


Child-Level Event (Form A-9A)

UC Basic Information		
 <p>Photo of Child</p>	First Name:	Status:
	Last Name:	AKA:
	Date of Birth:	Gender:
	A No.:	LOS:
	Age:	LOC:
	Child's Country of Birth:	Current Program:
	Admitted Date:	Current Location:
	ORR Placement Date:	

Child Level Event Information		
Please see UC Policy Guide Sections 4 and 5 for related policies.		
Location of Event	<input type="text"/>	Event ID: <input type="text"/>
Specify Program	<input type="text"/>	
Specify Location	<input type="text"/>	
Date of Event:	<input type="text"/>	Time of Event: <input type="text"/>
Date Event Reported to Care Provider:	<input type="text"/>	Time Event Reported to Care Provider: <input type="text"/>
Synopsis of Event:	<input type="text"/>	
<input type="button" value="Save"/>		

- Current Care Provider Facility
- Previous Care Provider Facility
- Group Home
- Foster Home
- Community (field trip or outside the foster home)
- Out-of-Network Placement
- DHS Custody
- Country of Origin
- Journey to U.S.
- U.S. Interior, not DHS or ORR

Appears if "Current Care Provider Facility," "Previous Care Provider Facility," "Group Home," or "Foster Home" selected for Location of Event. Dropdown includes all care provider programs.

- Appears if "Current Care Provider Facility," "Previous Care Provider Facility," "Group Home," or "Foster Home" selected for Location of Event. Dropdown options:
- Dining Facility
 - Dormitory Area
 - Field Trip
 - Medical Facility
 - Off-site Appointment
 - Recreational Area
 - Restroom or Shower
 - School Area
 - Other


- Appears if "DHS Custody" selected for Location of Event. Dropdown options:
- CBP Custody
 - ICE Custody
 - Unknown

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. The OMB control number is 0970-0547 and the expiration date is 5/31/2025. If you have any comments on this collection of information please contact UCPolicy@acf.hhs.gov.

NOTE: Date of Event and Time of Event appear if "Current Care Provider Facility," "Previous Care Provider Facility," "Group Home," "Foster Home," "Community (field trip or outside the foster home)," or "Out-of-Network Placement" selected for Location of Event.

Approximate Date of Event Month/Year appears if "DHS Custody," "Country of Origin," "Journey to U.S.," or "U.S. Interior, not DHS or ORR" selected for Location of Event (see screenshot on page 2)

> SIR > Add New Child Event

UC Basic Information		
 <p>Photo of Child</p>	First Name:	Status:
	Last Name:	AKA:
	Date of Birth:	Gender:
	A# :	Length of Stay:
	Age:	Length of Care:
	Country of Birth:	Current Program:
	Admitted Date:	Current Location:
	ORR Placement Date:	Portal ID:

Child-Level Event Information		
Please see UC Policy Guide Sections 4 and 5 for related policies.		
Location of Event:	<input type="text"/>	Event ID:
Aproximate Date of Event: Month/Year:	<input type="text"/> <input type="text"/>	
Date Event Reported to Care Provider:	<input type="text"/>	Time Event Reported to Care Provider: <input type="text"/>
Short Synopsis:	<input type="text"/>	
> Save		

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