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

Data Entry Window

New SIR: Emergency SIR

Status

*Status
`Draft ▾`

UAC Basic Information

UAC
`Search Profiles... 🔍`

Event Details

*Event ID
`Search Event... 🔍`

Emergency SIR Details

Category

Available		Chosen
Abuse or Neglect	▶	
Behavioral Incidents t...		
Death of a UAC in OR...	◀	
Medical Emergency		
Mental Health Emerg...		
Unauthorized Absence		
Other		

Abuse or Neglect

Available		Chosen
Physical Abuse	▶	
Verbal Abuse		
Other Abuse	◀	
Child Neglect		

Behavioral Incidents that threatens ⓘ

Available		Chosen
Use of a Weapon	▶	
Harm to Others		
Self-Harm with medic...	◀	
Suicide Attempt/Ges...		
Other		

Alleged Perpetrator ⓘ

Available		Chosen
Program Staff	▶	
UAC		
Non-UAC Child	◀	
Non-Staff Adult		
Other		

Unauthorized Absence

Available		Chosen
Escape	▶	
Attempted Escape		
	◀	

Name of Alleged Perpetrator
`_____`

How was this UAC Involved?
`--None-- ▾`

Were Other UAC Involved ? ⓘ
`--None-- ▾`

Specify how the other UAC was Involved
`_____`

Were staff present or involved? ⓘ
`--None-- ▾`

Was Staff Suspended ?
`--None-- ▾`

Was a non-staff Adult Present/Involved? ⓘ
`--None-- ▾`

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   ℹ️

Date [_____ 📅]   Time [_____ 🕐]

* Description of Incident [_____]

Was the UAC or Anyone Else Injured? ℹ️ [--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..** ℹ️ [_____]

Actions Taken for Victim [--None-- ▼]   **Other Actions Taken for Victim..** ℹ️ [_____]

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 ℹ️ [--None-- ▼]

CPS

Is CPS Different From State Licensing [--None-- ▼]

Reported to CPS [--None-- ▼]   **Date/Time of Report**   Date [_____ 📅]   Time [_____ 🕐]

Agency Name [_____]   **Contact Name** [_____]

Contact Method [--None-- ▼]

Phone [_____]   **Email** [_____]

Was the Incident Investigated? [--None-- ▼]   **If not reported to CPS, Explain** [_____]

Case/Confirmation Number [_____]   **Date Notified of Incident Investigation** [_____ 📅]

Explain CPS Action [_____]   **Attach Report/Findings** [--None-- ▼]

Results/Findings of Investigation [_____]

State Licensing

Reported To State Licensing [--None-- ▼]   **Date/Time Of Report**   Date [_____ 📅]   Time [_____ 🕐]

Agency Name [_____]   **Contact Name** [_____]

Contact Method [--None-- ▼]

Phone [_____]   **Email** [_____]

Was the Incident Investigated? [--None-- ▼]   **If not reported to St Licensing, Explain** ℹ️ [_____]

Case/Confirmation Number [_____]   **Date Notified of Incident Investigation** [_____ 📅]

Explain State Licensing Action [_____]   **Attach Report/Findings** [--None-- ▼]

Results/Findings of Investigation [_____]

Local Law Enforcement

Reported to Law Enforcement	--None-- ▼	Date/Time Of Report

Date [🗓] Time [🕐]

Agency Name [ ]

Officer Name [ ] Officer Badge [ ]

Contact Method [--None-- ▼]

Phone [ ] Email [ ]

Was the Incident Investigated? [--None-- ▼] If not reported to Law Enforcement,Exp.. ❶ [ ]

Case/Confirmation Number [ ] Date Notified of Incident Investigation [🗓]

Explain Law Enforcement Action [ ] Attach Report/Findings [--None-- ▼]

Results/Findings of Investigation [ ]

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..... ❶ [ ]

Title [ ] Printed Name [ ]

Cancel   Save & New   **Save**

Emergency Serious Incident Report Page

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

SIR
SIR-000000139

Edit | Clone

Record Type
Emergency SIR

| Draft | Submitted | Addendum in Draft | Addendum Submitted | Created in Error | ✓ Mark Status as Complete |

Details Send SIR/PLE Email

Status

∨ UAC Basic Information

UAC	UAC Status
A #	AKA
DOB	Age
Gender	Child's COB
Current Program	Current Location
LOS	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	

∨ Emergency SIR Details

Category	Gang Affiliation
	Abuse or Neglect
	Behavioral Incidents that ⓘ threatens
Alleged Perpetrator ⓘ	Unauthorized Absence
	Name of Alleged Perpetrator
How was this UAC Involved?	
Were Other UAC Involved ? ⓘ	Specify how the other UAC was Involved
Were staff present or ⓘ involved?	
Was Staff Suspended ?	
Was a non-staff Adult ⓘ Present/Involved?	Explain Staff Suspension/Decision
SIR Submission Due Date	
SIR Submitted on Time ☐	SIR Submission Date/Time

∨ Incident Information

Did the Incident take place at ⓘ another..	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 how the UAC/Anyone Else Injured
Staff Response and Intervention	

Staff Response and Intervention			
Follow-up and/or Resolution			
Actions Taken for Alleged Perpetrator		Other Actions Taken for Alleged Perp.. ⓘ	
Actions Taken for Victim		Other Actions Taken for Victim.. ⓘ	
Was a Safety Plan Created?		Explain the Safety Plan	
Captured on Program Video Footage		Date Footage Reviewed by Program	
Explain Program Video Footage			
If Yes, What was Finding of Footage?		If No, Why was Footage not available?	

∨ Disposition of Incident

Disposition of Incident		Incident Review Form Submitted ⓘ ☐	

∨ Reporting

SIR/PLE Report Disposition ⓘ	

∨ CPS

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

∨ State Licensing

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

∨ Local Law Enforcement

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

∨ FFS Reporting

FFS SIR Reporting Requirements ☐		FFS Reported To	
FFS Reported SIR Date			

∨ Certification

I confirm that I have completed all.... ⓘ ☐			
Title		Printed Name	
Created By		Last Modified By	

∨ Addendum Details

Description of Addendum Changes ⓘ	

	Collaborators (0)					New	Change Owner

	Individuals Involved in Incident (0)		New

	SIR Notifications (0)		New

	Addendums (0)	

SIR History (1)
1 item • Updated a few seconds ago

	Date		Field		User			Original Va...	New Value	
1	11/24/2020, 2:35 PM		Created.							

View All

	Documents (0)		Refresh

⬆ Upload Files   Or drop files

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

Cancel   Next

New Collaborators: SIR Collaborators

Information

Collaborator ID
SIR   📅 SIR-000000126   ✕

*User ⓘ   Search People...   🔍

Cancel   Save & New   Save

New Collaborators: Monitoring Collaborator

Information

Record Type   Monitoring Collaborator
Collaborator ID
Monitoring   Search Monitoring...   🔍

*User ⓘ   Search People...   🔍

Cancel   Save & New   Save

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.

System-Generated PDF

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:**

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**

EMERGENCY SIGNIFICANT INCIDENT REPORT DETAILS

Category:	**Abuse or Neglect**
	Behavioral Incidents that Threatens Immediate Safety
	Unauthorized Absence
Alleged Perpetrator	**Name of Alleged Perpetrator**

RELATED PROFILES

Type	Name	Role	Note

SIR Submission Due Date	**SIR Submission Date/Time**
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? No	**Specify**

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

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**

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 Given**	**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. ☑

Print Name: **Submitted By:**

Title: **Date:**