

UAC Basic Information



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

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

Child-Level Event Information

Select Different Event

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

Child-Level Event

☐ Emergency SIR

☒ Non-Emergency SIR

☐ Behavioral Note

☐ Historical Disclosure

Report Status:* ☐ Open ☐ Closed

Date Report Opened:

Date Report Closed:

Non-Emergency SIR Category (Select all that apply)



Category Definitions & Examples

☐ Abuse/Neglect by Adult

☐ Non-medical child neglect

☐ Physical abuse

	<input type="checkbox"/> Verbal or emotional abuse	
<input type="checkbox"/> Behavioral Safety Measure	<input type="checkbox"/> Physical restraint <input type="checkbox"/> Seclusion	<input type="checkbox"/> Soft restraints
<input type="checkbox"/> Child Behavioral Concerns That Threaten Safety	<input type="checkbox"/> Destruction of property <input type="checkbox"/> Physical aggression	<input type="checkbox"/> Use of drugs or alcohol <input type="checkbox"/> Verbal aggression
<input type="checkbox"/> External Threats to UAC	<input type="checkbox"/> Actual or potential fraud schemes <input type="checkbox"/> Labor trafficking concern or risk identified <input type="checkbox"/> Gang affiliation reported	<input type="checkbox"/> Sex trafficking concern or risk identified <input type="checkbox"/> Threats related to crime or organized crime
<input type="checkbox"/> Healthcare Error	<input type="checkbox"/> Health-related neglect <input type="checkbox"/> Inappropriate health intervention (e.g., 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 <input type="checkbox"/> Interview	<input type="checkbox"/> Investigate/Response <input type="checkbox"/> Search
<input type="checkbox"/> Intentional Document/Information Fraud		
<input type="checkbox"/> Mental Health Concerns	<input type="checkbox"/> Hallucinations <input type="checkbox"/> Homicidal ideations	<input type="checkbox"/> Self-harm that does not require emergency medical intervention <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 <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 type="checkbox"/> Staff Code of Conduct & Boundary Violation	<input type="checkbox"/> Cohabiting with a UAC before the child turns 21 years old <input type="checkbox"/> Engaging in a romantic relationship with a UAC while the child is in ORR care or before the child turns 21 years old <input type="checkbox"/> Failing to confine relationships with children, their families, and their sponsors to within scope of duties <input type="checkbox"/> Failing to report any knowledge, suspicion, or information about sexual abuse, sexual harassment, inappropriate sexual behavior, or any other form of abuse/neglect <input type="checkbox"/> Failing to report a code of conduct violation	<input type="checkbox"/> Having any contact with any UAC 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 <input type="checkbox"/> Providing letters, gifts, pictures, or any personal contact/social media information with any UAC in ORR care or before the UAC turns 21 years old <input type="checkbox"/> Engaging in sexual contact with anyone while on duty or while acting in the official capacity of their position <input type="checkbox"/> Threatening a child with incident reporting or behavioral notes to regulate their behavior or for any other reason

☐ Threatening a child with legal, immigration, sponsor unification, or asylum case consequences to regulate their behavior or for any other reason

Individuals Involved *(Section only appears if user selects Abuse/Neglect by Adult, Inappropriate Sexual Behavior, Sexual Harassment, or Staff Code of Conduct & Boundary Violation)*

Type of allegation*

--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
	<div><div>--Select--</div><div>UAC Staff Non-UAC Child Non-Staff Adult</div></div>	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
		<div><div>--Select--</div><div><multi-select dropdown> Impacted</div></div>	

		<i>Exhibiting Witness Reporter Other</i>	
--	--	--	--

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

>| Add New Row

Name	Title	Role	Specify	Disciplinary Action for Staff
		<div>--Select--</div> <div><multi-select dropdown> <i>Alleged Victim</i> <i>Alleged Perpetrator</i> <i>Witness</i> <i>Reporter</i> <i>Other</i></div>		<div>--Select--</div> <div><multi-select dropdown> <i>Suspended</i> <i>Terminated</i> <i>Reinstated</i> <i>Retrained</i> <i>Resigned</i> <i>N/A</i></div>

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 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 Abuse/Neglect by Adult, Inappropriate Sexual Behavior, Sexual Harassment, or Staff Code of Conduct & Boundary Violation)

Actions Taken for Exhibiting Child or Alleged Adult Perpetrator:*

(Field only appears if user selects Abuse/Neglect by Adult, Inappropriate Sexual Behavior, Sexual Harassment, or Staff Code of Conduct & Boundary Violation)

Actions Taken for Witnesses:*

(Field only appears if user selects Abuse/Neglect by Adult, Inappropriate Sexual Behavior, Sexual Harassment, or Staff Code of Conduct & Boundary Violation)

Follow-up and/or Resolution:

(Field only appears if user DOES NOT select Abuse/Neglect by Adult, Inappropriate Sexual Behavior, Sexual Harassment, or Staff Code of Conduct & Boundary Violation)

ORR Recommendations:

Reporting: (Additional fields for each section only appear when the user 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	
					X

Was it reported to CPS?*

☐ Yes ☐ No

Date of Report:

Time of Report:

Was the incident investigated by CPS?

--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	
					X

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

Date Notified the Incident will be investigated:

Case/Confirmation Number:

To Be Determined
Unknown

Explain

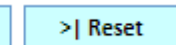
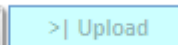
Disposition of Investigation:

--Select--

Substantiated
Indicated
Not Substantiated
Unfounded
Administratively Closed

Result/Findings of
Investigation:

Attach Reports/Findings:



File Name	File Size	File Type	Uploaded By	Uploaded Time	
					X

Was it reported to DCPI?*

☐ Yes ☐ No

Date of Report:

Time of Report:

Was the incident investigated
by DCPI?

--Select--

Yes
No
To Be Determined
Unknown

Date Notified the
Incident will be
investigated:

Case/Confirmation
Number:

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	
					X

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-- ▼	
Sponsor				--Select-- ▼	
Child Advocate (if applicable)				--Select-- ▼	

Reporter and Follow-Up Contact: *

>| Add New Row

Type	Name	Title	Email	Telephone Number
Staff Filing Report				
Contact for Follow-Up				

>| Save

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