

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**OFFICE OF REFUGEE RESETTLEMENT
GENERALLY ENSURED THAT
SELECTED CARE PROVIDER FACILITIES
FOR ITS UNACCOMPANIED CHILDREN
PROGRAM COMPLIED WITH FEDERAL
EMERGENCY PREPAREDNESS
REQUIREMENTS**

*Inquiries about this report may be addressed to the Office of Public Affairs at
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Christi A. Grimm
Principal
Deputy Inspector General

February 2022
A-04-20-02025

Office of Inspector General

<https://oig.hhs.gov>

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Report in Brief

Date: February 2022

Report No. A-04-20-02025

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Audit

The Office of Refugee Resettlement (ORR), a program office of the Administration for Children and Families within HHS, manages the Unaccompanied Children (UC) Program, which serves children who have no lawful immigration status in the United States. Because of emergency events in 2017, 2018, and 2019, such as hurricanes and wildfires, we conducted several audits of HHS agencies to identify risks in preparing for and responding to emergency events. This audit continues those efforts.

This is the second of two reports addressing emergency preparedness at ORR-funded facilities that provide care to children in the UC Program. The first report addresses communicable disease preparedness, and this report addresses emergency events. This report does not address emergency intake sites that were opened in response to the surge of unaccompanied children that occurred in 2021.

Our objective was to determine whether ORR ensured that selected facilities followed Federal requirements in preparing for and responding to emergency events.

How OIG Did This Audit

We initially surveyed 171 facilities to identify a population that had experienced an emergency event between January 2017 and September 2019. Of the 116 facilities that responded, 37 had experienced an event. We selected 10 of those facilities and reviewed their preparedness for future emergency events.

Office of Refugee Resettlement Generally Ensured That Selected Care Provider Facilities for Its Unaccompanied Children Program Complied With Federal Emergency Preparedness Requirements

What OIG Found

ORR ensured that the 10 selected facilities generally complied with Federal requirements in preparing for and responding to emergency events. Each of the 10 facilities complied with most Federal emergency preparedness requirements, such as having written safety plans that addressed evacuations during emergency events. However, none of the selected facilities complied with the Federal requirement to maintain a complete list of emergency contacts to notify when a child's location changes due to an emergency evacuation.

Without a complete emergency contact list, and because ORR's monitoring did not identify this noncompliance with a Federal requirement, facilities were at risk of failing to fully protect children's interests in the event of a future emergency.

What OIG Recommends and ACF Comments

We recommend that the Office of Refugee Resettlement issue guidance to care provider facilities regarding the requirement to include all relevant ORR and Department of Homeland Security (DHS) contacts in their emergency contact lists.

ACF neither agreed nor disagreed with our recommendation. However, ACF explained the actions that it has taken and is in the process of taking to respond to our recommendation. ACF provided documentation to support those actions. For example, ACF provided a copy of the November 2021 update to a checklist it uses for onsite monitoring. This checklist requires the monitoring team to verify that an emergency contact list, including ORR and DHS contacts, is posted in care provider office areas. ACF also stated that it was in the process of developing an emergency preparedness guide for care provider facilities that will provide details for a range of emergencies and disasters, including templates for contact lists. ACF anticipates that it will implement this new guide in 2022.

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INTRODUCTION

WHY WE DID THIS AUDIT

The Office of Refugee Resettlement (ORR), a program office of the Administration for Children and Families (ACF) within the Department of Health and Human Services (HHS), manages the Unaccompanied Children (UC) Program. The UC Program serves children who have no lawful immigration status in the United States and who have no parent or legal guardian in this country available to assume custody and care for them.¹

In response to the many natural disasters that occurred in 2017, 2018, and 2019, we conducted several audits of HHS agencies to identify risks in preparing for and responding to emergency events.² This audit continues those efforts and is intended to provide a snapshot of emergency preparedness and response capabilities at selected UC care provider facilities (facilities). This is the second of two reports addressing emergency preparedness at facilities. The first report specifically addresses communicable disease preparedness.³

This report does not address emergency preparedness and response capabilities at influx care facilities (ICFs) or emergency intake sites (EISs).⁴ The Office of Inspector General (OIG) is conducting other ongoing reviews that address certain aspects of care and service provision at ICFs and EISs.⁵

¹ 6 U.S.C. § 279(g)(2).

