

Sexual Abuse Significant Incident Report and Addendum (Form A-10C)

Data Entry Window

OMB 0970-0547 [valid through MM/DD/YYYY]

New SIR: Sexual Abuse in ORR Care SIR

Status

* Status

UAC Basic Information

UAC

Event Details

* Event ID

Sexual Abuse in ORR Care SIR Details

Category

Available	Chosen
<ul style="list-style-type: none">Sexual AbuseSexual HarassmentInappropriate Sexual ...Code of Conduct Viol...	

Alleged Perpetrator

Available	Chosen	Name of Alleged Perpetrator
<ul style="list-style-type: none">Program StaffUACNon-UAC ChildNon-Staff AdultOther		<input type="text"/>

How was this UAC involved? Specify how the other UAC was involved

Were Other UAC Involved?

Were staff present or involved?

Was Staff Suspended? Explain Staff Suspension/Decision

Was a non-staff Adult Present/Involved?

SIR Submission Date SIR Submission Date/Time

Incident Information

Did the Incident take place at another...? Care Provider Name

Date/Time Reported to ORR

* Description of Incident

Was the UAC or Anyone Else Injured? Specify how the UAC/Anyone Else Injured

Staff Response and Intervention

Follow-up and/or Resolution

Actions Taken for Alleged Perpetrator Other Actions Taken for Alleged Perp...

Actions Taken for Victim Other Actions Taken for Victim...

Was a Safety Plan Created?	--None--	Explain the Safety Plan	<input type="text"/>
Captured on Program Video Footage	--None--	Date Footage Reviewed by Program	<input type="text"/>
If Yes, What was Finding of Footage?	<input type="text"/>	If No, Why was Footage not available?	<input type="text"/>

Disposition of Incident

Disposition of Incident	--None--
Incident Review Form Submitted	<input type="checkbox"/>

Reporting

SIR/PLE Report Disposition	--None--
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CPS

Is CPS Different From State Licensing	--None--	Reported to CPS	--None--	Date/Time of Report	Date	Time
Agency Name	<input type="text"/>	Contact Name	<input type="text"/>		<input type="text"/>	<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"/>	Date Notified of Incident Investigation	<input type="text"/>	
Case/Confirmation Number	<input type="text"/>	Attach Report/Findings	--None--			
Explain CPS Action	<input type="text"/>	Results/Findings of Investigation	<input type="text"/>			

State Licensing

Reported To State Licensing	--None--	Date/Time Of Report	Date	Time
Agency Name	<input type="text"/>	Contact Name	<input type="text"/>	
Contact Method	--None--	Phone	<input type="text"/>	Email
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	Time
Agency Name	<input type="text"/>	Officer Name	<input type="text"/>	Officer Badge
Officer Name	<input type="text"/>	Contact Method	--None--	Phone
Contact Method	--None--	Phone	<input type="text"/>	Email
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

Results/Findings of Investigation

Attach Report/Findings

DOJ/FBI

Reported to DOJ/FBI?

Was the Incident Investigated?

Case/Confirmation Number

Explain DOJ/FBI Action

Results/Findings of Investigation

Date/Time of Report

Date Notified of Incident Investigation

Attach Report/Findings

HHS OIG

Reported to HHS OIG

If not reported to HHS OIG, Explain

Was the Incident Investigated?

Case/Confirmation Number

Explain HHS OIG Action

Results/Findings of Investigation

Date/Time of Report

Date Notified of Incident Investigation

Attach Report/Findings

FFS Reporting

FFS SIR Reporting Requirements

FFS Reported SIR Date

FFS Reported To

Available	Chosen
HHS OIG	
ICE/HSI Tip line	
ICE Human Traffickin...	
Child's Parent, Legal ...	
Child's Attorney of Re...	
Consulate	
Child Advocate	
ICE FOJC	

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 allegations of sexual harassment, sexual abuse, and inappropriate sexual behavior. 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.

Sexual Abuse Serious Incident Report Page

Editable page created after Save is clicked in the data entry window.

