## Program-Level Event Report and Addendum (Form A-10D)

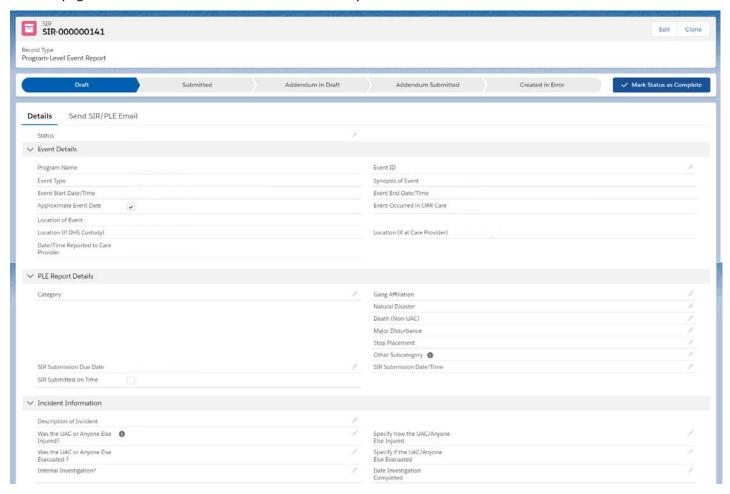
### **Data Entry Window** OMB 0970-0547 [valid through MM/DD/YYYY] New SIR: Program-Level Event Report Status \* Draft Event Details Search Event.. PLE Report Details Category Available Death (non-UAC) Major Disturbance Stop Placement Infectious Disease O... Natural Disaster Avallable Flood Wildfire Death (Non-UAC) Available Program Staff Non-UAC Child . Major Disturbance Shooting Riot Protest Licensing Violation Health and Safety Issue Natural Disaster ORR Policy Violation 0 Incident Information --None--

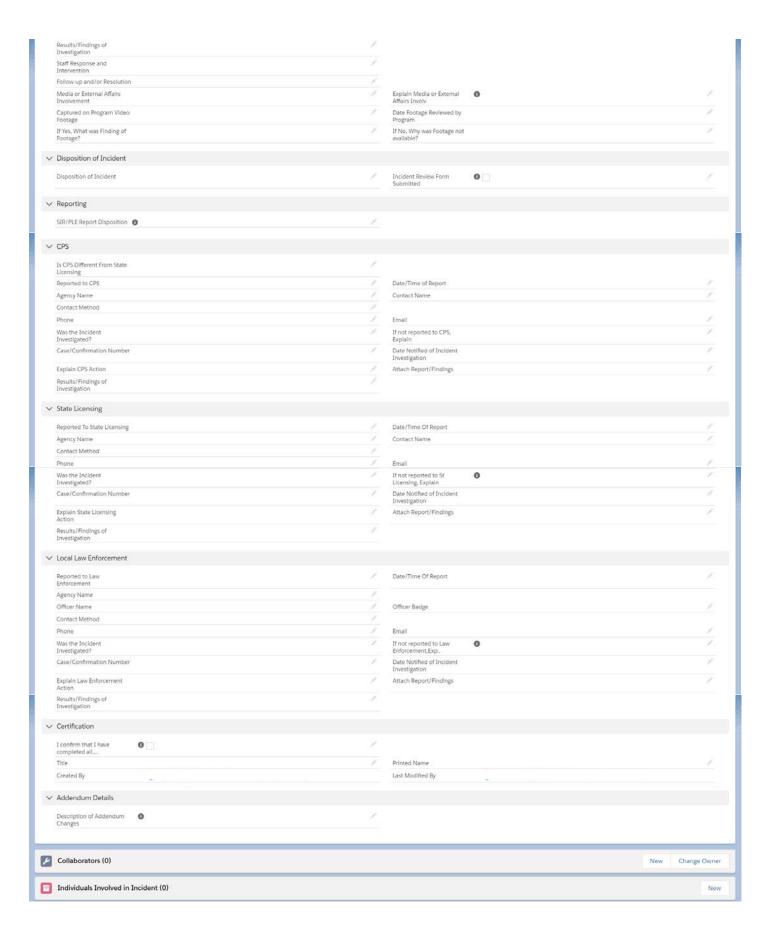
Internal Investigation?	None	*	Date Investigation Completed				ä
Results/Findings of Investigation							
Staff Response and Intervention							
Follow-up and/or Resolution		A					
Media or External Affairs Involvement	None	•	Explain Media or External Affairs Involv	0			
Captured on Program Video Footage	None	•	Date Footage Reviewed by Program				8
If Yes, What was Finding of Footage?			If No, Why was Footage not available?				
Reporting							
SIR/PLE Report Disposition	None	*					
CPS							
Is CPS Different							
From State Licensing	None	•					
Reported to CPS	None	*	Date/Time of Report	Date	苗	Time	0
Agency Name			Contact Name				
Contact Method	None	*					
Phone			Email				
Was the Incident Investigated?	None	*	If not reported to CPS, Explain				h
Case/Confirmation Number			Date Notified of Incident Investigation				=
Explain CPS Action			Attach Report/Findings	None			*
Danish (Fladings of							
Results/Findings of Investigation		h.					
State Licensing							
Reported To State	None	*	Date/Time Of	Date		Time	
Licensing			Report		ä		0
Agency Name			Contact Name				
Contact Method  Phone	None	*	Email				
Was the Incident							
Investigated?	None	•	If not reported to St Licensing, Explain	D			h
Case/Confirmation Number			Date Notified of Incident Investigation				前
Explain State Licensing Action			Attach Report/Findings	None			. •
Results/Findings of		4					
Investigation		z					
Local Law Enforcement							
Reported to Law Enforcement	None	•	Date/Time Of Report	Date	ä	Time	0
Agency Name							
Officer Name			Officer Badge				
Contact Method	None	•					
Phone			Email				
Was the Incident Investigated?	None	•	If not reported to Law Enforcement,Exp	•			

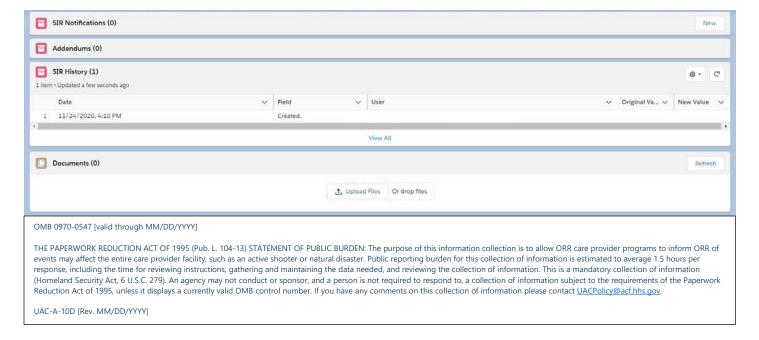
Case/Confirmation Number		Date Notified of Incident Investigation		音
Explain Law Enforcement Action		Attach Report/Findings	None	•
Results/Findings of Investigation	,			
Certification				
I confirm that I have completed all		Printed Name		
	Cancel Sav	e & New Save		
information collection provider facility, such is is estimated to averag maintaining the data r information (Homelan required to respond to 1995, unless it displays information please con	DUCTION ACT OF 1995 (Pub. L. 104-1: Lis to allow ORR care provider progra as an active shooter or natural disaste the 1.5 hours per response, including the needed, and reviewing the collection of the Security Act, 6 U.S.C. 279). An agen o, a collection of information subject to s a currently valid OMB control numb ntact UACPolicy@acf.hhs.gov.	ms to inform ORR Pr. Public reporting The time for reviewing The information. This The may not conducted the requirement	of events may affect the burden for this collect ng instructions, gatheri s is a mandatory collect or sponsor, and a pe ts of the Paperwork Rec	ne entire care ion of information ng and tion of rson is not duction Act of
UAC-A-10D [Rev. MM,	/DD/YYYY]			

#### **Program-Level Event Report Page**

Editable page created after Save is clicked in the data entry window.

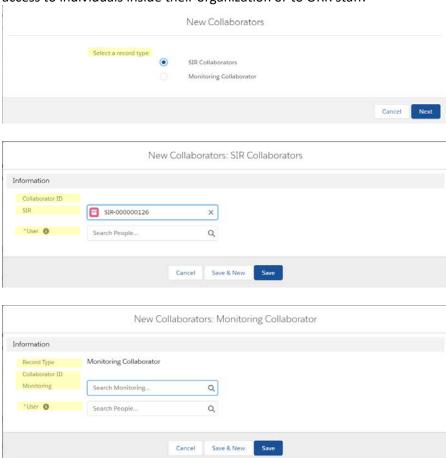






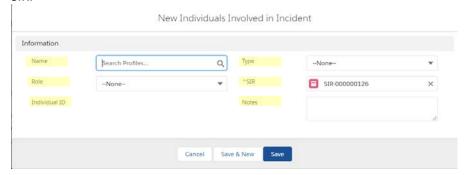
#### **Collaborators Data Entry Windows**

New feature that allows case manager or ORR staff to give read/write access to other users. Restricted to granting access to individuals inside their organization or to ORR staff.



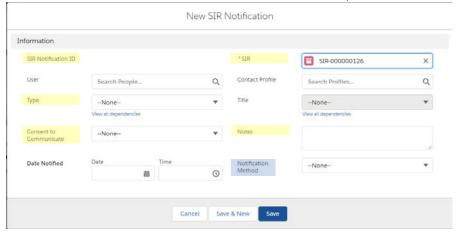
#### **Individuals Involved in Incident Data Entry Window**

New feature that allows case managers to link profiles of care provider staff or UAC that are already in the system to the SIR.



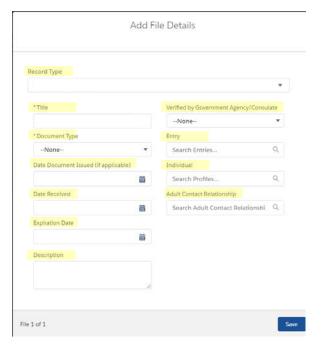
#### **SIR Notifications Data Entry Window**

Allows case managers to manually add an individual to whom they are reporting the SIR. ORR staff members assigned to the care provider are pre-populated in the table and do not need to be added manually. This replaces the following tables in the current version of the SIR: ORR Notifications, Other Notifications, and Reporter and Follow-up Contact.



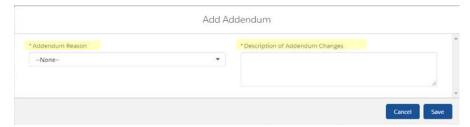
#### **Documents Data Entry Window**

New feature that allows documents to be attached directly to the SIR.



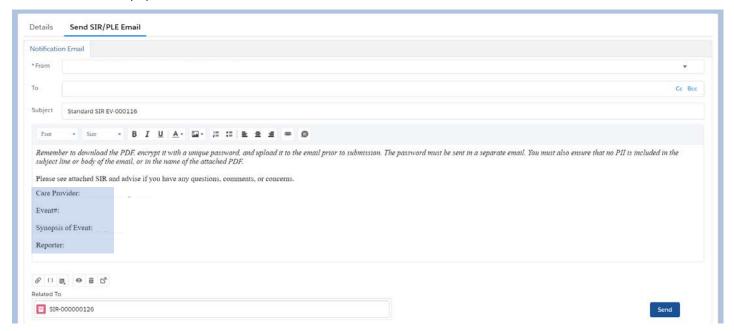
#### **Addendum Data Entry Window**

Case managers complete the two fields below and then make edits or add information to the SIR.



#### Send SIR/PLE Email

Case managers use the in-system email to send a copy of the SIR to parties who are required to be notified. Email addresses auto-populate from the SIR Notifications table. The email subject line and information in the body of the email are also auto-populated.





OMB 0970-0547 [valid through MM/DD/YYYY]

# Administration for Children & Families Office of Refugee Resettlement

## **Program-Level Event Report**

EVENT DETAILS				
Program Name:	Event ID:			
Event Type:	Synopsis of Event:			
Event Start Date/Time Approximate Event	Event End Date/Time			
Date:	Event Occurred in ORR Care:			
☑  Location of Event	Location (if at Care Provider)			
Location (if in DHS Custody)	Date/Time Reported to Care Provider			

PROGRAM-LEVEL EVENT DETAILS				
Category:	Natural Disaster:			
	Death (Non-UAC)			
	Major Disturbance			
	Public Health Emergency			
	Stop Placement			
PLE Report Submission Due Date	PLE Report Submission Date/Time:			
PLE Report Submission on Time				

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 inform ORR of events may affect the entire care provider facility, such as an active shooter or natural disaster. Public reporting burden for this collection of information is estimated to average 1.5 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.

# Program-Level Event Report Office of Refugee Resettlement

INCIDENT INFORMATION			
Description of Incident			
Was the UAC or Anyone Else Injured?	Specify		
Actions Taken:			
Was the UAC or Anyone Else Evacuated?	Specify		
Internal Investigation?	Date Investigation Completed		
Results/Findings of Investigation			
Staff Response and Intervention			
Follow-up and/or Resolution			
Media or External Affairs Involvement	Explain Media or External Affairs Involvement		
Captured on Program Video Footage	Date Footage Reviewed by Program		
If Yes, What was Finding of Footage?	If No, Why was Footage not available?		

REF	PORTING			
State Licensing:				
Reported to State Licensing	Date/Time of Report			
If Not Reported to State Licensing, Explain				
Was the Incident Investigated?	Date Notified the Incident will be investigated			
Case/Confirmation Number	Attach Report/Findings			
Explain State Licensing Action				
Results/Findings of Investigation				
Local Law Enforcement:				
Reported to Law Enforcement	Date/Time of Report			
If Not Reported to Law Enforcement, Explain				

# Program-Level Event Report Office of Refugee Resettlement

Officer Name	Officer Badge
Was the Incident Investigated?	Date Notified the Incident will be investigated
Case/Confirmation Number	Attach Report/Findings
Explain Law Enforcement Action	
Results/Findings of Investigation	

AFFECTED INDIVIDUAL				
Туре	Name	Role	Note	

ORR NOTIFICATIONS					
Title	Name	Email	Phone	Date Notified	Method

REPORTER & FOLLOW-UP					
Title	Name	Email	Phone	Date Notified	Method

CERTIFICA	ATION	
I confirm that I have completed all the required sections and the in	formation is accurate.	<b>I</b>
Print Name: Title:	Submitted By: Date:	