

| UAC Basic Information | | |
|-----------------------|--|--------------------------------------|
| (b)(6) | First Name: (b)(6) | Status: DISCHARGED |
| | Last Name: (b)(6) | 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 | <table border="0"> <tr> <td style="width: 30%;">Type of Abuse/Neglect:</td> <td style="width: 40%;">Physical Abuse</td> <td style="width: 20%;">Alleged Perpetrator:</td> <td style="width: 10%;">UAC</td> </tr> </table> | Type of Abuse/Neglect: | Physical Abuse | Alleged Perpetrator: | UAC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Abuse/Neglect: | Physical Abuse | Alleged Perpetrator: | UAC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Past Abuse/Neglect Not in ORR Care | <table border="0"> <tr> <td style="width: 30%;"><input type="checkbox"/> Abuse In Home Country</td> <td style="width: 40%;"><input type="checkbox"/> Abuse On Journey</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Neglect/Abandonment in the Home Country</td> <td><input type="checkbox"/> Neglect/Abandonment in the United States</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Abuse In United States</td> <td><input type="checkbox"/> Other</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Abuse In DHS Custody</td> <td>Specify:</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Physical Abuse In ICE Custody</td> <td></td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Sexual Abuse In ICE Custody</td> <td></td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Physical Abuse In CBP Custody</td> <td></td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Sexual Abuse In CBP Custody</td> <td></td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td colspan="2"></td> </tr> <tr> <td>Specify:</td> <td></td> <td colspan="2"></td> </tr> </table> | <input type="checkbox"/> Abuse In Home Country | <input type="checkbox"/> Abuse On Journey | | | <input type="checkbox"/> Neglect/Abandonment in the Home Country | <input type="checkbox"/> Neglect/Abandonment in the United States | | | <input type="checkbox"/> Abuse In United States | <input type="checkbox"/> Other | | | <input type="checkbox"/> Abuse In DHS Custody | Specify: | | | <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 In Home Country | <input type="checkbox"/> Abuse On Journey | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Neglect/Abandonment in the Home Country | <input type="checkbox"/> Neglect/Abandonment in the United States | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Abuse In United States | <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Abuse In DHS Custody | Specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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 | <table border="0"> <tr> <td style="width: 30%;"><input type="checkbox"/> Possession of a Weapon</td> <td style="width: 40%;"><input type="checkbox"/> Physical Aggression</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Suicidal Ideation</td> <td><input type="checkbox"/> Use of Drugs and/or Alcohol in ORR Custody</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Verbal Aggression</td> <td><input type="checkbox"/> Self-Harm without medical Intervention</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Destruction of property</td> <td><input type="checkbox"/> Past Suicidal Attempt/Gesture</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Past Self-Harm</td> <td></td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td colspan="2"></td> </tr> <tr> <td>Specify:</td> <td></td> <td colspan="2"></td> </tr> </table> | <input type="checkbox"/> Possession of a Weapon | <input type="checkbox"/> Physical Aggression | | | <input type="checkbox"/> Suicidal Ideation | <input type="checkbox"/> Use of Drugs and/or Alcohol in ORR Custody | | | <input type="checkbox"/> Verbal Aggression | <input type="checkbox"/> Self-Harm without medical Intervention | | | <input type="checkbox"/> Destruction of property | <input type="checkbox"/> Past Suicidal Attempt/Gesture | | | <input type="checkbox"/> Past Self-Harm | | | | <input type="checkbox"/> Other | | | | Specify: | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Possession of a Weapon | <input type="checkbox"/> Physical Aggression | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Suicidal Ideation | <input type="checkbox"/> Use of Drugs and/or Alcohol in ORR Custody | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Verbal Aggression | <input type="checkbox"/> Self-Harm without medical Intervention | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Destruction of property | <input type="checkbox"/> Past Suicidal Attempt/Gesture | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Past Self-Harm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Incidents Involving Law Enforcement | <table border="0"> <tr> <td style="width: 30%;"><input type="checkbox"/> Search</td> <td style="width: 40%;"><input type="checkbox"/> Investigate/Response</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Interview</td> <td><input type="checkbox"/> Arrest</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td colspan="2"></td> </tr> <tr> <td>Specify:</td> <td></td> <td colspan="2"></td> </tr> </table> | <input type="checkbox"/> Search | <input type="checkbox"/> Investigate/Response | | | <input type="checkbox"/> Interview | <input type="checkbox"/> Arrest | | | <input type="checkbox"/> Other | | | | Specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Search | <input type="checkbox"/> Investigate/Response | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Interview | <input type="checkbox"/> Arrest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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 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. Specify: a clinical session. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incident Information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | (b)(6) |
| | 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)@befs.net | (b)(6) |
| Contact for Follow-Up | | APD, Lead Clinician | (b)(6)@befs.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 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 UnitedStates <input type="checkbox"/> Abuse In DHS Custody <input type="checkbox"/> Physical Abuse In ICE Custody <input type="checkbox"/> Sexual Abuse In ICE Custody <input type="checkbox"/> Physical Abuse In CBP Custody <input type="checkbox"/> Sexual Abuse In CBP Custody <input type="checkbox"/> Other Specify: | <input type="checkbox"/> Abuse On Journey <input type="checkbox"/> Neglect/Abandonment in the United States <input type="checkbox"/> Other Specify: | |
| <input type="checkbox"/> 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. Specify: a clinical session. | | |
| Incident Information: | | | |

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: 05:05 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 (h)(6) met face to face with (h)(6) on 02.22.2021 at 5:00pm following COVID-19 protocols to follow up on incident that occurred 02/19/2021. (h)(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 (h)(6) and minor (h)(6) was moved to another room and a client service request form for medical was made to follow up on the minor. (h)(6) denied having any pain and was encouraged to reach out to the clinical department if he felt like expressing his thoughts and feelings. (h)(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?: Yes 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) 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 Date of Report: Time of Report: Reported To CPS: Yes No Date Notified the Incident will be investigated: Case/Confirmation Number: Was the Incident Investigated? Yes No

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:

Table with 6 columns: Name, Agency/Title, Date Notified, Time Notified, Email, Telephone Number

| | | | | | |
|----------------------|---------------------|-----------|----------|---|------------|
| Stephanie Durret | ORR/FFS | 2/22/2021 | 09:00 PM | Stephanie.durrett@acf.hhs.gov (b)(6) | (b)(6) |
| Jennifer Gulbrandson | ORR/PO | 2/22/2021 | 09:00 PM | Jennifer.Gulbrandson@a (b)(6) | (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.g | (b)(6) |
| 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 | (b)(6) | APD, Lead Clinician | (b)(6)@bcfs.net | (b)(6) |