SIR
SIR-000000140

Edit Clone

Record Type
Sexual Abuse in ORR Care SIR

Draft

Submitted

Addendum in Draft

Addendum Submitted

Created in Error

✓ Mark Status as Complete

Details Send SIR/ PLE Email

Status Draft

UAC Basic Information

UAC _____

A # _____

DOB _____

Gender _____

Current Program _____

LOS _____

LOC _____

UAC Status _____

AKA _____

Age _____

Child's COB _____

Current Location _____

Admitted Date/Time _____

Initial ORR Admission DateTime _____

Event Details

Program Name _____

Event Type _____

Event Start Date/Time _____

Approximate Event Date

Location of Event _____

Location (if DHS Custody) _____

Date/Time Reported to Care Provider _____

Event ID _____

Synopsis of Event _____

Event End Date/Time _____

Event Occurred in ORR Care _____

Location (if at Care Provider) _____

Sexual Abuse in ORR Care SIR Details

Category _____

Alleged Perpetrator ❗ _____

How was this UAC involved? _____

Were Other UAC Involved? ❗ _____

Were staff present or involved? ❗ _____

Was Staff Suspended? _____

Was a non-staff Adult Present/Involved? ❗ _____

SIR Submission Due Date _____

SIR Submitted on Time

Gang Affiliation _____

Name of Alleged Perpetrator _____

Specify how the other UAC was Involved _____

Explain Staff Suspension/Decision _____

SIR Submission Date/Time _____

Incident Information

Did the incident take place at another... ❗ _____

Care Provider City _____

Date/Time Reported to ORR ❗ _____

Description of Incident _____

Was the UAC or Anyone Else Injured? ❗ _____

Staff Response and Intervention _____

Follow-up and/or Resolution _____

Actions Taken for Alleged Perpetrator _____

Actions Taken for Victim _____

Was a Safety Plan Created? _____

Captured on Program Video Footage _____

If Yes, What was Finding of Footage? _____

Care Provider Name _____

Care Provider State _____

Specify how the UAC/Anyone Else Injured _____

Other Actions Taken for Alleged Perp... ❗ _____

Other Actions Taken for Victim... ❗ _____

Explain the Safety Plan _____

Date Footage Reviewed by Program _____

If No, Why was Footage not available? _____

Disposition of Incident

Disposition of Incident _____

Disposition Value Definitions

Substantiated - Allegation was formally investigated and determined to have occurred, or any allegation in which the perpetrator was convicted

Unsubstantiated - Allegation was formally investigated and there was insufficient evidence as to whether or not event occurred

Unfounded - (Investigative entity determined that the allegation did not occur, even if a deficiency was issued related to another licensing requirement)

Ongoing - There is currently an ongoing investigation

Administratively Closed - Investigating entities did not complete a formal investigation

Incident Review Form Submitted ❗

Reporting

SIR/PLE Report Disposition

CPS

Is CPS Different From State Licensing
Reported to CPS
Agency Name
Contact Method
Phone
Was the Incident Investigated?
Case/Confirmation Number
Explain CPS Action
Results/Findings of Investigation

Date/Time of Report
Contact Name
Email
If not reported to CPS, Explain
Date Notified of Incident Investigation
Attach Report/Findings

State Licensing

Reported To State Licensing
Agency Name
Contact Method
Phone
Was the Incident Investigated?
Case/Confirmation Number
Explain State Licensing Action
Results/Findings of Investigation

Date/Time Of Report
Contact Name
Email
If not reported to St Licensing, Explain
Date Notified of Incident Investigation
Attach Report/Findings

Local Law Enforcement

Reported to Law Enforcement
Agency Name
Officer Name
Contact Method
Phone
Was the Incident Investigated?
Case/Confirmation Number
Explain Law Enforcement Action
Results/Findings of Investigation

Date/Time Of Report
Officer Badge
Email
If not reported to Law Enforcement, Exp.
Date Notified of Incident Investigation
Attach Report/Findings

DOJ/FBI

Reported to DOJ/ FBI ?
Was the Incident Investigated?
Case/Confirmation Number
Explain DOJ/FBI Action
Results/Findings of Investigation

Date/Time of Report
Date Notified of Incident Investigation
Attach Report/Findings

HHS OIG

Reported to HHS OIG
If not reported to HHS OIG, Explain
Was the Incident Investigated?
Case/Confirmation Number
Explain HHS OIG Action
Results/Findings of Investigation

Date/Time of Report
Date Notified of Incident Investigation
Attach Report/Findings

FFS Reporting

FFS SIR Reporting Requirements
FFS Reported SIR Date

FFS Reported To

Certification

I confirm that I have completed all...
Title
Created By

Printed Name
Last Modified By

Addendum Details

Description of Addendum Changes

Collaborators (0) New Change Owner

Individuals Involved in Incident (0) New

SIR Notifications (0) New

Addendums (0)

SIR History (1) Settings Refresh

1 Item • Updated a few seconds ago

Date	Field	User	Original Va...	New Value
11/24/2020, 3:54 PM	Created.			

[View All](#)

Documents (0) Refresh

[Upload Files](#) [Or drop files](#)

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

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

Cancel Next

New Collaborators: SIR Collaborators

Information

Collaborator ID

SIR

*User

Cancel Save & New Save

New Collaborators: Monitoring Collaborator

Information

Record Type

Collaborator ID

Monitoring

*User

Cancel Save & New Save

Individuals Involved in Incident Data Entry Window

Replaces tables in current version of the SA/SIR.

New Individuals Involved in Incident

Information

Name Type

Role *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 Title

Consent to Communicate Notes

Date Notified Date Time Notification Method

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 Entry

Date Document Issued (if applicable) Individual

Date Received Adult Contact Relationship

Expiration Date

Description

File 1 of 1

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--	

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#:

Synopsis of Event:

Reporter:

Related To

SIR-000000126



Sexual Abuse in ORR Care Significant Incident Report

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

EVENT DETAILS	
Program Name:	Event ID:
Event Type:	Synopsis of Event:

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Sexual Abuse in ORR Care Significant Incident Report

Office of Refugee Resettlement

Event Start Date/Time	Event End Date/Time
Approximate Event Date: <input type="checkbox"/>	Event Occurred in ORR Care:
Location of Event Care Provider Facility	Location (if at Care Provider)
Location (if in DHS Custody)	Date/Time Reported to Care Provider

SEXUAL ABUSE IN ORR CARE SIGNIFICANT INCIDENT REPORT DETAILS			
Category:			
Alleged Perpetrator:		Name of Alleged Perpetrator:	
How was this UAC Involved?		Specify How the UAC Was Involved:	
Were Other UAC Involved?			
RELATED UAC			
Type	Name	Role	Note
Were Staff Present or Involved?			
RELATED PROGRAM STAFF			
Type	Name	Role	Note
Was Staff Suspended?		Explain Staff Suspension/Decision	
Was a Non-Staff Adult present or involved?			
RELATED NON-STAFF ADULT			
Type	Name	Role	Note
SIR Submission Due Date		SIR Submission Date/Time	
SIR Submitted on Time <input type="checkbox"/>			

Sexual Abuse in ORR Care Significant Incident Report

Office of Refugee Resettlement

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
Actions Taken:	
Staff Response and Intervention	
Follow-up and/or Resolution	
Actions Taken for Alleged Perpetrator	Actions Taken for Victim
If Other Actions Were Taken for the Alleged Perpetrator, Explain	If Other Actions Were Taken for the Victim, Explain
Was a Safety Plan created?	Explain the Safety Plan
Captured on Program Video Footage	Date Footage Reviewed by Program
If yes, what was Finding of Footage?	If no, why was Footage not available?
Disposition of Incident	

REPORTING	
CPS:	
Is CPS Different from State Licensing	
Reported to CPS	Date/Time of Report
If Not Reported to CPS, Explain	

Sexual Abuse in ORR Care Significant Incident Report

Office of Refugee Resettlement

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	
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	
DOJ/FBI:	
Reported to DOJ/FBI	Date/Time of Report
If Not Reported to DOJ/FBI, Explain	
Was the Incident Investigated?	Date Notified the Incident will be investigated

Sexual Abuse in ORR Care Significant Incident Report

Office of Refugee Resettlement

Case/Confirmation Number	Attach Report/Findings
Explain DOJ/FBI Action	
Results/Findings of Investigation	
HHS OIG:	
Reported to HHS OIG	Date/Time of Report
If Not Reported to HHS OIG, Explain	
Was the Incident Investigated?	Date Notified the Incident will be investigated
Case/Confirmation Number	Attach Report/Findings
Explain HHS OIG 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 Given	Email	Phone	Date Notified	Method

REPORTER & FOLLOW-UP

Sexual Abuse in ORR Care Significant Incident Report

Office of Refugee Resettlement

Title	Name	Email	Phone	Date Notified	Method

CERTIFICATION

I confirm that I have completed all the required sections and the information is accurate.

Print Name:

Created By:

Title:

Date: