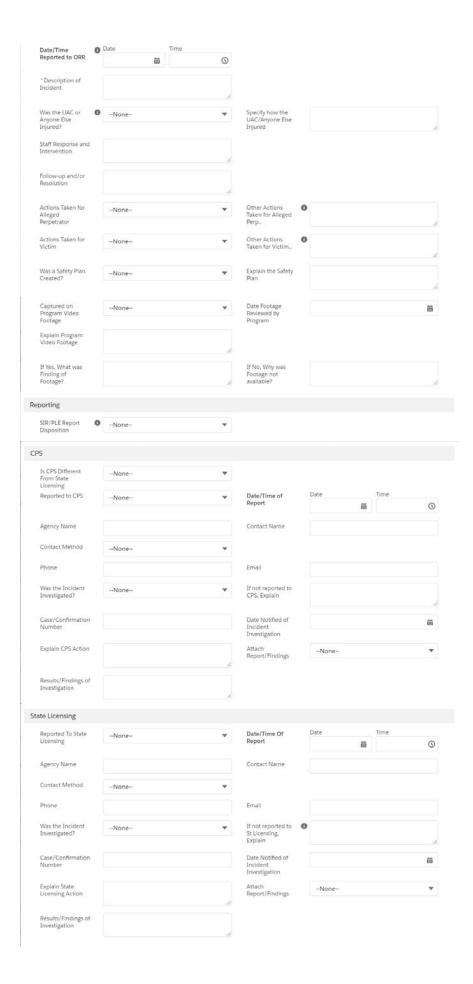
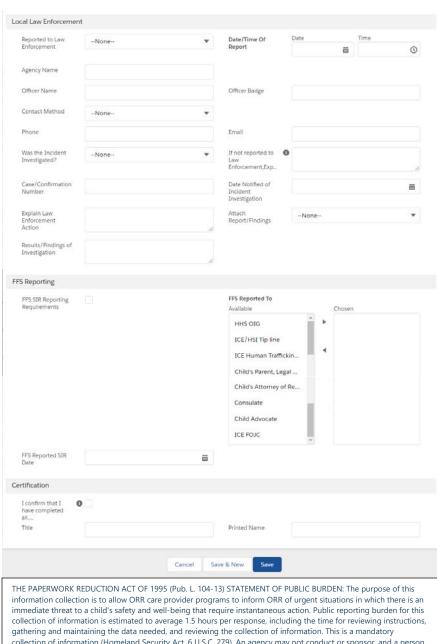
Emergency Significant Incident Report and Addendum (Form A-10A)

Data Entry Window





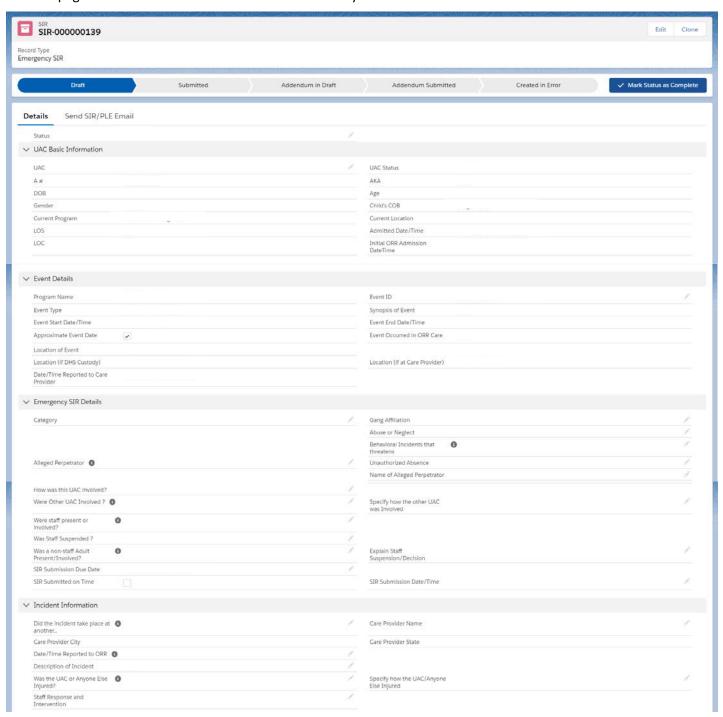


collection of information (Homeland Security Act, 6 U.S.C. 279). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information please contact <u>UACPolicy@acf.hhs.gov</u>.

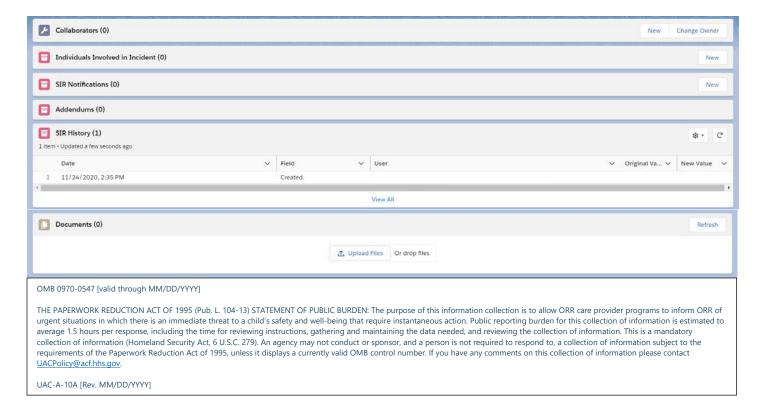
UAC-A-10A [Rev. MM/DD/YYYY]

Emergency Serious Incident Report Page

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

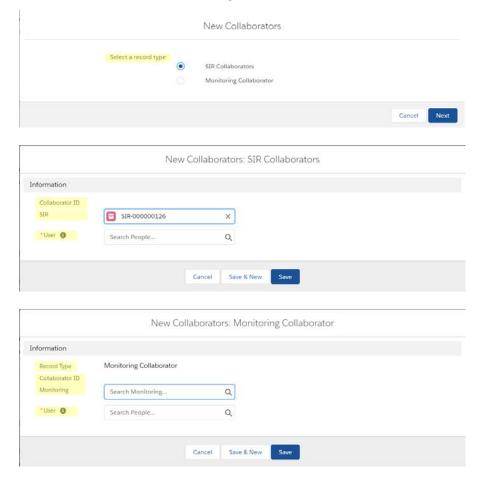


	Intervention	. 6.		
	Follow-up and/or Resolution	1		
	Actions Taken for Alleged Perpetrator	1	Other Actions Taken for Alleged Perp	
	Actions Taken for Victim	1	Other Actions Taken for	
			Victim	
	Was a Safety Plan Created?	1	Explain the Safety Plan	
	Captured on Program Video Footage	1	Date Footage Reviewed by Program	
	Explain Program Video	1		
	Footage If Yes, What was Finding of	7	If No, Why was Footage not	
	Footage?		available?	
~	Disposition of Incident			
	Disposition of Incident	1	Incident Review Form	
			Submitted	
V	Reporting			
	SIR/PLE Report Disposition 0	/		
	STATE CONTROL OF SPECIAL OF SPECI			
V	CPS			
	Is CPS Different From State	7		
	Licensing			
	Reported to CPS	1	Date/Time of Report	
	Agency Name	1	Contact Name	
	Contact Method	1		
	Phone	1	Email	
	Was the Incident Investigated?	2	If not reported to CPS,	
	Case/Confirmation Number	1	Explain Date Notified of Incident	
	and a second sec		Investigation	
	Explain CPS Action	1	Attach Report/Findings	
	Results/Findings of Investigation	1		
	Section Operation			
V	State Licensing			
	Reported To State Licensing	/	Date/Time Of Report	
	Agency Name	1	Contact Name	
	Contact Method	1		
	Phone	1	Email	
	Was the Incident	. 2	If not reported to St	
	Investigated?		Licensing, Explain	
	Case/Confirmation Number		Date Notified of Incident Investigation	
	Explain State Ucensing	1	Attach Report/Findings	
	Action	7		
	Results/Findings of Investigation	360		
~	Local Law Enforcement			
	Reported to Law	1	Date/Time Of Report	
	Enforcement Among Marga	7		
	Agency Name Officer Name	-	Officer Badge	
	Contact Method	-	error angle	
	Phone	1	Email	
	Was the Incident	7	If not reported to Law	
	Investigated?		Enforcement,Exp	
	Case/Confirmation Number	1	Date Notified of Incident Investigation	
	Explain Law Enforcement	1	Attach Report/Findings	
	Action		9 (8)	
	Results/Findings of Investigation	4		
~	FFS Reporting			
	FFS SIR Reporting	1	FFS Reported To	
	Requirements FFS Reported SIR Date	7		
	rra nakanna ani a 416			
~	Certification			
	I confirm that I have	7		
	completed all			
	Title	1	Printed Name	
	Created By		Last Modified By	
	Addressing Data Rev			
~	Addendum Details			
	Description of Addendum O	2		
	Changes			



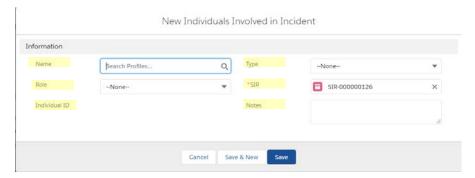
Collaborators Data Entry Windows

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.



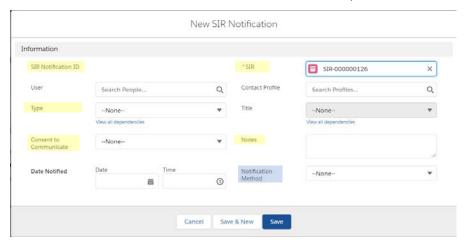
Individuals Involved in Incident Data Entry Window

New feature that allows case managers to link profiles of care provider staff or UAC that are already in the system to the SIR.



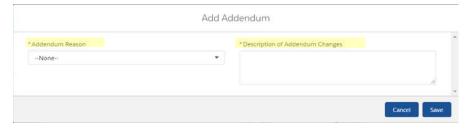
SIR Notifications Data Entry Window

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.



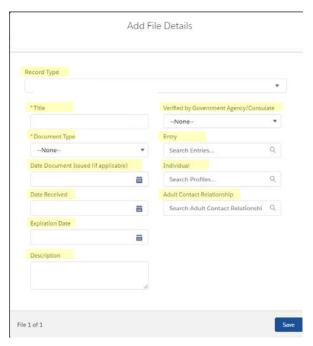
Addendum Data Entry Window

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



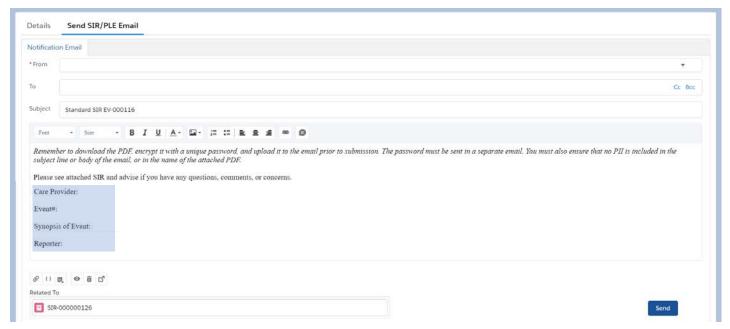
Documents Data Entry Window

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.





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:	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 Inci	Behavioral Incidents that Threatens Immediate Safety			
	Unauthorized Absence					
Alleged Perpetrator		d Perpetrator				
	RELATED PROFILES					
Туре	Name	Role	Note			
SIR Submission Due D	Date	SIR Submission	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?	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							
				NOTIFICATIONS		or the second of	
Title	Name		Email		Phone	Date Notified	Method
		EXT	ERNAL A	GENCY NOTIFICAT	IONS		
Title	Name		Email		Phone	Date Notified	Method
	1						
Relevant Contact C	Correspondence Di	ue Date:					
			RELE	VANT CONTACTS			
Title Name Conso		ent Email		Phone	Date Notified	Method	
			DEDOD	TED 8 FOLLOW UD			
Title	Name		Email	TER & FOLLOW-UP	Phone	Date Notified	Method
Title	Name		Eman		Phone	Date Notified	Method
	·					·	
			CI	ERTIFICATION			
I confirm that I ha	I confirm that I have completed all the required sections and the information is accurate.						
Print Name:				Submitted	Вү:		
Title:	Title: Date:						