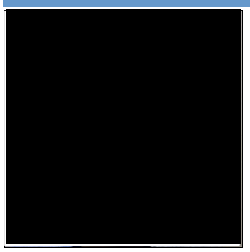
UAC Basic Information



First Name:	John Daniel	**Status:**	ADMITTED
Last Name:	Doe Jones	**AKA:**	
Date of Birth:	11/30/2002	**Gender:**	M
A No.:	123456789	**LOS:**	33
Age:	16	**LOC:**	148
Child's Country of Birth:	Africa	**Current Program:**	Test Program 1
Admitted Date:	9/18/2019	**Current Location:**	Houston, TX
ORR Placement Date:	5/25/2019		

Event Type: SIR Event

Date of Event: 4/1/2019 **Time of Event:** 12:00 PM **Event ID:** 123456

Synopsis of Event: During the mental health screening process, client disclosed living alone since he was fifteen years old in COO of Africa.

Significant Incident Report (Addendum)

○ **Emergency SIR** ◉ **SIR**

SIR

☐ **Abuse/Neglect in ORR Care**	---Select---	Alleged Perpetrator: ---Select---
☑ **Past Abuse/Neglect Not in ORR Care**	☐ Abuse In Home Country ☑ Neglect/Abandonment in the Home Country ☐ Abuse In UnitedStates ☐ Abuse In DHS Custody ☐ Physical Abuse In ICE Custody ☐ Sexual Abuse In ICE Custody ☐ Physical Abuse In CBP Custody ☐ Sexual Abuse In CBP Custody ☐ Other Specify:	☐ Abuse On Journey ☐ Neglect/Abandonment in the United States ☐ Other Specify:
☐ **Major Behavioral Incidents that threaten safety**	☐ Possession/Use of a Weapon ☐ Suicidal Ideation ☐ Verbal Aggression ☐ Other Specify:	☐ Physical Aggression/Harm to Others ☐ Use of Drugs and/or Alcohol in ORR Custody ☐ Self-injurious Behaviors/Self Mutilation ☐ Suicide Attempt/Gesture
☐ **Runaway**	☐ Runaway ☐ Attempted Runaway	
☐ **Incidents Involving Law Enforcement**	☐ Search ☐ Interview ☐ Other Specify:	☐ Investigate/Response ☐ Arrest
☐ **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 ○ Childbirth ○ Termination Request **Please describe how the pregnancy occurred and if there are any medical complications related to the pregnancy:**	
☐ **Other**	☐ **Contact or Threats to UC while in ORR Care (from smuggling syndicates, organized crime, other criminal actors)** ☐ Separated from Parent/Legal Guardian ☐ Other Specify:	

Incident Information:

Did the incident take place at another care provider facility?	○ Yes ◉ No	**Care Provider Name:**	-- Select Provider Name --		
		Care Provider City:	-- Select Provider City --	**Care Provider State:**	-- Select Provider State --
Location of Incident:	Other	**Date Reported To Care Provider:**	9/22/2019	**Time Reported To Care Provider:**	12:00 PM

Other Specify:	Afriaca	**Date Reported To ORR:**	9/22/2019	**Time Reported To ORR:**	12:00 PM

Description of Incident (History)

Prior Text	Date Updated	Submitted By
This is a sample for training and experimenting purposes only.	10/21/2019 4:36:28 PM	joe.test@tyu.org

Description of Incident: (Full Description of Incident) This is a sample for training and experimenting purposes only.

Was the UAC or Anyone Else Injured?: ○ Yes ◉ No **Specify:** N/A

Actions Taken

Staff Response and Intervention (History)

Staff Response and Intervention This is a sample for training and experimenting purposes only.

Follow-up and/or Resolution (History)

Follow-up and/or Resolution: This is a sample for training and experimenting purposes only.

Recommendations (History)

Recommendations: This is a sample for training and experimenting purposes only.

Reporting:

Reported To State Licensing:	○ Yes ◉ No	**Date of Report:**	**Time of Report:**
Was the Incident Investigated?	○ Yes ◉ No	**Date Notified the Incident will be investigated:**	**Case/Confirmation Number:**

Explain

Progress of Investigation (History)

Results/Findings of Investigation (History):

Results/Findings of Investigation:

Attach Reports/Findings: