

UAC Basic Information		
Photo of Minor	First Name:	Status:
	Last Name:	AKA:
	Date of Birth:	Gender:
	A No.:	LOS:
	Age:	LOC:
	Child's Country of Birth:	Current Program:
	Admitted Date:	Current Location:
	ORR Placement Date:	

Event Type: SIR Event
 Date of Event: _____ Time of Event: _____ Event ID: _____

Synopsis of Event:

Significant Incident Report (Addendum)		
<input checked="" type="checkbox"/> Emergency SIR <input type="checkbox"/> SIR		
Emergency SIR		
<input type="checkbox"/> Death In Care Provider Facility ---Select---		
<input checked="" type="checkbox"/> Medical Emergency Requiring Immediate Hospitalization		
<input type="checkbox"/> Other Specify: _____		
Incident Information:		
Did the incident take place at another care provider facility? <input checked="" type="radio"/> Yes <input type="radio"/> No	Care Provider Name:	
	Care Provider City:	Care Provider State:
Location of Incident:	Date Reported To Care Provider:	Time Reported To Care Provider:
Other Specify:	Date Reported To ORR:	Time Reported To ORR:
Description of Incident (History)		
Description of Incident: (Full Description of Incident)		
Was the UAC or Anyone Else Injured?: <input type="radio"/> Yes <input checked="" type="radio"/> No	Specify: _____	
Actions Taken		
Staff Response and Intervention (History)		
Staff Response and Intervention		
Follow-up and/or Resolution (History)		
Follow-up and/or Resolution:		
Recommendations (History)		
Recommendations:		
Reporting:		
Reported To State Licensing: <input type="radio"/> Yes <input checked="" type="radio"/> No	Date of Report:	Time of Report:
Was the Incident Investigated? <input type="radio"/> Yes <input type="radio"/> No	Date Notified the Incident will be investigated:	Case/Confirmation Number:
Explain		
Results/Findings of Investigation:		
Attach Reports/Findings:		
Is CPS Different From State Licensing: <input type="radio"/> Yes <input checked="" type="radio"/> No		
Reported To CPS: <input type="radio"/> Yes <input type="radio"/> No	Date of Report:	Time of Report:
Was the Incident Investigated? <input type="radio"/> Yes <input type="radio"/> No	Date Notified the Incident will be investigated:	Case/Confirmation Number:
Explain		
Results/Findings of Investigation:		

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 provide additional information obtained after an Emergency Significant Incident Report has been submitted to ORR. Public reporting burden for this collection of information is estimated to average 0.25 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 UACPolicy@acf.hhs.gov.

Reported To Local Law Enforcement:

Yes No

Date of Report:

Time of Report:

Officer Name:

Officer Badge:

Was the Incident Investigated?

Yes No

Date Notified the Incident will be investigated:

Case/Confirmation Number:

Explain

Results/Findings of Investigation:

Attach Reports/Findings:

ORR Notifications:

Name	Agency/Title	Date Notified	Time Notified	Email	Telephone Number
	ORR/PO				
	Medical Coordinator				
	Case Coordinator				
	CFS				
	SIR Hotline				
	ORR/FFS				

Other Notifications:

Is this an SIR for a Runaway?

Yes No

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
ICE Juvenile Coordinator				Phone	

Reporter and Follow-Up Contact:

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