

# 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

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**Status**

\* Status

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**UAC Basic Information**

UAC

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**Event Details**

\* Event ID

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**Sexual Abuse in ORR Care SIR Details**

**Category**

Available	Chosen
<ul style="list-style-type: none"><li>Sexual Abuse</li><li>Sexual Harassment</li><li>Inappropriate Sexual ...</li><li>Code of Conduct Viol...</li></ul>	

**Alleged Perpetrator**

Available	Chosen	Name of Alleged Perpetrator
<ul style="list-style-type: none"><li>Program Staff</li><li>UAC</li><li>Non-UAC Child</li><li>Non-Staff Adult</li><li>Other</li></ul>		<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

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**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"/>	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	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"/>	Explain State Licensing Action	<input type="text"/>	Attach Report/Findings
Results/Findings of Investigation	<input type="text"/>			--None--

**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
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  Time

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  Time

Date Notified of Incident Investigation

Attach Report/Findings

**FFS Reporting**

FFS SIR Reporting Requirements

FFS Reported SIR Date

FFS Reported To Available

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

Chosen

**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](mailto: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

Record Type  
Sexual Abuse in ORR Care SIR

Edit Clone

Draft
Submitted
Addendum in Draft
Addendum Submitted
Created in Error
✓ Mark Status as Complete

**Details** Send SIR/PLE Email

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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 \_\_\_\_\_

Incident Review Form Submitted ❗

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

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 --None--

Role --None-- \*SIR SIR-000000126

Individual ID Notes

Cancel Save & New Save

## 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 SIR-000000126

User  Contact Profile

Type --None-- Title --None--

Consent to Communicate --None-- Notes

Date Notified Date Time Notification Method --None--

Cancel Save & New 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 --None--

\*Document Type Entry Search Entries...

Date Document Issued (if applicable) Individual Search Profiles...

Date Received Adult Contact Relationship Search Adult Contact Relationshi

Expiration Date

Description

File 1 of 1 Save

## 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	
	<b>UAC Name:</b> <b>A#:</b>  <b>AKA:</b> <b>DOB:</b>  <b>Age:</b>  <b>Gender:</b>
<b>Country of Birth:</b>	<b>Current Program:</b>
<b>Status:</b>	<b>Current Location:</b>
	<b>Admitted Date:</b>
<b>LOS:</b>	<b>ORR Placement:</b>
<b>LOC:</b>	<b>Date:</b>

EVENT DETAILS	
<b>Program Name:</b>	<b>Event ID:</b>
<b>Event Type:</b>	<b>Synopsis of Event:</b>

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# Sexual Abuse in ORR Care Significant Incident Report

Office of Refugee Resettlement

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

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

# Sexual Abuse in ORR Care Significant Incident Report

## Office of Refugee Resettlement

INCIDENT INFORMATION	
<b>Did the incident take place at another care provider facility?</b>	<b>Care Provider Name</b>
<b>Care Provider City</b>	<b>Care Provider State</b>
<b>Date/Time Reported to ORR</b>	
<b>Description of Incident</b>	
<b>Was the UAC or Anyone Else Injured?</b>	<b>Specify</b>
<b>Actions Taken:</b>	
<b>Staff Response and Intervention</b>	
<b>Follow-up and/or Resolution</b>	
<b>Actions Taken for Alleged Perpetrator</b>	<b>Actions Taken for Victim</b>
<b>If Other Actions Were Taken for the Alleged Perpetrator, Explain</b>	<b>If Other Actions Were Taken for the Victim, Explain</b>
<b>Was a Safety Plan created?</b>	<b>Explain the Safety Plan</b>
<b>Captured on Program Video Footage</b>	<b>Date Footage Reviewed by Program</b>
<b>If yes, what was Finding of Footage?</b>	<b>If no, why was Footage not available?</b>
<b>Disposition of Incident</b>	

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

## Sexual Abuse in ORR Care Significant Incident Report

Office of Refugee Resettlement

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

## 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	
<b>HHS OIG:</b>	
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
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## 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:**