

UAC Basic Information

First Name:	<input type="text"/>	Status:	<input type="text"/>
Last Name:	<input type="text"/>	AKA:	<input type="text"/>
Date of Birth:	<input type="text"/>	Gender:	<input type="text"/>
A No.:	<input type="text"/>	LOS:	<input type="text"/>
Age:	<input type="text"/>	LOC:	<input type="text"/>
Child's Country of Birth:	<input type="text"/>	Current Program:	<input type="text"/>
Admitted Date:	<input type="text"/>	Current Location:	<input type="text"/>
ORR Placement Date:	<input type="text"/>		

Event Type: SIR Event

Date of Event: **Time of Event:** **Event ID:**

Synopsis of Event:

Significant Incident Report

Emergency SIR SIR

SIR

<input type="checkbox"/> Abuse/Neglect in ORR Care	Type of Abuse: <input type="text" value="---Select---"/>	Alleged Perpetrator: <input type="text" value="---Select---"/>
<input type="checkbox"/> Past Abuse/Neglect Not in ORR Care	<input type="checkbox"/> Abuse in Home Country <input type="checkbox"/> Neglect/Abandonment in Home Country <input type="checkbox"/> Abuse in United States <input type="checkbox"/> Abuse in DHS Custody	<input type="checkbox"/> Abuse On Journey <input type="checkbox"/> Neglect/Abandonment in the United States <input type="checkbox"/> Other Specify: <input type="text"/>

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 0.333 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 UCPolicy@acf.hhs.gov.

	<input type="checkbox"/> Physical Abuse in ICE Custody <input type="checkbox"/> Sexual Abuse in ICE Custody <input type="checkbox"/> Physical Abuse in CBP Custody <input type="checkbox"/> Sexual Abuse in CBP Custody <input type="checkbox"/> Other Specify: <input type="text"/>		
<input type="checkbox"/> Behavioral Incidents that do not threaten <u>immediate</u> safety	<input type="checkbox"/> Possession of a Weapon <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Destruction of Property <input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Physical Aggression <input type="checkbox"/> Use of Drugs and/or Alcohol in ORR Custody <input type="checkbox"/> Self-Harm without medical intervention <input type="checkbox"/> Past Self-Harm <input type="checkbox"/> Past Suicide Attempt/Gesture	
<input type="checkbox"/> Incidents Involving Law Enforcement	<input type="checkbox"/> Search <input type="checkbox"/> Interview <input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Investigate/Response <input type="checkbox"/> Arrest	
<input type="checkbox"/> Safety Measures	<input type="checkbox"/> One-on-One Supervision	<input type="checkbox"/> Use of Restraints	<input type="checkbox"/> Pat-Down or Other Searches
<input type="checkbox"/> Criminal History	<input type="checkbox"/> Significant Criminal History in Home Country <input type="checkbox"/> Significant Criminal History in United States <input type="checkbox"/> Other Specify: <input type="text"/>		
<input type="checkbox"/> Pregnancy Related Issues	<input type="radio"/> Pregnancy <input type="radio"/> Childbirth <input type="radio"/> Termination Request Please describe how the pregnancy occurred and if there are any medical complications related to the pregnancy: <input type="text"/>		
<input type="checkbox"/> Potential Fraud Schemes	<input type="checkbox"/> Confidence Scheme		<input type="checkbox"/> Document/Information Fraud
<input type="checkbox"/> Other	<input type="checkbox"/> Contact or Threats to UC while in ORR Care (from smuggling syndicates, organized crime, other criminal actors) <input type="checkbox"/> Separated from Parent/Legal Guardian <input type="checkbox"/> Previous Enrollment in DHS Migrant Protection Protocols Program <input type="checkbox"/> Other		

Specify:

Incident Information:

Did the incident take place at another care provider facility?

Yes No

Care Provider Name: -- Select Provider Name --

Care Provider City: -- Select Provider City -- **Care Provider State:** -- Select Provider State --

Location of Incident:

Other Specify:

Date Reported To

Care Provider:

Date Reported To

ORR:

Time Reported To

Care Provider:

Time Reported To

ORR:

Description of Incident: (Full Description of Incident)

Was the UAC or Anyone Else Injured?:

Yes No

Specify:

Actions Taken

Staff Response and Intervention

Follow-up and/or Resolution:

Recommendations:

Reporting:

Reported To State Licensing:

Yes No

Date of Report:

Time of Report:

Was the Incident Investigated?

Yes No

Date Notified the Incident will be investigated:

Case/Confirmation Number:

Explain

Results/Findings of Investigation:

Attach Reports/Findings:

Other Notifications:

Is this an SIR for a Runaway? Yes No

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
ICE Juvenile Coordinator				Phone	

Reporter and Follow-Up Contact:

Type	Name	Title	Email	Telephone Number
Staff Filing Report				
Contact for Follow-Up				