

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

Emergency SIR SIR

SIR

Abuse/Neglect in ORR Care Alleged Perpetrator:

Sexual Abuse SIR
TYPE OF INCIDENT/INDIVIDUALS INVOLVED

Type of Incident:	Type of Allegation:
How was this UAC involved?	

Were Other UAC Involved Yes No

Name	A-Number	Role	Specify

Were Staff Present of Involved in the Incident Yes No

Name	Title	Role	Specify

Incident Information:

Did the incident take place at another care provider facility? Yes No

Care Provider Name: -- Select Provider Name --

Care Provider City: -- Select Provider City -- **Care Provider State:** -- Select 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: (Full Description of Incident)

Was the UAC or Anyone Else Injured?: Yes No **Specify:**

Actions Taken

Staff Response and Intervention

Actions Taken for Victim:

Action Taken for Alleged Perpetrator:

Follow-up Regarding Individuals Involved:

Recommendations:

Reporting:

Reported To CPS: Yes No

Date of Report: **Time of Report:**

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 inform ORR of allegations of sexual harassment, sexual abuse, and inappropriate sexual behavior. Public reporting burden for this collection of information is estimated to average 0.333 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@cf.hhs.gov.

Was the Incident Investigated? Yes No Date Notified the Incident will be investigated: _____ Case/Confirmation Number: _____

Progress of Investigation: _____

Results/Findings of Investigation: _____

Attach Reports/Findings: _____

Is CPS Different From State Licensing: Yes No

Reported To State Licensing: Yes No Date of Report: _____ Time of Report: _____

Was the Incident Investigated? Yes No Date Notified the Incident will be investigated: _____ Case/Confirmation Number: _____

Progress of Investigation: _____

Results/Findings of Investigation: _____

Attach Reports/Findings: _____

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: _____

Progress of Investigation: _____

Results/Findings of Investigation: _____

Attach Reports/Findings: _____

Reported To DOJ: Yes No Date of Report: _____ Time of Report: _____

Notes: _____

ORR Notifications:

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

Other Notifications:

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
Attorney of Record				Phone	
Parent/Legal Guardian				Phone	
Child Advocate (If Applicable)				Phone	

Reporter and Follow-Up Contact:

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