

Program Entity (Form P-12C)

DETAILS

Program Overview

| | | | |
|-------------------------|----------------------|---------------------|-------------------------------------|
| Program Status | <input type="text"/> | Program Name AKA | <input type="text"/> |
| Type | <input type="text"/> | Program ID | <input type="text"/> |
| Address | <input type="text"/> | Country | <input type="text"/> |
| Street | <input type="text"/> | City | <input type="text"/> |
| State | <input type="text"/> | Zip/Postal Code | <input type="text"/> |
| ACF Region | <input type="text"/> | Within ORR Network? | <input type="text" value="Yes/No"/> |
| FFS Region | <input type="text"/> | VOLAG Grantee? | <input type="text" value="Yes/No"/> |
| UC Drop-Off Information | <input type="text"/> | URM Program? | <input type="text" value="Yes/No"/> |
| Maximum Months Pregnant | <input type="text"/> | Confirmed? " | <input type="text"/> |

Points of Contact

| | | | |
|-------------------------|----------------------|-------------------------------|----------------------|
| CEO | <input type="text"/> | CEO Email | <input type="text"/> |
| | <input type="text"/> | Phone | <input type="text"/> |
| Program Director | <input type="text"/> | | <input type="text"/> |
| Intakes Primary Contact | <input type="text"/> | Intake Primary Contact Email | <input type="text"/> |
| | <input type="text"/> | Intakes Primary Contact Phone | <input type="text"/> |

Program Medical Team Email

FFS Email

Stakeholder Information

Child Advocate

Legal Service Provider

FOJC

Influx and Variance Bed Capacity

Undelivered Warm Status

Delivered Variance Beds

Undelivered Reserve Status

Undelivered Variance Beds

License

Licensed?

License Issued Date

Licensing Entity

License Expired Date

License Type

Copy of Lease Uploaded? "

Licensing POC #1

Licensing POC #1 Email

Licensing POC #1 Phone

Licensing POC #2

Licensing POC #2 Email

Licensing POC #2 Phone

Licensing POC #3

Licensing POC #3 Email

Licensing POC #3 Phone

Grant

Grant Number

Secondary Grant Number

Current Grant Project Start Date

Current Grant Project End Date

Current Grant Budget Start Date

Current Grant Budget End Date

Initial Grant Award Date

Closure Date

Initial UC Placement Received Date

Closure Date Reason

Stop Placement

Stop Placement (Initial)

Anticipated End Date (Initial)

Stop Placement Reason (Initial)

Start Date (Initial)

End Date (Initial)

Stop Placement (Transfer)

Anticipated End Date (Transfer)

Stop Placement Reason (Transfer)

Start Date (Transfer)

End Date (Transfer)

Monitoring Details

Last Monitoring Date

First Admitted Date

Due Date for Next Monitoring Visit

Number of Sites

Monitoring Schedule Notes

System Information

Program Legacy ID

Facility Legacy ID

RELATED

Entity Team

| Team Member | Member Role | Entity Access Level | Entry Access Level | UC Access Level |
|-------------|-------------|---------------------|--------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Facility Information

| Title | Original Document Name | Record Type | Document Type | Description | Date Received | Created By | Created Date |
|-------|------------------------|-------------|---------------|-------------|---------------|------------|--------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Operational Information

| Title | Original Document Name | Record Type | Document Type | Description | Date Received | Created By | Created Date |
|-------|------------------------|-------------|---------------|-------------|---------------|------------|--------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Compliance Information

| Title | Original Document Name | Record Type | Document Type | Description | Date Received | Created By | Created Date |
|-------|------------------------|-------------|---------------|-------------|---------------|------------|--------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Entity History

| Date | Field | User | Original Value | New Value |
|------|-------|------|----------------|-----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Beds

| Bed Name | Proposed Delivery Date | Actual Delivery Date | Last Modified Date | Last Update by Alias |
|----------|------------------------|----------------------|--------------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Funded Capacity Manager

| | | | |
|---------------------------------|----------------------|-----------------------------------|----------------------|
| How many delivered male beds? | <input type="text"/> | How many undelivered male beds? | <input type="text"/> |
| How many delivered female beds? | <input type="text"/> | How many undelivered female beds? | <input type="text"/> |

OMB 0970-0554 [valid through MM/DD/YYYY]

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 track certain information related to its care provider programs, such as location, contact information, state licensure, grant information, and monitoring. Public reporting burden for this collection of information is estimated to average 0.17 hours 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. If you have any comments on this collection of information please contact UCPolicy@acf.hhs.gov.

P-12C [Revised MM/DD/YYYY]

Dropdown Options

| | |
|----------------|--|
| Program Status | <ul style="list-style-type: none">• Active• Inactive• Draft |
| Type | <ul style="list-style-type: none">• Influx Care Facility• Long Term Foster Care• LTFC – Community Placements• LTFC – Group Home• Residential Treatment Center• Secure• Shelter• Staff Secure• Therapeutic Group Home• Therapeutic Staff Secure• Therapeutic Foster Care• Emergency Intake Sites• Other |
| Country | List of all countries |
| State | List of all states and the District of Columbia |
| ACF Region | <ul style="list-style-type: none">• 1• 2• 3• 4• 5• 6• 7• 8• 9• 10 |
| FFS Region | <ul style="list-style-type: none">• Arizona• Central Texas |

| | |
|--|--|
| | <ul style="list-style-type: none"> • Houston/El Paso • Mid-Atlantic • Mid-West • North East • Rio Grande Valley • South East • Special Population • West Coast |
| Maximum Months Pregnant | <ul style="list-style-type: none"> • Month 1: Weeks 1 to 4 • Month 2: Weeks 5 to 8 • Month 3: Weeks 9 to 13 • Month 4: Weeks 14 to 17 • Month 5: Weeks 18 to 22 • Month 6: Weeks 23 to 27 • Month 7: Weeks 28 to 31 • Month 8: Weeks 32 to 35 • Month 9: Weeks 36 to 40 |
| Licensing Entity | List of licensing entities for all states in which ORR operates care provider programs |
| License Type | List of all license types offered by the licensing entities available under the Licensing Entity Field, as applicable to ORR care provider programs |
| Stop Placement (Initial) and Stop Placement (Transfer) | <ul style="list-style-type: none"> • Imminent risk of harm to or safety of UC • Imminent risk of harm to or safety of staff • Law enforcement agency recommendations to cease new referrals • Identified risk is not related to one staff or incident, and cannot be corrected by the corrective action • Active CPS licensing investigation involving staff, UC or both • Grantee repeated non-compliance with ORR policies and procedures which impacts service to UC • Shortage of staff • Staff related incident • Consistent pattern of UC running away • Affected by natural disasters/evacuation • Power outage • Fire incident • Isolation/Medical Concerns • Request by the facility • Other (provide details) |
| Team Member Role | This is a global picklist used across multiple forms that contains all roles. |

Appearance of a role on this list does not mean that role will be granted access to this form.

- Assistant Program Director
- Attorney
- Case Coordinator
- Case Manager
- Child Advocate Contact
- Clinician
- Contractor Field Specialist
- DHUC Medical Team Member
- DHUC Quality Assurance Specialist
- Direct Operations Coordinator
- DOJ/FBI
- Federal Field Specialist
- HHS OIG
- HS/PRS Primary Providers
- ICE FOJC
- Influx POC
- Intakes Backup Contact
- Intakes Contact
- Lead Case Manager
- Lead Clinician
- Legal Service Provider
- LNO
- Medical Coordinator
- Medical Service Director
- On-site Health Care Provider
- ORR Compliance Team
- Program Director
- Program Support Center
- Project Officer
- PSA Compliance Manager
- PSA Program Specialist
- PSA Team
- Regional Director
- Registered Nurse
- Senior Advisor for Child Well-Being & Safety
- Shift Supervisor
- Supervisory Case Coordinator
- Supervisory FFS

| | |
|---------------------------|--|
| | <ul style="list-style-type: none"> • Supervisory Project Officer • Temporary • VOLAG User • Program Support Staff |
| Entity Access Level | <ul style="list-style-type: none"> • Read Only • Read/Write |
| Entry Access Level | <ul style="list-style-type: none"> • Read Only • Read/Write • No Access |
| UC Access Level | <ul style="list-style-type: none"> • Read Only • Read/Write • No Access |
| Record Type/Document Type | <p>Available Document Types are dependent upon what Record Type is selected.</p> <ul style="list-style-type: none"> • Facility <ul style="list-style-type: none"> ○ Other ○ Facility Intake List ○ Program Brief ○ Program Lease ○ Signed Cooperative Agreement ○ State Licensure ○ Fire Inspection ○ Emergency/Evacuation Plan ○ Facility Floor Plan • Operational <ul style="list-style-type: none"> ○ Other ○ Grantee Daily Schedule ○ Internal SOPs ○ Staff Training Curriculum ○ Educational Curriculum ○ Vocational Curriculum ○ Food Menu ○ UC Handbook/Orientation ○ Prevention of Sexual Abuse/Harassment SOPs ○ Organizational Chart • Compliance <ul style="list-style-type: none"> ○ Other ○ ORR Closed Corrective Action ○ ORR Closed Monitoring Report |

- ORR Site Visit Report
- Program Licensing Investigation
- PSA Audit