

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

Location of Incident: _____ **Date Of Incident:** _____ **Time Of Incident:** _____

Other Specify: _____ **Date Reported To Care Provider:** _____ **Time Reported To Care Provider:** _____

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: _____

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 provide additional information obtained after a Sexual Abuse Significant Incident Report has been submitted to ORR. Public reporting burden for this collection of information is estimated to average 0.25 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.

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				