



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
330 C Street, S.W.
Washington, D.C. 20201

August 5, 2021

William F Marshall
Judicial Watch
425 Third Street, SW, Suite 800
Washington, DC 20024
bmarshall@judicialwatch.org

Dear Mr. Marshall:

This is in response to your FOIA request, #21-F-0068 (21-cv-01190), in which you requested:

1. All summaries from individual case files of reports of physical and/or sexual abuse or assault of Unaccompanied Alien Children under the care of HHS, its sub-agencies, and or VOLAGs, contractors, grantees, and sub-grantees, to include all segregable, non-exempt information.
2. Records reflecting aggregated data of physical and/or sexual abuse and assault of UACs under the care of HHS, its sub-agencies, and or VOLAGs, contractors, grantees, and sub-grantees.

The Office of Refugee Resettlement (ORR) conducted a thorough search of their files and located the enclosed 41 pages of responsive records.

Information has been redacted from portions of these pages pursuant to FOIA exemption (b)(6).

The FOIA exemption (b)(6) permits the withholding of records which, if released, would constitute a clearly unwarranted invasion of personal privacy. The information we have withheld include unaccompanied alien minors (UAC) Alien ID numbers, UAC pictures, UAC names, employee email addresses, and employee cellphone numbers. Public disclosure of this information would constitute an invasion of privacy of those individuals whose identifying information was disclosed. In withholding the information, the individual's privacy interest was balanced against any public interest in disclosure. In each instance where information was withheld, it was determined that the individual's privacy interests outweighed any public interest in disclosure of the withheld information. Disclosure of the withheld information would invade the privacy of the subject individuals but would reveal nothing about the operations or activities of the government.

If you are not satisfied with any aspect of the processing and handling of this request, you may contact the Assistant United States Attorney in the United States Department of Justice who is handling this case for the Department.

Sincerely yours,

Carla C.

Smith-S
Celeste Smith

Digitally signed by
Carla C. Smith -S
Date: 2021.08.05
15:14:21 -04'00'

Director, Freedom of Information Office
Office of Communications
Administration for Children and Families
Department of Health and Human Services
Washington, D.C.

(b)(6)

UAC Basic Information

First Name: (b)(6) **Status:** DISCHARGED
Last Name: (b)(6) **AKA:**
Date of Birth: (b)(6) **Gender:** F
A No.: (b)(6) **LOS:** 27
Age: 15 **LOC:** 112
Child's Country of Birth: Guatemala **Current Program:** CHS Loma Alta Shelter
Admitted Date: 2/7/2021 **Current Location:** Brownsville, TX
ORR Placement Date: 2/6/2021

Event Type: SIR Event

Date of Event: 2/8/2021

Time of Event: 05:00 PM

Event ID: 300702

Synopsis of Event: Minor disclosed being hit on her arm by roommate.

Significant Incident Report

Emergency SIR ☒ SIR

SIR

<input checked="" type="checkbox"/> Abuse/Neglect in ORR Care	Type of Abuse/Neglect:	Physical Abuse	Alleged Perpetrator:	UAC
<input type="checkbox"/> Past Abuse/Neglect Not in ORR Care	<input type="checkbox"/> Abuse In Home Country <input type="checkbox"/> Neglect/Abandonment in the Home Country <input type="checkbox"/> Abuse In United States <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"/> Behavioral Incidents that do not threaten immediate safety	<input type="checkbox"/> Possession of a Weapon <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Destruction of property <input type="checkbox"/> Past Self-Harm <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Physical Aggression <input type="checkbox"/> Use of Drugs and/or Alcohol in ORR Custody <input type="checkbox"/> Self-Harm without medical Intervention <input type="checkbox"/> Past Suicidal Attempt/Gesture		
<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 checked="" type="radio"/> Pregnancy <input 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"/> Potential Fraud Schemes	<input type="checkbox"/> Confidence Scheme <input type="checkbox"/> Document/Information Fraud			
<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"/> Previous Enrollment in the DHS Migrant Protection Protocols Programs <input type="checkbox"/> Other Specify:			

Incident Information:

Did the incident take place at another care provider facility?		<input type="radio"/> Yes <input checked="" type="radio"/> 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:	2/25/2021	Time Reported To Care Provider:	11:30 AM
Other Specify:	Dorm Room	Date Reported To ORR:	2/25/2021	Time Reported To ORR:	01:00 PM
Description of Incident: (Full Description of Incident)	Description of Incident: On 02/25/2021, at approximately 11:30 a.m., assigned clinician, (b)(6) met with minor to follow-up with minor's request to transfer rooms. During the session, UAC disclosed being hit on her right arm by roommate on date of Initial Medical Exam (02/08/21). UAC stated that when she returned from IME she expressed to her roommate that her arm was sore on arm (vaccination site). UAC stated that roommate then hit identified UAC's arm with a closed fist and called her "tonta" (stupid). UAC said she told roommate that she is not stupid and not to hit her. According to UAC, her roommate responded by saying "si no eres tonta, eres bruta" (If you aren't stupid, then you are ignorant). UAC explained that she did not report incident to CHSi Loma Alta staff because she did not want to escalate any problems with her roommate. UAC said she decided to report after her roommate reportedly shoved identified UAC's leg with her foot on Sunday 02/21/2021 and allegedly continues to talk to identified UAC in an abrupt and disrespectful manner.				
Was the UAC or Anyone Else Injured?:	<input type="radio"/> Yes <input checked="" type="radio"/> No Specify:				
Actions Taken					
Staff Response and Intervention	Clinician assessed whether minor was experiencing any distress related to the event. Minor stated that she is not comfortable sharing a dorm room with her current roommate. Minor requested a room change. An In-Care Safety Plan was discussed and UAC was agreeable to the Safety Plan. Shelter rules/guidelines were reviewed and UAC expressed understanding of ways to seek help if she ever feels uncomfortable while in shelter placement. Clinician provided psychoeducation related to child abuse laws in the United States. Minor expressed her understanding and was agreeable to U.S. laws discussed in session. Minor also expressed willingness to disclose the incident to her sponsor. The minor will be reassigned to a different dorm. Shelter staff is in the process of moving minor to a separate dorm room. A report to TDFPS was made (Intake Specialist (b)(6) ID # (b)(6) Report ID (b)(6)).				
Follow-up and/or Resolution:	Minor denied the experience of any trauma symptoms related to this event or previous SIR. UAC stated that she does not feel comfortable sharing a room with current roommate but stated that she felt a relief in disclosing incident to clinician. Clinician asked whether UAC would be willing to attend counseling session with roommate to discuss current issues. UAC declined as she stated she is worried that it will escalate the issue. UAC described feeling safe to return to classroom at this time. Program Directors have been notified of incident. Clinician will continue to monitor minor's mood, behavior, and adjustment while in placement. Minor will continue to participate in weekly individual and group sessions while in care.				
Recommendations:	Clinician will follow up with minor to review boundaries, limitations and any other interventions as needed. Clinician will monitor minor for signs of distress associated with this event.				
Reporting:					
Reported To State Licensing:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Date of Report:	2/25/2021	Time of Report:	12:20 PM
Was the Incident Investigated?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date Notified the Incident will be investigated:		Case/Confirmation Number:	
Explain					
Results/Findings of Investigation:					
Attach Reports/Findings:					
Is CPS Different From State Licensing:	<input checked="" type="radio"/> Yes <input type="radio"/> No				
Reported To CPS:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Date of Report:	2/25/2021	Time of Report:	12:20 PM
Was the Incident Investigated?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date Notified the Incident will be investigated:		Case/Confirmation Number:	
Explain					
Results/Findings of Investigation:					
Attach Reports/Findings:					
Reported To Local Law Enforcement:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date of Report:		Time of Report:	
		Officer Name:		Officer Badge:	
Was the Incident Investigated?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date Notified the Incident will be investigated:		Case/Confirmation Number:	
Explain					
Results/Findings of Investigation:					
Attach Reports/Findings:					
ORR Notifications:					

Name	Agency/Title	Date Notified	Time Notified	Email	Telephone Number
Jesse Santoscoy	ORR/FFS	2/25/2021	01:00 PM	Jesse.Santoscoy@acf.hhs.gov	(b)(6)
Aronda Howard	ORR/PO	2/25/2021	01:00 PM	Aronda.howard@acf.hhs.gov	
DCS Medical	Medical Coordinator	2/25/2021	01:00 PM	dcsmedical@acf.hhs.gov	2022054340
Roberto Robles	Case Coordinator	2/25/2021	01:00 PM	(b)(6)@GDI	(b)(6)
Alexis Herebia	CFS	2/25/2021	01:00 PM	Alexis.Herebia@acf.hhs.gov	
SIR Hotline	SIR Hotline	2/25/2021	01:00 PM	SIRHotline@acf.hhs.gov	2024015709

Other Notifications:

Is this an SIR for a Runaway? ☒ Yes ☐ No

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
ICE Juvenile Coordinator				Phone	

Reporter and Follow-Up Contact:

Type	Name	Title	Email	Telephone Number
Staff Filing Report	(b)(6)	Clinical Counselor	(b)(6)@chsmedical.dhs.gov	(b)(6)
Contact for Follow-Up	Francine Guerrero	Program Director	(b)(6)@chsmedical	

(b)(6)		UAC Basic Information	
First Name:	(b)(6)	Status:	DISCHARGED
Last Name:		AKA:	
Date of Birth:		Gender:	M
A No.:		LOS:	114
Age:	17	LOC:	130
Child's Country of Birth:	Guatemala	Current Program:	BCFS Baytown
Admitted Date:	1/26/2021	Current Location:	Baytown, TX
ORR Placement Date:	1/10/2021		

Event Type: SIR Event

Date of Event: 2/22/2021 **Time of Event:** 05:00 PM **Event ID:** 299685

Synopsis of Event: Minor disclosed being punched on his rib cage by his roommate, a peer reported the incident in a clinical session.

Significant Incident Report			
<input type="radio"/> Emergency SIR <input checked="" type="radio"/> SIR			
SIR			
<input checked="" type="checkbox"/> Abuse/Neglect in ORR Care	Type of Abuse/Neglect:	Physical Abuse	Alleged Perpetrator: UAC
<input type="checkbox"/> Past Abuse/Neglect Not in ORR Care	<input type="checkbox"/> Abuse In Home Country <input type="checkbox"/> Neglect/Abandonment in the Home Country <input type="checkbox"/> Abuse In United States <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"/> Behavioral Incidents that do not threaten immediate safety	<input type="checkbox"/> Possession of a Weapon <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Destruction of property <input type="checkbox"/> Past Self-Harm <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Physical Aggression <input type="checkbox"/> Use of Drugs and/or Alcohol in ORR Custody <input type="checkbox"/> Self-Harm without medical Intervention <input type="checkbox"/> Past Suicidal Attempt/Gesture	
<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 checked="" type="radio"/> Pregnancy <input 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"/> Potential Fraud Schemes	<input type="checkbox"/> Confidence Scheme <input type="checkbox"/> Document/Information Fraud		
<input checked="" 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"/> Previous Enrollment in the DHS Migrant Protection Protocols Programs <input checked="" type="checkbox"/> Other Minor disclosed being punched on his rib cage by his roommate, a peer reported the incident in a clinical session.		

Incident Information:

Obtained via FOIA by Judicial Watch, Inc.

Did the incident take place at another care provider facility? ☒ Yes ☐ No Care Provider Name: BCFS Baytown

Care Provider City: Baytown Care Provider State: TX

Location of Incident: Housing Area Date Reported To Care Provider: 2/22/2021 Time Reported To Care Provider: 05:42 PM

Other Specify: Bravo bedroom 2 Date Reported To ORR: 2/22/2021 Time Reported To ORR: 09:30 AM

Description of Incident: (Full Description of Incident) During clinical session minor (b)(6) informed clinician (b)(6) that on Friday 02/20/2021 minor (b)(6) punched his roommate (closed fist), (b)(6) three times on the right side of the rib cage. Minor (b)(6) reported minor (h)(6) was laying down when (h)(6) hit him numerous times. Clinician (h)(6) met face to face with (h)(6) on 02.22.2021 at 5:30pm in the Bravo gym following COVID-19 protocols to follow up on incident that occurred 02/19/2021. Minor denied the incident and stated, "no se de lo que usted me dice" I don't know what your talking about." Minor was encouraged to reach out to the clinical department should he feel expressing his thoughts or feelings. Clinician reiterated the importance of communication and respect with other youth in care and staff. (b)(6) MSRC, BCFS Clinician.

Was the UAC or Anyone Else Injured?: ☒ Yes ☐ No Specify: other minor (b)(6) (right rib cage)

Actions Taken

Staff Response and Intervention Clinician exercised empathetic listening and unconditional positive regard to promote self-esteem and a goal-oriented mindset. Clinician psychoeducated the minor on boundaries and effective communication. Additionally, clinician psycho-educated minor on shelter rules and in exercising assertive communication and engaging in coping skills to promote his adjustment at the shelter placement. (b)(6) MSRC, BCFS Clinician.

