Program-Level Event Report

See UAC Policy Guide Section 5 for related policies.

Report Status:* ○ Open ○ Closed **Date Report Opened:** **Date 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	☐ Maintenance ☐ Staffing Shortage
☐ Video Monitoring Disruption		
☐ Infectious Disease/Health and Safety Incident		
☐ Power Outage/Disruption of Utilities (External)		
☐ Threats to Safety	☐ Trespassing/Intruder ☐ Threats to Children or Staff ☐ Weapon Found	☐ 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	☐ Failing to self-disclose misconduct occurring 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	☐ Damaged Records ☐ Unauthorized Destruction of Records	☐ Lost Records
☐ Death of an Adult or non-UAC Child		

Incident Information

Who initially reported the incident?*

>| Add New Row

Name	Type	A Number	Title	Specify
	--Select-- *UAC* *Staff* *Non-UAC Child* *Non-Staff Adult*	*Appears if user selects UAC*	*Appears if user selects Staff*	*Appears if user selects Non-UAC Child or Non-Staff Adult*

Does the program need immediate guidance or resources? * ○ Yes ○ No

Were or are children being evacuated? * ○ Yes ○ No

Was or is the facility locked down or sheltered in place? * ○ Yes ○ No

Has or will the program's ability to provide healthcare services be affected? * ○ Yes ○ No

Does the program have adequate resources to provide care for children for duration of the event? * ○ Yes ○ No

Did or will the event affect the program's bed capacity? * ○ Yes ○ No

Specify Effect on Bed Capacity: *
Appears if user selects "Yes"

☐ Beds need to come offline
☐ Unable to receive additional children
☐ Children need to be transferred to another program

Describe the event and 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, and/or Resolution (History)

Prior Text	Date Updated	Submitted By
Previously entered text is moved here upon save	*System-generated*	*System-generated based on user*

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 fields for each section only appear when the use selects Yes for the first question)*

State Licensing

Was it reported to State Licensing? * ○ Yes ○ No

Date of Report:

Time of Report:

Was the event investigated by State Licensing? --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

Results/Findings of Investigation:

Attach Reports/Findings: Select File >| Upload >| Reset

CPS

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:

Disposition of Investigation:
--Select--
Substantiated
Indicated
Not Substantiated
Unfounded
Administratively Closed

Results/Findings of Investigation:

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

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 Report: Time of Report:

Explain:

Office on Trafficking in Persons

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 Notified	Method of Notification	Specify
FFS Supervisor				--Select-- *Phone call* *In-person* *Email* *Messaging app* *Mail* *Other*	
On-Call Field Staff	FieldOnCall@acf.hhs.gov			--Select--	
				--Select--	

Reporter and Follow-Up Contact

>| Add New Row

Type	Name	Title	Email	Telephone Number
Staff Filing Report				
Contact for Follow-Up				

Save Cancel

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR care provider programs to inform ORR of events affect the entire care provider facility. Public reporting burden for this collection of information is estimated to average 1.0 hour 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. The OMB control number is 0970-XXXX and the expiration date is MM/DD/YYYY. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.