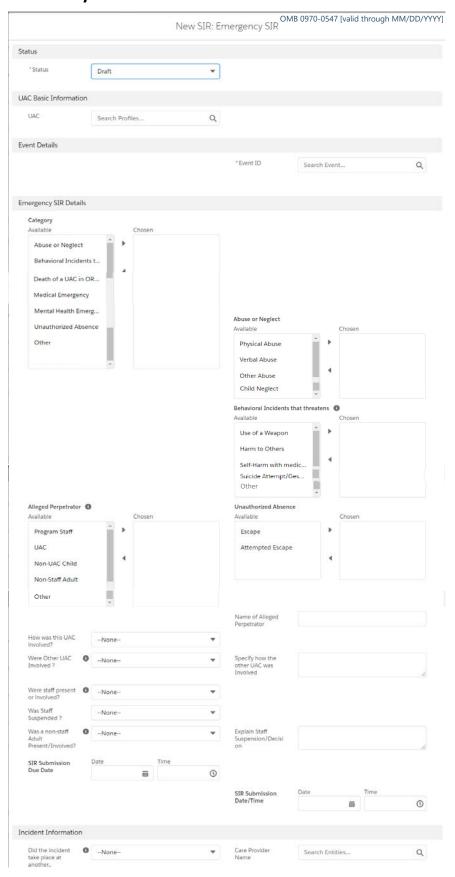
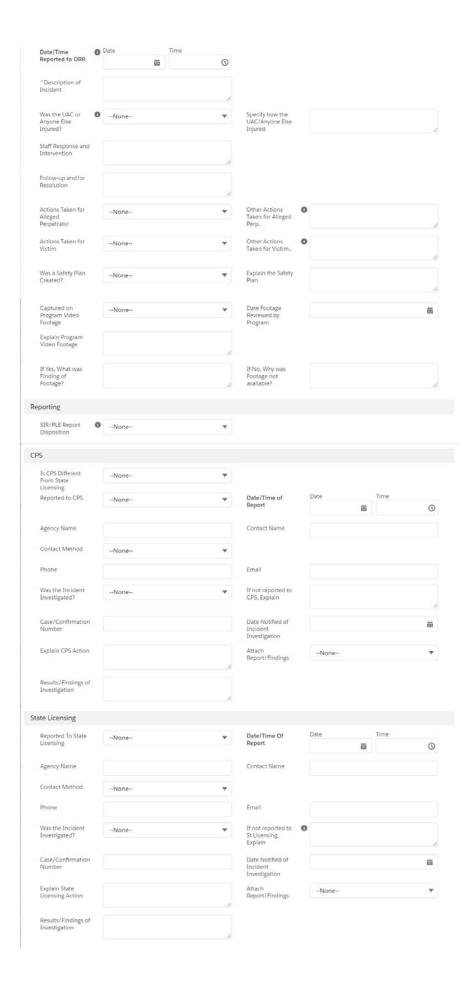
### **Emergency Significant Incident Report and Addendum (Form A-10A)**

#### **Data Entry Window**





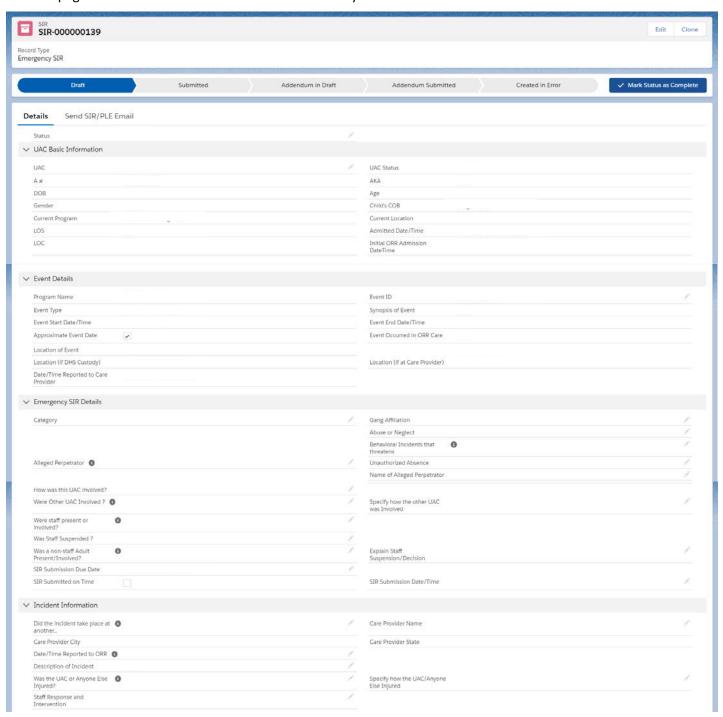


collection of information (Homeland Security Act, 6 U.S.C. 279). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information please contact <u>UACPolicy@acf.hhs.gov</u>.

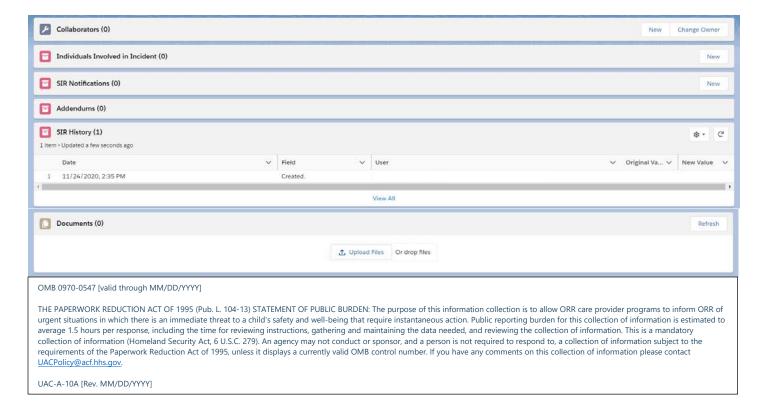
UAC-A-10A [Rev. MM/DD/YYYY]

#### **Emergency Serious Incident Report Page**

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

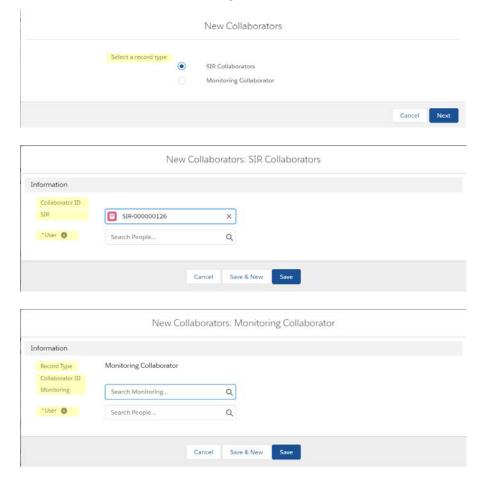


	Intervention	.00		
	Follow-up and/or Resolution	1		
	Actions Taken for Alleged	1	Other Actions Taken for	
	Perpetrator Actions Taken for Victim	7	Alleged Perp  Other Actions Taken for	
	Actions taken for victim		Victim.	
	Was a Safety Plan Created?	1	Explain the Safety Plan	
	Captured on Program Video	1	Date Footage Reviewed by	
	Footage	1	Program	
	Explain Program Video Footage			
	If Yes, What was Finding of	1	If No, Why was Footage not	
	Footage?		avallable?	
V	Disposition of Incident			
	and a state of state			
	Disposition of Incident	1	Incident Review Form 0	
			Submitted	
V	Reporting			
	SIR/PLE Report Disposition 0	1		
V	CPS			
	Is CPS Different From State Licensing	1		
	Reported to CPS	1	Date/Time of Report	
	Agency Name	1	Contact Name	
	Contact Method	7		
	Phone	1	Email	
	Was the Incident	7	If not reported to CPS,	
	Investigated?		Explain	
	Case/Confirmation Number	1	Date Notified of Incident	
			Investigation	
	Explain CPS Action	-	Attach Report/Findings	
	Results/Findings of Investigation	1		
~	State Licensing			
	Reported To State Licensing	/	Date/Time Of Report	
	Agency Name	1	Contact Name	
	Contact Method	7	49/1001/10016	
	Phone	1	Email	
	Was the Incident Investigated?	Z	If not reported to St Licensing, Explain	
	Case/Confirmation Number	1	Date Notified of Incident	
			Investigation	
	Explain State Licensing Action	1	Attach Report/Findings	
	Results/Findings of	1		
	Investigation			
~	Local Law Enforcement			
	EGGI EMY ETHORESTICITE			
	Reported to Law Enforcement	1	Date/Time Of Report	
	Agency Name	/		
	Officer Name	÷	Officer Badge	
		-	Office badge	
	Contact Method:	1	Email	
	Phone When the Technique	÷		
	Was the Incident Investigated?		If not reported to Law  Enforcement,Exp	
	Case/Confirmation Number	1	Date Notified of Incident	
	Final da Laur Enfancement	7	Investigation	
	Explain Law Enforcement Action		Attach Report/Findings	
	Results/Findings of	1		
	Investigation			
V	FFS Reporting			
	FFS SIR Reporting Requirements	1	FFS Reported To	
	FFS Reported SIR Date	1		
	,			
~	Certification			
	I make that have	7		
	I confirm that I have completed all			
	Title	1	Printed Name	
	Created By		Last Modified By	
~	Addendum Details			
	Description of Addendum	2		
	Changes	0.77		



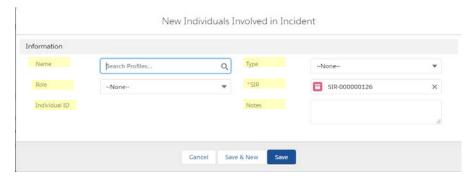
#### **Collaborators Data Entry Windows**

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.



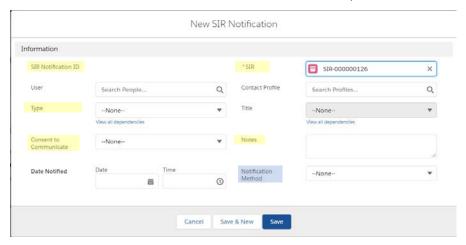
#### **Individuals Involved in Incident Data Entry Window**

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



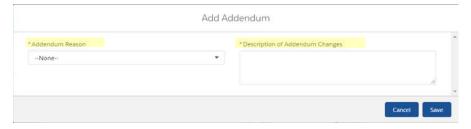
#### **SIR Notifications Data Entry Window**

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.



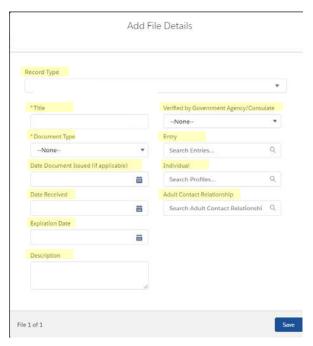
#### **Addendum Data Entry Window**

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



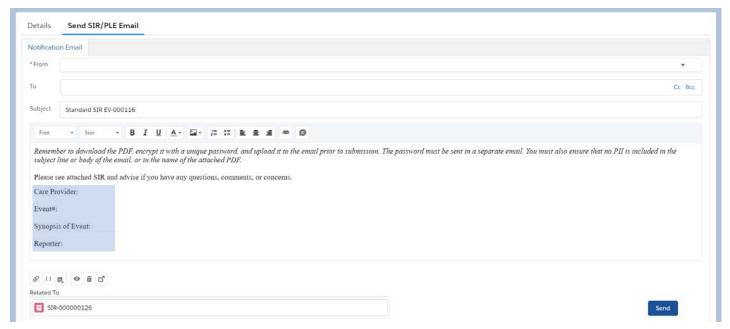
#### **Documents Data Entry Window**

New feature that allows documents to be attached directly 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

### **Emergency Significant Incident Report**

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

EVENT DETAILS				
Program Name:	Event ID:			
Event Type:	Synopsis of Event:			
Event Start Date/Time	Event End Date/Time			

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 urgent situations in which there is an immediate threat to a child's safety and well-being that require instantaneous action. 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.

# Emergency Significant Incident Report Office of Refugee Resettlement

Approximate Event Date:	Event Occurred in ORR Care:
☑	
Location of Event	Location (if at Care Provider)
Location (if in DHS Custody)	Date/Time Reported to Care Provider

	EMERGENC'	Y SIGNIFICANT IN	CIDENT REF	PORT DETAILS			
Category:		Ab	Abuse or Neglect				
			Behavioral Incidents that Threatens Immediate Safety				
			·				
		Un	Unauthorized Absence				
				Name of Alleged Perpetrator			
Alleged Perpetrator		144	Name of Alleged Perpetrator				
		RELATED PE	ROFILES				
Туре	Name	Role		Note			
SIR Submission Due D	SIR Submission Due Date			SIR Submission Date/Time			
Sales A. V.							
SIR Submitted on Tim	SIR Submitted on Time						

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					

## **Emergency Significant Incident Report**Office of Refugee Resettlement

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					
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					
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				

# Emergency Significant Incident Report Office of Refugee Resettlement

Case/Confirmation Number			Attach Report/Findings				
Explain Law E	Enforcement Action						
Results/Findi	ings of Investigation						
			ORR	NOTIFICATIONS			
Title	Name		Email		Phone	Date Notified	Method
		EVT	ERNAL A	GENCY NOTIFICA	TIONS		
Title	Name	LAI	Email	GENCI NOTIFICA	Phone	Date Notified	Method
1	San Age desired				See Consider a Consideration of the Consideration o		The Course of Cartage and
Kelevant Cont	act Correspondence Due	Date:	2515	/ANT 0 0NTA 0T0			
Tiele	Name	Cama		VANT CONTACTS	Dhama	Date Notified	Da celo cel
Title	Name	Cons Giver		Email	Phone	Date Notified	Method
			REPORT	TER & FOLLOW-U	P		
Title	Name		Email		Phone	Date Notified	Method
			CE	ERTIFICATION			
I confirm that	t I have completed all the	required	sections ar	nd the information	is accurate.		
Print Name:	Print Name: Submitted By:						
	- ·						
Title:				Date.			