² These natural disasters include Hurricanes Harvey, Irma, and Maria in 2017; Hurricanes Florence and Michael, Typhoon Mangkhut, Super Typhoon Yutu, wildfires, and earthquakes that occurred in 2018; and tornadoes and floods that occurred in 2019.

³ *Office of Refugee Resettlement Ensured That Selected Care Providers Were Prepared To Respond to the COVID-19 Pandemic* (A-04-20-02031, issued on Nov. 6, 2020). Available at <https://oig.hhs.gov/oas/reports/region4/42002031.pdf>.

⁴ ICFs provide temporary shelter and services to children and may be exempt from State or local licensing standards. In response to the spring 2021 surge, ORR also established EISs, which are unlicensed facilities that provide limited services to children on a short-term basis before these children are transferred to a permanent shelter facility or released to sponsors.

⁵ The OIG Office of Audit services has two ongoing projects: (a) W-00-21-59458 accessed at <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000591.asp> and (b) W-00-21-59459 accessed at <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000590.asp>. The OIG Office of Evaluations and Inspections has two ongoing projects: (a) OEI-07-21-00250 accessed at <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000589.asp> and (b) OEI-07-21-00251 accessed at <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000607.asp>.

OBJECTIVE

Our objective was to determine whether ORR ensured that selected facilities followed Federal requirements in preparing for and responding to emergency events.

BACKGROUND

The Unaccompanied Children Program

Federal law requires the safe and timely placement of unaccompanied children in the least restrictive setting that is in the best interest of the child.⁶ To that end, ORR funds a network of facilities that provide shelter, counseling, medical care, legal services, and other support services to unaccompanied children until they are released to a sponsor or otherwise leave HHS custody. The continuum of placement options in the ORR network includes foster care,⁷ shelter,⁸ staff secure,⁹ secure,¹⁰ and residential treatment centers.¹¹ Facilities are generally licensed, certified, or accredited by an appropriate State agency to provide residential care for children.

The Office of Refugee Resettlement's Process for Monitoring Facilities for Unaccompanied Children

ORR monitoring is designed to provide consistent oversight of all aspects of a facility's UC Program, including keeping children in its care safe from emergency events such as natural disasters. ORR's monitoring activities include a week-long onsite review of the UC Program to

⁶ 8 U.S.C. § 1232(c)(2)(A).

⁷ ORR foster care consists of therapeutic foster care, which is for children with exceptional needs; transitional foster care, which is synonymous with short-term foster care; and long-term foster care, which is for children who will be in care for an extended period.

⁸ A shelter is a residential facility in which all programmatic components are onsite in the least restrictive environment.

⁹ A staff secure facility maintains stricter security measures, such as higher staff-to-child ratios for supervision.

¹⁰ A secure facility is the most restrictive placement option for children.

¹¹ A residential treatment facility provides children who need more intensive mental health treatment with sub-acute therapeutic care through a structured 24-hour-a-day program and services that are highly customized to individual needs.

be conducted not less than every 2 years.¹² In performing an onsite visit, ORR staff gathers, reviews, and analyzes information to assess a facility's compliance with ORR policies and requirements.¹³ ORR obtains and reviews documentation such as cooperative agreements and corrective action plans. Additionally, each facility provides various documents to ORR before the onsite visit that include the facility's:

- emergency plans,
- quality assurance procedures,
- maps, and
- State licenses and any State licensing reports.¹⁴

At the conclusion of this week-long review, ORR submits a monitoring report to the facility that contains a list of corrective actions. The facility has 30 days to submit a response to the report indicating the facility's plan to implement the corrective actions.

HOW WE CONDUCTED THIS AUDIT

We initially surveyed 171 facilities to identify a population of facilities that had experienced an emergency event between January 2017 and September 2019.¹⁵ This population did not contain EISs because these facilities did not exist at the time of our survey and subsequent selection of facilities. Of the 116 facilities that responded to our survey, 37 had experienced an emergency event during our survey period.¹⁶ We selected 10 of those 37 facilities for further

¹² *Children Entering the United States Unaccompanied*, § 5.5.1. ORR's monitoring activities also include ongoing desk monitoring from ORR headquarters that includes reviews of records and reports, such as annual goals and objectives, quarterly program reports, significant incident reports (SIRs); routine day-long site visits to every facility once or twice monthly that generally are limited to case management review; and site visits for a specific purpose such as response to a corrective action plan.

¹³ The monitoring process differs when the facility is a foster care agency that places children in foster care homes. In these instances, site visits are conducted at the foster care agency to obtain documentation to ensure that both the agency and the homes comply with relevant emergency preparedness requirements.

¹⁴ Information to be obtained during a monitoring event is contained within ORR's internal procedures, *Onsite Monitoring and Compliance*.

¹⁵ Both the OIG and ORR contacted each of these 171 facilities over a 2-month period and encouraged each facility to voluntarily respond to the OIG's survey questions.

¹⁶ Two ICFs were in existence at the time of our survey, but neither experienced an emergency event during our survey period. Therefore, we did not select either of them for review.

review.¹⁷ We used a purposive selection process to achieve a diverse set of facilities participating in the UC Program.¹⁸ In selecting the 10 facilities, we considered the type of emergency event to which the facility had responded, facility capacity, type of care provided such as shelter and long-term foster care, and location. The 10 facilities were located in California, Florida, New York, Texas, and Washington State. We reviewed the 10 facilities' level of preparedness for future emergency events.

We created questionnaires for each of the 10 facilities based on ORR's Federal requirements for emergency preparedness and each State's specific requirements related to emergency preparedness at licensed childcare facilities. We sent the questionnaires to the 10 facilities and requested documentation pertaining to:

- policies and procedures specific to emergency preparedness,
- staff responsibilities for emergency preparedness and response, and
- facilities' prior response actions to an actual emergency event.

All 10 facilities submitted documentation to support their responses to our questionnaires. We completed onsite reviews at four facilities in 2019 and 2020. Due to COVID-19 pandemic-related travel constraints, we were unable to physically visit six of the facilities that were the subject of this audit. Instead, we completed our audit with virtual site visits for these remaining six facilities during 2020 and 2021. We initiated each virtual visit with a pre-meeting to discuss the process of walking through each facility. We then requested maps of each facility and used these during the virtual walk-through. We also interviewed ORR personnel regarding their oversight of facility preparedness and response. (See Appendix A for our Audit Scope and Methodology.)

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

¹⁷ These 10 facilities were also selected for review in our prior audit of ORR care providers' response to the COVID-19 pandemic (A-04-20-02031). We reviewed 11 facilities in that audit because we selected 1 additional facility due to the high number of coronavirus cases it experienced.

¹⁸ Purposive sampling, also known as judgmental or expert sampling, is a type of nonprobability sampling. The main goal of purposive sampling is to focus on particular characteristics of a population that are of interest to the research being conducted.

FINDINGS

ORR ensured that the 10 selected facilities generally complied with Federal requirements in preparing for and responding to emergency events. Each of the 10 facilities complied with most Federal emergency preparedness requirements, such as having written safety plans that addressed evacuations during emergency events. However, none of the selected facilities complied with the Federal requirement to maintain a complete list of emergency contacts to notify when a child's location changes due to an emergency evacuation.

Without a complete emergency contact list, and because ORR's monitoring did not identify this noncompliance with a Federal requirement, facilities were at risk of failing to fully protect children's interests in the event of a future emergency.

FEDERAL REQUIREMENTS

The *ORR Guide: Children Entering the United States Unaccompanied* (the Guide) states that facilities are responsible for safety planning, including development of a written safety plan that includes policies and procedures for all children and staff in the UC Program. The safety plan must address emergency situations such as evacuations, fires, tornadoes, and other potentially dangerous situations (the Guide § 3.3.4).

In accordance with the Guide, ORR monitors its facilities no less than every 2 years to include a review of the program and a site visit (the Guide § 5.5.1).

THE OFFICE OF REFUGEE RESETTLEMENT ENSURED THAT SELECTED FACILITIES GENERALLY COMPLIED WITH FEDERAL REQUIREMENTS WHEN PREPARING TO RESPOND TO EMERGENCY EVENTS

All Selected Facilities Had Written Safety Plans To Address Emergency Events

In accordance with ORR policies, all 10 facilities selected for review had written safety plans that included evacuation plans for natural disasters or other potentially dangerous situations as required by ORR policy.

In addition, all facility safety plans included the following:

- procedures to respond to an emergency event;
- emergency response training such as training related to active shooter events, annual pre-storm emergency agency readiness, first aid, cardiopulmonary resuscitation, and use of an automated external defibrillator; and

- personnel assigned to perform emergency response activities such as:
 - collaborating with medical operations teams to identify medical care providers to care for sick or injured children;
 - coordinating the headcount of all children and staff members during evacuation and shelter situations;
 - directing staff to prepare food, supplies, and water;
 - securing electronic records in the event of a power outage; and
 - contacting Federal, State, and local agencies in the event of an evacuation.

All Selected Facilities Had Activated Their Emergency Response Plans in Response to an Emergency Event

All 10 selected facilities followed emergency response procedures in their plans by sheltering-in-place or evacuating when responding to emergency events during 2018 and 2019. (See the Table on the next page for the types of emergency event and response.)

Table: Facility, Emergency Event, and Response

SITE NUMBER	STATE	SERVICES PROVIDED	EMERGENCY EVENT	EMERGENCY RESPONSE
1	CA	Shelter and Long-Term Foster Care	Earthquake	Sheltered in place.
2	CA	Shelter	Earthquake	Sheltered in place.
3	FL	Shelter	Hurricane	Children were evacuated and relocated to another facility.
4	FL	Shelter	Hurricane	Children were evacuated and relocated to another facility.
5	FL	Shelter	Hurricane	Children were evacuated and relocated to another facility.
6	NY	Transitional Foster Care	Hurricane	Received children from facilities outside its care provider network.*
7	NY	Residential Treatment Center and Shelter	Windstorm	Children were evacuated and relocated to another facility within this care provider's network.
8	TX	Shelter	Flooding	Children were evacuated and relocated to another facility within this care provider's network.
9	TX	Shelter	Flooding	Received children from a facility within the care provider network.
10	WA	Long-Term Foster Care	Active Shooting	Foster parent and child evacuated and temporarily moved to a safer location.
* The term "care provider network" is used to describe an interconnected group or system of ORR-funded care providers.				

NONE OF THE SELECTED FACILITIES HAD A COMPLETE EMERGENCY CONTACT LIST

As part of the care provided to every child in ORR care and in accordance with the Guide § 2.8.2, facilities notify the Department of Homeland Security (DHS) when a child is transferred or released to a sponsor so that active immigration proceedings can be updated or changed (for example, a change of jurisdiction or venue). The *UAC Manual of Procedures* states that safety planning “[p]rocedures shall . . . include a list of agencies and individuals to notify in the event of an evacuation. The list must include all relevant ORR contacts, the DHS . . .” (§ 3.3.4, Safety Planning).

None of the 10 facilities we reviewed listed DHS, and 1 facility did not list any ORR contacts in its procedures for identifying emergency contacts. ORR did not identify this noncompliance during its monitoring.

Some facilities that we reviewed stated that they were unaware of this requirement and thought that ORR would make the notifications on their behalf like it does in other instances. ORR stated that it did not know why facilities were not aware of this requirement because it was included in ORR’s procedures.

ORR officials stated that, during their onsite visits, their monitoring procedures required ORR staff to review emergency contact lists to verify that all required emergency contacts were listed, including DHS and ORR contacts.¹⁹ ORR officials stated that they did not know their monitoring staff did not identify incomplete emergency contact lists during the onsite visits for the selected facilities.

ORR indicated two factors that negatively affected its onsite monitoring.²⁰ First, ORR staffing levels have not kept pace with the increase in the program’s capacity. However, ORR stated that it was hiring new monitors to double the size of the monitoring team. Second, ORR paused its onsite monitoring on two occasions during 2020 and 2021 because of the COVID-19 pandemic. In lieu of onsite visits, ORR began conducting remote monitoring in December 2020. However, because of the surge of children crossing the border in the spring of 2021, ORR diverted its staff to assist in its monitoring effort of EIS sites.

Without a complete emergency contact list, and because ORR’s monitoring did not identify facility noncompliance with a Federal requirement, we have no assurance that facilities notified DHS of child movements. ORR indicated that if a child is moved into another jurisdiction and

¹⁹ ORR monitoring procedures include multiple checklists covering various aspects of the UC Program, such as checklists for UC case files, personnel files, and onsite monitoring. The ORR monitor is supposed to use the checklists to create the final monitoring report for each facility.

²⁰ During 2017–2021, ORR performed onsite visits at 8 of the 10 selected facilities that it was required to visit. Of the eight facilities that ORR visited, it visited three within the required 2-year monitoring period. However, as of mid-August 2021, the remaining five onsite visits were from 1 to 20 months after the required 2-year period, or an average of 8 months late. Two of these five late visits were delayed due to the COVID-19 pandemic.

DHS is not notified, then the child's court hearing could be affected. As a result, facilities were at risk of failing to fully protect children's interests in the event of a future emergency.

RECOMMENDATIONS

We recommend that the Office of Refugee Resettlement issue guidance to care provider facilities regarding the requirement to include all relevant ORR and DHS contacts in their emergency contact lists.

ADMINISTRATION FOR CHILDREN AND FAMILIES COMMENTS

ACF neither agreed nor disagreed with our recommendation. However, ACF explained the actions that it has taken and is in the process of taking to respond to our recommendation. ACF provided documentation to support those actions. For example, ACF provided a copy of the November 2021 update to a checklist it uses for onsite monitoring. This checklist requires the monitoring team to verify that an emergency contact list—including ORR and DHS contacts—is posted in care provider office areas. ACF also stated that it was in the process of developing an emergency preparedness guide for care provider facilities that will provide details for a range of emergencies and disasters, including templates for contact lists. ACF anticipates that it will implement this new guide in 2022.

ACF's written comments, excluding supporting documentation, are included as Appendix B. We did not include ACF's supporting documentation because of its proprietary nature. The actions ACF is taking should address our recommendation.

OTHER MATTERS

Our audit focused on compliance with Federal requirements. However, during our audit, we determined that some facilities did not comply with selected State requirements related to emergency preparedness. Specifically, two facilities did not comply with State requirements to:

- practice a severe weather drill at least once every 6 months or
- complete drills within the required 3-minute timeframe.

This noncompliance could affect the two facilities' ability to respond to a future emergency event.

According to ORR officials, ORR relied on the State licensing process to ensure facility compliance with State requirements because each State had different emergency preparedness requirements. We note, however, that in the Guide, ORR states: “ORR conducts monitoring visits at least monthly to ensure that care providers meet minimum standards for the care and timely release of unaccompanied alien children, and that they abide by all Federal and State laws and regulations, licensing and accreditation standards, ORR policies and procedures, and child welfare standards.” If ORR does rely on States to ensure facility compliance, we suggest that ORR clarify that in the Guide. Additionally, going forward, ORR could consider alternative approaches to ensure that its facilities comply with State emergency preparedness requirements, such as adding safety standards common across States to its Policy Guide.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

We initially surveyed 171 facilities to identify a population of facilities that had experienced an emergency event between January 2017 and September 2019.²¹ This population did not contain EISs because these facilities did not exist at the time of our survey and subsequent selection of facilities. Of the 116 facilities that responded to our survey, 37 had experienced an emergency event during our audit period.²² We selected 10 of these 37 facilities for further review. We used a purposive selection process to achieve a diverse set of facilities participating in the UC Program. In selecting the 10 facilities, we considered the type of emergency event to which the facility had responded, facility capacity, type of care provided such as shelter and long-term care, and location. The 10 facilities were located in California, Florida, Illinois, New York, Texas, and Washington State.

We conducted our audit work from November 2019 through August 2021, some of which was during the COVID-19 pandemic. Due to COVID-19 pandemic-related travel constraints, we conducted onsite visits at only four facilities. We conducted virtual visits of the remaining six facilities. We also interviewed ORR staff members regarding their oversight of the facilities' emergency preparedness and response.

We did not assess the overall internal control structure of each selected facility or ORR. Rather, we limited our review of internal controls to ORR's emergency preparedness requirements, facilities' implementation of these requirements, and ORR's processes for ensuring compliance with these requirements. To evaluate these internal controls, we:

- interviewed facility officials regarding emergency preparedness functions, as well as roles and responsibilities pertaining to emergency preparedness and response;
- reviewed facility policies and procedures for emergency preparedness to determine whether the facilities complied with Federal and State requirements, specifically pertaining to natural and man-made disasters;
- determined whether facilities implemented response procedures according to ORR policy; and
- interviewed ORR officials regarding ORR monitoring activities and policies and procedures for facility emergency preparedness.

²¹ Both the OIG and ORR contacted each of these 171 facilities over a 2-month period and encouraged each facility to voluntarily respond to the OIG's survey questions.

²² Two ICFs were in existence at the time of our survey, but neither experienced an emergency event during our audit period. Therefore, we did not select either of them for review.

METHODOLOGY

To accomplish our objective, we:

- reviewed Federal and State policies and guidance applicable to planning and implementation of emergency preparedness plans;
- surveyed 171 facilities to identify a population of facilities that had experienced an emergency event between January 2017 and September 2019;²³
- sent questionnaires to the 10 selected facilities and requested information and documentation pertaining to emergency preparedness, responses to emergency events, and roles and responsibilities pertaining to emergency preparedness and response;
- sent a questionnaire to ORR and requested information pertaining to its monitoring activities and policies and procedures pertaining to group transfers and emergency preparedness requirements;
- reviewed all information provided in questionnaires to determine facility compliance;
- conducted onsite visits at 4 facilities from November 2019 through March 2020 and virtual site visits at 6 facilities during 2020 and 2021; and
- discussed the results of the audit with ORR officials.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

²³ Our list of 171 facilities did not include any EISs because these facilities did not exist at the time of our survey and subsequent selection of facilities; they were opened in response to the surge that occurred in 2021. Two ICFs were in existence at the time of our survey, but neither experienced an emergency event during our audit period. Therefore, we did not select either of them for review.



ADMINISTRATION FOR
CHILDREN & FAMILIES

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December 15, 2021

Christi A. Grimm
Principal Deputy Inspector General
Office of Inspector General
U.S. Department of Health and Human Services
330 Independence Avenue, SW.
Washington, DC 20201

Dear Ms. Grimm:

The Administration for Children and Families (ACF) thanks the Office of Inspector General (OIG) for the opportunity to respond to the OIG report entitled, *Office of Refugee Resettlement Generally Ensured That Selected Care Provider Facilities for Its Unaccompanied Children Program Complied With Federal Emergency Preparedness Requirements* (A-04-20-02025). ACF's response to the report's recommendation is below.

As the agency entrusted with the care and custody of unaccompanied children (UC), the Office of Refugee Resettlement (ORR) takes its responsibility to care for the safety and well-being of the children seriously. ORR ensures that facilities are equipped to ensure the safety of the children while in ORR custody, and expect all care providers to have a plan in place to deal with emergency situations such as a disease outbreak and a natural disaster, among others. Care providers are responsible for safety planning for the facility as a whole, and ORR's Division of Planning and Logistics (DPL) regularly provides training and technical assistance to programs and facilities on emergency mitigation, preparedness, response, and recovery. This training includes guidance on developing emergency preparedness plans and notification systems. DPL also has a team of Regional Planners and Liaisons that coordinate with ORR Field Staff to connect programs to regional stakeholders including local emergency management and the Department of Homeland Security (DHS)/Federal Emergency Management Agency. Additionally, care providers and programs must meet the safety requirements maintained by state and/or local licensing entities, fire code regulations, and local zoning and building code regulations.

Recommendation 1

We recommend that the Office of Refugee Resettlement issue guidance to ORR facilities regarding the requirement to include all relevant ORR and DHS contacts in their emergency contact lists.

ACF Response:

In February 2019, in response to ORR’s release of the UC MAP Section 3, the UC Monitoring Team updated its procedures to include a check that an emergency contact list, including ORR, DHS, and law enforcement contacts, was posted in care provider office areas. ORR continues to update these procedures, the most recent version of which is enclosed with this letter. Please see the enclosed “On Site Monitoring Checklist 11.23.2021” for reference. The UC Monitoring team also provided instruction to care providers via email on December 1, 2021, to ensure that care provider evacuation plans include this emergency contact list. Please see the enclosed December 1 email for reference. DPL is currently developing an emergency preparedness guide for ORR grantees and contractors. This guide will provide detailed resources/materials on preparedness for a range of emergencies and disasters, as well as information on how to develop emergency preparedness plans, including templates for plans and contact lists. DPL plans to implement the new guide by next year.

Again, thank you for the opportunity to review this report. Please direct any follow-up inquiries to Scott Logan within the Office of Legislative Affairs and Budget at (202) 401-4529.

Sincerely,

JooYeun Chang
Principal Deputy Assistant Secretary
for Children and Families

Enclosure