

UAC Basic Information

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**

Emergency SIR

<input type="checkbox"/> Death of a UC in ORR Custody ---Select--- ↓		
<input type="checkbox"/> Medical Emergency		
<input type="checkbox"/> Abuse/Neglect in ORR Care	Type of Abuse: ---Select--- ↓	Alleged Perpetrator: ---Select--- ↓
<input type="checkbox"/> Behavioral Incidents that threaten immediate safety	<input type="checkbox"/> Use of a Weapon <input type="checkbox"/> Harm to Others <input type="checkbox"/> Other	<input type="checkbox"/> Self-Harm with medical intervention <input type="checkbox"/> Suicide Attempt/Gesture

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 urgent situations in which there is an immediate threat to a child's safety and well-being that require instantaneous action. 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 UCPolicy@acf.hhs.gov.

<input type="checkbox"/> Mental Health Emergency Requiring Hospitalization		
<input type="checkbox"/> Unauthorized Absence	<input type="radio"/> Escape	<input type="radio"/> Attempted Escape
<input type="checkbox"/> Other	Specify: <input type="text"/>	

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:
DHS Facility/Custody:	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: <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: 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					

Reporter and Follow-Up Contact:

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