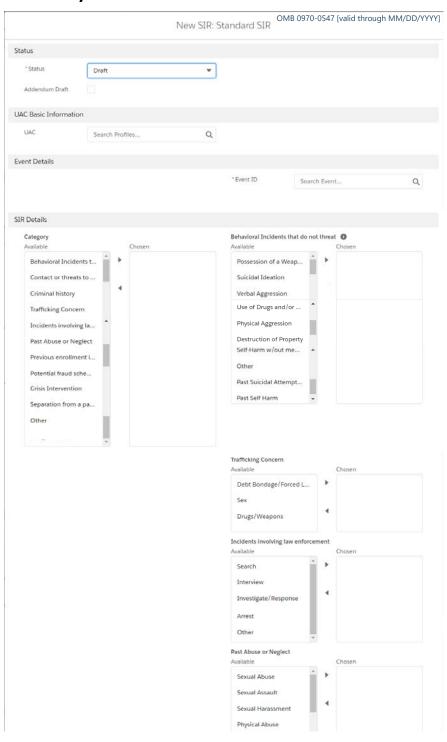
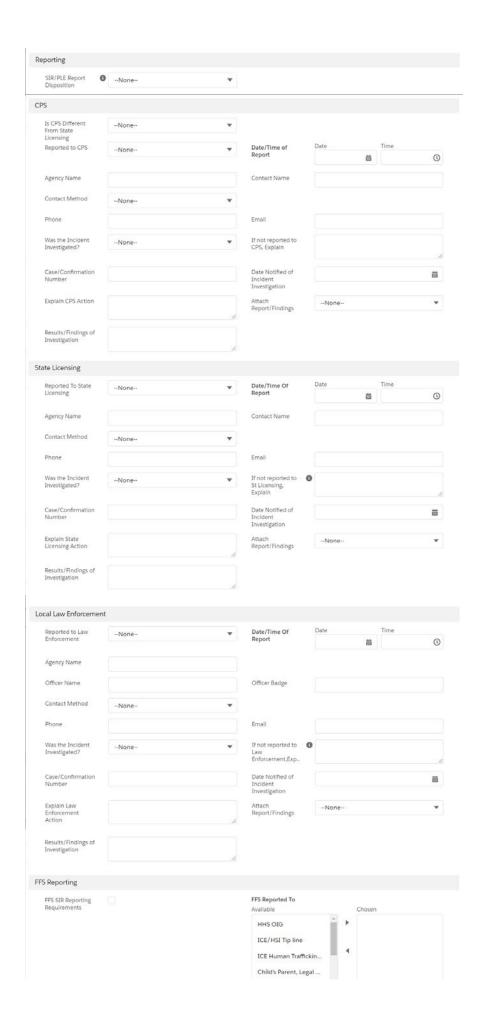
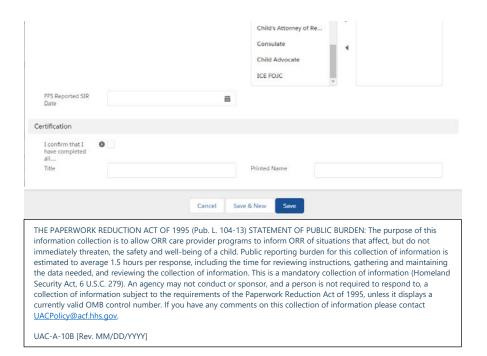
# Significant Incident Report and Addendum (Form A-10B)

