Significant Incident Report and Addendum (Form A-10B)

Data Entry Window

		New SIR: Standard SIR
Status		
" Status	Draft	v
Addendum Draft		
UAC Basic Information		
UAC	Search Profiles	Q
Event Details		
		*Event ID Search Event Q
SIR Details		
Category Available	Chosen	Behavioral Incidents that do not threat O Available Chosen
Behavioral Incider	ts t 👚 🕨	Possession of a Weap
Contact or threats	to	Suicidal Ideation
Criminal history	4	Verbal Aggression
Trafficking Concer	n	Use of Drugs and/or
Incidents involving	; la	Physical Aggression
Past Abuse or Neg	lect	Destruction of Property
Previous enrollme	nt i	Self-Harm w/out me
Potential fraud sch	ie	Other
Crisis Intervention		Past Suicidal Attempt
Separation from a	ра	Past Self Harm 👻
Other	II.	
1999/07/1011/09/14	*	
		Trafficking Concern
		Available Chosen
		Debt Bondage/Forced L 🕨
		Sex 4
		Drugs/Weapons
		Incidents involving law enforcement
		Available Chosen
		Search
		Interview 4
		Investigate/Response
		Arrest
		Other 👻
		Past Abuse or Neglect Available Chosen
		Available Chosen
		Sexual Assault
		Sexual Harassment
		Physical Abuse

						Verbal Abuse			
						Other Abuse Child Neglect			
						Potential fraud scheme	T IS	Chosen	
						Confidence Scheme	•	Chosen	
						Document/Informa			
						Crisis Intervention Available		Chosen	
						Physical Restraint	- î +		
						Room Restriction			
						Mechanical/Soft Re	st		
						One-on-One Superv	/is		
						Pat-Down or Other :			
lleged Perpetrato vailable	or 0		hosen			Other Subcategory			
Program Staff UAC Non-UAC Child Non-Staff Adult		4							
						Name of Alleged Perpetrator			
ow was this UAC		None			•	- experience			
volved? /ere Other UAC	0					Specify how the			
wolved ?	0	None			•	Specify how the other UAC was Involved			6
/ere staff present r involved?	0	None			*				
/as Staff uspended ?		None			•				
/as a non-staff	0	None			-	Explain Staff			
duit resent/Involved?						Suspension/Decisi on			h
IR Submission		Date		Time		SIR Submission	Date	Time	
ue Date			Ħ		0	Date/Time		ä	0
lent Informatio	n								
id the incident	0	None				Care Provider	Search Enti	tion	Q
ke place at nother	Ť	None			•	Name	Search Enti	ties	ų
ate/Time eported to ORR	0	Date	-	Time	0				
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Description of icident									
as the HAP		l. Traggerraria			Æ	Coacily hours to -			
/as the UAC or nyone Else njured?	0	None			*	Specify how the UAC/Anyone Else Injured			
taff Response and									
tervention					h.				
ollow-up and/or esolution									
ctions Taken for		None			•	Other Actions			
lieged erpetrator						Taken for Alleged Perp			10
		None			٣	Other Actions Taken for Victim.,			
ctions Taken for Ictim									
ictim /as a Safety Plan		None			*	Explain the Safety			
ctim		None			•	Explain the Safety Plan			- 11
ictim /as a Safety Plan reated? aptured on		None			*	Plan Date Footage			
ictim /as a Safety Plan reated?					•	Plan			#
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SIR/PLE Report O Disposition	None	v			
CPS					
Is CPS Different	None				
From State Licensing				D-1 -	T
Reported to CPS	None	*	Date/Time of Report	Date	Time
Agency Name			Contact Name		
Contact Method	None	*			
Phone			Email		
Was the Incident	None		If not reported to		
Investigated?	-None-	•	CPS, Explain		1
Case/Confirmation Number			Date Notified of Incident		ä
Explain CPS Action			Investigation Attach		
explain CP3 Action		le la	Report/Findings	None	¥
Results/Findings of					
Investigation		7			
State Licensing					
Reported To State Licensing	None	•	Date/Time Of Report	Date	Time
Agency Name			Contact Name		
Contact Method					
	None	•	2002 I		
Phone			Email		
Was the Incident Investigated?	None	v	If not reported to St Licensing, Explain		
Case/Confirmation			Date Notified of		
Number			Incident Investigation		_
Explain State Licensing Action			Attach Report/Findings	None	*
Results/Findings of		li.			
Investigation		h.			
_					
Local Law Enforcement			Data (Time Of	Date	Time
Reported to Law Enforcement	None	v	Date/Time Of Report	a	0
Agency Name					
Officer Name			Officer Badge		
Contact Method	None	•			
			Email		
Phone	None		If not reported to		
			Law		4
Phone Was the Incident Investigated?			Enforcement,Exp		
Was the Incident			Date Notified of		
Was the Incident Investigated? Case/Confirmation Number			Date Notified of Incident Investigation		Ħ
Was the Incident Investigated? Case/Confirmation			Date Notified of Incident	None	÷
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	8	Child's Attorney of A Consulate Child Advocate ICE POJC	e	
D		Printed Name		
	Cancel Save	& New Save		
ion is to allow ORR car en, the safety and well ge 1.5 hours per respo nd reviewing the colled C. 279). An agency may nation subject to the re	e provider program -being of a child. P nse, including the to ction of information y not conduct or sp equirements of the	ns to inform ORR of ublic reporting burd time for reviewing ir n. This is a mandato ponsor, and a person Paperwork Reductio	situations that a den for this collect astructions, gather ry collection of in h is not required on Act of 1995, u	iffect, but do not ction of information is ering and maintaining nformation (Homeland to respond to, a inless it displays a
	ion is to allow ORR car en, the safety and well ge 1.5 hours per respo nd reviewing the collec C. 279). An agency may nation subject to the re	Cancel Saw REDUCTION ACT OF 1995 (Pub. L. 104-13 ion is to allow ORR care provider program en, the safety and well-being of a child. P ge 1.5 hours per response, including the 1 nd reviewing the collection of information C. 279). An agency may not conduct or sp nation subject to the requirements of the	Consulate Child Advocate ICE FOJC Printed Name REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PU ion is to allow ORR care provider programs to inform ORR of en, the safety and well-being of a child. Public reporting burc ge 1.5 hours per response, including the time for reviewing ir nd reviewing the collection of information. This is a mandato C. 279). An agency may not conduct or sponsor, and a person ration subject to the requirements of the Paperwork Reduction	Child Advocate ICE FOJC

Serious Incident Report Page

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Record Type Standard SIR	
	Addendum Submitted Created in Error V Mark Status as Complete
Details Send SIR/PLE Email	
Status	
Addendum Draft	
✓ UAC Basic Information	
UAC	UAC Status
Α #	AKA
DOB	Age
Gender	Child's COB
Current Program	Current Location
1.05	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	
✓ SIR Details	
Category	Behavioral Incidents that do
	Criminal History
	Gang Affiliation
	Trafficking Concern
	Incidents involving law enforcement
	Past Abuse or Neglect 🥢

		Potential fraud schemes	1
		Crisis Intervention	1
Alleged Perpetrator	2	Other Subcategory	1
Mießen Felbenator			÷.
		Name of Alleged Perpetrator	1
How was this UAC involved?	1		
Were Other UAC Involved ?	1	Specify how the other UAC	Ú.
		was Involved	
Were staff present or Involved?	- 16		
Wes Staff Suspended ?	1		
Was a non-staff Adult 0	1	Explain Staff	1
Present/Involved?		Suspension / Decision	
SIR Submission Due Date	1	SIR Submission Date/Time	100
SIR Submitted on Time			
✓ Incident Information			
Did the incident take place at 0	- A	Care Provider Name	1
another.			
Care Provider City		Care Provider State	
Date/Time Reported to ORR 0	10		
Description of Incident	1		
Was the UAC or Anyone Else	1	Specify how the UAC/Anyone	100
Injured?	10	Else Injured	35.5
Staff Response and	1		
Intervention			
Follow-up and/or Resolution	1		
Actions Taken for Alleged	1	Other Actions Taken for	1
Perpetrator		Alleged Perp.	
Actions Taken for Victim	1	Other Actions Taken for 0	1
		Victim.	
Was a Safety Plan Created?	1	Explain the Safety Plan	1
Captured on Program Video	1	Date Footage Reviewed by	10
Footage		Program	
Explain Program Video	10		
Footage	7		
If Yes, What was Finding of Footage?		If No, Why was Footage not available?	×.
✓ Reporting			
SIR/PLE Report Disposition	1		
✓ CPS			
Is CPS Different From State	2		
Is CPS Different From State Licensing			2
Is CPS Different From State Licensing Reported to CPS	X	Date/Time of Report	x
Is CPS Different From State Licensing		Date/Time of Report Contact Name	×
Is CPS Different From State Licensing Reported to CPS	X		Z
Is CPS Different From State Licensing Reported to CPS Agency Name	1		77
Is CPS Different From State Licensing Reported to CPS Agency Name Contact Method Phone	11	Contact Name Email	X X X
Is CPS Different From State Licensing Reported to CPS Agency Name Contact Method	1.	Contact Name	X X X
Is CPS Different From State Licensing Reported to CPS Agency Name Contact Method Phone Was the Incident	1.	Contact Name Email If not reported to CPS, Explain Date Notified of Incident	<u>x</u> x <u>x</u> x
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✓ Addendum Details		
	Die Volannie autor schlieftenne als wetertrate	
Changes		
Collaborators (1)	¢-	C New Change Owner
1 item • Updated a few seconds ago		
Collaborator ID	V User V Profile V Email	Added Date 🗸 🗸
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📴 Individuals Involved in Ind	ident (0)	New
SIR Notifications (0)		New
Addendums (1)		\$ · C
1 item • Updated a few seconds ago		
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1 ADM-00000075	View All	
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SIR History (10+)		\$≉ C*
10+ items · Updated a few seconds ag		
Date	V Field V User V Original Value V	New Value 🗸 🗸
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3		
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	View All	
Documents (2)		Refresh Add Documents
Title †	Original Document V Record Type V Other Document Type V Description V Date Received V Created By	✓ Created Date ✓
Addendum to SIR - EV-		
1 000116 - 2020-11-20 122507.pdf	SIR/PLE Report Document Significant Incident Report	Nov 20, 2020, 03:25:17
SIR - EV-000116 - 2020- 2 11-20 121235.pdf	SIR/PLE Report Document Significant Incident Report	Nov 20, 2020, 03:12:49
C		
OMB 0970-0547 [valid throu	gh MM/DD/YYYY]	
THE PAPERWORK REDUCTIO	N ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR care provid	er 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 1.5 hours per response,
	ing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection n agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirement	
	s a currently valid OMB control number. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.g	
UAC-A-10B [Rev. MM/DD/Y)	YY]	

