

# Emergency Significant Incident Report (Form A-9B)

[New Child Level Event](#) > [UC Child Level Event](#)

## UC Basic Information



First Name: \_\_\_\_\_ Status: \_\_\_\_\_  
Last Name: \_\_\_\_\_ AKA: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
A No.: \_\_\_\_\_ LOS: \_\_\_\_\_  
Age: \_\_\_\_\_ LOC: \_\_\_\_\_  
Child's Country of Birth: \_\_\_\_\_ Current Program: \_\_\_\_\_  
Admitted Date: \_\_\_\_\_ Current Location: \_\_\_\_\_  
ORR Placement Date: \_\_\_\_\_

## Event Information

Select Different Event

Location of Event: \_\_\_\_\_ Specific Program: \_\_\_\_\_ Specific Location: \_\_\_\_\_  
Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_ Event ID: \_\_\_\_\_  
Date Reported to Care Provider: \_\_\_\_\_ Time Reported to Care Provider: \_\_\_\_\_

### Short Synopsis:

#### Child-Level Event

Emergency SIR  SIR  Behavioral Note  Historical Disclosure

Emergency SIR

[See UC Policy Guide Sections 3, 4, and 5 for related policies.](#)

Death of UC in ORR Care

Incident Involving Weapons

Possession

Use

Medical Emergency

Acute illness

Exacerbation of a chronic medical condition

Injury or misadventure

Pregnancy-related

Psychiatric admission

Severe abuse/neglect

Severe medical error

Severe mental health symptoms, without self-harm

Severe self-harm

Substance use

Suicidal ideation with a plan

Event Information section auto-populated from information entered in Child-Level Event (Form A-9A)

Sexual Abuse of Minor by Adult

- Actual or simulated sexual intercourse
- Any display of staff's uncovered buttocks, breast, or genitalia in the presence of a child
- Bestiality
- Forcing a child to engage in sexual exploitation of another child
- Masturbation
- Molestation (penetration or touching unrelated to official job duties of another child's buttocks, breasts, or anal, oral, or genital area by a body part or object)
- Possession or use of child or adult pornography
- Prostitution of child
- Sadistic or masochistic abuse
- Voyerism
- Any attempt, threat, or request to engage in any of the activities above

Sexual Abuse of Minor by Minor

- Bestiality
- Child prostitution
- Exposure of buttocks, breast, or genitalia of self or another person (excluding unintentional, incidental exposure such as in a bathroom)
- Forcing a child to touch/penetrate genitalia, anus, groin, breast, inner thigh, or the buttocks of themselves or another child
- Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks
- Knowingly masturbating in another person's presence
- Penetration of another's child's anal or genital area by a hand, finger, or object
- Possession or use of child pornography
- Sadistic or masochistic abuse

Unauthorized Absence

INDIVIDUALS INVOLVED

Type of Allegation: \*

--Select

How was this UC involved? \*

Staff and UC  
 UC and UC nonconsensual  
 UC and UC consensual  
 Non-Staff Adult and UC  
 Non-UC Minor and UC  
 UC Other

Victim  
 Perpetrator  
 Witness  
 Reporter  
 Other

Were Other UC Involved \*

Yes  No

>| Add New Row

Name	A-Number	Role	Specify
			Victim Perpetrator Witness/Involved Reporter Other/Specify

Were Staff Present or Involved in the Incident \*

Yes  No

>| Add New Row

Name	Title	Role	Specify
			Victim Perpetrator Witness/Involved Reporter Other/Specify

Individuals Involved section appears if users select:  
 Sexual Abuse of Minor by Adult  
 Sexual Abuse of Minor by Minor

**Incident Information:**

**Full Description of Incident \***

**Was the UC or Anyone Else Injured?: \***  Yes  No

**Specify:**

**Actions Taken**

**Staff Response and Intervention \***

**Actions Taken for Victim: \***

**Action Taken for Alleged Perpetrator: \***

**Follow-up Regarding Individuals Involved: \***

**Recommendations:**

Appears if users select:  
Sexual Abuse of Minor by Adult  
Sexual Abuse of Minor by Minor

**Reporting:**

**Was It reported to State Licensing? \***  Yes  No

**Date of Report:**

**Time of Report:**

**Was the Incident Investigated?**  Yes  No

**Date Notified the Incident**

**Case/Confirmation Number:**

**will be investigated:**

**Explain**

**Results/Findings of Investigation:**

**Attach Reports/Findings:**

Select File

>| Upload

>| Reset

Other fields in this subsection only appear if "yes" is selected for Was it reported to State Licensing?

**Was It reported to CPS? \***

Yes  No

Date of Report:

Time of Report:

**Was the Incident Investigated?**

Yes  No

Date Notified the Incident

Case/Confirmation Number:

will be investigated:

**Explain**

**Results/Findings of Investigation:**

**Attach Reports/Findings:**

Select File

>| Upload

>| Reset

**Was It reported to Local Law Enforcement? \***

Yes  No

Date of Report:

Time of Report:

Officer Name:

Officer Badge:

**Was the Incident Investigated?**

Yes  No

Date Notified the Incident

Case/Confirmation Number:

will be investigated:

**Explain**

Other fields in this subsection only appear if "yes" is selected for Was it reported to CPS?

Other fields in this subsection only appear if "yes" is selected for Was it reported to Local Law Enforcement?

Results/Findings of Investigation:

Text area for Results/Findings of Investigation.

Attach Reports/Findings:

File input field for Attach Reports/Findings.

Select File

>| Upload

>| Reset

Large text area for Attach Reports/Findings.

Was It reported to DOJ/FBI? \*

Yes  No

Date of Report:

Time of Report:

Explain

Text area for Explain (DOJ/FBI).

Was It reported to OIG? \*

Yes  No

Date of Report:

Time of Report:

Explain

Text area for Explain (OIG).

Was It reported to DHS? \*

Yes  No

Date of Report:

Time of Report:

Explain

Text area for Explain (DHS).

Was It reported to Office on Trafficking In Persons (Shepherd)? \*

Yes  No

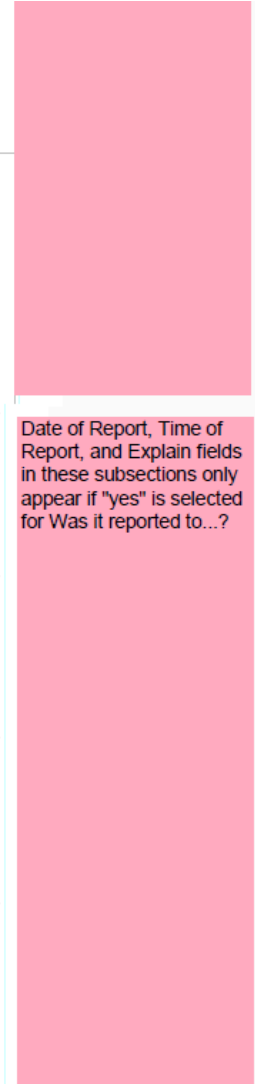
Date of OTIP Submission:

Outcome of OTIP Submission:

Explain

Text area for Explain (OTIP).

Date of Report, Time of Report, and Explain fields in these subsections only appear if "yes" is selected for Was it reported to...?



ORR Notifications:\*

>| Add New Row

Name	Agency/Title	Date Notified	Time Notified	Email	Telephone Number
	ORR/FFS				
	ORR/PO				
	Medical Coordinator				
	Case Coordinator				

Other Notifications:

>| Add New Row

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
Attorney of Record/Legal Service Provider					▼
Parent/Legal Guardian/Sponsor					▼
Child Advocate (if Applicable)					▼

Phone  
In-person  
Email/Letter  
Other

Reporter and Follow-Up Contact:\*

>| Add New Row

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

>| Save

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 occurring while the child in ORR custody 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. The OMB control number is 0970-0547 and the expiration date is 05/31/2023. If you have any comments on this collection of information please contact [UCPolicy@acf.hhs.gov](mailto:UCPolicy@acf.hhs.gov).