Follow-up and/or Resolution: The clinical department will continue to assess the minor's behavior while providing emotional support and promoting him to continue adjusting adequately to shelter dynamics. Minor was moved to another room to ensure other minors safety. (b)(6) (b)(6) MSRC, BCFS Clinician.

Recommendations: The clinical department will continue to provide psychoeducation to educate and promote well adjustment at the shelter. Minor will continue to be seen on a weekly or as needed basis. (b)(6) MSRC, BCFS Clinician.

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

Results/Findings of Investigation:

Attach Reports/Findings:

Is CPS Different From State Licensing: ☐ Yes ☒ No

Reported To CPS: ☐ 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

Results/Findings of Investigation:

Attach Reports/Findings:

Reported To Local Law Enforcement: ☐ Yes ☒ No Date of Report: Time of Report:

Officer Name: Officer Badge:

Was the Incident Investigated? ☐ Yes ☒ No Date Notified the Incident will be investigated: Case/Confirmation Number:

Explain

Results/Findings of Investigation:

Attach Reports/Findings:

ORR Notifications:

Name	Agency/Title	Date Notified	Time Notified	Email	Telephone Number
Stephanie Durrett	ORR/FFS	2/22/2021	09:30 PM	Stephanie.durrett@acf.hhs.gov	(b)(6)
Jennifer Gulbrandson	ORR/PO	2/22/2021	09:30 PM	ORR/P Jennifer.Gulbrandson@acf.hhs.gov	
	Medical Coordinator				
Belinda Cornejo	Case Coordinator	2/22/2021	09:30 PM	(b)(6) @gdit.cd	(b)(6)

Marjorie Victor	CPS	2/22/2021	09:30 PM	marjorie.victor@acf.hhs.gov	(b)(6)
SIR Hotline	SIR Hotline	2/22/2021	09:30 PM	Sirhotline@acf.hhs.gov	2108588304

Other Notifications:

Is this an SIR for a Runaway? ☐ Yes ☒ No

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
ICE Juvenile Coordinator				Phone	

Reporter and Follow-Up Contact:

Type	Name	Title	Email	Telephone Number
Staff Filing Report	(b)(6)	MSRC, Clinician	(b)(6)@bcfs.net	(b)(6)
Contact for Follow-Up		APD, Lead Clinician	(b)(6)@bcfs.net	

UAC Basic Information				
(b)(6)	First Name:	(b)(6)	Status:	ADMITTED
	Last Name:		AKA:	
	Date of Birth:		Gender:	M
	A No.:		LOS:	166
	Age:	17	LOC:	183
	Child's Country of Birth:	Guatemala	Current Program:	BCFS Baytown
	Admitted Date:	1/29/2021	Current Location:	Baytown, TX
	ORR Placement Date:	1/11/2021		
Event Type: SIR Event				
Date of Event:	2/22/2021	Time of Event:	05:00 PM	Event ID: 299685
Synopsis of Event: Minor disclosed being punched on his rib cage by his roommate, a peer reported the incident in a clinical session.				
Significant Incident Report				
<input checked="" type="radio"/> Emergency SIR <input type="radio"/> SIR				
SIR				
<input checked="" type="checkbox"/> Abuse/Neglect in ORR Care	Type of Abuse/Neglect:	Physical Abuse	Alleged Perpetrator:	UAC
<input type="checkbox"/> Past Abuse/Neglect Not in ORR Care	<input type="checkbox"/> Abuse In Home Country <input type="checkbox"/> Neglect/Abandonment in the Home Country <input type="checkbox"/> Abuse In United States <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"/> Behavioral Incidents that do not threaten immediate safety	<input type="checkbox"/> Possession of a Weapon <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Destruction of property <input type="checkbox"/> Past Self-Harm <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Physical Aggression <input type="checkbox"/> Use of Drugs and/or Alcohol in ORR Custody <input type="checkbox"/> Self-Harm without medical Intervention <input type="checkbox"/> Past Suicidal Attempt/Gesture		
<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 checked="" type="radio"/> Pregnancy <input 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"/> Potential Fraud Schemes	<input type="checkbox"/> Confidence Scheme <input type="checkbox"/> Document/Information Fraud			
<input checked="" 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"/> Previous Enrollment in the DHS Migrant Protection Protocols Programs <input checked="" type="checkbox"/> Other Minor disclosed being punched on his rib cage by his roommate, a peer reported the incident in a clinical session.			
Incident Information:				

Did the incident take place at another care provider facility? <input checked="" type="radio"/> Yes <input type="radio"/> No		Care Provider Name: BCFS Baytown	
Care Provider City: Baytown		Care Provider State: TX	
Location of Incident: Housing Area	Date Reported To Care Provider: 2/22/2021	Time Reported To Care Provider: 05:05 PM	
Other Specify: Bravo bedroom 2	Date Reported To ORR: 2/22/2021	Time Reported To ORR: 09:00 PM	
Description of Incident: (Full Description of Incident) During clinical session minor (b)(6) informed clinician (b)(6) that on Friday 02/20/2021 minor (b)(6) punched his roommate on the right side of the rib cage. Minor (b)(6) reported (b)(6) was laying down when (b)(6) hit him numerous times. Clinician (b)(6) met face to face with (b)(6) on 02.22.2021 at 5:00pm following COVID-19 protocols to follow up on incident that occurred 02/19/2021. (b)(6) report he was laying down when (b)(6) came down from his bed and was upset and punched him six time on his right rib cage. Minor reported feeling pain initially and laying down on the weekend. Minor reported he refused to tell staff about the incident because he did not want any problems and fears a report could negatively affect his case. Clinician explained his safety and well-being is a priority and incidents like these are not tolerated and need to be reported immediately. Clinician and (b)(6) spoke to unit manager (b)(6) and minor (b)(6) was moved to another room and a client service request form for medical was made to follow up on the minor (b)(6) denied having any pain and was encouraged to reach out to the clinical department if he felt like expressing his thoughts and feelings (b)(6) reported he felt much better and safe once (b)(6) was moved to another room (b)(6) MSRC, Clinician.			
Was the UAC or Anyone Else Injured?: <input checked="" type="radio"/> Yes <input type="radio"/> No		Specify: Right rib cage	
Actions Taken			
Staff Response and Intervention		Clinician utilized motivational interviewing directed at promoting in the minor to be in touch his thoughts and feelings. In addition, clinician exercised empathetic listening and unconditional positive regard to promote self-esteem and a goal-oriented mindset. Clinician psychoeducated the minor on boundaries and effective communication. Additionally, clinician psycho-educated minor on shelter rules and in exercising assertive communication and engaging in coping skills to promote his adjustment at the shelter placement.	
Follow-up and/or Resolution:		The clinical department will continue to assess the minor's behavior while providing emotional support and promoting him to continue adjusting adequately to shelter dynamics. Minor (b)(6) was moved to another room and a medical CSR was made for (b)(6)	
Recommendations:		The clinical department will continue to assess the minor's behavior while providing emotional support and promoting him to continue adjusting adequately to shelter dynamics. (b)(6) will continue to be seen on a weekly or as needed basis (b)(6) (b)(6) MSRC, BCFS Clinician.	
Reporting:			
Reported To State Licensing: <input type="radio"/> Yes <input checked="" type="radio"/> No	Date of Report:	Time of Report:	
Was the Incident Investigated? <input type="radio"/> Yes <input checked="" type="radio"/> No	Date Notified the Incident will be investigated:	Case/Confirmation Number:	
Explain			
Results/Findings of Investigation:			
Attach Reports/Findings:			
Is CPS Different From State Licensing: <input type="radio"/> Yes <input checked="" type="radio"/> No			
Reported To CPS: <input type="radio"/> Yes <input checked="" type="radio"/> No	Date of Report:	Time of Report:	
Was the Incident Investigated? <input type="radio"/> Yes <input checked="" type="radio"/> No	Date Notified the Incident will be investigated:	Case/Confirmation Number:	
Explain			
Results/Findings of Investigation:			
Attach Reports/Findings:			
Reported To Local Law Enforcement: <input type="radio"/> Yes <input checked="" type="radio"/> No	Date of Report:	Time of Report:	
	Officer Name:	Officer Badge:	
Was the Incident Investigated? <input type="radio"/> Yes <input checked="" type="radio"/> No	Date Notified the Incident will be investigated:	Case/Confirmation Number:	
Explain			
Results/Findings of Investigation:			
Attach Reports/Findings:			
ORR Notifications:			

Name	Agency/Title	Date Notified	Time Notified	Email	Telephone Number
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Stephanie Durret	ORR/FFS	2/22/2021	09:00 PM	Stephanie.durrett@acf.hhs.gov	(b)(6)
Jennifer Gulbrandson	ORR/PO	2/22/2021	09:00 PM	Jennifer.Gulbrandson@acf.hhs.gov	(b)(6)
	Medical Coordinator				
Belinda Cornejo	Case Coordinator	2/22/2021	09:00 PM	(b)(6)@gdit.co	(b)(6)
Marjorie Victor	CFS	2/22/2021	09:00 PM	marjorie.victor@acf.hhs.gov	
SIR Hotline	SIR Hotline	2/22/2021	09:00 PM	Sirhotline@acf.hhs.gov	2108588304

Other Notifications:

Is this an SIR for a Runaway? ☐ Yes ☒ No

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
ICE Juvenile Coordinator				Phone	

Reporter and Follow-Up Contact:

Type	Name	Title	Email	Telephone Number
Staff Filing Report	(b)(6)	MSRC Clinician	(b)(6)@bcfs.net	(b)(6)
Contact for Follow-Up		APD, Lead Clinician	(b)(6)@bcfs.net	

UAC Basic Information				
(b)(6)	First Name:	(b)(6)	Status:	DISCHARGED
	Last Name:		AKA:	
	Date of Birth:		Gender:	M
	A No.:		LOS:	72
	Age:	7	LOC:	72
	Child's Country of Birth:	Guatemala	Current Program:	Southwest Key El Presidente
	Admitted Date:	1/28/2021	Current Location:	Brownsville, TX
	ORR Placement Date:	1/27/2021		
Event Type: SIR Event Date of Event: 2/22/2021 Time of Event: 04:00 PM Event ID: 299648				
Synopsis of Event: Staff reported alleged mistreatment towards child while in care. Child is stable.				
Significant Incident Report				
<input checked="" type="radio"/> Emergency SIR <input checked="" type="radio"/> SIR				
SIR				
<input checked="" type="checkbox"/> Abuse/Neglect in ORR Care	Type of Abuse/Neglect:	Physical Abuse	Alleged Perpetrator:	Program Staff
<input type="checkbox"/> Past Abuse/Neglect Not in ORR Care	<input type="checkbox"/> Abuse In Home Country <input type="checkbox"/> Neglect/Abandonment in the Home Country <input type="checkbox"/> Abuse In United States <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"/> Behavioral Incidents that do not threaten immediate safety	<input type="checkbox"/> Possession of a Weapon <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Destruction of property <input type="checkbox"/> Past Self-Harm <input type="checkbox"/> Other Specify:		<input type="checkbox"/> Physical Aggression <input type="checkbox"/> Use of Drugs and/or Alcohol in ORR Custody <input type="checkbox"/> Self-Harm without medical Intervention <input type="checkbox"/> Past Suicidal Attempt/Gesture	
<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 checked="" type="radio"/> Pregnancy <input 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"/> Potential Fraud Schemes	<input type="checkbox"/> Confidence Scheme <input type="checkbox"/> Document/Information Fraud			
<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"/> Previous Enrollment in the DHS Migrant Protection Protocols Programs <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:

School Area

Date Reported

2/22/2021

Time Reported

04:54 PM

School Area:

On-Site

Date Reported

2/22/2021

Time Reported

07:45 PM

Description of Incident: (Full Description of Incident)

History of Youth: At Southwest Key Programs Casa El Presidente, 1 Ted Hunt Blvd Suite A, Brownsville, Tx, 78521, 956-589-7600. (b)(6) a 7 year old male from Guatemala who arrived to the shelter on 1/28/2021. On February 22, 2021, at approximately 2:41 PM, Youth Care Worker (b)(6) was with child (b)(6). Child (b)(6) asked worker (b)(6) if he could use the restroom. Worker (b)(6) escorted the child to the restroom; however, child attempted to go into other classrooms. Worker (b)(6) asked child (b)(6) to return to his classroom and use the restroom as he had asked. Child refused and called worker (b)(6) "perra" (which means "bitch"). Worker (b)(6) explained to child (b)(6) that he needed to return to his classroom. Child returned to his classroom then attempted to leave the classroom without permission to which Worker (b)(6) attempted to redirect child (b)(6) by informing him that he is not allowed to leave the classroom and roam the hallways. Child became upset and urinated on the carpet with his back turned to worker (b)(6) with clothes fully on. Worker (b)(6) advised Shift Leader (b)(6) and Shift Leader (b)(6) of the situation that had occurred and confirmed with Worker (b)(6) that an informational needed to be made. At approximately 3:35 PM, child again walked out of classroom 4 without permission and entered classroom 2. Child wanted to use the radio to hear music. Worker (b)(6) helped set up music for the child. Child then started to throw things at Worker (b)(6) several times and calling him "mierda" (Which means; shit). Child then became upset and bit Worker (b)(6) left leg and left arm. Worker (b)(6) then pushed back to stop the biting on both occasions. Child (b)(6) started to cry. Child also started to push chairs and a desk down. Child (b)(6) then ran out of the classroom and went to the restroom. Child was at the restroom for a while only what sounded like playing with the toilet seat, worker (b)(6) checked on the child every 15 seconds to make sure child was ok. Worker (b)(6) then advised Shift Lead (b)(6) of the situation.

Was the UAC or Anyone Else Injured?:

☐ Yes ☒ No

Specify:

Actions Taken

Staff Response and Intervention

Program staff reported this incident to immediate supervisor and Assistant program director on site. Child was reminded that he is in a safe environment and can reach out to staff if any other concerns are identified.

Follow-up and/or Resolution:

Staff involved in incident was removed from supervision of child.

Recommendations:

The assigned clinician will follow-up with child to assess him. The clinician will continue with weekly individual counseling sessions, in order to explore any distress associated with this event, a treatment plan will assist the client in decreasing any symptoms, which are negatively affecting the client, and the client will improve coping skills utilizing Cognitive Behavioral Therapy techniques. The assigned clinician will continue to follow-up and provide support to the child while they remain in place to ensure that they feel safe at all times.

Reporting:

Reported To State Licensing:

☒ Yes ☐ No

Date of Report:

2/22/2021

Time of Report:

07:33 PM

Was the Incident Investigated?

☐ Yes ☒ No

Date Notified the Incident will be investigated:

Case/Confirmation Number:

(b)(6)

Explain

Results/Findings of Investigation:

Attach Reports/Findings:

Is CPS Different From State Licensing:

☒ Yes ☐ No

Reported To CPS:

☒ Yes ☐ No

Date of Report:

2/22/2021

Time of Report:

07:33 PM

Was the Incident Investigated?

☐ Yes ☒ No

Date Notified the Incident will be investigated:

Case/Confirmation Number:

(b)(6)

Explain

Results/Findings of Investigation:

Attach Reports/Findings:

Reported To Local Law Enforcement:

☐ Yes ☒ No

Date of Report:

Time of Report:

Officer Name:

Officer Badge:

Was the Incident Investigated?

☐ Yes ☒ No

Date Notified the Incident will be investigated:

Case/Confirmation Number:

Explain

Results/Findings of Investigation:

In accordance with State Licensing Minimum Standards for General Residential Operations Programs; Section 748.303 Subsection, Chapter D, Reports and Record Keeping, the following incident does not meet criteria for Law Enforcement reporting.

In accordance with State Licensing Minimum Standards for General Residential Operations Programs; Section 748.303 Subsection, Chapter D, Reports and Record Keeping, the following incident does not meet criteria for Law Enforcement

reporting.

Obtained via FOIA by Judicial Watch, Inc.

Attach Reports/Findings:

ORR Notifications:

Name	Agency/Title	Date Notified	Time Notified	Email	Telephone Number
Jesse Santoscoy	ORR/FFS	2/22/2021	07:45 PM	Jesse.Santoscoy@ack.hhs.gov	(b)(6)
Shannon E. Owens, J.D.	ORR/PO	2/22/2021	07:45 PM	Shannon.Owens@acf.hhs.gov	(b)(6)
	Medical Coordinator				
Irma Serrata	Case Coordinator	2/22/2021	07:45 PM	(b)(6)@GDIT.COM	(b)(6)
Alexis Herebia	CFS	2/22/2021	07:45 PM	Alexis.Herebia@acf.hhs.gov	(b)(6)
SIR Hotline	SIR Hotline	2/22/2021	07:45 PM	sirhotline@acf.hhs.gov	2024015709

Other Notifications:

Is this an SIR for a Runaway? ☐ Yes ☒ No

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
ICE Juvenile Coordinator				Phone	

Reporter and Follow-Up Contact:

Type	Name	Title	Email	Telephone Number
Staff Filing Report	(b)(6)	Case Manager	(b)(6)@swkey.org	(b)(6)
Contact for Follow-Up	Irva Padilla	Program Director	(b)(6)@swkey.org	

(b)(6)	UAC Basic Information			
	First Name:	(b)(6)	Status:	DISCHARGED
	Last Name:		AKA:	
	Date of Birth:		Gender:	F
	A No.:		LOS:	30
	Age:	15	LOC:	30
	Child's Country of Birth:	Mexico	Current Program:	Southwest Key Casa Quetzal
	Admitted Date:	2/10/2021	Current Location:	Houston, TX
	ORR Placement Date:	2/9/2021		

Event Type: SIR Event

Date of Event: 2/15/2021

Time of Event: 07:00 PM

Event ID: 298306

Synopsis of Event: On 2/15/2021 at approximately 7:00 p.m. child GAMR and IGRS reported that they did not like a staff's attitude and approach towards them and the way that she looked at them.

Significant Incident Report				
<input checked="" type="checkbox"/> Emergency SIR <input type="checkbox"/> SIR				
SIR				
<input checked="" type="checkbox"/> Abuse/Neglect in ORR Care	Type of Abuse/Neglect:	Physical Abuse	Alleged Perpetrator:	Program Staff
<input type="checkbox"/> Past Abuse/Neglect Not in ORR Care	<input type="checkbox"/> Abuse In Home Country <input type="checkbox"/> Neglect/Abandonment in the Home Country <input type="checkbox"/> Abuse In United States <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"/> Behavioral Incidents that do not threaten immediate safety	<input type="checkbox"/> Possession of a Weapon <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Destruction of property <input type="checkbox"/> Past Self-Harm <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Physical Aggression <input type="checkbox"/> Use of Drugs and/or Alcohol in ORR Custody <input type="checkbox"/> Self-Harm without medical Intervention <input type="checkbox"/> Past Suicidal Attempt/Gesture		
<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 checked="" type="radio"/> Pregnancy <input 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"/> Potential Fraud Schemes	<input type="checkbox"/> Confidence Scheme <input type="checkbox"/> Document/Information Fraud			
<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"/> Previous Enrollment in the DHS Migrant Protection Protocols Programs <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: Housing Area Date Reported To Care Provider: 2/15/2021 Time Reported To Care Provider: 07:00 PM
Other Specify: Dynamos 1 Date Reported To ORR: 2/15/2021 Time Reported To ORR: 11:00 PM

Description of Incident: (Full Description of Incident) On 02/15/2021 at approximately 7:00 p.m. while Acting Shift Leader (ASL) (b)(6) was conducting a round, the children (b)(6) reached out to her and handed her a petition form, advising her they wanted to speak to their assigned case manager. ASL (b)(6) asked the children if there was anything she could help them with? The children stated that they did not like Youth Care Worker (YCW) (b)(6) attitude and approach towards them. ASL (b)(6) explained to the children that she apologizes for the inconvenience and explained that the YCW (b)(6) did not do it intentionally. The children stated that she understood the information given but still did not like her approach. The children also mentioned that the YCW (b)(6) did a hair flip and they did not like that. ASL (b)(6) gave the children the option to speak to clinician on call but the children denied the option, stating that they did not feel the need to speak to a clinician. The children confirmed the information given by ASL (b)(6). The children appeared to be calm during the follow up. ASL (b)(6) acted by advising Acting Shift Supervisor (b)(6) and Shift Leader (b)(6). SL (b)(6) went ahead and processed with the children. SL (b)(6) asked the children if everything was okay with the YCW (b)(6). The children stated that the YCW (b)(6) approached them in an impolite way. SL (b)(6) explained to the children that every YCW should have a polite and respectful way of approaching personnel and children, and she apologized in advance for YCW (b)(6) approach. SL (b)(6) gave the option to the children to speak to a clinician on call. The children confirmed the information given and denied the option to speak to a clinician on call. SL (b)(6) acted by moving YCW (b)(6) to a different area.

Was the UAC or Anyone Else Injured?: ☐ Yes ☒ No Specify:

Staff Response and Intervention: ASL (b)(6) immediately notified SL and supervisor on duty.
Follow-up and/or Resolution: Staff was removed from that ratio and assigned to another task. Follow up was conducted with staff and she will remain out of ratio until further notice
Recommendations: Child will meet with her assigned clinician and case manager on a weekly basis or as needed in order to ensure her safety, security, and wellbeing.

Reporting:
Reported To State Licensing: ☒ Yes ☐ No Date of Report: 2/15/2021 Time of Report: 10:25 PM
Was the Incident Investigated?: ☐ Yes ☒ No Date Notified the Incident will be investigated: 2/15/2021 Case/Confirmation Number: (b)(6)
Explain:
Results/Findings of Investigation:
Attach Reports/Findings:

Is CPS Different From State Licensing: ☐ Yes ☒ No
Reported To CPS: ☒ Yes ☐ No Date of Report: 2/15/2021 Time of Report: 10:25 PM
Was the Incident Investigated?: ☐ Yes ☒ No Date Notified the Incident will be investigated: 2/15/2021 Case/Confirmation Number: (b)(6)
Explain:
Results/Findings of Investigation:
Attach Reports/Findings:

Reported To Local Law Enforcement: ☐ Yes ☒ No Date of Report: Time of Report:
Officer Name: Officer Badge:
Was the Incident Investigated?: ☐ Yes ☒ No Date Notified the Incident will be investigated: Case/Confirmation Number:
Explain:
Results/Findings of Investigation:
Attach Reports/Findings:

ORR Notifications:					
Name	Agency/Title	Date Notified	Time Notified	Email	Telephone Number
Dino Federico	ORR/FFS	2/15/2021	11:00 PM	dino.federico@acf.hhs.gov	(b)(6)
Mark Boss	ORR/PO	2/15/2021	11:00 PM	mark.boss@acf.hhs.gov	2024014620
	Medical				

	Coordinator				
Mireya Lopez C	Case Coordinator	2/15/2021	11:00 PM	(b)(6)@gdit.com	(b)(6)
Marjorie Victor	CFS	2/15/2021	11:00 PM	marjorie.victor@acf.hhs.g	
SIR Hotline	SIR Hotline	2/15/2021	11:00 PM	sirhotline@acf.hhs.gov	2024015769

Other Notifications:

Is this an SIR for a Runaway? ☐ Yes ☒ No

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
ICE Juvenile Coordinator				Phone	

Reporter and Follow-Up Contact:

Type	Name	Title	Email	Telephone Number
Staff Filing Report	(b)(6)	Shift Leader	(b)(6)@swkey.org	(b)(6)
Contact for Follow-Up	Santiago Inchaurregui	Program Director	(b)(6)@swkey.org	

UAC Basic Information				
(b)(6)	First Name: (b)(6)	Status: ADMITTED		
	Last Name: (b)(6)	AKA:		
	Date of Birth: (b)(6)	Gender: F		
	A No.: (b)(6)	LOS: 363		
	Age: 13	LOC: 557		
	Child's Country of Birth: Honduras	Current Program: Friends of Youth LTFC		
	Admitted Date: 7/16/2020	Current Location: North Renton, WA		
	ORR Placement Date: 1/3/2020			
Event Type: SIR Event Date of Event: 2/10/2021 Time of Event: 04:50 PM Event ID: 297713				
Synopsis of Event: Minor reported to CM that her current FP had hit her only when she gets mad and escalated.				
Significant Incident Report				
<input checked="" type="radio"/> Emergency SIR <input checked="" type="radio"/> SIR				
SIR				
<input checked="" type="checkbox"/> Abuse/Neglect in ORR Care	Type of Abuse/Neglect:	Physical Abuse	Alleged Perpetrator:	Program Staff
<input type="checkbox"/> Past Abuse/Neglect Not in ORR Care	<input type="checkbox"/> Abuse In Home Country <input type="checkbox"/> Neglect/Abandonment in the Home Country <input type="checkbox"/> Abuse In United States <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"/> Behavioral Incidents that do not threaten immediate safety	<input type="checkbox"/> Possession of a Weapon <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Destruction of property <input type="checkbox"/> Past Self-Harm <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Physical Aggression <input type="checkbox"/> Use of Drugs and/or Alcohol in ORR Custody <input type="checkbox"/> Self-Harm without medical Intervention <input type="checkbox"/> Past Suicidal Attempt/Gesture		
<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 checked="" type="radio"/> Pregnancy <input 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"/> Potential Fraud Schemes	<input type="checkbox"/> Confidence Scheme <input type="checkbox"/> Document/Information Fraud			
<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"/> Previous Enrollment in the DHS Migrant Protection Protocols Programs <input type="checkbox"/> Other Specify:			
Incident Information:				

Did the incident take place at another care provider facility?		<input checked="" type="radio"/> Yes <input type="radio"/> No		Care Provider Name: Friends of Youth LTFC	
		Care Provider City: North Renton		Care Provider State: WA	
Location of Incident: Housing Area		Date Reported To Care Provider: 2/11/2021		Time Reported To Care Provider: 11:00 AM	
Other Specify: Home of Foster Parent		Date Reported To ORR: 2/11/2021		Time Reported To ORR: 04:50 PM	
Description of Incident: (Full Description of Incident)		On 02/10, Case Manager (b)(6) called youth (b)(6) to follow up about foster parent's calling the emergency phone stating that (b)(6) was being non-compliant. (b)(6) said she did not want to talk about this, and she would hang up on (b)(6). (b)(6) assured (b)(6) that she wants to ensure that (b)(6) is safe in the foster home. (b)(6) finally told (b)(6) that her foster parents hit her when she becomes angry and escalated. (b)(6) stated that foster father, (b)(6) will "squeeze my arms really hard" while he is restraining her. (b)(6) stated that she tried to hit him one time and (b)(6) punched her in the arm. (b)(6) also reported that one time she was very angry and tried to slap foster mother, (b)(6) on the face and missed at which point (b)(6) hit her on the head and back and it "hurt very badly." (b)(6) asked if her foster parents' adult daughter (b)(6) had ever hit (b)(6) and (b)(6) answered "no". (b)(6) also asked if (b)(6) had ever experienced any other abuse in the home, physical or otherwise, and (b)(6) responded "no." (b)(6) said not to tell anyone what she just said and that she did not want to get foster parents in trouble or have them mad at her.			
Was the UAC or Anyone Else Injured?:		<input checked="" type="radio"/> Yes <input type="radio"/> No		Specify: UAC	
Actions Taken					
Staff Response and Intervention		On 02/10, Clinical Program Manager (CPM) LS followed up with (b)(6) about (b)(6) report. (b)(6) stated that she has never intentionally hit (b)(6) but rather has "accidentally hit her while trying to defend myself when (b)(6) attacked me." (b)(6) also reported that (b)(6) has tried to partially hit her in the face, put her hands around (b)(6) neck and hit (b)(6) with cushions. (b)(6) reported that (b)(6) defends (b)(6) in these moments by placing (b)(6) in a CPI certified de-escalation hold, facing (b)(6) and holding her arms at her side. (b)(6) stated that (b)(6) must hold (b)(6) firmly to de-escalate her. (b)(6) reported that this has been happening for several months. (b)(6) told (b)(6) that all de-escalation holds need to be communicated immediately to the Case Manager and CPM to ensure safety, identify appropriate techniques were utilized and to debrief with both the foster parents and youth. CPM, (b)(6) informed (b)(6) that (b)(6) will be removed from the home while Friends of Youth investigates the incident. On 02/10, (b)(6) also followed up with (b)(6) reported that he has intervened on multiple occasions when (b)(6) has become physically aggressive toward (b)(6). He reported (b)(6) has tried to slap, kick and choke (b)(6). In these instances (b)(6) would take (b)(6) by the wrists (holding them down by her sides?) and would hold her firmly. (b)(6) reported that (b)(6) would try to kick and hit him while being held and that one time she scratched (b)(6) during a hold. When asked if he ever punched (b)(6) in the arm, (b)(6) stated he did not recall but he thought that one time while defending himself from (b)(6) attempts to hit him he may have hit her arm. (b)(6) stated he always took (b)(6) wrists from the front and never tried a full arm embrace to restrain her. Both (b)(6) and (b)(6) participated in CPI Non Violent Crisis Intervention training on 9/20/2020.			
Follow-up and/or Resolution:		On 02/10, VOA picked (b)(6) up from Boys and Girls Club and transported her to the (b)(6) foster home per (b)(6) instructions. (b)(6) will remain in the care of (b)(6) family until permanent plans can be made. (b)(6) will provide support for (b)(6) and the (b)(6) family as needed. On 02/11, (b)(6) followed up with (b)(6) to see how she is feeling today. (b)(6) reported that she is feeling better today. (b)(6) asked when she will be able to return to (b)(6) home and expressed that it is her fault that she was removed. (b)(6) asked (b)(6) if she feels safe in (b)(6) home and (b)(6) reported that she does.			
Recommendations:		On 02/10, (b)(6) picked (b)(6) up from Boys and Girls Club and transported her to the (b)(6) foster home per (b)(6) instructions. (b)(6) will remain in the care of (b)(6) family until permanent plans can be made. (b)(6) will provide support for (b)(6) and the (b)(6) family as needed. On 02/11, (b)(6) followed up with (b)(6) to see how she is feeling today. (b)(6) reported that she is feeling better today. (b)(6) asked when she will be able to return to (b)(6) home and expressed that it is her fault that she was removed. (b)(6) asked (b)(6) if she feels safe in (b)(6) home and (b)(6) reported that she does.			
Reporting:					
Reported To State Licensing:		<input checked="" type="radio"/> Yes <input type="radio"/> No		Date of Report: 2/10/2021	
		Date Notified the Incident will be investigated:		Time of Report: 04:50 PM	
Was the Incident Investigated?		<input type="radio"/> Yes <input checked="" type="radio"/> No		Case/Confirmation Number:	
Explain					
Results/Findings of Investigation:					
Attach Reports/Findings:					
Is CPS Different From State Licensing:		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Reported To CPS:		<input checked="" type="radio"/> Yes <input type="radio"/> No		Date of Report: 2/11/2021	
		Date Notified the Incident will be investigated:		Time of Report: 04:50 PM	
Was the Incident Investigated?		<input type="radio"/> Yes <input checked="" type="radio"/> No		Case/Confirmation Number: (b)(6)	
Explain					
CPS worker reported to (b)(6) intake ID #: (b)(6) Time reported: 5:45pm					
Results/Findings of Investigation:					
Attach Reports/Findings:					
Reported To Local Law Enforcement:		<input type="radio"/> Yes <input checked="" type="radio"/> No		Date of Report:	
				Time of Report:	

Officer Name:

Officer Badge:

Was the Incident Investigated? ☐ Yes ☒ NoDate Notified the
Incident will be
investigated:

Case/Confirmation Number:

Explain

Results/Findings of
Investigation:

Attach Reports/Findings:

ORR Notifications:

Name	Agency/Title	Date Notified	Time Notified	Email	Telephone Number
Yesenia Heath	ORR/FFS	2/11/2021	06:32 PM	yesenia.heath@acf.hhs.gov	(b)(6)
Belinda Rochelle	ORR/PO	2/11/2021	06:32 PM	belinda.rochelle@acf.hhs.gov	
Joanna Bloomfield	Medical Coordinator	2/11/2021	06:32 PM	joanna.bloomfield@acf.hhs.gov	
Ana Weech	Case Coordinator	2/11/2021	06:30 PM	(b)(6)@gdit.com	
Caroline Rowland-Dunn	CFS	2/11/2021	06:32 PM	Caroline.rowland-dunn@acf.hhs.gov	
Dora Hernandez	SIR Hotline	2/11/2021	06:32 PM	Sirhotline@acf.hhs.gov	

Other Notifications:

Is this an SIR for a Runaway? ☐ Yes ☒ No

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
ICE Juvenile Coordinator				Phone	

Reporter and Follow-Up Contact:

Type	Name	Title	Email	Telephone Number
Staff Filing Report	(b)(6)	Bilingual Case Manager Foster Care	(b)(6)@friendsofyoung.org	(b)(6)
Contact for Follow-Up		Bilingual Case Manager Foster Care	@friendsofyoung.org	

UAC Basic Information			
(b)(6)	First Name:	(b)(6)	Status: DISCHARGED
	Last Name:		AKA:
	Date of Birth:		Gender: M
	A No.:		LOS: 44
	Age: 18		LOC: 44
	Child's Country of Birth: Honduras		Current Program: Grace House Childrens Shelter
	Admitted Date: 2/10/2021		Current Location: McAllen, TX
	ORR Placement Date: 2/9/2021		
	Event Type: SIR Event		
	Date of Event: 2/11/2021	Time of Event: 01:02 PM	Event ID: 297606
Synopsis of Event: On 02/11/2021 at 01:02 PM, minor disclosed having been verbally threatened and physically harmed by gang members in COO.			
Significant Incident Report			
<input checked="" type="radio"/> Emergency SIR <input type="radio"/> SIR			
SIR			
<input checked="" type="checkbox"/> Abuse/Neglect in ORR Care	Type of Abuse/Neglect:	Physical Abuse	Alleged Perpetrator: Non-Staff Adult
<input type="checkbox"/> Past Abuse/Neglect Not in ORR Care	<input type="checkbox"/> Abuse In Home Country <input type="checkbox"/> Neglect/Abandonment in the Home Country <input type="checkbox"/> Abuse In United States <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"/> Behavioral Incidents that do not threaten immediate safety	<input type="checkbox"/> Possession of a Weapon <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Destruction of property <input type="checkbox"/> Past Self-Harm <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Physical Aggression <input type="checkbox"/> Use of Drugs and/or Alcohol in ORR Custody <input type="checkbox"/> Self-Harm without medical Intervention <input type="checkbox"/> Past Suicidal Attempt/Gesture	
<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 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"/> Potential Fraud Schemes	<input type="checkbox"/> Confidence Scheme <input type="checkbox"/> Document/Information Fraud		
<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"/> Previous Enrollment in the DHS Migrant Protection Protocols Programs <input type="checkbox"/> Other Specify:		
Incident Information:			

Did the incident take place at another care provider facility? <input checked="" type="radio"/> Yes <input type="radio"/> 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: 2/11/2021	Time Reported To Care Provider: 01:02 PM	
Other Specify: COO Honduras	Date Reported To ORR: 2/11/2021	Time Reported To ORR: 01:02 PM	
Description of Incident: (Full Description of Incident) During the initial clinical assessment Minor (b)(6) (A# (b)(6)) disclosed to this Clinician (b)(6) (b)(6) MSSW having been verbally threatened and physically harmed by gang members in COO. Minor stated that this gang is well known in Honduras, but minor stated he is not aware of how the gang identifies itself. Minor stated that he was verbally threatened by gang members on several occasion. Minor stated the verbal threats began about a month and a half ago. These confrontations between the minor and the gang members then further escalated to minor having been physically harmed by 8 gang members on January 22nd, 2021. Minor stated they threw him down to the floor and continuously kicked him. Minor stated he did not seek medical attention thereafter because he was not seriously injured. Minor stated he did not tell anyone about this incident. Minor added these occasions happened when he was going to the store or to go play soccer with his friends. Minor stated he was told by gang members that he had to join them or else they were going to kill him, this occurred the same day in which he was physically harmed. Minor stated he feared for his life. Minor stated due to the worry and fear of having to join the gang and getting physically harmed by them again, he decided it was best for him to journey to the U.S. on January 25th, 2021.			
Was the UAC or Anyone Else Injured?: <input type="radio"/> Yes <input checked="" type="radio"/> No		Specify:	
Actions Taken			
Staff Response and Intervention		Clinician utilized positive regard and empathy while speaking with minor. Clinician utilized a client-centered approach, providing with active listening, empathy, and clarification when needed. In addition, clinician assisted minor in processing his feelings regarding the incidents. Clinician will screen minor for PTSD to rule out trauma.	
Follow-up and/or Resolution:		Minor currently denies any suicidal, homicidal, and/or self-harming ideations/plans/intentions. Minor also currently denies auditory or visual hallucination/delusions. Minor reports sleeping a full 6 hours of sleep without interruptions. Minor reports eating his 3 meals a day, minor added no significant changes in his appetite. Minor reports having no issues of any kind with staff or his peers in the shelter. Minor was calm and receptive. Clinician will continue to meet with minor as scheduled. Incident was reported to Regional Director Oneida Alegria, Senior Program Director Rogelio De La Cerda, Clinical Director (b)(6) Shelter Unit Manager (b)(6) Lead Clinician (b)(6) and Lead Case Manager (b)(6) Incident was reported to ORR. Incident was reported to licensing in a timely manner. Licensing reference # (b)(6) CPS employee name and ID# (b)(6) (b)(6)	
Recommendations:		It is the clinician's recommendation the minor receives individual/group counseling until reunification is complete and re-evaluate this minor's needs. Clinician will screen minor for potential trauma through a PTSD Screening. Clinician will continue to monitor minor's behavior and make any referrals necessary to further meet his needs as they may arise. At this time, minor consented for clinician to notify legal service providers. Clinician will continue to meet with minor on a weekly basis or as needed.	
Reporting:			
Reported To State Licensing: <input checked="" type="radio"/> Yes <input type="radio"/> No	Date of Report: 2/11/2021	Time of Report: 02:35 PM	
Was the Incident Investigated? <input type="radio"/> Yes <input checked="" type="radio"/> No	Date Notified the Incident will be investigated:	Case/Confirmation Number: (b)(6)	
Explain CPS employee stated that this incident would be out of their jurisdiction and would require further investigation from authorities in COO.			
Results/Findings of Investigation:			
Attach Reports/Findings:			
Is CPS Different From State Licensing: <input type="radio"/> Yes <input checked="" type="radio"/> No			
Reported To CPS: <input checked="" type="radio"/> Yes <input type="radio"/> No	Date of Report: 2/11/2021	Time of Report: 02:35 PM	
Was the Incident Investigated? <input type="radio"/> Yes <input checked="" type="radio"/> No	Date Notified the Incident will be investigated:	Case/Confirmation Number: (b)(6)	
Explain CPS employee stated that this incident would be out of their jurisdiction and would require further investigation from authorities in COO.			
Results/Findings of Investigation:			
Attach Reports/Findings:			
Reported To Local Law Enforcement: <input type="radio"/> Yes <input checked="" type="radio"/> No			
Date of Report:		Time of Report:	
Officer Name:		Officer Badge:	
Was the Incident Investigated? <input type="radio"/> Yes <input checked="" type="radio"/> No	Date Notified the Incident will be investigated:	Case/Confirmation Number:	
Explain			
Results/Findings of Investigation:			

ORR Notifications:

Name	Agency/Title	Date Notified	Time Notified	Email	Telephone Number
Jose Belmont	ORR/FFS	2/11/2021	01:02 PM	Jose.Belmont@acf.hhs.gov	(b)(6)
Shem-Tov, Stephanie	ORR/PO	2/11/2021	01:02 PM	Stephanie.ShemTov@acf.hhs.gov	(b)(6)
Joanna Bloomfield	Medical Coordinator	2/11/2021	01:02 PM	dcsmedical@acf.hhs.gov	(b)(6)
Michelle Escobedo	Case Coordinator	2/11/2021	01:02 PM	(b)(6)@gdit	(b)(6)
Elizabeth Cabrera	CFS	2/11/2021	01:02 PM	(b)(6)@gdit	(b)(6)
SIR Hotline	SIR Hotline	2/11/2021	01:02 PM	sirhotline@acf.hhs.gov	2024015709
Paul Hernandez	Executive Director	2/11/2021	01:02 PM	(b)(6)@upbr	(b)(6)
Oneida Alegria	Regional Director	2/11/2021	01:02 PM	(b)(6)@upbr	(b)(6)
Rogelio De La Cerna	Senior Program Director	2/11/2021	01:02 PM	(b)(6)@upbr	(b)(6)
Deyanira Romero	GDIT Supervisor	2/11/2021	01:02 PM	(b)(6)@GDI	(b)(6)
(b)(6)	Clinical Director	2/11/2021	01:02 PM	(b)(6)@upbr	(b)(6)

Other Notifications:

Is this an SIR for a Runaway? ☐ Yes ☒ No

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
ICE Juvenile Coordinator				Phone	

Reporter and Follow-Up Contact:

Type	Name	Title	Email	Telephone Number
Staff Filing Report	(b)(6)	Clinician	(b)(6)@Upbr	(b)(6)
Contact for Follow-Up	Rogelio De La Cerna	Senior Program Director	(b)(6)@Upbr	(b)(6)

UAC Basic Information				
(b)(6)	First Name:	(b)(6)	Status:	DISCHARGED
	Last Name:		AKA:	
	Date of Birth:		Gender:	M
	A No.:		LOS:	44
	Age:	18	LOC:	44
	Child's Country of Birth:	Honduras	Current Program:	Grace House Childrens Shelter
	Admitted Date:	2/10/2021	Current Location:	McAllen, TX
	ORR Placement Date:	2/9/2021		
	Event Type: SIR Event			
	Date of Event:	2/10/2021	Time of Event:	02:10 AM
Event ID:		297350		
Synopsis of Event: On 02/10/2021 at 10:05 AM, minor disclosed having suffered physical abuse while in COO.				
Significant Incident Report				
<input checked="" type="checkbox"/> Emergency SIR <input type="checkbox"/> SIR				
SIR				
<input checked="" type="checkbox"/> Abuse/Neglect in ORR Care	Type of Abuse/Neglect:	Physical Abuse	Alleged Perpetrator:	Non-Staff Adult
<input type="checkbox"/> Past Abuse/Neglect Not in ORR Care	<input type="checkbox"/> Abuse In Home Country <input type="checkbox"/> Neglect/Abandonment in the Home Country <input type="checkbox"/> Abuse In United States <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"/> Behavioral Incidents that do not threaten immediate safety	<input type="checkbox"/> Possession of a Weapon <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Destruction of property <input type="checkbox"/> Past Self-Harm <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Physical Aggression <input type="checkbox"/> Use of Drugs and/or Alcohol in ORR Custody <input type="checkbox"/> Self-Harm without medical Intervention <input type="checkbox"/> Past Suicidal Attempt/Gesture		
<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="checkbox"/> Pregnancy <input type="checkbox"/> Childbirth <input type="checkbox"/> Termination Request Please describe how the pregnancy occurred and if there are any medical complications related to the pregnancy:			
<input type="checkbox"/> Potential Fraud Schemes	<input type="checkbox"/> Confidence Scheme <input type="checkbox"/> Document/Information Fraud			
<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"/> Previous Enrollment in the DHS Migrant Protection Protocols Programs <input type="checkbox"/> Other Specify:			
Incident Information:				

Did the incident take place at another care provider facility?		<input checked="" type="radio"/> Yes <input type="radio"/> No		Care Provider Name: <input type="text"/>		-- Select Provider Name --	
Care Provider City:		-- Select Provider City --		Care Provider State:		-- Select Provider State --	
Location of Incident:		Other		Date Reported To Care Provider:		2/10/2021	
Time Reported To Care Provider:		10:05 AM		Date Reported To ORR:		2/10/2021	
Time Reported To ORR:		10:05 AM		Other Specify:		COO Honduras	
Description of Incident: (Full Description of Incident)		On 02/10/2021 at 10:05 AM during the initial clinical assessment, minor (b)(6) (A) (b)(6) disclosed to this Clinician (b)(6) MSSW, having suffered physical abuse by his biological Father in COO. Minor stated the abuse occurred approximately 4 years ago while his Father still lived at home with him and his Mother. Minor stated that the abuse would occur once a week usually on Saturdays when his father would drink alcohol and become intoxicated. Minor stated his Father would physically abuse him using corporal punishment and at times with a belt. Minor added he was often hit on his back and arms and resulted in bruising in those areas. Minor denied ever having been taken to the hospital as a result of the abuse. Minor stated that his father would also physically abuse his mother and was witness of the domestic violence. Minor stated when he was younger, exact date or year is not recalled, the abuse against his mother resulted in her having to be taken to the hospital due to his Father having caused a cut on her upper eyebrow. Minor stated the abuse ended 4 years ago when he was about 13-14 years of age. Minor stated he does not recall exactly when the abuse began. Minor stated his Maternal Grandmother was the only other person who knew about the abuse that was occurring at the time but never reported it. Minor denied his Mother or himself ever reporting it. Minor currently denies feelings of trauma. Minor stated the abuse stopped 4 years ago when his Mother decided to kick his Father out of the house as she had become tired of the abuse. Minor denied any further abuse.					
Was the UAC or Anyone Else Injured?:		<input checked="" type="radio"/> Yes <input type="radio"/> No		Specify: UAC and Mother			
Actions Taken							
Staff Response and Intervention		Minor currently denies any suicidal, homicidal, and/or self-harming ideations/plans/intentions. Minor also currently denies auditory or visual hallucination/delusions. Clinician utilized positive regard and empathy while speaking with minor. Clinician utilized a client-centered approach, providing with active listening, empathy, and clarification when needed. In addition, clinician assisted minor in processing his feelings regarding the incidents.					
Follow-up and/or Resolution:		Minor was calm and receptive. Clinician will continue to meet with minor as scheduled. Incident was reported to Regional Director (b)(6) Senior Program Director (b)(6) Clinical Director (b)(6) Shelter Unit Manager (b)(6) Lead Clinician (b)(6) and Lead Case Manager (b)(6) Incident was reported to ORR. Incident was reported to licensing in a timely manner. Licensing reference# (b)(6)					
Recommendations:		It is the clinician's recommendation the minor receives individual/group counseling until reunification is complete and re-evaluate this minor's needs. Clinician will continue to monitor minor's behavior and make any referrals necessary to further meet his needs as they may arise. Clinician will screen minor for PTSD to rule out potential trauma. Clinician will also have psychotherapy sessions with minor to process the trauma that has occurred. At this time, minor consented for clinician to notify legal service providers. Clinician will continue to meet with minor on a weekly basis or as needed.					
Reporting:							
Reported To State Licensing:		<input checked="" type="radio"/> Yes <input type="radio"/> No		Date of Report:		2/10/2021	
Time of Report:		01:58 PM		Date Notified the Incident will be investigated:		Case/Confirmation Number: (b)(6)	
Was the Incident Investigated?		<input type="radio"/> Yes <input checked="" type="radio"/> No					
Explain							
Results/Findings of Investigation:							
Attach Reports/Findings:							
Is CPS Different From State Licensing:		<input type="radio"/> Yes <input checked="" type="radio"/> No					
Reported To CPS:		<input checked="" type="radio"/> Yes <input type="radio"/> No		Date of Report:		2/10/2021	
Time of Report:		01:58 PM		Date Notified the Incident will be investigated:		Case/Confirmation Number: (b)(6)	
Was the Incident Investigated?		<input type="radio"/> Yes <input checked="" type="radio"/> No					
Explain							
Results/Findings of Investigation:							
Attach Reports/Findings:							
Reported To Local Law Enforcement:		<input type="radio"/> Yes <input checked="" type="radio"/> No		Date of Report:			
Time of Report:				Officer Name:		Officer Badge:	
Was the Incident Investigated?		<input type="radio"/> Yes <input checked="" type="radio"/> No		Date Notified the Incident will be investigated:		Case/Confirmation Number:	
Explain							
Results/Findings of Investigation:							
Attach Reports/Findings:							
ORR Notifications:							

Name	Agency/Title	Date Notified	Time Notified	Email	Telephone Number
Jose Belmont	ORR/FFS	2/10/2021	10:05 AM	Jose.Belmont@acf.hhs.gov	(b)(6)
Shem-Tov, Stephanie	ORR/PO	2/10/2021	10:05 AM	Stephanie.ShemTov@acf.hhs.gov	202401312
Joanna Bloomfield	Medical Coordinator	2/10/2021	10:05 AM	(b)(6)@acf.hhs.gov	(b)(6)
(b)(6)	Case Coordinator	2/10/2021	10:05 AM	(b)(6)@gdit.c	(b)(6)
	CFS	2/10/2021	10:05 AM	(b)(6)@gdit.c	
SIR Hotline	SIR Hotline	2/10/2021	10:05 AM	sirhotline@acf.hhs.gov	2024015709
Paul Hernandez	Executive Director	2/10/2021	10:05 AM	(b)(6)@upbr	(b)(6)
Oneida Alegria	Regional Program Director	2/10/2021	10:05 AM	(b)(6)@upbr	
Rogelio De La Cerd	Senior Program Director	2/10/2021	10:05 AM	(b)(6)@upbr	
Deyanira Romero	GDIT Supervisor	2/10/2021	10:05 AM	(b)(6)@GDI	
(b)(6)	Clinical Director	2/10/2021	10:05 AM	(b)(6)@upbr	

Other Notifications:

Is this an SIR for a Runaway? ☐ Yes ☒ No

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
ICE Juvenile Coordinator				Phone	

Reporter and Follow-Up Contact:

Type	Name	Title	Email	Telephone Number
Staff Filing Report	(b)(6)	Clinician	(b)(6)@Upbr	(b)(6)
Contact for Follow-Up	Rogelio De La Cerd	Senior Program Director	(b)(6)@Upbr	

UAC Basic Information				
(b)(6)	First Name:	(b)(6)	Status:	DISCHARGED
	Last Name:		AKA:	
	Date of Birth:		Gender:	F
	A No.:		LOS:	19
	Age:	9	LOC:	19
	Child's Country of Birth:	Honduras	Current Program:	BCFS San Antonio TFC
	Admitted Date:	12/13/2020	Current Location:	San Antonio, TX
	ORR Placement Date:	12/12/2020		

Event Type: SIR Event

Date of Event: 2/1/2021

Time of Event: 12:00 AM

Event ID: 295952

Synopsis of Event: During the 30-Day Safety and Well Being call the minor reported concern in the foster home.

Significant Incident Report			
<input checked="" type="radio"/> Emergency SIR <input checked="" type="radio"/> SIR			
SIR			
<input checked="" type="checkbox"/> Abuse/Neglect in ORR Care	Type of Abuse/Neglect:	Physical Abuse	Alleged Perpetrator: Other
Specify: Foster Mother			
<input type="checkbox"/> Past Abuse/Neglect Not in ORR Care	<input type="checkbox"/> Abuse In Home Country <input type="checkbox"/> Neglect/Abandonment in the Home Country <input type="checkbox"/> Abuse In United States <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"/> Behavioral Incidents that do not threaten immediate safety	<input type="checkbox"/> Possession of a Weapon <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Destruction of property <input type="checkbox"/> Past Self-Harm <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Physical Aggression <input type="checkbox"/> Use of Drugs and/or Alcohol in ORR Custody <input type="checkbox"/> Self-Harm without medical Intervention <input type="checkbox"/> Past Suicidal Attempt/Gesture	
<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 checked="" type="radio"/> Pregnancy <input 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"/> Potential Fraud Schemes	<input type="checkbox"/> Confidence Scheme <input type="checkbox"/> Document/Information Fraud		
<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"/> Previous Enrollment in the DHS Migrant Protection Protocols Programs <input type="checkbox"/> Other Specify:		
Incident Information:			

Obtained via FOIA by Judicial Watch, Inc.

Did the incident take place at another care provider facility?	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	2/1/2021	Time Reported To Care Provider:	12:00 AM										
Other Specify:	Foster Home	Date Reported To ORR:	2/2/2021	Time Reported To ORR:	09:00 PM										
Description of Incident: (Full Description of Incident)	During the 30-Day Safety and Well Being call, minor reported that she was not treated well during her stay with foster parent. Minor reported that she was separated and not allowed to see her little brother (2-year-old), causing the minor to feel unsafe and uncomfortable. Minor stated that she witnessed foster mother, hit her little brother, in the mouth with an open hand. Minor stated she was standing at the top of the stairs and witnessed her brother get hit in the mouth because foster mother thought he had a small piece of candy in his mouth. The minor stated that foster mother would not listen to her when she would tell her that she was either too hot or cold at night. The minor also reported that during her stay she had an earache which she reported to foster mother, but nothing was done about it. The minor stated that after she laid down for the night the pain in her ear went away. The minor also reported that the bed she slept on was uncomfortable. The minor stated that she had filled out grievance forms and had them in an envelope to submit, but foster mother threw them away. Minor stated that she felt that there was favoritism in the household with another minor who was also staying there. Minor stated that foster mother would only listen to the other minor that was in the house at the time. Clinician completed a DFPS report online on 2/2/2021, E-Report Confirmation Number: (b)(6)														
Was the UAC or Anyone Else Injured?:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Specify: Minor was hit over mouth, no markings were left													
Actions Taken															
Staff Response and Intervention	Clinician emailed to inform ORR/PO, Jennifer Gulbrandson, SIR Hotline, ORR/FFS, Omar Corrales, CFS, Thelma Cantu, GDIT Supervisor, GDIT Case Coordinators, Annette Lopez and Erika Warford, Executive Director, Sonya Thompson, Program Director, Cindy Gonzalez APD, Luz Espinosa, and all other involved foster care team members. Clinician completed a DFPS report online on 2/2/2021, E-Report Confirmation Number: (b)(6)														
Follow-up and/or Resolution:	Concern was called into DFPS. Clinician completed a DFPS report online on 2/2/2021, E-Report Confirmation Number: (b)(6)														
Recommendations:	The sponsor was provided with resources and the ORR Hotline number.														
Reporting:															
Reported To State Licensing:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Date of Report:	2/2/2021	Time of Report:	07:51 PM										
Was the Incident Investigated?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date Notified the Incident will be investigated:		Case/Confirmation Number:	(b)(6)										
Explain	DFPS did not state if investigation would occur. However, information will be provided when contacted by DFPS.														
Results/Findings of Investigation:															
Attach Reports/Findings:	<table><thead><tr><th>File Name</th><th>File Size</th><th>File Type</th><th>Uploaded By</th><th>Uploaded Time</th></tr></thead><tbody><tr><td>DFPS Confirmation (b)(6).pdf</td><td>265</td><td>application/pdf</td><td>(b)(6)</td><td>2/3/2021</td></tr></tbody></table>					File Name	File Size	File Type	Uploaded By	Uploaded Time	DFPS Confirmation (b)(6).pdf	265	application/pdf	(b)(6)	2/3/2021
File Name	File Size	File Type	Uploaded By	Uploaded Time											
DFPS Confirmation (b)(6).pdf	265	application/pdf	(b)(6)	2/3/2021											
Is CPS Different From State Licensing:	<input type="radio"/> Yes <input checked="" type="radio"/> No														
Reported To CPS:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Date of Report:	2/2/2021	Time of Report:	07:51 PM										
Was the Incident Investigated?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date Notified the Incident will be investigated:		Case/Confirmation Number:	(b)(6)										
Explain	DFPS did not state if investigation would occur. However, information will be provided when contacted by DFPS.														
Results/Findings of Investigation:															
Attach Reports/Findings:	<table><thead><tr><th>File Name</th><th>File Size</th><th>File Type</th><th>Uploaded By</th><th>Uploaded Time</th></tr></thead><tbody><tr><td>DFPS Confirmation (b)(6).pdf</td><td>265</td><td>application/pdf</td><td>(b)(6)</td><td>2/3/2021</td></tr></tbody></table>					File Name	File Size	File Type	Uploaded By	Uploaded Time	DFPS Confirmation (b)(6).pdf	265	application/pdf	(b)(6)	2/3/2021
File Name	File Size	File Type	Uploaded By	Uploaded Time											
DFPS Confirmation (b)(6).pdf	265	application/pdf	(b)(6)	2/3/2021											
Reported To Local Law Enforcement:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date of Report:		Time of Report:											
		Officer Name:		Officer Badge:											
Was the Incident Investigated?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date Notified the Incident will be investigated:		Case/Confirmation Number:											
Explain															
Results/Findings of Investigation:															
Attach Reports/Findings:															
ORR Notifications:															

Name	Agency/Title	Date Notified	Time Notified	Email	Telephone Number
Omar Corrales	ORR/FFS	2/2/2021	09:00 PM	omar.corrales@acf.hhs.gov	2025788430
Jennifer Gulbrandson	ORR/PO	2/2/2021	09:00 PM	Jennifer.Gulbrandson@acf.hhs.gov	2025650116
Joanna Bloomfield	Medical Coordinator	2/2/2021	09:00 PM	Joanna.Bloomfield@acf.hhs.gov	2022607619
Annette Lopez	Case Coordinator	2/2/2021	09:00 PM	(b)(6)@gdit.com	(b)(6)
Thelma Cantu	CFS	2/2/2021	09:00 PM	thelma.cantu@acf.hhs.gov	
SIR	SIR Hotline	2/2/2021	09:00 PM	sirhotline@acf.hhs.gov	2024015709

Other Notifications:

Is this an SIR for a Runaway? ☒ Yes ☐ No

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
ICE Juvenile Coordinator				Phone	

Reporter and Follow-Up Contact:

Type	Name	Title	Email	Telephone Number
Staff Filing Report	(b)(6)	Clinician	(b)(6)@bcfs.net	(b)(6)
Contact for Follow-Up		Lead Case Manager	(b)(6)@bcfs.net	

UAC Basic Information		
(b)(6)	First Name: (b)(6)	Status: DISCHARGED
	Last Name: (b)(6)	AKA:
	Date of Birth: (b)(6)	Gender: F
	A No.: (b)(6)	LOS: 22
	Age: 5	LOC: 37
	Child's Country of Birth: El Salvador	Current Program: BCFS San Antonio TFC
	Admitted Date: 1/14/2021	Current Location: San Antonio, TX
	ORR Placement Date: 1/14/2021	

Event Type: SIR Event

Date of Event: 1/24/2021

Time of Event: 12:00 PM

Event ID: 295925

Synopsis of Event: During clinical session minor reported her was pulled by foster mother in previous placement.

Significant Incident Report	
Emergency SIR <input checked="" type="checkbox"/> SIR <input checked="" type="checkbox"/>	
SIR	
<input checked="" type="checkbox"/> Abuse/Neglect in ORR Care	<div> <div>Type of Abuse/Neglect:</div> <div>Physical Abuse</div> <div>Alleged Perpetrator:</div> <div>Other</div> </div> <div>Specify: Foster Mother</div>
<input type="checkbox"/> Past Abuse/Neglect Not in ORR Care	<div> <div><input type="checkbox"/> Abuse In Home Country</div> <div><input type="checkbox"/> Neglect/Abandonment in the Home Country</div> <div><input type="checkbox"/> Abuse In United States</div> <div><input type="checkbox"/> Abuse In DHS Custody</div> <div><input type="checkbox"/> Physical Abuse In ICE Custody</div> <div><input type="checkbox"/> Sexual Abuse In ICE Custody</div> <div><input type="checkbox"/> Physical Abuse In CBP Custody</div> <div><input type="checkbox"/> Sexual Abuse In CBP Custody</div> <div><input type="checkbox"/> Other</div> <div>Specify:</div> </div> <div> <div><input type="checkbox"/> Abuse On Journey</div> <div><input type="checkbox"/> Neglect/Abandonment in the United States</div> <div><input type="checkbox"/> Other</div> <div>Specify:</div> </div>
<input type="checkbox"/> Behavioral Incidents that do not threaten immediate safety	<div> <div><input type="checkbox"/> Possession of a Weapon</div> <div><input type="checkbox"/> Suicidal Ideation</div> <div><input type="checkbox"/> Verbal Aggression</div> <div><input type="checkbox"/> Destruction of property</div> <div><input type="checkbox"/> Past Self-Harm</div> <div><input type="checkbox"/> Other</div> <div>Specify:</div> </div> <div> <div><input type="checkbox"/> Physical Aggression</div> <div><input type="checkbox"/> Use of Drugs and/or Alcohol in ORR Custody</div> <div><input type="checkbox"/> Self-Harm without medical Intervention</div> <div><input type="checkbox"/> Past Suicidal Attempt/Gesture</div> </div>
<input type="checkbox"/> Incidents Involving Law Enforcement	<div> <div><input type="checkbox"/> Search</div> <div><input type="checkbox"/> Interview</div> <div><input type="checkbox"/> Other</div> <div>Specify:</div> </div> <div> <div><input type="checkbox"/> Investigate/Response</div> <div><input type="checkbox"/> Arrest</div> </div>
<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	<div> <div><input type="checkbox"/> Significant Criminal History in Home Country</div> <div><input type="checkbox"/> Significant Criminal History in United States</div> <div><input type="checkbox"/> Other</div> <div>Specify:</div> </div>
<input type="checkbox"/> Pregnancy Related Issues	<div> <div><input checked="" type="radio"/> Pregnancy <input type="radio"/> Childbirth <input type="radio"/> Termination Request</div> <div>Please describe how the pregnancy occurred and if there are any medical complications related to the pregnancy:</div> </div>
<input type="checkbox"/> Potential Fraud Schemes	<div> <div><input type="checkbox"/> Confidence Scheme</div> <div><input type="checkbox"/> Document/Information Fraud</div> </div>
<input type="checkbox"/> Other	<div> <div><input type="checkbox"/> Contact or Threats to UC while in ORR Care (from smuggling syndicates, organized crime, other criminal actors)</div> <div><input type="checkbox"/> Separated from Parent/Legal Guardian</div> <div><input type="checkbox"/> Previous Enrollment in the DHS Migrant Protection Protocols Programs</div> <div><input type="checkbox"/> Other</div> <div>Specify:</div> </div>
Incident Information:	

Did the incident take place at another care provider facility?		<input type="radio"/> Yes <input checked="" type="radio"/> 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:		2/3/2021		Time Reported To Care Provider:		11:30 AM																																											
Other Specify:		Foster Home		Date Reported To ORR:		2/3/2021		Time Reported To ORR:		01:15 PM																																											
Description of Incident: (Full Description of Incident)		During clinical session, minor reported in the previous home, foster parent pulled her hair one time and did not like how she felt. Minor reported that on one occasion, she was being redirected to sit down and was pulled by the hair due to not sitting down. Minor stated it had happened a few weeks back and repeated it was only on one occasion that it occurred. Minor reported she likes this new foster home she is in a lot more due to being treated very well. Clinician assessed for any signs of symptomology. Minor reports currently feeling safe in placement with normal eating and sleeping patterns. Clinician will continue to monitor for any changes in mood, affect, behavior, and provide therapeutic support as needed. Minor will receive mental and/or medical referrals should the need arise throughout minor's stay in the program. Clinician completed a DFPS report online on 2/3/2021, E-Report Confirmation Number: (b)(6)																																																			
Was the UAC or Anyone Else Injured?:		<input type="radio"/> Yes <input checked="" type="radio"/> No		Specify:																																																	
Actions Taken																																																					
Staff Response and Intervention		Clinician emailed to inform ORR/PO, Jennifer Gulbrandson, SIR Hotline, ORR/FFS, Omar Corrales, CFS, Thelma Cantu, GDIT Supervisor, Katelyn Brase, GDIT Case Coordinator, Annette Lopez and Erika Warford, Executive Director, Sonya Thompson, Program Director, Cindy Gonzalez APD, (b)(6) and all other involved foster care team members.																																																			
Follow-up and/or Resolution: Recommendations:		Clinician will continue to assess minor and will work closely with her to ensure minor's well-being alongside with BCFS staff. Minor will receive support from BCFS staff. Minor will receive additional mental health or medical services as needed. Clinician will provide the minor with daily check ins and weekly therapeutic sessions or as needed to ensure minor's safety and well-being.																																																			
Reporting:																																																					
Reported To State Licensing:		<input checked="" type="radio"/> Yes <input type="radio"/> No		Date of Report:		2/3/2021		Time of Report:		11:48 AM																																											
Was the Incident Investigated?		<input type="radio"/> Yes <input checked="" type="radio"/> No		Date Notified the Incident will be investigated:				Case/Confirmation Number:		(b)(6)																																											
Explain																																																					
Results/Findings of Investigation:																																																					
Attach Reports/Findings:																																																					
Is CPS Different From State Licensing:																																																					
		<input type="radio"/> Yes <input checked="" type="radio"/> No																																																			
Reported To CPS:		<input checked="" type="radio"/> Yes <input type="radio"/> No		Date of Report:		2/3/2021		Time of Report:		11:48 AM																																											
Was the Incident Investigated?		<input type="radio"/> Yes <input checked="" type="radio"/> No		Date Notified the Incident will be investigated:				Case/Confirmation Number:		(b)(6)																																											
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				Officer Name:				Officer Badge:																																													
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<table border="1"><thead><tr><th>Name</th><th>Agency/Title</th><th>Date Notified</th><th>Time Notified</th><th>Email</th><th>Telephone Number</th></tr></thead><tbody><tr><td>Omar Corrales</td><td>ORR/FFS</td><td>2/3/2021</td><td>01:15 PM</td><td>omar.corrales@acf.hhs.gov</td><td>(b)(6)</td></tr><tr><td>Jennifer Gulbrandson</td><td>ORR/PO</td><td>2/3/2021</td><td>01:15 PM</td><td>jennifer.gulbrandson@acf.hhs.gov</td><td>(b)(6)</td></tr><tr><td>Joanna Bloomfield</td><td>Medical Coordinator</td><td>2/3/2021</td><td>01:15 PM</td><td>joanna.bloomfield@acf.hhs.gov</td><td>(b)(6)</td></tr><tr><td>Erika Warford</td><td>Case Coordinator</td><td>2/3/2021</td><td>01:15 PM</td><td>(b)(6)@gdit.com</td><td>(b)(6)</td></tr><tr><td>Thelma Cantu</td><td>CFS</td><td>2/3/2021</td><td>01:15 PM</td><td>thelma.cantu@acf.hhs.gov</td><td>2025365194</td></tr><tr><td>SIR Hotline</td><td>SIR Hotline</td><td>2/3/2021</td><td>01:15 PM</td><td>sirhotline@acf.hhs.gov</td><td>2024015709</td></tr></tbody></table>												Name	Agency/Title	Date Notified	Time Notified	Email	Telephone Number	Omar Corrales	ORR/FFS	2/3/2021	01:15 PM	omar.corrales@acf.hhs.gov	(b)(6)	Jennifer Gulbrandson	ORR/PO	2/3/2021	01:15 PM	jennifer.gulbrandson@acf.hhs.gov	(b)(6)	Joanna Bloomfield	Medical Coordinator	2/3/2021	01:15 PM	joanna.bloomfield@acf.hhs.gov	(b)(6)	Erika Warford	Case Coordinator	2/3/2021	01:15 PM	(b)(6)@gdit.com	(b)(6)	Thelma Cantu	CFS	2/3/2021	01:15 PM	thelma.cantu@acf.hhs.gov	2025365194	SIR Hotline	SIR Hotline	2/3/2021	01:15 PM	sirhotline@acf.hhs.gov	2024015709
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Joanna Bloomfield	Medical Coordinator	2/3/2021	01:15 PM	joanna.bloomfield@acf.hhs.gov	(b)(6)																																																
Erika Warford	Case Coordinator	2/3/2021	01:15 PM	(b)(6)@gdit.com	(b)(6)																																																
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SIR Hotline	SIR Hotline	2/3/2021	01:15 PM	sirhotline@acf.hhs.gov	2024015709																																																
Other Notifications:																																																					

Is this an SIR for a Runaway?

☐ Yes ☐ No

Obtained via FOIA by Judicial Watch, Inc.

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
ICE Juvenile Coordinator				Phone	

Reporter and Follow-Up Contact:

Type	Name	Title	Email	Telephone Number
Staff Filing Report	(b)(6)	Clinician	s@bcfs.net	(b)(6)
Contact for Follow-Up		Clinician	s@bcfs.net	

UAC Basic Information				
(b)(6)	First Name:	(b)(6)	Status:	DISCHARGED
	Last Name:	(b)(6)	AKA:	As per BC: (b)(6)
	Date of Birth:	(b)(6)	Gender:	M
	A No.:	(b)(6)	LOS:	43
	Age:	7	LOC:	43
	Child's Country of Birth:	Guatemala	Current Program:	Southwest Key El Presidente
	Admitted Date:	12/22/2020	Current Location:	Brownsville, TX
	ORR Placement Date:	12/22/2020		

Event Type: SIR Event

Date of Event: 2/2/2021

Time of Event: 01:10 PM

Event ID: 295745

Synopsis of Event: Follow up regarding information reported to home study worker.

Significant Incident Report			
<input checked="" type="radio"/> Emergency SIR <input checked="" type="radio"/> SIR			
SIR			
<input type="checkbox"/> Abuse/Neglect in ORR Care	Type of Abuse/Neglect: ---Select---	Alleged Perpetrator:	---Select---
<input type="checkbox"/> Past Abuse/Neglect Not in ORR Care	<input type="checkbox"/> Abuse In Home Country <input type="checkbox"/> Neglect/Abandonment in the Home Country <input type="checkbox"/> Abuse In United States <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"/> Behavioral Incidents that do not threaten immediate safety	<input type="checkbox"/> Possession of a Weapon <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Destruction of property <input type="checkbox"/> Past Self-Harm <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Physical Aggression <input type="checkbox"/> Use of Drugs and/or Alcohol in ORR Custody <input type="checkbox"/> Self-Harm without medical Intervention <input type="checkbox"/> Past Suicidal Attempt/Gesture	
<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 checked="" type="radio"/> Pregnancy <input checked="" type="radio"/> Childbirth <input checked="" type="radio"/> Termination Request Please describe how the pregnancy occurred and if there are any medical complications related to the pregnancy:		
<input type="checkbox"/> Potential Fraud Schemes	<input type="checkbox"/> Confidence Scheme <input type="checkbox"/> Document/Information Fraud		
<input checked="" 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"/> Previous Enrollment in the DHS Migrant Protection Protocols Programs <input checked="" type="checkbox"/> Other Specify: Follow up regarding information reported to home study worker.		
Incident Information:			

Did the incident take place at another care provider facility? <input type="radio"/> Yes <input checked="" type="radio"/> No		Care Provider Name: <input type="text"/> -- Select Provider Name --	
Care Provider City: <input type="text"/> -- Select Provider City --		Care Provider State: <input type="text"/> -- Select Provider State --	
Location of Incident: <input type="text"/> Housing Area	Date Reported To Care Provider: 2/2/2021	Time Reported To Care Provider: 01:10 PM	
Other Specify: <input type="text"/> Directors Office	Date Reported To ORR: 2/2/2021	Time Reported To ORR: 02:45 PM	
Description of Incident: (Full Description of Incident) History of Youth: At Southwest Key Programs Casa Presidente, 1 Ted Hunt Blvd Suite A, Brownsville Tx, 78521, 956.589.7600, Minor (b)(6) A# (b)(6) 6 year old male from Guatemala, who arrived to the shelter on 12/22/2020. On 2/1/2021 FFS Jesse Santoscoy brought up to the program's attention what was reported to a home study worker regarding the child's appearance. Email from home study worker states, "I received a phone call from the sponsor and her spouse regarding her son, (b)(6) Sponsor was concerned regarding (b)(6) physical appearance during a video call that was scheduled on 1/29/2021. I informed her I would relay her concerns to you and your team as she is requesting a follow-up from Southwest Key Casa El Presidente." FFS Santoscoy advised the program to follow up." Please inquire with the mother/sponsor any concerns she has regarding her son to include physical appearance and eating habits of the minor as well as any remarks the minor may have told her regarding the treatment by SWK Employees. Also, please have the assigned Clinician follow up with this 6-year-old minor using open-ended questions regarding the quality of the care towards him during his entire stay at the Program. If the Clinician feels a Family session with both the sponsor and minor would be more beneficial, then feel free to conduct or schedule one to address the Parent's concerns. " On 2/1/2021 both of minor parents arrived at the shelter. Assistant Lead Case Manager (b)(6) spoke in person with mother (b)(6) and Father (b)(6) (b)(6) The sponsor (b)(6) stated that she was concern for the child's appearance because in the last video call on 1/29/2021 it appeared that his son had a mark in his right eye. Assistant Lead Case Manager (b)(6) reassured to her that her son is in a safe place and that we would address any issues that might have happened. (b)(6) and (b)(6) were allowed a visitation with the child, including the child's siblings. In addition, child's eye does not have any marks. On 2/2/2021, during parents second visit with child, Assistant Lead Case Manager (b)(6) followed up with the child and parents in regard to what was reported. The child reported that he had an accident with another child in care while they were playing with a car. The child stated that the child that hit him said he was sorry and is no longer in the facility. The child continued his visitation time and there are no further concerns. In clinical follow up with the child, the child reported to the clinician (b)(6) (b)(6) the following. " "Mis eso paso hace mucho tiempo y es que yo iba a agarrar un carrito que estaba jugando y era mio y ahi estaba el niño (b)(6) El niño estaba usando su carrito para jugar. Y el niño cabal, levanto su pie y sin querer me dio en la cara, pero mis, el niño no vio, fue un accidente. Child enacted how he was playing in the floor with the toy cars and how he crawled behind the Child. Le muestro yo estaba asi jugando con el carrito y quería otro y me movi y el pie estaba aqui y me dio. Le pregunte a la mis si me habia pasado algo y me dijo no porque me preocupe. No me paso nada solo fue un accidente". Translation ["Miss that happened a long time ago and it was that I was going to take a toy car that I was playing and was mine and there was Child (b)(6) The Child was using his toy car to play. And the child exactly, lifted his foot and without wanting hit me in the face, but Mis, the Child did not see, it was an accident. Child enacted how he was playing in the floor with the toy cars and how he crawled behind the Child. I will show you I was playing like this with the toy car and wanted another one and I moved, and the foot was here and hit me. I asked the miss if something happened and she told me no because I worried. Nothing happened to me it was just an accident." The child is currently stable and is following program schedule.			
Was the UAC or Anyone Else Injured?: <input type="radio"/> Yes <input checked="" type="radio"/> No		Specify:	
Actions Taken			
Staff Response and Intervention	Assistant Lead Case Manager followed up with child's parents. Child was reminded that he is in a safe and secure facility. The child was encouraged to reach to any staff in case of anything.		
Follow-up and/or Resolution:	Assistant Lead Case Manager followed up with child's parents. Child is currently stable.		
Recommendations:	The child will continue to receive daily services.		
Reporting:			
Reported To State Licensing: <input type="radio"/> Yes <input checked="" type="radio"/> No	Date of Report:	Time of Report:	
Was the Incident Investigated? <input type="radio"/> Yes <input checked="" type="radio"/> No	Date Notified the Incident will be investigated:	Case/Confirmation Number:	
Explain			
Results/Findings of Investigation:			
Attach Reports/Findings:			
Is CPS Different From State Licensing: <input type="radio"/> Yes <input checked="" type="radio"/> No			
Reported To CPS: <input type="radio"/> Yes <input checked="" type="radio"/> No	Date of Report:	Time of Report:	
Was the Incident Investigated? <input type="radio"/> Yes <input checked="" type="radio"/> No	Date Notified the Incident will be investigated:	Case/Confirmation Number:	
Explain			
Results/Findings of Investigation:			
Attach Reports/Findings:			
Reported To Local Law Enforcement: <input type="radio"/> Yes <input checked="" type="radio"/> No	Date of Report:	Time of Report:	
	Officer Name:	Officer Badge:	

Was the Incident Investigated? ☐ Yes ☐ NoDate Notified: _____
Incident will be investigated:

Case/Confirmation Number: _____

Explain _____

Results/Findings of Investigation: _____

Attach Reports/Findings: _____

ORR Notifications:

Name	Agency/Title	Date Notified	Time Notified	Email	Telephone Number
Jesse Santoscoy	ORR/FFS	2/2/2021	02:45 PM	Jesse.Santoscoy@acf.hhs.gov	(b)(6)
Shannon Owens	ORR/PO	2/2/2021	02:45 PM	shannon.owens@acf.hhs.gov	2026906509
	Medical Coordinator			(b)(6)@gdit.com	(b)(6)
Irma Serrata	Case Coordinator	2/2/2021	02:45 PM	alexis.herebia@acf.hhs.gov	(b)(6)
Alecis Herevia	CFS	2/2/2021	02:45 PM	alexis.herebia@acf.hhs.gov	(b)(6)
SIR Hotline	SIR Hotline	2/2/2021	02:45 PM	sirhotline@acf.hhs.gov	2024015709

Other Notifications:

Is this an SIR for a Runaway? ☐ Yes ☒ No

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
ICE Juvenile Coordinator				Phone	

Reporter and Follow-Up Contact:

Type	Name	Title	Email	Telephone Number
Staff Filing Report	(b)(6)	Assistant Lead Case Manager	(b)(6)@swkey	(b)(6)
Contact for Follow-Up	Elva Padilla	Program Director	(b)(6)@swkey.org	(b)(6)

UAC Basic Information			
(b)(6)	First Name:	(b)(6)	Status: DISCHARGED
	Last Name:		AKA:
	Date of Birth:		Gender: F
	A No.:		LOS: 30
	Age: 10		LOC: 30
	Child's Country of Birth: Honduras		Current Program: CHS Loma Alta Shelter
	Admitted Date: 1/26/2021		Current Location: Brownsville, TX
	ORR Placement Date: 1/25/2021		
Event Type: SIR Event			
Date of Event: 2/2/2021	Time of Event: 11:00 AM	Event ID: 295693	
Synopsis of Event: On Tuesday 02/02/2021 after the weekly group, the minor disclosed that her roommate hit her with the broom, pencils and on another occasions/days she also pulled her hair.			
Significant Incident Report			
Emergency SIR			
SIR			
<input checked="" type="checkbox"/> Abuse/Neglect in ORR Care	Type of Abuse/Neglect:	Physical Abuse	Alleged Perpetrator: UAC
<input type="checkbox"/> Past Abuse/Neglect Not in ORR Care	<input type="checkbox"/> Abuse In Home Country	<input type="checkbox"/> Abuse On Journey <input type="checkbox"/> Neglect/Abandonment in the United States <input type="checkbox"/> Other Specify:	
	<input type="checkbox"/> Neglect/Abandonment in the Home Country		
	<input type="checkbox"/> Abuse In United States		
	<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"/> Behavioral Incidents that do not threaten immediate safety	<input type="checkbox"/> Possession of a Weapon	<input type="checkbox"/> Physical Aggression <input type="checkbox"/> Use of Drugs and/or Alcohol in ORR Custody <input type="checkbox"/> Self-Harm without medical Intervention <input type="checkbox"/> Past Suicidal Attempt/Gesture	
	<input type="checkbox"/> Suicidal Ideation		
	<input type="checkbox"/> Verbal Aggression		
	<input type="checkbox"/> Destruction of property		
	<input type="checkbox"/> Past Self-Harm		
	<input type="checkbox"/> Other		
Specify:			
<input type="checkbox"/> Incidents Involving Law Enforcement	<input type="checkbox"/> Search	<input type="checkbox"/> Investigate/Response <input type="checkbox"/> Arrest	
	<input type="checkbox"/> Interview		
	<input type="checkbox"/> Other		
	Specify:		
<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 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"/> Potential Fraud Schemes	<input type="checkbox"/> Confidence Scheme		
	<input type="checkbox"/> Document/Information Fraud		
<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"/> Previous Enrollment in the DHS Migrant Protection Protocols Programs		
	<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:	Housing Area	Date Reported To Care Provider:	2/2/2021	Time Reported To Care Provider:	11:00 AM
Other Specify:	Dorm	Date Reported To ORR:	2/2/2021	Time Reported To ORR:	01:30 PM
Description of Incident: (Full Description of Incident)	<p>The child, (b)(6) A# (b)(6) is a 9-year-old female from Honduras who was admitted into CHSi Loma Alta shelter on 01/26/2021. Child is currently under ORR care, at CHSi Loma Alta, located at 4000 FM511 Brownsville, TX, 78521. Following a group counseling session on 02/02/2021, the child disclosed that her roommate (b)(6) (A# (b)(6)), a 9-year-old female child, hit her with a broom and pencils; and on other occasions, she also pulled her hair. The minor declared feeling upset and uncomfortable due to the events that have happened. The child declared that her roommate (b)(6) (A# (b)(6)) has been hitting her with pencils on the head and pulling her hair. The child also declared that the last instance of bullying (minor does not remember the day) was when her roommate hit her on the head with a broom. The clinician asked the child the reason why she had not reported these incidents prior and the child replied that she was scared, and she thought the roommate was going to be mad at her. Child said that she had already told the other minor to leave her alone and not to hit her, but the minor did not stop doing it.</p>				
Was the UAC or Anyone Else Injured?:	<input type="radio"/> Yes <input checked="" type="radio"/> No Specify:				
Actions Taken					
Staff Response and Intervention	<p>Child was provided with supportive counseling and a therapeutic environment in which to process her thoughts and feelings. This clinician actively listened to child relate the incident and ensured that child felt safe and supported in care. Clinician thanked child for her disclosure and validated her feelings during session. Clinician listened to and normalized child's feelings and concerns. Clinician reassured child she is in a safe environment and child stated she felt safe/secure in placement. Child will be provided with information related to establishing healthy boundaries by clinical department through group and individual sessions. A RCCCL report was made via telephone on 02/02/2021 with (b)(6) (employee ID# (b)(6)) who provided Reference ID# (b)(6) CHS administration was contacted and the following entities were notified via-email: ORR SIR Hotline, Project Officer (b)(6) (b)(6) GDIT coordinator (b)(6) and DUCS FFS Jesse Santoscoy.</p>				
Follow-up and/or Resolution:	<p>Immediately following disclosure, the other child, (b)(6) was transferred to another dormitory on 02/02/2021. Child will be monitored for any behavioral, mental, or emotional changes and will meet with clinician on a weekly basis to express her thoughts and feelings. During session, clinician will focus on positive coping skills to aide with adjustment to shelter care. Child will be provided with further evaluation and intervention as needed while in care.</p>				
Recommendations:	<p>Staff will ensure the safety and well-being of child during her stay in shelter. Clinician will continue to monitor child's mood during counseling sessions and additional interventions will be provided if necessary.</p>				
Reporting:					
Reported To State Licensing:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Date of Report:	2/2/2021	Time of Report:	12:15 PM
Was the Incident Investigated?	<input type="radio"/> Yes <input type="radio"/> No	Date Notified the Incident will be investigated:		Case/Confirmation Number:	(b)(6)
Explain					
Results/Findings of Investigation:					
Attach Reports/Findings:					
Is CPS Different From State Licensing:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Date of Report:		Time of Report:	
Reported To CPS:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date Notified the Incident will be investigated:		Case/Confirmation Number:	
Explain					
Results/Findings of Investigation:					
Attach Reports/Findings:					
Reported To Local Law Enforcement:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date of Report:		Time of Report:	
		Officer Name:		Officer Badge:	
Was the Incident Investigated?	<input type="radio"/> Yes <input type="radio"/> No	Date Notified the Incident will be investigated:		Case/Confirmation Number:	
Explain					
Results/Findings of Investigation:					
Attach Reports/Findings:					
ORR Notifications:					

Name	Agency/Title	Date Notified	Time Notified	Email	Telephone Number
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Jesse Santoscoy	ORR/FIS	2/2/2021	01:30 PM	Jesse.Santoscoy@acf.hhs.gov	(b)(6)
Aronda Howard	ORR/PO	2/2/2021	01:30 PM	Aronda.Howard@acf.hhs.gov	
DCS Medical	Medical Coordinator	2/2/2021	01:30 PM	DCSMedical@acf.hhs.gov	2022054340
Roberto Robles	Case Coordinator	2/2/2021	01:30 PM	(b)(6)@gdit.com	(b)(6)
Alexis Herebia	CFS	2/2/2021	01:30 PM	Alexis.Herebia@acf.hhs.gov	
SIR Hotline	SIR Hotline	2/2/2021	01:30 PM	sirhotline@acf.hhs.gov	2024015709

Other Notifications:

Is this an SIR for a Runaway? ☒ Yes ☐ No

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
ICE Juvenile Coordinator				Phone	

Reporter and Follow-Up Contact:

Type	Name	Title	Email	Telephone Number
Staff Filing Report	(b)(6)	Assistant Lead Clinical Counselor	(b)(6)@chsmedical.com	(b)(6)
Contact for Follow-Up	Francine Guerrero	Program Director	(b)(6)@chsmedical.com	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000
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[REDACTED]

[REDACTED]

SIR Date/Time Created	(All)
Row Labels	Count of SIR ID
Abuse/Neglect in ORR Care	12
Physical Abuse	12
Grand Total	12

OFFICE OF REFUGEE RESETTLEMENT
Unaccompanied Children Program
Sexual Abuse Allegations
January 21, 2021 - February 26, 2021

No.	Event ID	SA Type of Incident	SA Type of Allegation	Program Name
1	290249	Sexual Abuse	Staff and UAC	Friends of Youth McEachern
2	290519	Sexual Abuse	Staff and UAC	BCFS San Antonio Staff Secure
3	290969	Sexual Abuse	UAC and Other	Bethany Christian Services TFC Michigan
4	291649	Sexual Abuse	UAC and UAC	Lincoln Hall Boys Haven
5	292060	Sexual Abuse	Staff and UAC	Mercy First RTC
6	292284	Sexual Abuse	UAC and UAC	Abbott House TFC
7	292365	Sexual Abuse	Non-Staff Adult and UAC	Bethany LIRS
8	294303	Sexual Abuse	Non-Staff Adult and UAC	Cayuga Centers
9	294669	Sexual Abuse	UAC and UAC	Sunny Glen Childrens Home New Day Resiliency Center
10	295225	Sexual Abuse	UAC and UAC	Sunny Glen Childrens Home New Day Resiliency Center
11	296007	Sexual Abuse	UC and UC	Southwest Key Casa Padre
12	296169	Sexual Abuse	UC and UC	Sunny Glen Childrens Home New Day Resiliency Center
13	296641	Sexual Abuse	UC and UC	Southwest Key Casa Padre
14	296810	Sexual Abuse	UC and UC	Southwest Key El Presidente
15	297632	Sexual Abuse	UC and UC	Southwest Key Casa Padre
16	298189	Sexual Abuse	UC and UC	Heartland Intl Childrens RC
17	298428	Sexual Abuse	UC and UC	Leake and Watts
18	298597	Sexual Abuse	UC and UC	Sunny Glen Childrens Home New Day Resiliency Center
19	298743	Sexual Abuse	UC and UC	CHS Stanford House
20	298928	Sexual Abuse	UC and UC	His House
21	299067	Sexual Abuse	UC and UC	Children First Residential Care TX Sunnyside
22	299640	Sexual Abuse	Non-Staff Adult and UC	Southwest Key Rio Grande
23	299761	Sexual Abuse	UC and UC	Mercy First RTC
24	300102	Sexual Abuse	UC and UC	Friends of Youth Colin Ferguson
25	300290	Sexual Abuse	UC and UC	Sunny Glen Childrens Home New Day Resiliency Center
26	300467	Sexual Abuse	Non-Staff Adult and UC	Southwest Key El Presidente
27	300532	Sexual Abuse	UC and UC	BCFS Raymondville
28	300650	Sexual Abuse	UC and UC	Southwest Key Casa Houston
29	300706	Sexual Abuse	Non-Staff Adult and UC	Southwest Key Casa Padre
30	300804	Sexual Abuse	UC and UC	Children's Home of Poughkeepsie - Nuevas Alas Program
31	300848	Sexual Abuse	UC and Other	SWK Processing Center
32	301043	Sexual Abuse	Non-Staff Adult and UC	Southwest Key Antigua
33	301253	Sexual Abuse	Staff and UC	Cayuga Centers LTFC

Total number of sexual abuse allegations: 33

Notes:

1. An Event may consist of multiple SA/SIRs if multiple Unaccompanied Children are involved.