		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: ORR Placement	Current Location:
	Date:	

Event Information

Event Type: SIR Event

Date of Time of Event ID:

Synopsis of Event:

Last Name	First Name	AKA	Status	DOB	A - Number	Age	Gender	СОВ	LOS	LOC	Current Care Provider City	Admitted Date	Role in Incident

		TV	PE OF INCIDENT/INDIV	IDHALC INVOL	VED				
T of Ii-lt-				IDUALS INVOL	VED				
Type of Incident: Type of Allegation: Staff Information									
			Stail Inform	ation					
		Name	Title		Role	Specify			
			Incident Infor	mation:		I			
	0	•	Care Provider	Select P	rovider Name				
Did the incident take place at	Yes	No	Name:						
another care provider facilty?			Care Provider City: S	elect Provider	· Ci	Care Provider State: Sele	ct Provider S		
Location of Incident:			Date Of			Time Of			
Location of incident.			Incident:		Incident:				
			Reported To Care			Time Reported To Care			
		Prov	ider: Date Reported T	Γο		Provider: Time Reported To			
Other Specify:			ORR:	10	ORR:				
Description of Incident: (Full Description of Incident)									
Was the UAC or Anyone Else Injured?:	⊖ Ye	es © No	If	Yes, Specify:					
			Actions T	aken					
Staff Response and Intervention									
Actions Taken for Victim:									
Action Taken for Alleged Perpetrator:									
Follow-up Regarding Individuals Involved:									
Recommendations:									
			Reportin	g:					
Reported To CPS:	O Yes N	∙ No	Date of Report:			Time of Report:			
Was the Incident Investigated?	C (Yes N	Case/Confi	rmation		Date Notified the investigated:	Incident will be			
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 UACPOIIcy@acf.hhs.gov.

Investigation:					
Attach Reports/Findings:					
Is CPS Different From State Licensing:	СY	es 🙃 N	No		
Reported To State Licensing:	0	•	Date of	Time of	
	Yes		Report:	Report:	
Was the Incident Investigated?	O Yes	C No	Case/Confirmation Number:	Date Notified the Incident will be investigated:	
Progress of Investigation:	_				
Results/Findings of	XXX				
Investigation:					
Attach Reports/Findings:					
Demonstrad To Learning		6	Data of	Time of	
Reported To Local Law Enforcement:	Yes		Date of Report:	Time of Report:	
			Officer	Officer	
			Name:	Badge:	
Was the Incident Investigated?	O Ves	C No	Case/Confirmation Number:	Date Notified the Incident will be investigated:	
D	===		- Tumper	mvestigateta	
Progress of Investigation:					
Results/Findings of					
Results/Findings of Investigation:					
Investigation:	C	© No	Date of Report	Time of	
Investigation: Attach Reports/Findings: Reported To DOJ:	Yes	No	Report:	Report:	
Investigation: Attach Reports/Findings:		No C			
Investigation: Attach Reports/Findings: Reported To DOJ: Reported To EOUSA:	Yes	No C	Report: Date of Report: Date of	Report: Time of Report: Time of	
Investigation: Attach Reports/Findings: Reported To DOJ:	Yes C Yes	No C No C	Report: Date of Report:	Report: Time of Report:	
Investigation: Attach Reports/Findings: Reported To DOJ: Reported To EOUSA:	Yes C Yes C Yes C	No C No C No	Report: Date of Report: Date of	Report: Time of Report: Time of	
Investigation: Attach Reports/Findings: Reported To DOJ: Reported To EOUSA: Reported To FBI: Was the Incident Investigated?	Yes C Yes C Yes C	No C No C No	Report: Date of Report: Date of	Report: Time of Report: Time of	
Investigation: Attach Reports/Findings: Reported To DOJ: Reported To EOUSA: Reported To FBI: Was the Incident Investigated? Progress of Investigation:	Yes C Yes C Yes C	No C No C No	Report: Date of Report: Date of	Report: Time of Report: Time of	
Investigation: Attach Reports/Findings: Reported To DOJ: Reported To EOUSA: Reported To FBI: Was the Incident Investigated?	Yes C Yes C Yes C	No C No C No	Report: Date of Report: Date of	Report: Time of Report: Time of	
Investigation: Attach Reports/Findings: Reported To DOJ: Reported To EOUSA: Reported To FBI: Was the Incident Investigated? Progress of Investigation: Results/Findings of	Yes C Yes C Yes C	No C No C No	Report: Date of Report: Date of	Report: Time of Report: Time of	
Investigation: Attach Reports/Findings: Reported To DOJ: Reported To EOUSA: Reported To FBI: Was the Incident Investigated? Progress of Investigation: Results/Findings of Investigation:	Yes C Yes C Yes C	No C No C No	Report: Date of Report: Date of	Report: Time of Report: Time of	
Investigation: Attach Reports/Findings: Reported To DOJ: Reported To EOUSA: Reported To FBI: Was the Incident Investigated? Progress of Investigation: Results/Findings of Investigation:	Yes C Yes C Yes C	No C No C No	Report: Date of Report: Date of	Report: Time of Report: Time of	
Investigation: Attach Reports/Findings: Reported To DOJ: Reported To EOUSA: Reported To FBI: Was the Incident Investigated? Progress of Investigation: Results/Findings of Investigation:	Yes C Yes C Yes C	No C No C No	Report: Date of Report: Date of	Report: Time of Report: Time of	
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Investigation: Attach Reports/Findings: Reported To DOJ: Reported To EOUSA: Reported To FBI: Was the Incident Investigated? Progress of Investigation: Results/Findings of Investigation:	Yes C Yes C Yes C	No C No C No	Report: Date of Report: Date of	Report: Time of Report: Time of	
Investigation: Attach Reports/Findings: Reported To DOJ: Reported To EOUSA: Reported To FBI: Was the Incident Investigated? Progress of Investigation: Results/Findings of Investigation: Attach Reports/Findings:	Yes C Yes C Yes C	No C No C No	Report: Date of Report: Date of	Report: Time of Report: Time of	
Investigation: Attach Reports/Findings: Reported To DOJ: Reported To EOUSA: Reported To FBI: Was the Incident Investigated? Progress of Investigation: Results/Findings of Investigation:	Yes C Yes C Yes C	No C No C No	Report: Date of Report: Date of	Report: Time of Report: Time of Report:	

Services/Follow Up for Victim:							
Was an Outside Counselor Offered to the Victim?	C Yes C No						
If the Victim does not have a child Advocate, was a Child Advocate-Recommended?	C Yes C No						
Did the incident involve the exchange of bodily fluids?	C Yes C No						
Was the Victim Taken for a Forensic Medical Examination? Explain:	C Yes C No						
Could the victim UAC be at risk for pregnancy?	C Yes C No						
Was the victim provided information about and access to?							
A Pregnancy Test?	C Yes C No]	Date:				
Explain:							
Emergency Contraception?	C Yes C No]	Date:				
Explain: Lawful-Pregnancy Related Services?	C Yes C No]	Date:				
Explain:							
Services/Follow-up for Perpetrato If the Perpetrator was a staff	r:	_	C. 66.7.				
member, was He/She immediately removed from duties?	∩ Yes ∩ No	rem	Staff Member v noved and placed dministrative lea	lon			
Was the Staff Member Terminated?	C Yes C No		Date Terminati				
Was the Staff Member Reinstated?	C Yes C No		Date Reinstat	ed:			
Explain: Medical and Mental Health							_
Evaluation/Diagnosis/Findings for Victims or Perpetrator:							
Evaluation/Diagnosis/Findings for Victims or Perpetrator: Impact on Release/Discharge Plan:							
Evaluation/Diagnosis/Findings for Victims or Perpetrator: Impact on Release/Discharge		No	tifications				_
Evaluation/Diagnosis/Findings for Victims or Perpetrator: Impact on Release/Discharge Plan:	Title		tifications:	Time Notified	Method of	Specify	_]
Evaluation/Diagnosis/Findings for Victims or Perpetrator: Impact on Release/Discharge Plan:	Title	No Name	tifications: Date Notified	Time Notified	Notification	Specify	
Evaluation/Diagnosis/Findings for Victims or Perpetrator: Impact on Release/Discharge Plan:	Attorney of Record			Time Notified	Notification Phone	Specify	
Evaluation/Diagnosis/Findings for Victims or Perpetrator: Impact on Release/Discharge Plan:	Attorney of Record Parent/Legal Guardian Advocate (If			Time Notified	Notification Phone Phone	Specify	
Evaluation/Diagnosis/Findings for Victims or Perpetrator: Impact on Release/Discharge Plan:	Attorney of Record Parent/Legal Guardian Advocate (If Applicable)			Time Notified	Notification Phone	Specify	
Evaluation/Diagnosis/Findings for Victims or Perpetrator: Impact on Release/Discharge Plan:	Attorney of Record Parent/Legal Guardian Advocate (If			Time Notified	Notification Phone Phone	Specify	
Evaluation/Diagnosis/Findings for Victims or Perpetrator: Impact on Release/Discharge Plan: Updates/Additional Information:	Attorney of Record Parent/Legal Guardian Advocate (If Applicable) Service Provider (With Child's Consent)	Name			Notification Phone Phone Phone	Specify	
Evaluation/Diagnosis/Findings for Victims or Perpetrator: Impact on Release/Discharge Plan: Updates/Additional Information: Issues Prior to Incident:	Attorney of Record Parent/Legal Guardian Advocate (If Applicable) Service Provider (With Child's Consent) Care Pro	Name	Date Notified		Notification Phone Phone Phone	Specify	
Evaluation/Diagnosis/Findings for Victims or Perpetrator: Impact on Release/Discharge Plan: Updates/Additional Information: Issues Prior to Incident: Issues with Response to Incident:	Attorney of Record Parent/Legal Guardian Advocate (If Applicable) Service Provider (With Child's Consent) Care Pro	Name	Date Notified		Notification Phone Phone Phone	Specify	
Evaluation/Diagnosis/Findings for Victims or Perpetrator: Impact on Release/Discharge Plan: Updates/Additional Information: Issues Prior to Incident:	Attorney of Record Parent/Legal Guardian Advocate (If Applicable) Service Provider (With Child's Consent) Care Pro	Name	Date Notified		Notification Phone Phone Phone	Specify	
Evaluation/Diagnosis/Findings for Victims or Perpetrator: Impact on Release/Discharge Plan: Updates/Additional Information: Issues Prior to Incident: Issues with Response to Incident: Issues Post-Incident: Recommendations/Advisory	Attorney of Record Parent/Legal Guardian Advocate (If Applicable) Service Provider (With Child's Consent) Care Pa	Name	Date Notified		Notification Phone Phone Phone	Specify	
Evaluation/Diagnosis/Findings for Victims or Perpetrator: Impact on Release/Discharge Plan: Updates/Additional Information: Issues Prior to Incident: Issues with Response to Incident: Issues Post-Incident: Recommendations/Advisory information: Were Corrective Actions Issued?	Attorney of Record Parent/Legal Guardian Advocate (If Applicable) Service Provider (With Child's Consent) Care Pa	Name	Date Notified		Notification Phone Phone Phone	Specify	
Evaluation/Diagnosis/Findings for Victims or Perpetrator: Impact on Release/Discharge Plan: Updates/Additional Information: Issues Prior to Incident: Issues with Response to Incident: Issues Post-Incident: Recommendations/Advisory information: Were Corrective Actions Issued? Explain: Attach Corrective Actions and Follow-Up	Attorney of Record Parent/Legal Guardian Advocate (If Applicable) Service Provider (With Child's Consent) Care Pa	Name	Date Notified		Notification Phone Phone Phone	Specify	

	Follow-up/Data Co	ollecting (PSA Coordinator)	
Did the Care Provider Complete and Incident Review Report?	C Yes C No		
Any Other Follow-Up Notes or			
Actions Taken:			
CPS	Final Di C Investigated C Not Investigated	sposition of Case:	
Findings	Administratively closed		
Were Charges Filed	C Yes C No	Date:	
	Name:	A-	
☐ Minor		Number:	
□ Staff	Name:	Title:	
	Specify:		
☐ Other:	~ F ,		
Local Law Enforcement	○ Investigated ○ Not Investigated		
Were Charges Filed	C Yes C No	Date:	
□ Minor	Name:	A-	
Minor		Number:	
□ Staff	Name:	Title:	
Eoa	Specify:		
☐ Other:			
State Licensing	C Investigated C Not Investigated		
Did the State Licensing	C Yes C No		
Investigate the Substance of the Allegation	O TES O NO		
Findings	Administratively closed		
Were Charges Filed	C Yes C No	Date:	
☐ Minor	Name:	A- Number:	
	Name:		
□Staff		Title:	
□ Other:	Specify:		
Were there Findings	C Yes C No	Date:	
were there I mulings	0 103 0 100	Date.	
Explain			
Attachments			
DOJ	○ Investigated ○ Not Investigated		
Were Charges Filed	C Yes C No	Date:	
□ Minor	Name:	A -	
) J Minor	N.	Number:	
□ Staff	Name:	Title:	
= 0.1	Specify:		
□ Other:			
If Charges Were Filed, What Was	3		
the Disposition of the Case?			
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				