

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

Data Entry Window

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

New SIR: Emergency SIR

Status

* Status

UAC Basic Information

UAC:

Event Details

* Event ID

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	

Unauthorized Absence

Available	Chosen
Escape	
Attempted Escape	

Alleged Perpetrator

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

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 Date Time

SIR Submission Date/Time Date Time

Incident Information

Did the incident take place at another...

Care Provider Name

Date/Time Reported to ORR	1 Date	Time	
* Description of Incident	<input type="text"/>		
Was the UAC or Anyone Else Injured?	1 --None--	Specify how the UAC/Anyone Else Injured	<input type="text"/>
Staff Response and Intervention	<input type="text"/>		
Follow-up and/or Resolution	<input type="text"/>		
Actions Taken for Alleged Perpetrator	--None--	Other Actions Taken for Alleged Perp..	1 <input type="text"/>
Actions Taken for Victim	--None--	Other Actions Taken for Victim..	1 <input type="text"/>
Was a Safety Plan Created?	--None--	Explain the Safety Plan	<input type="text"/>
Captured on Program Video Footage	--None--	Date Footage Reviewed by Program	<input type="text"/>
Explain Program Video Footage	<input type="text"/>		
If Yes, What was Finding of Footage?		If No, Why was Footage not available?	<input type="text"/>

Reporting

SIR/PLE Report Disposition **1** --None--

CPS

Is CPS Different From State Licensing	--None--		
Reported to CPS	--None--	Date/Time of Report	Date Time <input type="text"/>
Agency Name	<input type="text"/>	Contact Name	<input type="text"/>
Contact Method	--None--		
Phone	<input type="text"/>	Email	<input type="text"/>
Was the Incident Investigated?	--None--	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	--None--
Results/Findings of Investigation	<input type="text"/>		

State Licensing

Reported To State Licensing	--None--	Date/Time Of Report	Date Time <input type="text"/>
Agency Name	<input type="text"/>	Contact Name	<input type="text"/>
Contact Method	--None--		
Phone	<input type="text"/>	Email	<input type="text"/>
Was the Incident Investigated?	--None--	If not reported to St Licensing, Explain	1 <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	--None--
Results/Findings of Investigation	<input type="text"/>		

Local Law Enforcement

Reported to Law Enforcement	--None--	Date/Time Of Report	Date	Time
Agency Name	<input type="text"/>	Officer Name	<input type="text"/>	Officer Badge
Contact Method	--None--	Phone	<input type="text"/>	Email
Was the Incident Investigated?	--None--	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	--None--	
Results/Findings of Investigation	<input type="text"/>			

FFS Reporting

FFS SIR Reporting Requirements	<input type="checkbox"/>	FFS Reported To	Available	Chosen
			<ul style="list-style-type: none"> HHS OIG ICE/HSI Tip line ICE Human Traffickin... Child's Parent, Legal ... Child's Attorney of Re... Consulate Child Advocate ICE FOJC 	<input type="text"/>
FFS Reported SIR Date	<input type="text"/>			

Certification

I confirm that I have completed all...

Title Printed Name

Cancel Save & New 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 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 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	<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 Date/Time	<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 checked="" type="checkbox"/>	<input type="text"/>	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"/>		

Emergency SIR Details

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

Incident Information

Did the Incident take place at another... i	<input type="text"/>	Care Provider Name	<input type="text"/>
Care Provider City	<input type="text"/>	Care Provider State	<input type="text"/>
Date/Time Reported to ORR i	<input type="text"/>		
Description of Incident	<input type="text"/>		
Was the UAC or Anyone Else Injured? i	<input type="text"/>	Specify how the UAC/Anyone Else Injured	<input type="text"/>
Staff Response and Intervention	<input type="text"/>		

Staff Response and Intervention

Follow-up and/or Resolution

Actions Taken for Alleged Perpetrator

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?

Other Actions Taken for Alleged Perp... 1

Other Actions Taken for Victim... 1

Explain the Safety Plan

Date Footage Reviewed by Program

If No, Why was Footage not available?

Disposition of Incident

Disposition of Incident

Incident Review Form Submitted 1

Reporting

SIR/PLE Report Disposition 1

CPS

Is CPS Different From State Licensing

Reported to CPS

Agency Name

Contact Method

Phone

Was the Incident Investigated?

Case/Confirmation Number

Explain CPS Action

Results/Findings of Investigation

Date/Time of Report

Contact Name

Email

If not reported to CPS, Explain

Date Notified of Incident Investigation

Attach Report/Findings

State Licensing

Reported to State Licensing

Agency Name

Contact Method

Phone

Was the Incident Investigated?

Case/Confirmation Number

Explain State Licensing Action

Results/Findings of Investigation

Date/Time Of Report

Contact Name

Email

If not reported to St Licensing, Explain 1

Date Notified of Incident Investigation

Attach Report/Findings

Local Law Enforcement

Reported to Law Enforcement

Agency Name

Officer Name

Contact Method

Phone

Was the Incident Investigated?

Case/Confirmation Number

Explain Law Enforcement Action

Results/Findings of Investigation

Date/Time Of Report

Officer Badge

Email

If not reported to Law Enforcement, Exp... 1

Date Notified of Incident Investigation

Attach Report/Findings

FFS Reporting

FFS SIR Reporting Requirements

FFS Reported SIR Date

FFS Reported To

Certification

I confirm that I have completed all... 1

Title

Created By

Printed Name

Last Modified By

Addendum Details

Description of Addendum Changes 1

Collaborators (0) New Change Owner

Individuals Involved in Incident (0) New

SIR Notifications (0) New

Addendums (0)

SIR History (1) Settings Refresh

1 Item · Updated a few seconds ago

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

[View All](#)

Documents (0) Refresh

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

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.

UAC-A-10A [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.

The screenshot shows a form titled "New Individuals Involved in Incident". It has a section labeled "Information" with the following fields:

- Name:** A search box with the placeholder text "Search Profiles..." and a magnifying glass icon.
- Type:** A dropdown menu currently showing "--None--".
- Role:** A dropdown menu currently showing "--None--".
- * SIR:** A dropdown menu showing "SIR-000000126" with a red square icon and an "X" to clear the selection.
- Individual ID:** A text input field.
- Notes:** A large text area for entering notes.

At the bottom of the form are three buttons: "Cancel", "Save & New", and "Save".

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.

The screenshot shows a form titled "New SIR Notification". It has a section labeled "Information" with the following fields:

- SIR Notification ID:** A dropdown menu showing "SIR-000000126" with a red square icon and an "X" to clear the selection.
- * SIR:** A dropdown menu showing "SIR-000000126" with a red square icon and an "X" to clear the selection.
- User:** A search box with the placeholder text "Search People..." and a magnifying glass icon.
- Contact Profile:** A search box with the placeholder text "Search Profiles..." and a magnifying glass icon.
- Type:** A dropdown menu currently showing "--None--" with a "View all dependencies" link below it.
- Title:** A dropdown menu currently showing "--None--" with a "View all dependencies" link below it.
- Consent to Communicate:** A dropdown menu currently showing "--None--".
- Notes:** A large text area for entering notes.
- Date Notified:** Two input fields for "Date" and "Time", each with a calendar icon.
- Notification Method:** A dropdown menu currently showing "--None--".

At the bottom of the form are three buttons: "Cancel", "Save & New", and "Save".

Addendum Data Entry Window

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

The screenshot shows a form titled "Add Addendum". It has two main fields:

- *Addendum Reason:** A dropdown menu currently showing "--None--".
- *Description of Addendum Changes:** A large text area for entering the description of changes.

At the bottom right of the form are two buttons: "Cancel" and "Save".

Documents Data Entry Window

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

Add File Details

Record Type

* Title

* Document Type

Date Document Issued (if applicable)

Date Received

Expiration Date

Description

Verified by Government Agency/Consulate

Entry

Individual

Adult Contact Relationship

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

Subject: Standard SIR EV-000116

Font Size B I U A [Icons]

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#:

Synopsis of Event:

Reporter:

Related To: SIR-000000126

Send



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

Administration for Children & Families
Office of Refugee Resettlement

Emergency Significant Incident Report

UAC BASIC INFORMATION	
	UAC Name: A#: AKA: DOB: Age:
Country of Birth: Status: LOS: LOC:	Gender: Current Program: Current Location: Admitted Date: ORR Placement: 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: <input checked="" type="checkbox"/>	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 <input type="checkbox"/>	

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

Emergency Significant Incident Report

Office of Refugee Resettlement

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

Emergency Significant Incident Report

Office of Refugee Resettlement

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.	<input checked="" type="checkbox"/>
Print Name:	Submitted By:
Title:	Date: