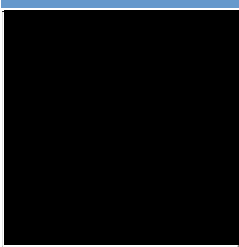


UAC Basic Information



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

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)

C Emergency SIR  SIR

SIR

<input type="checkbox"/> Abuse/Neglect in ORR Care	---Select---	Alleged Perpetrator:	---Select---
<input checked="" type="checkbox"/> Past Abuse/Neglect Not in ORR Care	<input type="checkbox"/> Abuse In Home Country <input checked="" type="checkbox"/> Neglect/Abandonment in the Home Country <input type="checkbox"/> Abuse In UnitedStates <input type="checkbox"/> Abuse In DHS Custody <input type="checkbox"/> Physical Abuse In ICE Custody <input type="checkbox"/> Sexual Abuse In ICE Custody <input type="checkbox"/> Physical Abuse In CBP Custody <input type="checkbox"/> Sexual Abuse In CBP Custody <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Abuse On Journey <input type="checkbox"/> Neglect/Abandonment in the United States <input type="checkbox"/> Other Specify:	
<input type="checkbox"/> Major Behavioral Incidents that threaten safety	<input type="checkbox"/> Possession/Use of a Weapon <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Physical Aggression/Harm to Others <input type="checkbox"/> Use of Drugs and/or Alcohol in ORR Custody <input type="checkbox"/> Self-injurious Behaviors/Self Mutilation <input type="checkbox"/> Suicide Attempt/Gesture	
<input type="checkbox"/> Runaway	<input type="checkbox"/> Runaway <input type="checkbox"/> Attempted Runaway		
<input type="checkbox"/> Incidents Involving Law Enforcement	<input type="checkbox"/> Search <input type="checkbox"/> Interview <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Investigate/Response <input type="checkbox"/> Arrest	
<input type="checkbox"/> Safety Measures	<input type="checkbox"/> One-on-One Supervision <input type="checkbox"/> Use of Restraints <input type="checkbox"/> Pat-Down or Other Searches		
<input type="checkbox"/> Criminal History	<input type="checkbox"/> Significant Criminal History in Home Country <input type="checkbox"/> Significant Criminal History in United States <input type="checkbox"/> Other Specify:		
<input type="checkbox"/> Pregnancy Related Issues	<input type="radio"/> Pregnancy <input checked="" type="radio"/> Childbirth <input type="radio"/> Termination Request Please describe how the pregnancy occurred and if there are any medical complications related to the pregnancy:		
<input type="checkbox"/> Other	<input type="checkbox"/> Contact or Threats to UC while in ORR Care (from smuggling syndicates, organized crime, other criminal actors) <input type="checkbox"/> Separated from Parent/Legal Guardian <input type="checkbox"/> 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: