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

Data Entry Window

New SIR: Standard SIR

Status

* Status: Draft ▼

Addendum Draft ☐

UAC Basic Information

UAC: Search Profiles... 🔍

Event Details

* Event ID: Search Event... 🔍

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 threat ⓘ

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...

Alleged Perpetrator ⓘ

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

Other Subcategory ⓘ

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 ⓘ — 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	--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 ⓘ	[ ]
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.. ⓘ	[ ]
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

- HHS OIG
- ICE/HSI Tip line
- ICE Human Traffickin...
- Child's Parent, Legal ...

▶ ◀

Chosen

FFS Reported SIR
Date

Certification

I confirm that I
have completed
all….

Title

Printed Name

Cancel   Save & New   **Save**

Serious Incident Report Page

SIR
SIR-000000126

Edit   Add Addendum   Clone

Record Type
Standard SIR

✓ > ✓ > ✓ > **Addendum Submitted** > Created in Error   ✓ Mark Status as Complete

Details   Send SIR/PLE Email

Status

Addendum Draft ☐

∨ 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	

∨ SIR Details

Category	Behavioral Incidents that do ⓘ not threat
	Criminal History
	Gang Affiliation
	Trafficking Concern
	Incidents involving law enforcement
	Past Abuse or Neglect

Alleged Perpetrator ℹ️

Potential fraud schemes

Crisis Intervention

Other Subcategory ℹ️

Name of Alleged Perpetrator

How was this UAC involved?

Were Other UAC Involved ? ℹ️

Specify how the other UAC was Involved

Were staff present or involved? ℹ️

Was Staff Suspended ?

Was a non-staff Adult Present/Involved? ℹ️

Explain Staff Suspension/Decision

SIR Submission Due Date

SIR Submission Date/Time

SIR Submitted on Time ✔️

Incident Information

Did the incident take place at another.. ℹ️

Care Provider Name

Care Provider City

Care Provider State

Date/Time Reported to ORR ℹ️

Description of Incident

Was the UAC or Anyone Else Injured? ℹ️

Specify how the UAC/Anyone Else Injured

Staff Response and Intervention

Follow-up and/or Resolution

Actions Taken for Alleged Perpetrator

Other Actions Taken for Alleged Perp.. ℹ️

Actions Taken for Victim

Other Actions Taken for Victim.. ℹ️

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?

Reporting

SIR/PLE Report Disposition ℹ️

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

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.. ℹ️

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.... ℹ️ ✔️

Title

Printed Name

Created By

Last Modified By

Addendum Details

Description of Addendum Changes ⓘ

🔧 Collaborators (1)
1 item • Updated a few seconds ago

[⚙ ▾] [⟳] [New] [Change Owner]

	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 ...

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]

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.

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
--None-- ▾

*Document Type
--None-- ▾

Entry
Search Entries... 🔍

Date Document Issued (if applicable)
📅

Individual
Search Profiles... 🔍

Date Received
📅

Adult Contact Relationship
Search Adult Contact Relationshi 🔍

Expiration Date
📅

Description

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.

System-Generated PDF

Administration for Children & Families
Office of Refugee Resettlement

Standard Significant Incident Report

UAC BASIC INFORMATION	
	UAC Name:
	A#:
	AKA:
	DOB:
	Age:
	Gender:
Country of Birth:	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
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

SIGNIFICANT INCIDENT REPORT DETAILS

Category:

Behavioral Incidents that Do Not Threaten Immediate Safety

Criminal History

Trafficking Concern

Incidents Involving Law Enforcement

Past Abuse or Neglect

Potential Fraud Schemes

Crisis Intervention

Other Subcategory

SIR Submission Due Date

SIR Submission Date/Time:

SIR Submission 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?

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

SIR/PLE Report Disposition

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?	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: **Created By:**

Title: **Date:**