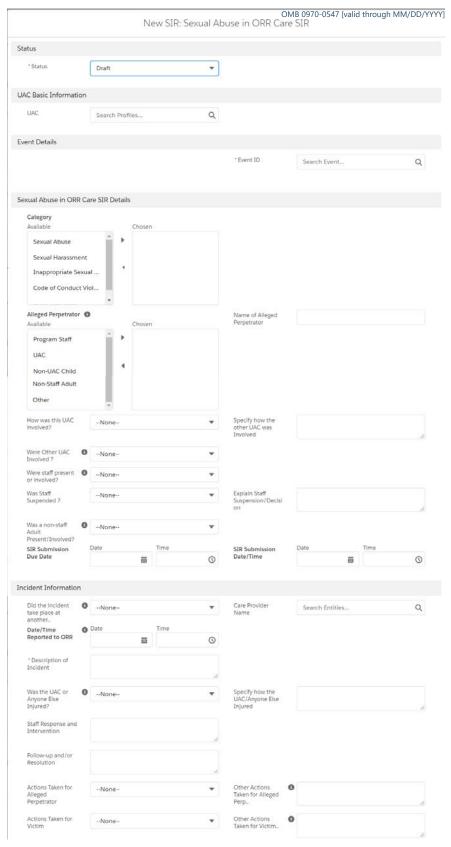
Sexual Abuse Significant Incident Report and Addendum (Form A-10C)

Data Entry Window



Was a Safety Plan Created?	None	*	Explain the Safety Plan			
Captured on Program Video	None	*	Date Footage Reviewed by		iii	
Footage			Program			
If Yes, What was Finding of Footage?			If No, Why was Footage not available?			
Disposition of Incident						
Disposition of Incident	None	*				
Incident Review Form Submitted						
Reporting						
SIR/PLE Report Disposition	None	*				
CPS						
Is CPS Different	None	~				
From State Licensing Reported to CPS	fore-resort		Date/Time of	Date	Time	
	None	*	Report	ä	G	
Agency Name			Contact Name			
Contact Method	None	•				
Phone	L STORMS		Email			
Was the Incident			If not reported to			
Investigated?	None	•	CPS, Explain			6
Case/Confirmation Number			Date Notified of Incident Investigation		台	
Explain CPS Action			Attach Report/Findings	None		
Results/Findings of		-				
Investigation		A				
State Licensing						
Reported To State Licensing	None	•	Date/Time Of Report	Date	Time	
Agency Name			Contact Name			7
Contact Method						
	None	*				
Phone						
Was the Incident Investigated?			Email			
	None	•	Email If not reported to St Licensing, Explain			
Case/Confirmation Number	None	•	If not reported to St Licensing, Explain Date Notified of Incident		m	
Case/Confirmation Number Explain State	··None··	•	If not reported to St Licensing, Explain Date Notified of Incident Investigation Attach			
Case/Confirmation Number	None	•	If not reported to St Licensing, Explain Date Notified of Incident Investigation	None	ä	
Case/Confirmation Number Explain State	None	•	If not reported to St Licensing, Explain Date Notified of Incident Investigation Attach		ä	
Case/Confirmation Number Explain State Licensing Action		¥	If not reported to St Licensing, Explain Date Notified of Incident Investigation Attach		ä	
Case/Confirmation Number Explain State Licensing Action Results/Findings of Investigation Local Law Enforcement			If not reported to St Licensing, Explain Date Notified of Incident Investigation Attach Report/Findings		ä	
Case/Confirmation Number Explain State Licensing Action Results/Findings of Investigation Local Law Enforcement Reported to Law Enforcement			If not reported to St Licensing, Explain Date Notified of Incident Investigation Attach	None	*	
Case/Confirmation Number Explain State Licensing Action Results/Findings of Investigation Local Law Enforcement Reported to Law			If not reported to St Licensing, Explain Date Notified of Incident Investigation Attach Report/Findings	None	₩ Time	
Case/Confirmation Number Explain State Licensing Action Results/Findings of Investigation Local Law Enforcement Reported to Law Enforcement			If not reported to St Licensing, Explain Date Notified of Incident Investigation Attach Report/Findings	None	₩ Time	
Case/Confirmation Number Explain State Licensing Action Results/Findings of Investigation Local Law Enforcement Reported to Law Enforcement Agency Name			If not reported to St Licensing, Explain Date Notified of Incident Investigation Attach Report/Findings Date/Time Of Report	None	₩ Time	
Case/Confirmation Number Explain State Licensing Action Results/Findings of Investigation Local Law Enforcement Reported to Law Enforcement Agency Name Officer Name	None		If not reported to St Licensing, Explain Date Notified of Incident Investigation Attach Report/Findings Date/Time Of Report	None	₩ Time	
Case/Confirmation Number Explain State Licensing Action Results/Findings of Investigation Local Law Enforcement Reported to Law Enforcement Agency Name Officer Name Contact Method	None		If not reported to St Licensing. Explain Date Notified of Incident Investigation Attach Report/Findings Date/Time Of Report Officer Badge Email If not reported to Law	None Dète	₩ Time	
Case/Confirmation Number Explain State Licensing Action Results/Findings of Investigation Local Law Enforcement Reported to Law Enforcement Agency Name Officer Name Contact Method Phone Was the Incident	None	•	If not reported to St Licensing, Explain Date Notified of Incident Investigation Attach Report/Findings Date/Time Of Report Officer Badge Email	None Dète	₩ Time	

Action			4	Attach Report/Findings	None	٠
Results/Findings of Investigation						
			le			
OJ/FBI						
Reported to DOJ/ FBI ?		None	*	Date/Time of Report	Date Time	0
Was the Incident Investigated?		None	•			
Case/Confirmation Number				Date Notified of Incident Investigation		m
Explain DOJ/FBI Action				Attach Report/Findings	None	*
Results/Findings of Investigation			fi.			
HS OIG						
Reported to HHS OIG		None	•	Date/Time of Report	Date Time	
If not reported to HHS OIG, Explain				Report	ä	0
Was the Incident Investigated?	0	None	*	Date Notified of Incident		繭
Case/Confirmation				Investigation Attach	None	
Number Explain HHS OIG Action				Report/Findings		
Results/Findings of Investigation						
FS Reporting						
FS Reporting FFS SIR Reporting Requirements				FFS Reported To Available HHS OIG ICE/HSI Tip line ICE Human Traffi Child's Parent, Le Child's Attorney of Consulate	gal	
FFS SIR Reporting				Available HHS OIG ICE/HSI Tip line ICE Human Traffi Child's Parent, Le Child's Attorney of	ckin	
FFS SIR Reporting			台	Available HHS OIG ICE/HSI Tip line ICE Human Traffi Child's Parent, Le Child's Attorney of Consulate Child Advocate	ckin	
FFS SIR Reporting Requirements FFS Reported SIR Date			簡	Available HHS OIG ICE/HSI Tip line ICE Human Traffi Child's Parent, Le Child's Attorney of Consulate Child Advocate	ckin	
FFS SIR Reporting Requirements	0		ä	Available HHS OIG ICE/HSI Tip line ICE Human Traffi Child's Parent, Le Child's Attorney of Consulate Child Advocate	ckin	
FFS SIR Reporting Requirements FFS Reported SIR Date ertification I confirm that I have completed			40	Available HHS OIG ICE/HSI Tip line ICE Human Traffi Child's Parent, Le Child's Attorney of Consulate Child Advocate	ckin	

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.

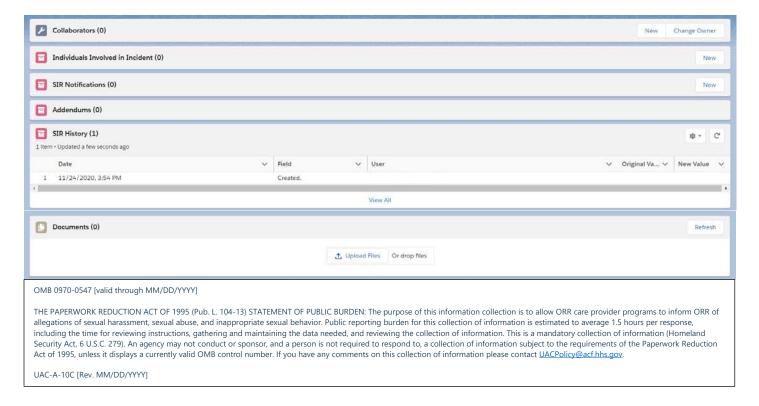
UAC-A-10C [Rev. MM/DD/YYYY]

Sexual Abuse Serious Incident Report Page

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

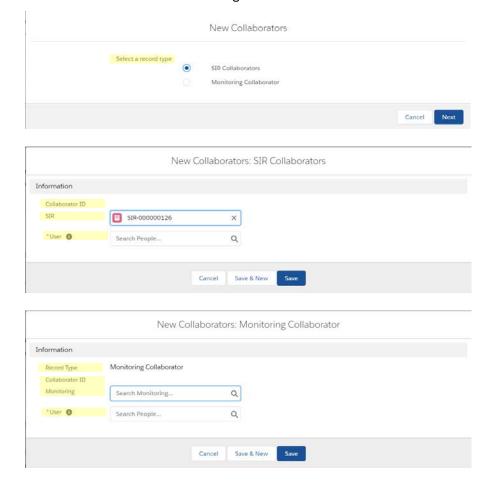
SIR-000000140	Edit Clone
Record Type Sexual Abuse in ORR Care SIR	
Draft Submitted Addendum in Draft	Addendum Submitted Created in Error Mark Status as Complete
Details Send SIR/PLE Email	
Status Draft	
∨ UAC Basic Information	
1 March 10 Carl March 20 March	urcons.
UAC A#	UAC Status AKA
DOB	Age
Gender	Child's COB
Current Program	Current Location
LOS	Admitted Date/Time
Loc	Initial ORR Admission DateTime
∨ 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
Location of Event	
Location (if DHS Custody)	Location (if at Care Provider)
Date/Time Reported to Care Provider	
✓ Sexual Abuse in ORR Care SIR Details	
	X Yankin.
Category Alleged Perpetrator	Gang Affiliation Name of Alleged Perpetrator
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 Due Date	SIR Submission Date/Time
SIR Submitted on Time	
✓ Incident Information	
Did the incident take place at. ①	Care Provider Name
another Care Provider City	Care Provider State
Date/Time Reported to ORR	Sale French video
Description of Incident	
Was the UAC or Anyone Else Injured?	Specify how the UAC/Anyone Else Injured
Staff Response and	ece righted
Intervention Follow-up and/or Resolution	
Actions Taken for Alleged	Other Actions Taken for
Perpetrator Actions Taken for Victim	Alleged Perp Other Actions Taken for
APPRIORIS FORCE FOR ACCUSE.	Victim
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	
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
Incident Review Form	Investigation
Incident Review Form Submitted	

→ Reporting		
SIR/PLE Report Disposition	1	
W. ene		
∨ CPS		
Is CPS Different From State Licensing	1	
Reported to CPS	1	Date/Time of Report
Agency Name	1	Contact Name
Contact Method Phone	-5	Email
Was the Incident	5	If not reported to CPS,
Investigated?	_	Explain
Case/Confirmation Number	- 16	Date Notified of Incident Investigation
Explain CPS Action		Attach Report/Findings
Results/Findings of Investigation	1	
✓ State Licensing		
Reported To State Licensing Agency Name		Date/Time Of Report Contact Name
Contact Method	1	
Phone	1	Email
Was the Incident Investigated?	1	If not reported to St Licensing, Explain
Case/Confirmation Number	1	Date Notified of Incident
Explain State Licensing	7	Investigation Attach Report/ Findings
Action		The state of the s
Results/Findings of Investigation		
✓ Local Law Enforcement		
Reported to Law Enforcement		Date/Time Of Report
Agency Name	1	
Officer Name Contact Method	-	Officer Badge
Phone	1	Email
Was the Incident	1	If not reported to Law
Investigated? Case/Confirmation Number	1	Enforcement, Exp Date Notified of Incident
	7	Investigation
Explain Law Enforcement Action		Attach Report/Findings
Results/Findings of Investigation		
∨ DOJ/FBI		
Reported to DOJ/ FBI ? Was the Incident		Date/Time of Report
Investigated?		
Case/Confirmation Number	1	Date Notified of Incident Investigation
Explain DOJ/F8I Action	1	Attach Report/Findings
Results/Findings of Investigation	1	
✓ HHS OIG		
	- 3	Date/Time of Report
Reported to HHS OIG If not reported to HHS OIG,		Date/Time of Report
Explain		***************************************
Was the Incident Investigated?		Date Notified of Incident Investigation
Case/Confirmation Number	d.	Attach Report/Findings
Explain HHS OIG Action Results/Findings of		
Investigation		
→ FFS Reporting		
FFS SIR Reporting	- /	FFS Reported To
requirements		sometrania) X
FFS Reported SIR Date	-/-	
✓ Certification		
I confirm that I have	12	
completed all Title	-	Printed Name
Created By		Last Modified By
√ Addendum Details		
Description of Addendum Changes	1	



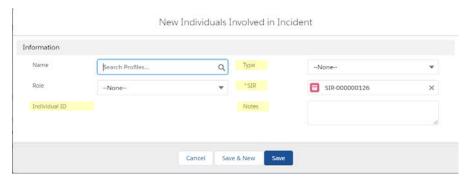
Collaborators Data Entry Windows

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.



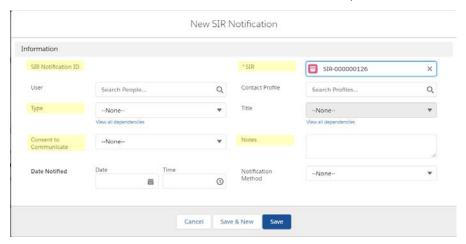
Individuals Involved in Incident Data Entry Window

Replaces tables in current version of the SA/SIR.



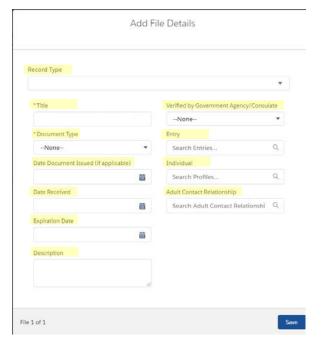
SIR Notifications Data Entry Window

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.



Documents Data Entry Window

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



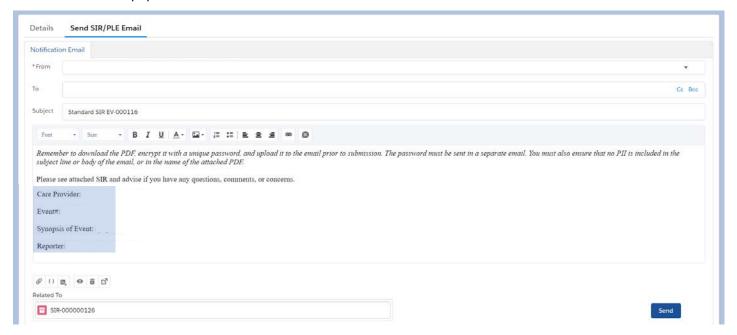
Addendum Data Entry Window

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



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.





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

Administration for Children & Families Office of Refugee Resettlement

Sexual Abuse in ORR Care Significant Incident Report

UAC BASIC	INFORMATION
	UAC Name:
	A#:
	AKA:
	DOB:
	DOB.
	Age:
	Gender:
Country of Birth:	Current Program:
Country of Birch.	current regrams
Status:	Current Location:
	Al-la-IB-r-
	Admitted Date:
LOS:	ORR Placement:
LOC:	Date:

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

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.

Event End Date/Time

Event Occurred in ORR Care:

Location of Event	Location (if at Care Provider)						
Care Provider Facili							
Location (if in DHS Cu	stody)	Date/Time Rep	orted to Care Provider				
SEXUAL ABUSE IN ORR CARE SIGNIFICANT INCIDENT REPORT DETAILS							
Category:							
Alleged Perpetrator:		Name of Allege	d Perpetrator:				
How was this UAC Inv	olved?	Specify How the	e UAC Was Involved:				
Were Other UAC Invo	olved?						
	ı	RELATED UAC					
Туре	Name	Role	Note				
Were Staff Present or	r Involved?						
vvere stan i resent or	mvolved.						
	RELATED PROGRAM STAFF						
Туре	Name	Role	Note				
Was Staff Suspended	?	Explain Staff Su	spension/Decision				
Was a Non-Staff Adul	t present or involved?						
	•						
		RELATED NON-STAFF ADULT					
Туре	Name	Role	Note				
SIR Submission Due D	Jate	SIR Submission	Date/Time				
SIR Submitted on Tim	ie						

Event Start Date/Time

Approximate Event Date:

Care Provider Name Did the incident take place at another care provider facility? **Care Provider State Care Provider City** 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, If Other Actions Were Taken for the Victim, Explain Explain

Explain the Safety Plan

Date Footage Reviewed by Program

If no, why was Footage not available?

INCIDENT INFORMATION

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

Was a Safety Plan created?

Disposition of Incident

Captured on Program Video Footage

If yes, what was Finding of Footage?

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

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

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 Me					

Relevant Contact Correspondence Due Date:

RELEVANT CONTACTS						
Title	Name	Consent Given	Email	Phone	Date Notified	Method

REPORTER & FOLLOW-UP

Title Name Email Phone Date Notified Method

CERTIFICA	ATION
I confirm that I have completed all the required sections and the in	formation is accurate.
Print Name:	Created By:
Title:	Date: