

**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 Type:** SIR Event

<b>Date of Event:</b>	<b>Time of Event:</b>	<b>Event ID:</b>
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**Synopsis of Event:**

**Significant Incident Report (Addendum)**

<b>Emergency SIR <input checked="" type="radio"/> SIR</b>			
<b>SIR</b>			
<input type="checkbox"/> Abuse/Neglect in ORR Care	---Select---	Alleged Perpetrator:	---Select---
<input type="checkbox"/> <b>Past Abuse/Neglect Not in ORR Care</b>	<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"/> <b>Major Behavioral Incidents that threaten safety</b>	<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"/> <b>Runaway</b>	<input type="checkbox"/> Runaway <input type="checkbox"/> Attempted Runaway		
<input type="checkbox"/> <b>Incidents Involving Law Enforcement</b>	<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"/> <b>Safety Measures</b>	<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"/> <b>Criminal History</b>	<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"/> <b>Pregnancy Related Issues</b>	<input checked="" type="radio"/> Pregnancy <input checked="" type="radio"/> Childbirth <input checked="" type="radio"/> Termination Request <p style="text-align: center;"><b>Please describe how the pregnancy occurred and if there are any medical complications related to the pregnancy:</b></p>		
<input type="checkbox"/> <b>Other</b>	<input type="checkbox"/> <b>Contact or Threats to UC while in ORR Care (from smuggling syndicates, organized crime, other criminal actors)</b> <input type="checkbox"/> Separated from Parent/Legal Guardian <input type="checkbox"/> Other Specify:		
<b>Incident Information:</b>			
<b>Did the incident take place at another care provider facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Care Provider Name:</b> -- Select Provider Name -- <b>Care Provider City:</b> -- Select Provider City -- <b>Care Provider State:</b> -- Select Provider State --	
<b>Location of Incident:</b>	<b>Date Reported To Care Provider:</b>	<b>Time Reported To Care Provider:</b>	

Date Reported To  
ORR:

Time Reported To  
ORR:

Description of Incident (History)

Description of Incident: (Full  
Description of Incident)

Was the UAC or Anyone Else  
Injured?:  Yes  No

Specify:

Actions Taken

Staff Response and Intervention (History)

Staff Response and Intervention

Follow-up and/or Resolution (History)

Follow-up and/or Resolution:

Recommendations (History)

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

Progress of Investigation (History)

Results/Findings of Investigation (History):

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

Progress of Investigation (History)

Results/Findings of Investigation (History):

Results/Findings of Investigation:

Attach Reports/Findings:

ORR Notifications:

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

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				