Program-Level Event Report

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   ☐ Maintenance
- ☐ Mechanical Malfunction   ☐ Staffing Shortage
- ☐ Imminent Risk to Safety

☐ Video Monitoring Disruption

☐ Infectious Disease/Health and Safety Incident

☐ Power Outage/Disruption of Utilities (External)

☐ Threats to Safety
- ☐ Trespassing/Intruder   ☐ Vehicle Accident
- ☐ Threats to Children or Staff   ☐ Cyber Breech, Attack, or Threat
- ☐ Weapon Found

☐ Staff, Contractor, or Stakeholder Criminal Activity
- ☐ Fraud   ☐ Trafficking
- ☐ Extortion   ☐ Other Criminal Activity
- ☐ Smuggling

☐ 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	☐ Hurricane
	☐ Tornado	☐ 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: *   ☐ Beds need to come offline

Appears if user selects "Yes"   ☐ 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: [   ]
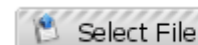
Explain: [   ]

Disposition of Investigation:

--Select-- ▼
Substantiated
Indicated
Not Substantiated
Unfounded
Administratively Closed

Results/Findings of Investigation: [   ]

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

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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]

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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:

--Select-- ▼

Was the event investigated by DCPI?

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