

# Non-Emergency Significant Incident Report (Form A-9C)

[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: \_\_\_\_\_  
Synopsis of Event: \_\_\_\_\_

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

## Child-Level Event

Emergency SIR  Non-Emergency SIR  Behavioral Note  Historical Disclosure

Non-Emergency SIR

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Abuse/Neglect by Adult                         | <input type="checkbox"/> Non-medical child neglect |  |
|   | <input type="checkbox"/> Physical abuse            |  |
|   | <input type="checkbox"/> Verbal or emotional abuse |  |
| <input type="checkbox"/> Behavioral Safety Measure                      | <input type="checkbox"/> Physical restraint        | <input type="checkbox"/> Soft restraints         |
|   | <input type="checkbox"/> Seclusion                 |  |
| <input type="checkbox"/> Child Behavioral Concerns That Threaten Safety | <input type="checkbox"/> Destruction of property   | <input type="checkbox"/> Use of drugs or alcohol |
|   | <input type="checkbox"/> Physical aggression       | <input type="checkbox"/> Verbal aggression       |

|  |  |  |
|--|--|--|
| <input type="checkbox"/> External Threats to UC                                | <input type="checkbox"/> Actual or potential fraud schemes<br><input type="checkbox"/> Labor trafficking concern or risk identified  | <input type="checkbox"/> Sex trafficking concern or risk identified<br><input type="checkbox"/> Threats related to crime or organized crime  |
| <input type="checkbox"/> Healthcare Error                                      | <input type="checkbox"/> Health-related neglect<br><input type="checkbox"/> Inappropriate health intervention (i.e., incorrect procedure, incorrect patient)   | <input type="checkbox"/> Medication/vaccine administration error   |
| <input type="checkbox"/> Inappropriate Sexual Behavior                         |  |  |
| <input type="checkbox"/> Incidents Involving Law Enforcement On-Site           | <input type="checkbox"/> Arrest<br><input type="checkbox"/> Interview  | <input type="checkbox"/> Investigate/Response<br><input type="checkbox"/> Search   |
| <input type="checkbox"/> Intentional Information/Document Fraud                |  |  |
| <input type="checkbox"/> Mental Health Concerns                                | <input type="checkbox"/> Hallucinations<br><input type="checkbox"/> Homicidal ideations  | <input type="checkbox"/> Self-harm that does not require emergency medical intervention<br><input type="checkbox"/> Suicidal ideation without a plan                                       |
| <input type="checkbox"/> Request for Termination of Pregnancy                  |  |  |
| <input type="checkbox"/> Runaway Attempt                                       |  |  |
| <input type="checkbox"/> Sexual Harassment                                     | <input type="checkbox"/> Repeated gestures of a derogatory or offensive sexual nature<br><input type="checkbox"/> Repeated and unwelcome sexual advances or requests for sexual favors   | <input type="checkbox"/> Repeated verbal comments, gestures, phone calls, and/or all electronic communication that are derogatory or sexual in nature                                      |
| <input checked="" type="checkbox"/> Staff Code of Conduct & Boundary Violation | <input type="checkbox"/> Cohabiting with a UC before the child turns 21 years old<br><input checked="" type="checkbox"/> Engaging in a romantic relationship with a UC while the child is in ORR care or before the child turns 21 years old | <input type="checkbox"/> Having any contact with any UC outside of the care provider facility beyond scope of duties while the child is in ORR care or before the child turns 21 years old |

- Failing to confine relationships with UC families and sponsors to within scope of duties
- Failing to report any knowledge, suspicion, or information about sexual abuse, sexual harassment, or inappropriate sexual behavior

- Providing letters, gifts, pictures, or any personal contact information with any UC in ORR care or before the child turns 21 years old

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

**INDIVIDUALS INVOLVED**

Type of Allegation: \*

How was this UC involved? \*

Victim  
 Perpetrator  
 Witness  
 Reporter  
 Other

Were Other UC Involved \*  Yes  No

>| Add New Row

| Name                 | A-Number             | Role                 | Specify              |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Victim  
 Perpetrator  
 Witness/Involved  
 Reporter  
 Other/Specify

Were Staff Present or Involved in the Incident \*  Yes  No

>| Add New Row

| Name                 | Title                | Role                 | Specify              |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Victim  
 Perpetrator  
 Witness/Involved  
 Reporter  
 Other/Specify

**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:  
Abuse/Neglect by Adult  
Sexual Harassment  
Inappropriate Sexual Behavior  
Staff Code of Conduct &  
Boundary Violation

**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:

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

Explain

Results/Findings of Investigation:

Attach Reports/Findings:

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

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

Was it reported to Local Law Enforcement? \*

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 Local Law Enforcement?

**Was it reported to DOJ/FBI? \***  Yes  No **Date of Report:**  **Time of Report:**

**Explain**

**Was it reported to OIG? \***  Yes  No **Date of Report:**  **Time of Report:**

**Explain**

**Was it reported to DHS? \***  Yes  No **Date of Report:**  **Time of Report:**

**Explain**

**Was it reported to Office on Trafficking in Persons (Shepherd)? \***  Yes  No **Date of Report:**  **Outcome of Report:**

**Explain**

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 situations occurring while the child in ORR custody 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. 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).