted in light blue.*

1	<b>Standard Number:</b>	<b>Corrective Action Needed:</b>	<b>Care Provider Person(s) Responsible:</b>	<b>Proposed Action:</b>	<b>Proposed Completion Date:</b>
2	<b>Standard Number:</b>	<b>Corrective Action Needed:</b>	<b>Care Provider Person(s) Responsible:</b>	<b>Proposed Action:</b>	<b>Proposed Completion Date:</b>
3	<b>Standard Number:</b>	<b>Corrective Action Needed:</b>	<b>Care Provider Person(s) Responsible:</b>	<b>Proposed Action:</b>	<b>Proposed Completion Date:</b>



## 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 ICF Auditor at the end of the entire corrective action process)*

ALL CORRECTIVE ACTIONS CITED IN SECTION 2 HAVE BEEN COMPLETED TO THE SATISFACTION OF ORR UNACCOMPANIED CHILDREN PROGRAMS:

ICF POINT OF CONTACT NAME:

ICF POINT OF CONTACT TITLE:

DATE:

**X** \_\_\_\_\_

ICF Point of Contact

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

**X** \_\_\_\_\_

Secondary ICF Official