## **Data Entry Window**

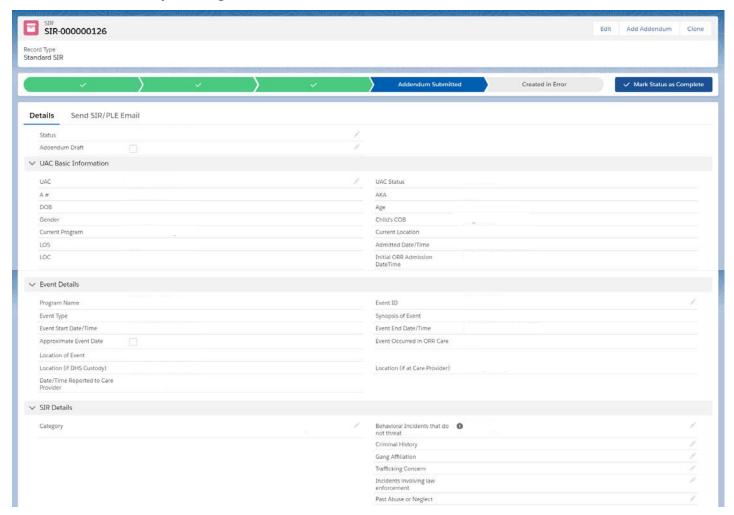




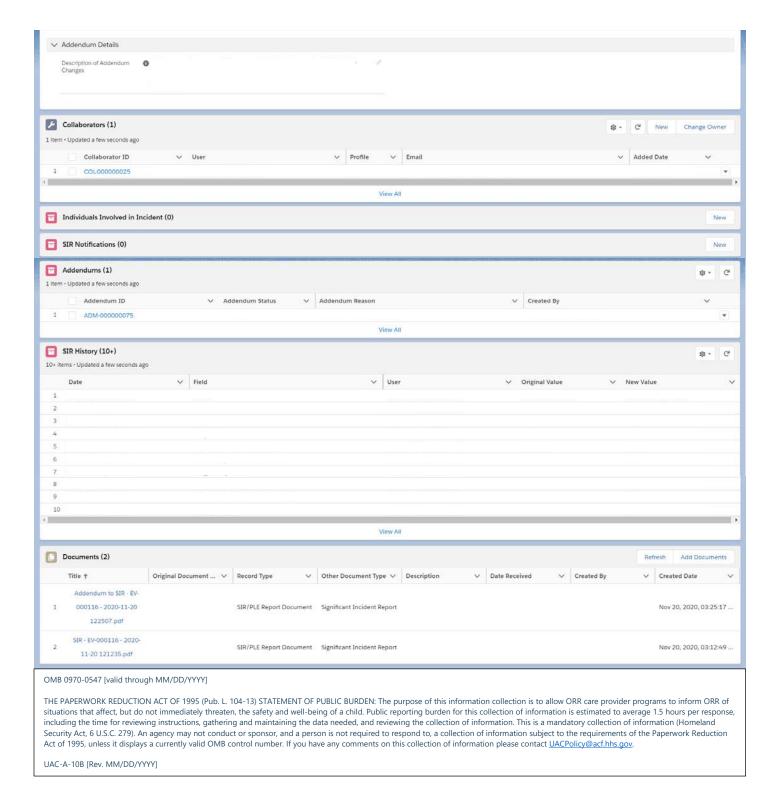




### **Serious Incident Report Page**



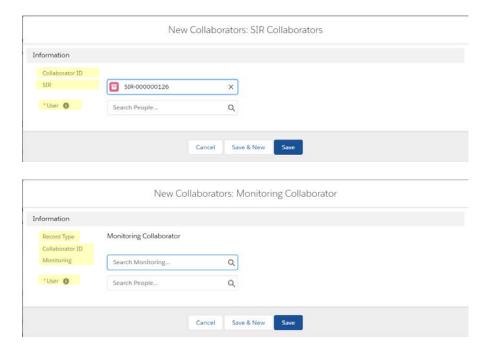
		Potential fraud schemes	1
		Crisis Intervention	1
Alleged Perpetrator 0	1	Other Subcategory      O	1
		Name of Alleged Perpetrator	1
How was this UAC involved?	1		
Were Other UAC Involved ? 0	1	Specify how the other UAC	je.
		was Involved	
Were staff present or Involved?	: <		
Was Staff Suspended ?	1		
Was a non-staff Adult	- 7	Explain Staff	1
Present/Involved?		Suspension/Decision	
SIR Submission Due Date	- 2	SIR Submission Date/Time	1
SIR Submitted on Time			
✓ Incident Information			
Did the incident take place at 0	- 2	Care Provider Name	1
another			
Care Provider City		Care Provider State	
Date/Time Reported to ORR	1		
Description of Incident	1		
Was the UAC or Anyone Else	1	Specify how the UAC/Anyone	1
Injured?	-	Else Injured	
Staff Response and Intervention	1		
Follow-up and/or Resolution	1		
Actions Taken for Alleged	1	Other Actions Taken for	7
Perpetrator		Alleged Perp	
Actions Taken for Victim	1	Other Actions Taken for Victim	1
Was a Safety Plan Created?	- 2	Explain the Safety Plan	7
Captured on Program Video	-	Date Footage Reviewed by	7
Footage		Program	
Explain Program Video	1		
Footage If Yes, What was Finding of	-	TALL Manual Francisco	
Footage?		If No, Why was Footage not available?	
> Penasting			
∨ Reporting			
and the control of th			
SIR/PLE Report Disposition	-/-		
✓ CPS			
✓ CPS			
	- 4		
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## **Collaborators Data Entry Windows**

