

Event (Form A-9)

Data Entry Window

OMB 0970-#### [valid through MM/DD/YYYY]

New Event: SIR/PLE Report

Status

* Status Draft

Information

Event ID	* Program Name	Search Entities... <input type="text"/>
* Event Type ? --None--	* Event Start Date/Time	Date <input type="text"/> Time <input type="text"/>
* Synopsis of Event ?	Approximate Event Date	<input type="checkbox"/>
* Event Occurred in ORR Care ?	Event End Date/Time	Date <input type="text"/> Time <input type="text"/>
Location of Event ?	Location (if DHS Custody)	--None--
* Date/Time Reported to Care Provider	Location (if at Care Provider)	--None--
Legacy ID	Other Location (if at Care Provider) Note	<input type="text"/>
	Existing SIR	<input type="checkbox"/>

Cancel
Save & New
Save

Yellow highlight = New field

Blue highlight = Field moved from body of incident report to *Event*.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR care provider programs to document events occurring in and outside of ORR care that must be reported to ORR. Public reporting burden for this collection of information is estimated to average 0.17 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.

UAC-A-9 [Rev. MM/DD/YYYY]

Event Page

Event: **EV-000330** Edit

Draft
Complete
Created in Error
Mark Status as Complete

Details

Status	Program Name
Event ID	Event Start Date/Time
Event Type ?	Approximate Event Date <input type="checkbox"/>
Synopsis of Event ?	Event End Date/Time
Event Occurred in ORR Care	Location (if DHS Custody)
Location of Event	Location (if at Care Provider)
Date/Time Reported to Care Provider	Other Location (if at Care Provider) Note
Created By	Existing SIR <input type="checkbox"/>
Legacy ID	Last Modified By

SIRs (0) Change Owner

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