

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 <input checked="" type="radio"/> SIR			
SIR			
<input type="checkbox"/> Abuse/Neglect in ORR Care	---Select---	Alleged Perpetrator:	---Select---
<input type="checkbox"/> Past Abuse/Neglect Not in ORR Care	<input type="checkbox"/> Abuse In Home Country <input type="checkbox"/> Neglect/Abandonment in the Home Country <input type="checkbox"/> Abuse In United States <input type="checkbox"/> Abuse In DHS Custody <input type="checkbox"/> Physical Abuse In ICE Custody <input type="checkbox"/> Sexual Abuse In ICE Custody <input type="checkbox"/> Physical Abuse In CBP Custody <input type="checkbox"/> Sexual Abuse In CBP Custody <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Abuse On Journey <input type="checkbox"/> Neglect/Abandonment in the United States <input type="checkbox"/> Other Specify:	
<input type="checkbox"/> Major Behavioral Incidents that threaten safety	<input type="checkbox"/> Possession/Use of a Weapon <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Physical Aggression/Harm to Others <input type="checkbox"/> Use of Drugs and/or Alcohol in ORR Custody <input type="checkbox"/> Self-injurious Behaviors/Self Mutilation <input type="checkbox"/> Suicide Attempt/Gesture	
<input type="checkbox"/> Runaway	<input type="checkbox"/> Runaway <input type="checkbox"/> Attempted Runaway		
<input type="checkbox"/> Incidents Involving Law Enforcement	<input type="checkbox"/> Search <input type="checkbox"/> Interview <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Investigate/Response <input type="checkbox"/> Arrest	
<input checked="" type="checkbox"/> Safety Measures	<input checked="" type="checkbox"/> One-on-One Supervision <input type="checkbox"/> Use of Restraints <input type="checkbox"/> Pat-Down or Other Searches		
<input type="checkbox"/> Criminal History	<input type="checkbox"/> Significant Criminal History in Home Country <input type="checkbox"/> Significant Criminal History in United States <input type="checkbox"/> Other Specify:		
<input type="checkbox"/> Pregnancy Related Issues	<input type="radio"/> Pregnancy <input checked="" type="radio"/> Childbirth <input type="radio"/> Termination Request Please describe how the pregnancy occurred and if there are any medical complications related to the pregnancy:		
<input type="checkbox"/> Other	<input type="checkbox"/> Contact or Threats to UC while in ORR Care (from smuggling syndicates, organized crime, other criminal actors) <input type="checkbox"/> Separated from Parent/Legal Guardian <input type="checkbox"/> Other Specify:		
Incident Information:			
Did the incident take place at another care provider facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Care Provider Name:	-- Select Provider Name --
		Care Provider City:	-- Select Provider City --
		Care Provider State:	-- Select Provider State --

Location of _____ **Date Reported To** _____ **Time Reported To** _____

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 situations that affect, but do not immediately threaten, the safety and well-being of a child. 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@acf.hhs.gov.

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

Follow-up and/or Resolution:

Recommendations:

Reporting:

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:

Explain

Results/Findings of Investigation:

Attach Reports/Findings:

Is CPS Different From State
Licensing: Yes No

Reported To CPS: Yes No

Date of
Report:

Time of Report:

Was the Incident Investigated? Yes No

Date Notified the
Incident will be
investigated:

Case/Confirmation
Number:

Explain

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:

Explain

Results/Findings of Investigation:

Attach Reports/Findings:

ORR Notifications:

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

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				