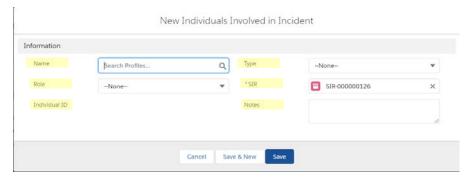
New feature that allows case manager or ORR staff to give read/write access to other users. Restricted to granting access to individuals inside their organization or to ORR staff.





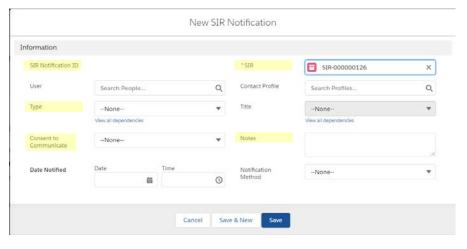
### **Individuals Involved in Incident Data Entry Window**

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



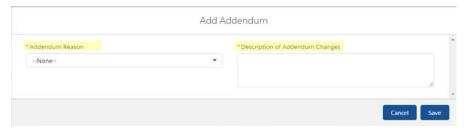
## **SIR Notifications Data Entry Window**

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.



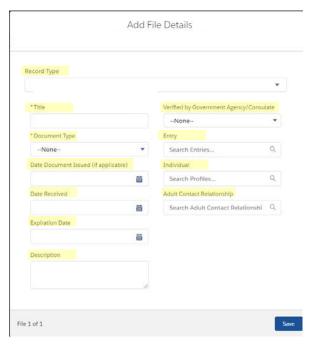
## **Addendum Data Entry Window**

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



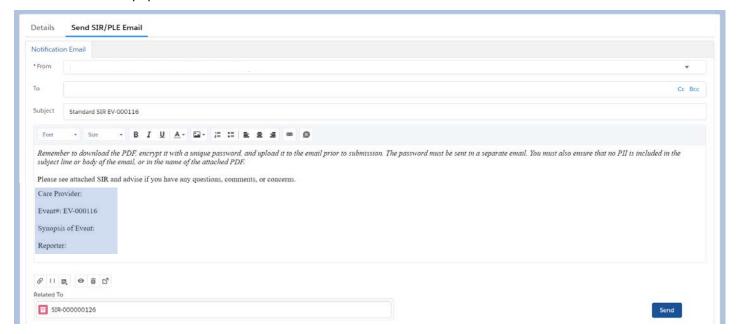
# **Documents Data Entry Window**

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

# **Standard Significant Incident Report**

UAC BASIC INFORMATION				
	UAC Name:			
	A#:			
	AKA:			
	AKA:			
	DOB:			
	Age:			
	Gender:			
Country of Birth:	Current Program:			
Status:				
	Current Location:			
	Admitted Date:			
LOS:	ORR Placement			
LOC:	ORR Flacement			
	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:			

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 situations that affect, but do not immediately threaten, the safety and well-being of a child. 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.

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** 

N

#### INCIDENT INFORMATION

Did the incident take place at another care provider Care Provider Name

facility?

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?

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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 Meth					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.

abla

Print Name:	Created By:
Title:	Date: