| | | UAC Basic Information |
|----------------|------------------------------|-----------------------|
| Photo of Minor | First Name: | Status: |
| | Last Name: | AKA: |
| | Date of Birth: | Gender: |
| | A No.: | LOS: |
| | Age: | LOC: |
| | Child's Country of Birth: | Current Program: |
| | Admitted Date: ORR Placement | Current Location: |
| | Date: | |

Event Type: SIR Event

Date of Time of Event ID: Event ID:

Synopsis of Event:

| | Significant Incident Report (A | ddendum) | | | | |
|---|---|--|--|--|--|--|
| Emergency SIR® SIR | | , | | | | |
| | SIR | | | | | |
| □ Abuse/Neglect in ORR Care | Select | Alleged Perpetrator:Select | | | | |
| ☐ Past Abuse/Neglect Not in | ☐ Abuse In Home Country | ☐ Abuse On Journey | | | | |
| ORR Care | ■ Neglect/Abandonment in the Home Country | ■ Neglect/Abandonment in the United States | | | | |
| | ☐ Abuse In UnitedStates | □ Other | | | | |
| | ☐ Abuse In DHS Custody | Specify: | | | | |
| | ☐ Physical Abuse In ICE Custody | | | | | |
| | ☐ Sexual Abuse In ICE Custody | | | | | |
| | ☐ Physical Abuse In CBP Custody | | | | | |
| | ☐ Sexual Abuse In CBP Custody | | | | | |
| | □ Other | | | | | |
| | Specify: | | | | | |
| Major Behavioral Incidents | Possession/Use of a Weapon | Physical Aggression/Harm to Others | | | | |
| that threaten safety | ☐ Suicidal Ideation | ■ Use of Drugs and/or Alcohol in ORR Custody | | | | |
| | □ Verbal Aggression | Self-injurious Behaviors/Self Mutilation | | | | |
| | □ Other | ☐ Suicide Attempt/Gesture | | | | |
| | Specify: | | | | | |
| Runaway | ☐ Runaway ☐ Attempted Runaway | | | | | |
| Incidents Involving Law | ■ Search | ☐ Investigate/Response | | | | |
| Enforcement | ☐ Interview | ☐ Arrest | | | | |
| | ☐ Other | | | | | |
| | Specify: | | | | | |
| ▼ Safety Measures | ✓ One-on-One Supervision ☐ Use of Restraints ☐ Pat-Down or Other Searches | | | | | |
| Criminal History | ☐ Significant Criminal History in Home Country | | | | | |
| | ☐ Significant Criminal History in United States | | | | | |
| | ☐ Other | | | | | |
| | Specify: | | | | | |
| Pregnancy Related Issues | Pregnancy C Childbirth Termination Request | | | | | |
| Please describe how the pregnancy occurred and if there are any medical complication pregnancy: | | | | | | |
| Other | | from smuggling syndicates, organized crime, other criminal | | | | |
| | actors) | | | | | |
| | ☐ Separated from Parent/Legal Guardian | | | | | |
| | □ Other | | | | | |
| | Specify: | | | | | |
| Did the inside of the state of | Incident Information: | | | | | |
| Did the incident take place at another care provider facility? | C Yes © No Care Provider Name: Select Provider Name | | | | | |
| anomer care provider racinty. | Care Provider City: Select Provider City Care Provider State: Select Provider State | | | | | |
| Location of | Date Reported To | Time Reported To | | | | |
| Incident: | Care Provider: | Care Provider: | | | | |

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 provide additional information obtained after a Significant Incident Report has been submitted to ORR. Public reporting burden for this collection of information is estimated to average 0.25 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.

Date Reported To Time Reported To ORR: ORR: Description of Incident (History) **Description of Incident: (Full Description of Incident)** Was the UAC or Anyone Else C Yes © No Specify: Injured?: **Actions Taken** Staff Response and Intervention (History) Staff Response and Intervention Follow-up and/or Resolution (History) Follow-up and/or Resolution: Recommendations (History) **Recommendations:** Reporting: Date of Time of Reported To State Licensing: C Yes © No Report: Report: Date Notified the Case/Confirmation Incident will be Was the Incident Investigated? C Yes C No Number: investigated: **Explain** Progress of Investigation (History) Results/Findings of Investigation (History): Results/Findings of Investigation: Attach Reports/Findings: Is CPS Different From State ○ Yes ⊙ No Licensing: Date of Reported To CPS: ○ Yes ○ No Time of Report: Report: Date Notified the Case/Confirmation Was the Incident Investigated? C Yes C No Incident will be Number: investigated: Explain Results/Findings of Investigation: Attach Reports/Findings: Reported To Local Law Date of Time of Report: ○ Yes ○ No **Enforcement:** Report: Officer Name: Officer Badge: Date Notified the Case/Confirmation Was the Incident Investigated? Incident will be ○ Yes ○ No Number: investigated: **Explain** ☐ Progress of Investigation (History) Results/Findings of Investigation (History): Results/Findings of Investigation: Attach Reports/Findings: ORR Notifications: **Date Notified** Time Notified ORR/PO Medical Coordinator Case Coordinator CFS SIR Hotline ORR/FFS Other Notifications: Is this an SIR for a Runaway? C Yes C No ICE Juvenile Phone Coordinator

| | Reporter and Follow-Up | Contact: | | |
|-----------------------|------------------------|----------|-------|------------------|
| Туре | Name | Title | Email | Telephone Number |
| Staff Filing Report | | | | |
| Contact for Follow-Up | | | | |
| | | | | · |