

Significant Incident Report and Addendum (Form A-10B)

Data Entry Window

New SIR: Standard SIR OMB 0970-0547 [valid through MM/DD/YYYY]

Status

* Status

Addendum Draft

UAC Basic Information

UAC

Event Details

* Event ID

SIR Details

Category

Available	Chosen
Behavioral Incidents t...	
Contact or threats to ...	
Criminal history	
Trafficking Concern	
Incidents involving la...	
Past Abuse or Neglect	
Previous enrollment i...	
Potential fraud sche...	
Crisis Intervention	
Separation from a pa...	
Other	

Behavioral Incidents that do not threaten

Available	Chosen
Possession of a Weap...	
Suicidal Ideation	
Verbal Aggression	
Use of Drugs and/or ...	
Physical Aggression	
Destruction of Property	
Self-Harm w/out me...	
Other	
Past Suicidal Attempt...	
Past Self Harm	

Trafficking Concern

Available	Chosen
Debt Bondage/ Forced L...	
Sex	
Drugs/Weapons	

Incidents involving law enforcement

Available	Chosen
Search	
Interview	
Investigate/ Response	
Arrest	
Other	

Past Abuse or Neglect

Available	Chosen
Sexual Abuse	
Sexual Assault	
Sexual Harassment	
Physical Abuse	

Verbal Abuse
 Other Abuse
 Child Neglect

Potential fraud schemes

Available Chosen

Confidence Scheme
 Document/Information ...

Crisis Intervention

Available Chosen

Physical Restraint
 Room Restriction
 Mechanical/Soft Rest...
 One-on-One Supervis...
 Pat-Down or Other S...

Other Subcategory

Alleged Perpetrator

Available Chosen

Program Staff
 UAC
 Non-UAC Child
 Non-Staff Adult
 Other

How was this UAC involved? --None--

Were Other UAC Involved? --None--

Were staff present or involved? --None--

Was Staff Suspended? --None--

Was a non-staff Adult Present/Involved? --None--

Name of Alleged Perpetrator

Specify how the other UAC was Involved

Explain Staff Suspension/Decision

SIR Submission Due Date Date Time

SIR Submission Date/Time Date Time

Incident Information

Did the incident take place at another? --None--

Care Provider Name Search Entities...

Date/Time Reported to ORR Date Time

Description of Incident

Was the UAC or Anyone Else Injured? --None--

Specify how the UAC/Anyone Else Injured

Staff Response and Intervention

Follow-up and/or Resolution

Actions Taken for Alleged Perpetrator --None--

Other Actions Taken for Alleged Perp...

Actions Taken for Victim --None--

Other Actions Taken for Victim...

Was a Safety Plan Created? --None--

Explain the Safety Plan

Captured on Program Video Footage --None--

Date Footage Reviewed by Program

Explain Program Video Footage

If Yes, What was Finding of Footage?

If No, Why was Footage not available?

Reporting

SIR/PLE Report Disposition --None--

CPS

Is CPS Different From State Licensing	--None--	Date/Time of Report	Date <input type="text"/>	Time <input type="text"/>
Reported to CPS	--None--		<input type="text"/>	<input type="text"/>
Agency Name	<input type="text"/>	Contact Name	<input type="text"/>	
Contact Method	--None--			
Phone	<input type="text"/>	Email	<input type="text"/>	
Was the Incident Investigated?	--None--	If not reported to CPS, Explain	<input type="text"/>	
Case/Confirmation Number	<input type="text"/>	Date Notified of Incident Investigation	<input type="text"/>	
Explain CPS Action	<input type="text"/>	Attach Report/Findings	--None--	
Results/Findings of Investigation	<input type="text"/>			

State Licensing

Reported To State Licensing	--None--	Date/Time Of Report	Date <input type="text"/>	Time <input type="text"/>
Agency Name	<input type="text"/>	Contact Name	<input type="text"/>	
Contact Method	--None--			
Phone	<input type="text"/>	Email	<input type="text"/>	
Was the Incident Investigated?	--None--	If not reported to St Licensing, Explain	<input type="text"/>	
Case/Confirmation Number	<input type="text"/>	Date Notified of Incident Investigation	<input type="text"/>	
Explain State Licensing Action	<input type="text"/>	Attach Report/Findings	--None--	
Results/Findings of Investigation	<input type="text"/>			

Local Law Enforcement

Reported to Law Enforcement	--None--	Date/Time Of Report	Date <input type="text"/>	Time <input type="text"/>
Agency Name	<input type="text"/>	Officer Name	<input type="text"/>	
Officer Name	<input type="text"/>	Officer Badge	<input type="text"/>	
Contact Method	--None--			
Phone	<input type="text"/>	Email	<input type="text"/>	
Was the Incident Investigated?	--None--	If not reported to Law Enforcement, Exp..	<input type="text"/>	
Case/Confirmation Number	<input type="text"/>	Date Notified of Incident Investigation	<input type="text"/>	
Explain Law Enforcement Action	<input type="text"/>	Attach Report/Findings	--None--	
Results/Findings of Investigation	<input type="text"/>			

FFS Reporting

FFS SIR Reporting Requirements

FFS Reported To

Available	Chosen
<ul style="list-style-type: none">HHS OIGICE/HSI Tip lineICE Human Traffickin...Child's Parent, Legal ...	<input type="text"/>

Child's Attorney of Re...
 Consulate
 Child Advocate
 ICE FOJC

FFS Reported SIR Date

Certification

I confirm that I have completed all...

Title Printed Name

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 1.5 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.

UAC-A-10B [Rev. MM/DD/YYYY]

Serious Incident Report Page

SIR

SIR-000000126

Record Type
Standard SIR

Details

Status

Addendum Draft

UAC Basic Information

UAC <input type="text"/>	UAC Status <input type="text"/>
A # <input type="text"/>	AKA <input type="text"/>
DOB <input type="text"/>	Age <input type="text"/>
Gender <input type="text"/>	Child's COB <input type="text"/>
Current Program <input type="text"/>	Current Location <input type="text"/>
LOS <input type="text"/>	Admitted Date/Time <input type="text"/>
LOC <input type="text"/>	Initial ORR Admission DateTime <input type="text"/>

Event Details

Program Name <input type="text"/>	Event ID <input type="text"/>
Event Type <input type="text"/>	Synopsis of Event <input type="text"/>
Event Start Date/Time <input type="text"/>	Event End Date/Time <input type="text"/>
Approximate Event Date <input type="checkbox"/>	Event Occurred In ORR Care <input type="text"/>
Location of Event <input type="text"/>	Location (if at Care Provider) <input type="text"/>
Location (if DHS Custody) <input type="text"/>	
Date/Time Reported to Care Provider <input type="text"/>	

SIR Details

Category <input type="text"/>	Behavioral Incidents that do not threaten <input type="text"/>
	Criminal History <input type="text"/>
	Gang Affiliation <input type="text"/>
	Trafficking Concern <input type="text"/>
	Incidents involving law enforcement <input type="text"/>
	Past Abuse or Neglect <input type="text"/>

Alleged Perpetrator 1	/	Potential fraud schemes	/
How was this UAC involved?	/	Crisis Intervention	/
Were Other UAC Involved ? 1	/	Other Subcategory 1	/
Were staff present or involved? 1	/	Name of Alleged Perpetrator	/
Was Staff Suspended ?	/	Specify how the other UAC was Involved	/
Was a non-staff Adult Present/Involved? 1	/	Explain Staff Suspension/ Decision	/
SIR Submission Due Date	/	SIR Submission Date/Time	/
SIR Submitted on Time <input checked="" type="checkbox"/>	/		

Incident Information

Did the incident take place at another..	/	Care Provider Name	/
Care Provider City	/	Care Provider State	/
Date/Time Reported to ORR 1	/	Specify how the UAC/Anyone Else Injured	/
Description of Incident	/	Other Actions Taken for Alleged Perp.. 1	/
Was the UAC or Anyone Else Injured? 1	/	Other Actions Taken for Victim.. 1	/
Staff Response and Intervention	/	Explain the Safety Plan	/
Follow-up and/or Resolution	/	Date Footage Reviewed by Program	/
Actions Taken for Alleged Perpetrator	/	If No, Why was Footage not available?	/
Actions Taken for Victim	/		
Was a Safety Plan Created?	/		
Captured on Program Video Footage	/		
Explain Program Video Footage	/		
If Yes, What was Finding of Footage?	/		

Reporting

SIR/PLE Report Disposition **1** /

CPS

Is CPS Different From State Licensing	/	Date/Time of Report	/
Reported to CPS	/	Contact Name	/
Agency Name	/	Email	/
Contact Method	/	If not reported to CPS, Explain	/
Phone	/	Date Notified of Incident Investigation	/
Was the Incident Investigated?	/	Attach Report/Findings	/
Case/Confirmation Number	/		
Explain CPS Action	/		
Results/Findings of Investigation	/		

Local Law Enforcement

Reported to Law Enforcement	/	Date/Time Of Report	/
Agency Name	/	Officer Badge	/
Officer Name	/	Email	/
Contact Method	/	If not reported to Law Enforcement,Exp.. 1	/
Phone	/	Date Notified of Incident Investigation	/
Was the Incident Investigated?	/	Attach Report/Findings	/
Case/Confirmation Number	/		
Explain Law Enforcement Action	/		
Results/Findings of Investigation	/		

FFS Reporting

FFS SIR Reporting Requirements <input type="checkbox"/>	/	FFS Reported To	/
FFS Reported SIR Date	/		

Certification

I confirm that I have completed all... 1 <input checked="" type="checkbox"/>	/	Printed Name	/
Title	/	Last Modified By	/
Created By	/		

▼ Addendum Details

Description of Addendum Changes

Collaborators (1) New Change Owner

1 Item · Updated a few seconds ago

	Collaborator ID	User	Profile	Email	Added Date
1	COL-000000025				

[View All](#)

Individuals Involved in Incident (0) New

SIR Notifications (0) New

Addendums (1) New

1 Item · Updated a few seconds ago

	Addendum ID	Addendum Status	Addendum Reason	Created By
1	ADM-000000075			

[View All](#)

SIR History (10+) New

10+ Items · Updated a few seconds ago

	Date	Field	User	Original Value	New Value
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

[View All](#)

Documents (2) Refresh Add Documents

	Title ↑	Original Document ...	Record Type	Other Document Type	Description	Date Received	Created By	Created Date
1	Addendum to SIR - EV-000116 - 2020-11-20 122507.pdf		SIR/PLE Report Document	Significant Incident Report				Nov 20, 2020, 03:25:17 ...
2	SIR - EV-000116 - 2020-11-20 121235.pdf		SIR/PLE Report Document	Significant Incident Report				Nov 20, 2020, 03:12:49 ...

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Collaborators Data Entry Windows

New feature that allows case manager or ORR staff to give read/write access to other users. Restricted to granting access to individuals inside their organization or to ORR staff.

New Collaborators

Select a record type

SIR Collaborators

Monitoring Collaborator

New Collaborators: SIR Collaborators

Information

Collaborator ID
SIR

*User

New Collaborators: Monitoring Collaborator

Information

Record Type Monitoring Collaborator

Collaborator ID
Monitoring

*User

Individuals Involved in Incident Data Entry Window

New feature that allows case managers to link profiles of care provider staff or UAC that are already in the system to the SIR.

New Individuals Involved in Incident

Information

Name Type --None--

Role --None-- *SIR

Individual ID Notes

SIR Notifications Data Entry Window

Allows case managers to manually add an individual to whom they are reporting the SIR. ORR staff members assigned to the care provider are pre-populated in the table and do not need to be added manually. This replaces the following tables in the current version of the SIR: ORR Notifications, Other Notifications, and Reporter and Follow-up Contact.

New SIR Notification

Information

SIR Notification ID *SIR

User Contact Profile

Type --None-- Title --None--
View all dependencies

Consent to Communicate --None-- Notes

Date Notified Date Time Notification Method --None--

Addendum Data Entry Window

Case managers complete the two fields below and then make edits or add information to the SIR.

Add Addendum

* Addendum Reason	* Description of Addendum Changes
--None--	

[Cancel](#) [Save](#)

Documents Data Entry Window

New feature that allows documents to be attached directly to the SIR.

Add File Details

Record Type	
* Title	Verified by Government Agency/Consulate
* Document Type	--None--
Date Document Issued (if applicable)	Entry
Date Received	Search Entries...
Expiration Date	Individual
Description	Search Profiles...
	Adult Contact Relationship
	Search Adult Contact Relationshi...

File 1 of 1 [Save](#)

Send SIR/PLE Email

Case managers use the in-system email to send a copy of the SIR to parties who are required to be notified. Email addresses auto-populate from the SIR Notifications table. The email subject line and information in the body of the email are also auto-populated.

Details **Send SIR/PLE Email**

Notification Email

*From:

To: [Cc](#) [Bcc](#)

Subject: Standard SIR EV-000116

Font: Size: **B** *I* U **A**

Remember to download the PDF, encrypt it with a unique password, and upload it to the email prior to submission. The password must be sent in a separate email. You must also ensure that no PII is included in the subject line or body of the email, or in the name of the attached PDF.

Please see attached SIR and advise if you have any questions, comments, or concerns.

Care Provider:
Event#: EV-000116
Synopsis of Event:
Reporter:

Related To: Send



Standard Significant Incident Report

UAC BASIC INFORMATION	
	UAC Name: A#: AKA: DOB: Age: Gender:
Country of Birth:	Current Program:
Status:	Current Location:
LOS:	Admitted Date:
LOC:	ORR Placement
	Date:

EVENT DETAILS	
Program Name:	Event ID:
Event Type:	Synopsis of Event:
Event Start Date/Time:	Event End Date/Time
Approximate Event Date:	Event Occurred in ORR Care:

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Significant Incident Report Office of Refugee Resettlement

<input type="checkbox"/>	Location of Event	Location (if at Care Provider)
	Location (if in DHS Custody)	Date/Time Reported to Care Provider

SIGNIFICANT INCIDENT REPORT DETAILS	
Category:	Behavioral Incidents that Do Not Threaten Immediate Safety
	Criminal History
	Trafficking Concern
	Incidents Involving Law Enforcement
	Past Abuse or Neglect
	Potential Fraud Schemes
	Crisis Intervention
	Other Subcategory
SIR Submission Due Date	SIR Submission Date/Time:
SIR Submission on Time	
<input checked="" type="checkbox"/>	

INCIDENT INFORMATION	
Did the incident take place at another care provider facility?	Care Provider Name
Care Provider City	Care Provider State
Date/Time Reported to ORR	
Description of Incident	
Was the UAC or Anyone Else Injured?	Specify

Significant Incident Report

Office of Refugee Resettlement

Actions Taken:	
Staff Response and Intervention	
Follow-up and/or Resolution	
Captured on Program Video Footage	Date Footage Reviewed by Program
If Yes, What was Finding of Footage?	If No, Why was Footage not available?

REPORTING	
SIR/PLE Report Disposition	
CPS:	
Is CPS Different from State Licensing	
Reported to CPS	Date/Time of Report
If Not Reported to CPS, Explain	
Was the Incident Investigated?	Date Notified the Incident will be investigated
Case/Confirmation Number	Attach Report/Findings
Explain CPS Action	
Results/Findings of Investigation	
State Licensing:	
Reported to State Licensing	Date/Time of Report
If Not Reported to State Licensing, Explain	
Was the Incident Investigated?	Date Notified the Incident will be investigated
Case/Confirmation Number	Attach Report/Findings
Explain State Licensing Action	
Results/Findings of Investigation	

Significant Incident Report

Office of Refugee Resettlement

Local Law Enforcement:	
Reported to Law Enforcement	Date/Time of Report
If Not Reported to Law Enforcement, Explain	
Officer Name	Officer Badge
Was the Incident Investigated?	Date Notified the Incident will be investigated
Case/Confirmation Number	Attach Report/Findings
Explain Law Enforcement Action	
Results/Findings of Investigation	

ORR NOTIFICATIONS					
Title	Name	Email	Phone	Date Notified	Method

EXTERNAL AGENCY NOTIFICATIONS					
Title	Name	Email	Phone	Date Notified	Method

Relevant Contact Correspondence Due Date:

RELEVANT CONTACTS						
Title	Name	Consent?	Email	Phone	Date Notified	Method

REPORTER & FOLLOW-UP					
Title	Name	Email	Phone	Date Notified	Method

CERTIFICATION	
I confirm that I have completed all the required sections and the information is accurate.	<input checked="" type="checkbox"/>

Significant Incident Report
Office of Refugee Resettlement

Print Name:

Created By:

Title:

Date: