

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...

* Event Type --None-- * Event Start Date/Time Date Time

* Synopsis of Event Approximate Event Date

* Event Occurred in ORR Care --None-- Event End Date/Time Date Time

Location of Event --None-- Location (if DHS Custody) --None--

Location (if at Care Provider) --None--

Other Location (if at Care Provider) Note

* Date/Time Reported to Care Provider Date Time Existing SIR

Legacy ID

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

<p>Status ✎</p> <p>Event ID ✎</p> <p>Event Type ✎</p> <p>Synopsis of Event ✎</p> <p>Event Occurred in ORR Care ✎</p> <p>Location of Event ✎</p> <p>Date/Time Reported to Care Provider ✎</p> <p>Created By ✎</p> <p>Legacy ID ✎</p>	<p>Program Name ✎</p> <p>Event Start Date/Time ✎</p> <p>Approximate Event Date <input type="checkbox"/> ✎</p> <p>Event End Date/Time ✎</p> <p>Location (if DHS Custody) ✎</p> <p>Location (if at Care Provider) ✎</p> <p>Other Location (if at Care Provider) Note ✎</p> <p>Existing SIR <input type="checkbox"/> ✎</p> <p>Last Modified By ✎</p>
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SIRs (0)
Change Owner

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