UAC Basic Information

First Name:	*Auto-populated*	AKA:	*Auto-populated*
Last Name:	*Auto-populated*	Status:	*System-generated*
Date of Birth:	*Auto-populated*	Admitted Date:	*System-generated*
A#:	*Auto-populated*	Length of Stay:	*System-generated*
Country of Birth:	*Auto-populated*	Current Program:	*Auto-populated*
Sex:	*Auto-populated (options for male and female only)*	Portal ID:	*System-generated*
		Physical Location of Child:	*Auto-populated from UAC Portal Discharge Tab*

See UAC Policy Guide Section 4 and 5 for related policies.

Child-Level Event Information

Select Different Event

Location of Event:	*Auto-populated*	**Specific Program:**	*Auto-populated*	**Specific Location:**	*Auto-populated*
Date of Event:	*Auto-populated*	**Time of Event:**	*Auto-populated*	**Event ID:**	*System-generated*
Date Care Provider Became Aware of Event:	*Auto-populated*	**Time Care Provider Became Aware of Event:**	*Auto-populated*		
Short Synopsis:	*Auto-populated*				

Child-Level Event

◉ Emergency SIR ○ Non-Emergency SIR ○ Behavioral Note ○ Historical Disclosure

Report Status:* ○ Open ○ Closed **Date Report Opened:** **Date Report Closed:**

Emergency SIR Category (Select all that apply)

Category Definitions & Examples

☐ Death of a UAC

☐ 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
☐ Sexual Abuse of Child by Adult	☐ Actual or simulated sexual intercourse ☐ Any display of staff's uncovered buttocks, breast, or genitalia in the presence of a child ☐ Forcing a child to engage in sexual exploitation of another child ☐ Molestation (intentional penetration or touching unrelated to official job duties of a child's genitalia, anus, groin, breast, inner thigh, buttocks, or mouth by a body part or object, including kissing, with intent to abuse, arouse, or gratify sexual desire)	☐ Bestiality ☐ Masturbation ☐ Possession or use of child or adult pornography ☐ Prostitution of a child ☐ Sadistic or masochistic abuse ☐ Voyeurism ☐ Any attempt, threat, or request to engage in any of the activities above
☐ Sexual Abuse of Child by Child	☐ 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, directly or through the clothing, of another's genitalia, anus, groin, breast, inner thigh, or the buttocks	☐ Knowingly masturbating in another person's presence ☐ Penetration of another child's anal, oral, or genital area by a body part or object ☐ Possession or use of child pornography ☐ Sadistic or masochistic abuse
☐ Unauthorized Absence		

Individuals Involved

Type of allegation*

Appears if user selects Sexual Abuse of Child by Adult or Sexual Abuse of Child by Child

--Select--

Staff and UAC
UAC and UAC nonconsensual
Non-Staff Adult and UAC
Non-UAC Child and UAC
Other

Did someone other than this child initially reported the incident?* ○ Yes ○ No

>| Add New Row

Name	Type	A#	Title	Specify
	--Select-- *UAC* *Staff* *Non-UAC Child* *Non-Staff Adult*	*Appears if user selects UAC*	*Appears if user selects Staff*	*Appears if user selects Non-UAC Child or Non-Staff Adult*

How was this child involved?* --Select--

<multi-select dropdown>
Impacted
Exhibiting
Witness
Reporter
Other

Were other UAC involved?* ○ Yes ○ No

>| Add New Row

Name	A #	Role	Specify
		--Select-- *<multi-select dropdown>* *Impacted* *Exhibiting* *Witness* *Reporter* *Other*	

Were staff present or involved in the incident?* ○ Yes ○ No

>| Add New Row

Name	Title	Role	Specify	Disciplinary Action for Staff
		--Select-- *<multi-select dropdown>*		--Select-- *<multi-select dropdown>*

		Alleged Victim *Alleged Perpetrator* *Witness* *Reporter* *Other*		*Suspended* *Terminated* *Reinstated* *Retrained* *Resigned* *N/A*

Incident Information:

Full Description of Incident:*

Was the child or anyone else injured?: * ○ Yes ○ No Specify:

Actions Taken:

Was or will the child be referred to the local legal service provider for a follow-up legal consultation? * ○ Yes ○ No

Was or will the child be referred for appointment of a child advocate? * ○ Yes ○ No ○ N/A (child already has a child advocate)

Was the child hospitalized and/or receive serious medical services? * ○ Yes ○ No

Appears if user selects Medical Emergency category

Was or will the child be referred for healthcare services? * ○ Yes ○ No

Specify Type(s) of Healthcare Services: * ☐ Medical ☐ Mental Health/Behavioral ☐ Dental

Appears if user selects "Yes"

Describe the healthcare services that were or will be provided: *

Appears if user selects "Yes"

Staff Response and Intervention:*

Actions Taken for Impacted Child:*

(Field only appears if user selects Sexual Abuse of Child by Adult or Sexual Abuse of Child by Child)

Actions Taken for Exhibiting Child or Alleged Adult Perpetrator:*

(Field only appears if user selects Sexual Abuse of Child by Adult or Sexual Abuse of Child by Child)

Actions Taken for Witnesses:* *(Field only appears if user selects Sexual Abuse of Child by Adult or Sexual Abuse of Child by Child)*

Follow-up and/or Resolution: *(Field only appears if user DOES NOT select Sexual Abuse of Child by Adult or Sexual Abuse of Child by Child)*

ORR Recommendations:

Immediate Phone Call Notifications:

>| Add New Row

Title	Name	Date Notified	Time Notified
9-1-1			
FFS Supervisor			
FFS			
Intakes Hotline	202-401-5709		
ICE FOJC *Appears if user selects Unauthorized Absence category*			
NCMEC *Appears if user selects Unauthorized Absence category*	1-800-843-5678		

Reporting: *(Additional fields for each section only appear when the use selects Yes for the first question)*

Was it reported to State Licensing?* ○ Yes ○ No

Date of Report:

Time of Report:

Was the incident investigated by State Licensing? --Select--
Yes
No
To Be Determined
Unknown

Date Notified the Incident will be investigated:

Case/Confirmation Number:

Explain

Disposition of Investigation: --Select--

Substantiated
Indicated
Not Substantiated
Unfounded
Administratively Closed

Result/Findings of Investigation:

Attach Reports/Findings: Select File | >| Upload | >| Reset

File Name	File Size	File Type	Uploaded By	Uploaded Time	
					✕

Was it reported to CPS?* ○ Yes ○ No

Date of Report:

Time of Report:

--Select--

Was the incident investigated by CPS?

Yes
No
To Be Determined
Unknown

Date Notified the Incident will be investigated:

Case/Confirmation Number:

Explain

Disposition of Investigation:

--Select--

Substantiated
Indicated
Not Substantiated
Unfounded
Administratively Closed

Result/Findings of Investigation:

Attach Reports/Findings: Select File | >| Upload | >| Reset

File Name	File Size	File Type	Uploaded By	Uploaded Time	
					✕

Was it reported to Local Law Enforcement?* ○ Yes ○ No

Date of Report:

Time of Report:

Officer Name:

Officer Badge:

Was the incident investigated by Local Law Enforcement? --Select--

Yes
No
To Be Determined
Unknown

Date Notified the Incident will be investigated:

Case/Confirmation Number:

Explain

Disposition of Investigation: --Select--

Substantiated
Indicated
Not Substantiated
Unfounded
Administratively Closed

Result/Findings of Investigation:

Attach Reports/Findings: Select File | >| Upload | >| Reset

File Name	File Size	File Type	Uploaded By	Uploaded Time	
					✕

Was it reported to DCPI?* ○ Yes ○ No

Date of Report:

Time of Report:

Was the Incident Investigated by DCPI? --Select--

Yes
No

Date Notified the Incident will be investigated:

Case/Confirmation Number:

To Be Determined
Unknown

Explain

Disposition of Investigation: --Select--

Substantiated Tier I
Substantiated Tier II
Not Substantiated
Unfounded
Administratively Closed

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:** ---Select---

Eligibility
Interim Assistance
Denial

Explain

Is an Incident Review form required? * ○ Yes ○ No **Date Form Due:**

Attach Incident Review form: Select File >| Upload >| Reset

File Name	File Size	File Type	Uploaded By	Uploaded Time	
					✕

ORR Notifications: *

>| Add New Row

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
FFS				--Select-- *Phone call* *In-person* *Email* *Messaging app* *Mail* *Other*	
FFS Supervisor				--Select--	
Field Manager				--Select--	
On-Call Field Staff	FieldOnCall@acf.hhs.gov			Email	
PO				--Select--	
Case Coordinator				--Select--	
CFS				--Select--	
SIR Triage	SIRTriage@acf.hhs.gov			Email	
DHUAC	DHUAC@acf.hhs.gov			--Select--	
				--Select--	

Other Notifications: *

>| Add New Row

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
Attorney of Record/Legal Service Provider				--Select-- *Phone call* *In-person* *Email* *Messaging app* *Mail* *Other*	
Parent/Legal Guardian				--Select--	

Child Advocate (if applicable)				--Select--	
Sponsor *Appears is user selects "yes" to question above on hospitalization or serious medical services*				--Select--	
Other Next-of-Kin (if applicable) *Appears if user selects Death of a UAC category*				--Select--	
Consulate *Appears if user selects Death of a UAC category*				--Select--	
ICE FOJC *Appears if user selects Unauthorized Absence or Death of a UAC category*				--Select--	
DHS ERO JFRMU *Appears if user selects Death of a UAC category*				--Select--	

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 where there is an immediate threat to a child's safety and well-being that requires instantaneous action that occur while the child is in ORR custody. 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-XXXX and the expiration date is MM/DD/YYYY. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.