

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

**Event Information**

**Event Type:** SIR Event

**Date of Event:** \_\_\_\_\_ **Time of Event:** \_\_\_\_\_ **Event ID:** \_\_\_\_\_

**Synopsis of Event:**

Last Name	First Name	AKA	Status	DOB	A - Number	Age	Gender	COB	LOS	LOC	Current Care Provider City	Current Care Provider State	Admitted Date	Role in Incident

**TYPE OF INCIDENT/INDIVIDUALS INVOLVED**

**Type of Incident:** \_\_\_\_\_ **Type of Allegation:** \_\_\_\_\_

**Staff Information**

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 C: **Care Provider State:** -- Select Provider S

**Location of Incident:** \_\_\_\_\_ **Date Of Incident:** \_\_\_\_\_ **Time 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 **If Yes, 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:** \_\_\_\_\_

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

**Progress of Investigation:** \_\_\_\_\_

**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

**Case/Confirmation Number:**

**Date Notified the Incident will be investigated:**

**Progress of Investigation:**

xxx

**Results/Findings of Investigation:**

xxx

**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

**Case/Confirmation Number:**

**Date Notified the Incident will be investigated:**

**Progress of Investigation:**

**Results/Findings of Investigation:**

**Attach Reports/Findings:**

**Reported To DOJ:**

Yes  No

**Date of Report:**

**Time of Report:**

**Reported To EOUSA:**

Yes  No

**Date of Report:**

**Time of Report:**

**Reported To FBI:**

Yes  No

**Date of Report:**

**Time of Report:**

**Was the Incident Investigated?**

Yes  No

**Progress of Investigation:**

**Results/Findings of Investigation:**

**Attach Reports/Findings:**

Notes

**Services/Follow Up for Victim:**

Was an Outside Counselor Offered to the Victim?  Yes  No

If the Victim does not have a child Advocate, was a Child Advocate-Recommended?  Yes  No

Did the incident involve the exchange of bodily fluids?  Yes  No

Was the Victim Taken for a Forensic Medical Examination?  Yes  No

Explain:

Could the victim UAC be at risk for pregnancy?  Yes  No

Was the victim provided information about and access to?

A Pregnancy Test?  Yes  No **Date:** \_\_\_\_\_

Explain:

Emergency Contraception?  Yes  No **Date:** \_\_\_\_\_

Explain:

Lawful-Pregnancy Related Services?  Yes  No **Date:** \_\_\_\_\_

Explain:

**Services/Follow-up for Perpetrator:**

If the Perpetrator was a staff member, was He/She immediately removed from duties?  Yes  No

**Date Staff Member was removed and placed on administrative leave:**

Was the Staff Member Terminated?  Yes  No

**Date of Termination:**

Was the Staff Member Reinstated?  Yes  No

**Date Reinstated:**

Explain:

Medical and Mental Health Evaluation/Diagnosis/Findings for Victims or Perpetrator:

Impact on Release/Discharge Plan:

Updates/Additional Information:

**Notifications:**

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
Attorney of Record				Phone	
Parent/Legal Guardian				Phone	
Advocate (If Applicable)				Phone	
Service Provider (With Child's Consent)				Phone	

**Care Provider Prevention, Detection, Response Efforts (PO)**

**Issues Prior to Incident:**

**Issues with Response to Incident:**

**Issues Post-Incident:**

Recommendations/Advisory information:

Were Corrective Actions Issued?  Yes  No

Explain:

Attach Corrective Actions and Follow-Up Reports/Responses:

Did the Care Provider Facility Become Compliant with the Corrective Actions?  Yes  No

**Date:**

**Did the Care Provider Complete and Incident Review Report?**  Yes  No

**Any Other Follow-Up Notes or Actions Taken:**

**Final Disposition of Case:**

**CPS**  Investigated  Not Investigated

**Findings** Administratively closed

**Were Charges Filed**  Yes  No

**Date:**

**Minor** **Name:**

**A-Number:**

**Staff** **Name:**

**Title:**

**Other:** **Specify:**

**Local Law Enforcement**  Investigated  Not Investigated

**Were Charges Filed**  Yes  No

**Date:**

**Minor** **Name:**

**A-Number:**

**Staff** **Name:**

**Title:**

**Other:** **Specify:**

**State Licensing**  Investigated  Not Investigated

**Did the State Licensing Investigate the Substance of the Allegation**  Yes  No

**Findings** Administratively closed

**Were Charges Filed**  Yes  No

**Date:**

**Minor** **Name:**

**A-Number:**

**Staff** **Name:**

**Title:**

**Other:** **Specify:**

**Were there Findings**  Yes  No

**Date:**

**Explain**

**Attachments**

**DOJ**  Investigated  Not Investigated

**Were Charges Filed**  Yes  No

**Date:**

**Minor** **Name:**

**A-Number:**

**Staff** **Name:**

**Title:**

**Other:** **Specify:**

**If Charges Were Filed, What Was the Disposition of the Case?**

**Convicted**

**Date:**

**Court:**

**Conviction:**

**Sentence:**

**Explain:**

- Not Convicted
- Charges Dropped
- Other, Specify

**Date Case Closed:**

**Notes:**

**Assigned ORR Staff:**

**FFS:**

**PO:**

**PSA:**

**CFS:**

**Reporter and Follow-Up Contact:**

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