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 Colla	borators	
Select a record	SIR Collaborat		
			Cancel Next

formation						
Collaborator ID						
SIR	SIR-000000126		×			
*User 🕚	Search People		Q			
		Cancel	Save & Nev	Save		
			Save or iver			
	New Coll	laborator			iborator	
formation	New Coll	laborator			iborator	
formation Record Type	New Coll	laborator			borator	
		laborator			iborator	
Record Type					iborator	

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.

Name	Search Profiles	Q	Туре	None	*
Role	None	•	*SIR	SIR-000000126	×
Individual ID			Notes		
					4

SIR Notifications Data Entry Window

10

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.

ormation					
SIR Notification ID			* SIR	SIR-000000126	×
User	Search People	Q	Contact Profile	Search Profiles	Q
Туре	None	•	Title	None	*
	View all dependencies			View all dependencies	
Consent to Communicate	None	٣	Notes		
	Date	Time			
Date Notified	Date	©.	Notification Method	None	٠

Addendum Data Entry Window

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

*Addendum Reason		* Description of Addendum Changes	
None	•		
			1

Documents Data Entry Window

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

ecord Type			
			*
* Title		Verified by Government Agency/Consu	late
		None	*
* Document Type		Entry	
None	٠	Search Entries	Q,
Date Document Issued (if applicable)		Individual	
	苗	Search Profiles	Q.
Date Received		Adult Contact Relationship	
	苗	Search Adult Contact Relationshi	Q, I
Expiration Date			
	苗		
Description			

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	
Notificatio	on Email	
• From		
То		Cc Bcc
Subject	Standard SIR EV-000116	
Font	- Size - B J U A- W- II II E E E Ø Ø	
subject i	ber 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 line or body of the email, or in the name of the attached PDF.	ensure that no PII is included in the
subject i Please s Care Pro Event#: Synopsi	line or body of the email, or in the name of the attached PDF. see attached SIR and advise if you have any questions, comments, or concerns. rovider: : EV-000116 is of Event:	ensure that no PII is included in the
subject i Please s Care Pro Event#: Synopsi Reporter	line or body of the email, or in the name of the attached PDF. see attached SIR and advise if you have any questions, comments, or concerns. rovider: : EV-000116 is of Event: er:	ensure that no PII is included in the
subject i Please s Care Pro Event#: Synopsi Reporter	line or body of the email, or in the name of the attached PDF. see attached SIR and advise if you have any questions, comments, or concerns. rovider: is of Event: er:	ensure that no PII is included in the



OMB 0970-0547 [valid through MM/DD/YYYY] Administration for Children & Families Office of Refugee Resettlement

Standard 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:	
EVEN	T DETAILS	

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:	

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 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-10B [Rev. MM/DD/YYYY]

Location of Event	Location (if at Care Provider)
Location (if in DHS Custody)	Date/Time Reported to Care Provider
SI	GNIFICANT INCIDENT REPORT DETAILS
Category:	Behavioral Incidents that Do Not Threaten Immediate Safety
	Criminal History
	Trafficking Concern
	Incidents Involving Law Enforcement
	Past Abuse or Neglect
	Potential Fraud Schemes
	Crisis Intervention
	Other Subcategory
SIR Submission Due Date	SIR Submission Date/Time:
SIR Submission on Time	
ত	

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

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

Page 2 of 5

Actions Taken:	
Staff Response and Intervention	
Follow-up and/or Resolution	
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
SIR/PLE Report Disposition	REFORTING
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	

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

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	

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?	Email	Phone	Date Notified	Method

REPORTER & FOLLOW-UP					
Title	Name	Email	Phone	Date Notified	Method

CERTIFICATION		
I confirm that I have completed all the required sections and the information is accurate.		
AC-A-10B [Rev. MM/DD/YYYY]		Page 4 of

Print Name:	Created By:
T 1 1	
Title:	Date:

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