	Program-Level Event Report	
See UAC Policy Guide Section 5 for related policies.		
Report Status:* Open Oclosed Date I	Report Opened: Date	e Report Closed:
Event Information		
Date of Event: *	Time of Event: *:	Event ID: System-generated
Specify Program: *	Level of Care:	Auto-populated based on program selected
Short Synopsis: *		
Category (Select all that apply)		
Category Definitions & Examples		
☐ Facilities Issues	☐ Environmental ☐ Mechanical Malfunction ☐ Imminent Risk to Safety	<ul><li>☐ Maintenance</li><li>☐ Staffing Shortage</li></ul>
☐ Video Monitoring Disruption	,	
☐ Infectious Disease/Health and Safety Incident		
☐ Power Outage/Disruption of Utilities (External)		
☐ Threats to Safety	<ul><li>☐ Trespassing/Intruder</li><li>☐ Threats to Children or Staff</li><li>☐ Weapon Found</li></ul>	☐ Vehicle Accident ☐ Cyber Breech, Attack, or Threat
☐ Staff, Contractor, or Stakeholder Criminal Activity	☐ Fraud☐ Extortion☐ Smuggling	☐ Trafficking☐ Other Criminal Activity
☐ Incident Involving Unidentified Child	☐ Code of Conduct Violation	☐ Safety or Abuse/Neglect Concern
□ Code of Conduct Violation Not Involving a Child	☐ Failing to disclose staff misconduct witnessed on or off duty	
Unauthorized Photography, Video, or Surveillance		
Media Requests/External Questions		
☐ IT Disruption/Internet Outage		
☐ Natural Disaster or Weather Event	☐ Earthquake	☐ Wildfire

	□ Flood □ Tornado		□ Hurricane □ Storm				
☐ Records Issues	U 10	rnado	U Storm				
U Necords issues		maged Records	☐ Lost Records				
	□ Ur	authorized Destruction of Rec	cords				
☐ Death of an Adult or non-UAC Child							
Incident Information							
Who initially reported the incident?*							
				>  Add New Row			
			I	-			
Name	Туре	A Number	Title	Specify			
	Select ✓	Appears if user selects UAC	Appears if user selects Staff	Appears if user selects Non-			
	UAC			UAC Child or Non-Staff Adult			
	Staff			Adult			
	Non-UAC Child						
	Non-Staff Adult						
Does the program need immediate guidance or reso	ources? * O Yes C	) No					
Were or are children being evacuated? *	Yes O No						
Was or is the facility locked down or sheltered in pla	oce?* O Yes O No	0					
Has or will the program's ability to provide healthcar	re services be affected? *	○ Yes ○ No					
Does the program have adequate resources to provi	ide care for children for duratior	of the event? *	O Yes O No				
Did or will the event affect the program's bed capac	ity? * O Yes O No	0					
Specify Effect on Bed Capacity: *   Beds need to come offline							
	o receive additional children						
	need to be transferred to anoth	er program					
Describe the event and		1 0					
explain the effect on the							
program's operations. *							
Describe actions taken							
to mitigate the impact							
on children in care: *							
ORR Recommendations:							
*							
Addendum							

+ Updates, Follow-up, a	and/or Resolution (History)							
Prior Text Date Updated			Submitted By					
Previously entered text is moved here upon save		System-gene				System-generate		
Updates, Follow-up, and/or Resolution:								
Immediate Phone Call	Notifications:							
								>  Add New Row
			Title		Name		Date Notified	Time Notified
			9-1-1					
			FFS Supervisor					
			Intakes Hotline	;	202-401-5709			
			ICE FOJC					
Reporting: (Additional fi	Reporting: (Additional fields for each section only appear when the use selects Yes for the first question)							
			State Licen	sing				
Was it reported to State Licensing? *	○ Yes ○ No	Date of	f Report:			Time o	f Report:	
	Select	~						
Was the event	Yes		Date Notified the			CasalC		
investigated by State	No	Event v	vill be			Numbe	onfirmation	
Licensing?	To Be Determined	Investi	gated:			Nullibe	:I.	
	Unknown							
Explain:								
Explain.								
Disposition of	Select	~						
Investigation:	Substantiated							
	Indicated							
	Not Substantiated							
	Unfounded							
	Administratively Closed							
Results/Findings of Investigation:								
Attach					🖺 Select F		Upload >  Re	seat
Reports/Findings:					□ Select F	ne	opioau / Ne	SCI .

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		CPS		J
Was it reported to CPS?	○ Yes ○ No	Date of Report:	Time of Report:	
Was the event investigated by CPS?	Select Yes No To Be Determined Unknown	Date Notified the Event will be Investigated:	Case/Confirmation Number:	
Explain:	Charletti			
Disposition of Investigation:	Select Substantiated Indicated Not Substantiated Unfounded			
Results/Findings of Investigation:	Administratively Closed			
Attach Reports/Findings:			Select File >  Upload >  Reset	
		Law Enforcement		
Was it reported to Law Enforcement? *	○ Yes ○ No	Date of Report:	Time of Report:	
Was the event investigated by Local Law Enforcement?	Select Yes No To Be Determined Unknown	Date Notified the Event will be Investigated:	Case/Confirmation Number:	

Explain:				
Disposition of Investigation:	Select Substantiated Indicated Not Substantiated Unfounded Administratively Closed	<b>~</b>		
Results/Findings of Investigation:				
Attach Reports/Findings:			Select File >   Upload >   Reset	
		DCPI		
Was it reported to DCPI? *	○ Yes ○ No	Date of Report:	Time of Report:	
Was the event investigated by DCPI?	Select Yes No To Be Determined Unknown	Date Notified the Event will be Investigated:	Case/Confirmation Number:	
Explain:				
Disposition of Investigation:	Select Substantiated Indicated Not Substantiated Unfounded Administratively Closed	•		
		OIG		
Was it reported to OIG? *	○ Yes ○ No	Date of Report:	Time of Report:	

Explain:								
	DHS							
Was it reported to DHS? *	○ Yes ○ No	Date of	f Report:		Tim	e of Report:		
Explain:								
		Office on	Trafficking in Person	ıs				
Was it reported to Office on Trafficking in Persons (Shepherd)? *	○ Yes ○ No	Date of Report: Time of Report:						
Explain:								
ORR Notifications								
								>  Add New Row
	Title	Name	Date Notified	Time Notifie		Method of Notification	S	pecify
	FFS Supervisor On-Call Field Staff	FieldOnCall@acf.hhs.gov				Select  Phone call In-person Email Messaging app Mail OtherSelect		
Reporter and Follow-Up	Contact					-		
Treporter and Follow-op	Contact							>  Add New Row
	Type Staff Filing Report Contact for Follow-Up	Name	Title		Email		Teleph	none Number
Save	Cancel							

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