

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

## Data Entry Window

New SIR: Standard SIR OMB 0970-0547 [valid through MM/DD/YYYY]

**Status**

\* Status

Addendum Draft

**UAC Basic Information**

UAC

**Event Details**

\* Event ID

**SIR Details**

**Category**

Available	Chosen
Behavioral Incidents t...	
Contact or threats to ...	
Criminal history	
Trafficking Concern	
Incidents involving la...	
Past Abuse or Neglect	
Previous enrollment i...	
Potential fraud sche...	
Crisis Intervention	
Separation from a pa...	
Other	

**Behavioral Incidents that do not threaten**

Available	Chosen
Possession of a Weap...	
Suicidal Ideation	
Verbal Aggression	
Use of Drugs and/or ...	
Physical Aggression	
Destruction of Property	
Self-Harm w/out me...	
Other	
Past Suicidal Attempt...	
Past Self Harm	

**Trafficking Concern**

Available	Chosen
Debt Bondage/ Forced L...	
Sex	
Drugs/Weapons	

**Incidents involving law enforcement**

Available	Chosen
Search	
Interview	
Investigate/ Response	
Arrest	
Other	

**Past Abuse or Neglect**

Available	Chosen
Sexual Abuse	
Sexual Assault	
Sexual Harassment	
Physical Abuse	

Verbal Abuse  
 Other Abuse  
 Child Neglect

Potential fraud schemes

Available Chosen

Confidence Scheme  
 Document/Information ...

Crisis Intervention

Available Chosen

Physical Restraint  
 Room Restriction  
 Mechanical/Soft Rest...  
 One-on-One Supervis...  
 Pat-Down or Other S...

Other Subcategory

Alleged Perpetrator

Available Chosen

Program Staff  
 UAC  
 Non-UAC Child  
 Non-Staff Adult  
 Other

How was this UAC involved? --None--

Were Other UAC Involved? --None--

Were staff present or involved? --None--

Was Staff Suspended? --None--

Was a non-staff Adult Present/Involved? --None--

Name of Alleged Perpetrator

Specify how the other UAC was Involved

Explain Staff Suspension/Decision

SIR Submission Due Date Date Time

SIR Submission Date/Time Date Time

Incident Information

Did the incident take place at another? --None--

Care Provider Name Search Entities...

Date/Time Reported to ORR Date Time

Description of Incident

Was the UAC or Anyone Else Injured? --None--

Specify how the UAC/Anyone Else Injured

Staff Response and Intervention

Follow-up and/or Resolution

Actions Taken for Alleged Perpetrator --None--

Other Actions Taken for Alleged Perp...

Actions Taken for Victim --None--

Other Actions Taken for Victim...

Was a Safety Plan Created? --None--

Explain the Safety Plan

Captured on Program Video Footage --None--

Date Footage Reviewed by Program

Explain Program Video Footage

If Yes, What was Finding of Footage?

If No, Why was Footage not available?

Reporting

SIR/PLE Report Disposition --None--

CPS

Is CPS Different From State Licensing	<span style="border: 1px solid black; padding: 2px;">--None--</span>	Date/Time of Report	Date <input type="text"/>	Time <input type="text"/>
Reported to CPS	<span style="border: 1px solid black; padding: 2px;">--None--</span>		<input type="text"/>	<input type="text"/>
Agency Name	<input type="text"/>	Contact Name	<input type="text"/>	
Contact Method	<span style="border: 1px solid black; padding: 2px;">--None--</span>			
Phone	<input type="text"/>	Email	<input type="text"/>	
Was the Incident Investigated?	<span style="border: 1px solid black; padding: 2px;">--None--</span>	If not reported to CPS, Explain	<input type="text"/>	
Case/Confirmation Number	<input type="text"/>	Date Notified of Incident Investigation	<input type="text"/>	
Explain CPS Action	<input type="text"/>	Attach Report/Findings	<span style="border: 1px solid black; padding: 2px;">--None--</span>	
Results/Findings of Investigation	<input type="text"/>			

State Licensing

Reported To State Licensing	<span style="border: 1px solid black; padding: 2px;">--None--</span>	Date/Time Of Report	Date <input type="text"/>	Time <input type="text"/>
Agency Name	<input type="text"/>	Contact Name	<input type="text"/>	
Contact Method	<span style="border: 1px solid black; padding: 2px;">--None--</span>			
Phone	<input type="text"/>	Email	<input type="text"/>	
Was the Incident Investigated?	<span style="border: 1px solid black; padding: 2px;">--None--</span>	If not reported to St Licensing, Explain	<input type="text"/>	
Case/Confirmation Number	<input type="text"/>	Date Notified of Incident Investigation	<input type="text"/>	
Explain State Licensing Action	<input type="text"/>	Attach Report/Findings	<span style="border: 1px solid black; padding: 2px;">--None--</span>	
Results/Findings of Investigation	<input type="text"/>			

Local Law Enforcement

Reported to Law Enforcement	<span style="border: 1px solid black; padding: 2px;">--None--</span>	Date/Time Of Report	Date <input type="text"/>	Time <input type="text"/>
Agency Name	<input type="text"/>	Officer Name	<input type="text"/>	
Officer Name	<input type="text"/>	Officer Badge	<input type="text"/>	
Contact Method	<span style="border: 1px solid black; padding: 2px;">--None--</span>			
Phone	<input type="text"/>	Email	<input type="text"/>	
Was the Incident Investigated?	<span style="border: 1px solid black; padding: 2px;">--None--</span>	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	<input type="text"/>	Attach Report/Findings	<span style="border: 1px solid black; padding: 2px;">--None--</span>	
Results/Findings of Investigation	<input type="text"/>			

FFS Reporting

FFS SIR Reporting Requirements

FFS Reported To Available	Chosen
HHS OIG	
ICE/HSI Tip line	
ICE Human Traffickin...	
Child's Parent, Legal ...	

Child's Attorney of Re...  
 Consulate  
 Child Advocate  
 ICE FOJC

FFS Reported SIR Date

**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 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](mailto:UACPolicy@acf.hhs.gov).

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

## Serious Incident Report Page

SIR

**SIR-000000126**

Record Type  
Standard SIR

Addendum Submitted

Created in Error

**Details**

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Status

Addendum Draft

**UAC Basic Information**

UAC <input type="text"/>	UAC Status <input type="text"/>
A # <input type="text"/>	AKA <input type="text"/>
DOB <input type="text"/>	Age <input type="text"/>
Gender <input type="text"/>	Child's COB <input type="text"/>
Current Program <input type="text"/>	Current Location <input type="text"/>
LOS <input type="text"/>	Admitted Date/Time <input type="text"/>
LOC <input type="text"/>	Initial ORR Admission DateTime <input type="text"/>

**Event Details**

Program Name <input type="text"/>	Event ID <input type="text"/>
Event Type <input type="text"/>	Synopsis of Event <input type="text"/>
Event Start Date/Time <input type="text"/>	Event End Date/Time <input type="text"/>
Approximate Event Date <input type="checkbox"/>	Event Occurred In ORR Care <input type="text"/>
Location of Event <input type="text"/>	Location (if at Care Provider) <input type="text"/>
Location (if DHS Custody) <input type="text"/>	
Date/Time Reported to Care Provider <input type="text"/>	

**SIR Details**

Category <input type="text"/>	Behavioral Incidents that do not threaten <input type="text"/>
	Criminal History <input type="text"/>
	Gang Affiliation <input type="text"/>
	Trafficking Concern <input type="text"/>
	Incidents involving law enforcement <input type="text"/>
	Past Abuse or Neglect <input type="text"/>

Alleged Perpetrator <b>1</b>	/	Potential fraud schemes	/
How was this UAC involved?	/	Crisis Intervention	/
Were Other UAC Involved ? <b>1</b>	/	Other Subcategory <b>1</b>	/
Were staff present or involved? <b>1</b>	/	Name of Alleged Perpetrator	/
Was Staff Suspended ?	/	Specify how the other UAC was Involved	/
Was a non-staff Adult Present/Involved? <b>1</b>	/	Explain Staff Suspension/ Decision	/
SIR Submission Due Date	/	SIR Submission Date/Time	/
SIR Submitted on Time <input checked="" type="checkbox"/>	/		

**Incident Information**

Did the incident take place at another..	/	Care Provider Name	/
Care Provider City	/	Care Provider State	/
Date/Time Reported to ORR <b>1</b>	/	Specify how the UAC/Anyone Else Injured	/
Description of Incident	/	Other Actions Taken for Alleged Perp.. <b>1</b>	/
Was the UAC or Anyone Else Injured? <b>1</b>	/	Other Actions Taken for Victim.. <b>1</b>	/
Staff Response and Intervention	/	Explain the Safety Plan	/
Follow-up and/or Resolution	/	Date Footage Reviewed by Program	/
Actions Taken for Alleged Perpetrator	/	If No, Why was Footage not available?	/
Actions Taken for Victim	/		
Was a Safety Plan Created?	/		
Captured on Program Video Footage	/		
Explain Program Video Footage	/		
If Yes, What was Finding of Footage?	/		

**Reporting**

SIR/PLE Report Disposition **1** /

**CPS**

Is CPS Different From State Licensing	/	Date/Time of Report	/
Reported to CPS	/	Contact Name	/
Agency Name	/	Email	/
Contact Method	/	If not reported to CPS, Explain	/
Phone	/	Date Notified of Incident Investigation	/
Was the Incident Investigated?	/	Attach Report/Findings	/
Case/Confirmation Number	/		
Explain CPS Action	/		
Results/Findings of Investigation	/		

**Local Law Enforcement**

Reported to Law Enforcement	/	Date/Time Of Report	/
Agency Name	/	Officer Badge	/
Officer Name	/	Email	/
Contact Method	/	If not reported to Law Enforcement,Exp.. <b>1</b>	/
Phone	/	Date Notified of Incident Investigation	/
Was the Incident Investigated?	/	Attach Report/Findings	/
Case/Confirmation Number	/		
Explain Law Enforcement Action	/		
Results/Findings of Investigation	/		

**FFS Reporting**

FFS SIR Reporting Requirements <input type="checkbox"/>	/	FFS Reported To	/
FFS Reported SIR Date	/		

**Certification**

I confirm that I have completed all... <b>1</b> <input checked="" type="checkbox"/>	/	Printed Name	/
Title	/	Last Modified By	/
Created By	/		

▼ Addendum Details

Description of Addendum Changes

**Collaborators (1)** ⚙️ 🔄 New Change Owner

1 Item · Updated a few seconds ago

	Collaborator ID	User	Profile	Email	Added Date
1	COL-000000025				

[View All](#)

**Individuals Involved in Incident (0)** New

**SIR Notifications (0)** New

**Addendums (1)** ⚙️ 🔄

1 Item · Updated a few seconds ago

	Addendum ID	Addendum Status	Addendum Reason	Created By
1	ADM-000000075			

[View All](#)

**SIR History (10+)** ⚙️ 🔄

10+ Items · Updated a few seconds ago

	Date	Field	User	Original Value	New Value
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

[View All](#)

**Documents (2)** Refresh Add Documents

	Title ↑	Original Document ...	Record Type	Other Document Type	Description	Date Received	Created By	Created Date
1	Addendum to SIR - EV-000116 - 2020-11-20 122507.pdf		SIR/PLE Report Document	Significant Incident Report				Nov 20, 2020, 03:25:17 ...
2	SIR - EV-000116 - 2020-11-20 121235.pdf		SIR/PLE Report Document	Significant Incident Report				Nov 20, 2020, 03:12:49 ...

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

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UAC-A-10B [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

New Collaborators: SIR Collaborators

---

Information

Collaborator ID  
SIR

\*User

New Collaborators: Monitoring Collaborator

---

Information

Record Type Monitoring Collaborator

Collaborator ID  
Monitoring

\*User

## 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.

New Individuals Involved in Incident

---

Information

Name  Type --None--

Role --None-- \*SIR

Individual ID Notes

## 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

User  Contact Profile

Type --None-- Title --None--  
View all dependencies

Consent to Communicate --None-- Notes

Date Notified Date  Time  Notification Method --None--

## 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   
 --None--

\* Description of Addendum Changes

Cancel 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

\* Document Type   
 --None--

Date Document Issued (if applicable)

Date Received

Expiration Date

Description

Entry   
 Search Entries...

Individual   
 Search Profiles...

Adult Contact Relationship   
 Search Adult Contact Relationshi...

File 1 of 1

Save



## 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#: EV-000116  
Synopsis of Event:  
Reporter:

Related To

SIR-000000126

**Send**



## Standard 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>LOS:</b>	<b>Admitted Date:</b>
<b>LOC:</b>	<b>ORR Placement</b>
	<b>Date:</b>

EVENT DETAILS	
<b>Program Name:</b>	<b>Event ID:</b>
<b>Event Type:</b>	<b>Synopsis of Event:</b>
<b>Event Start Date/Time:</b>	<b>Event End Date/Time</b>
<b>Approximate Event Date:</b>	<b>Event Occurred in ORR Care:</b>

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# Significant Incident Report

Office of Refugee Resettlement

<input type="checkbox"/>	<b>Location of Event</b>	<b>Location (if at Care Provider)</b>
	<b>Location (if in DHS Custody)</b>	<b>Date/Time Reported to Care Provider</b>

SIGNIFICANT INCIDENT REPORT DETAILS	
<b>Category:</b>	<b>Behavioral Incidents that Do Not Threaten Immediate Safety</b>
	<b>Criminal History</b>
	<b>Trafficking Concern</b>
	<b>Incidents Involving Law Enforcement</b>
	<b>Past Abuse or Neglect</b>
	<b>Potential Fraud Schemes</b>
	<b>Crisis Intervention</b>
	<b>Other Subcategory</b>
<b>SIR Submission Due Date</b>	<b>SIR Submission Date/Time:</b>
<b>SIR Submission on Time</b>	
<input checked="" type="checkbox"/>	

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>

# Significant Incident Report

## Office of Refugee Resettlement

<b>Actions Taken:</b>	
<b>Staff Response and Intervention</b>	
<b>Follow-up and/or Resolution</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>

REPORTING	
<b>SIR/PLE Report Disposition</b>	
<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>	
<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>	

# Significant Incident Report

## Office of Refugee Resettlement

<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>	

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.	<input checked="" type="checkbox"/>

**Significant Incident Report**  
Office of Refugee Resettlement

**Print Name:**

**Created By:**

**Title:**

**Date:**