Program-Level Event Report						
See UAC Policy Guide Section 5 for related policies.						
Report Status:* Open Oclosed Date	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>	<ul><li>□ Vehicle Accident</li><li>□ Cyber Breech, Attack, or Threat</li></ul>				
☐ Staff, Contractor, or Stakeholder Criminal Activity	<ul><li>☐ Fraud</li><li>☐ Extortion</li><li>☐ Smuggling</li></ul>	☐ 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				

		ood	☐ Hurricane			
		rnado	□ Storm	☐ Storm		
		maged Records authorized Destruction of Rec	☐ Lost Records			
☐ Death of an Adult or non-UAC Child						
Incident Information						
Who initially reported the incident?*						
				>  Add New Row		
Name	Туре	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 resou	rces?* O Yes C	) No				
Were or are children being evacuated? *	Yes O No					
Was or is the facility locked down or sheltered in place	e?* O Yes O No	0				
Has or will the program's ability to provide healthcare	services be affected? *	○ Yes ○ No				
Does the program have adequate resources to provid	e care for children for duratior	of the event? *	○ Yes ○ No			
Did or will the event affect the program's bed capacit	y?* O Yes O No	0				
Specify Effect on Bed Capacity: * □ Beds need	to come offline					
Appears if user selects "Yes" ☐ Unable to	receive additional children					
☐ Children n	eed to be transferred to anoth	er 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, a	and/or Resolution (History)							
F	Prior Text Date Updated		Submitted By					
		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	5	202-401-5709			
			ICE FOJC					
Reporting: (Additional fi	ields for each section only appear wh	en the use sel			tion)			
			State Licer	nsing				
Was it reported to State Licensing? *	○ Yes ○ No	Date o	of Report:			Time o	f Report:	
	Select	~						
Was the event	Yes		lotified the			Case/Confirmation		
investigated by State	No	Event	will be			Numbe		
Licensing?	To Be Determined	Investi	igated:			Nullibe	<b>:</b> 1.	
	Unknown							
Explain:								
Explain.								
_								
Disposition of	Select	~						
Investigation:	Substantiated							
	Indicated							
	Not Substantiated							
	Unfounded							
	Administratively Closed							
Results/Findings of Investigation:								
Attach					🤌 Select F		Upload >  Re	ocat
Reports/Findings:					□ Select F	-lie 2	opioau / Ke	SCL

		CPS		_
Was it reported to CPS?	O Yes O 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? *	O Yes O 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>v</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	<b>v</b>		
		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	Sp	ecify
	FFS Supervisor On-Call Field Staff	FieldOnCall@acf.hhs.gov				Select V Phone call In-person Email Messaging app Mail OtherSelect V		
Reporter and Follow-Up	Contact					- Constitution of the cons	-	
Reporter and Follow-op	Contact							>  Add New Row
	Type Staff Filing Report Contact for Follow-Up	Name	Title		Email		Telepho	one Number
Save	Cancel							

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