

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 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 City -- Care Provider State: -- Select Provider State --

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				