

# 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

\* Status

Event Details

\* Event ID

PLE Report Details

Category

Available

- Other
- Death (non-UAC)
- Major Disturbance
- Natural Disaster
- Stop Placement
- Infectious Disease O...

Chosen

Natural Disaster

Available

- Earthquake
- Flood
- Tornado
- Wildfire
- Hurricane

Chosen

Death (Non-UAC)

Available

- Program Staff
- Other Adult
- Non-UAC Child
- Other Person

Chosen

Major Disturbance

Available

- Shooting
- Terrorist Attack
- Riot
- Protest

Chosen

Stop Placement

Available

- Licensing Violation
- Health and Safety Issue
- Death of Child
- Major Disturbance
- Natural Disaster
- Public Health Emerge...
- ORR Policy Violation

Chosen

Other Subcategory

SIR Submission Due Date

SIR Submission Date/Time

Incident Information

\* Description of Incident

Was the UAC or Anyone Else Injured?

Specify how the UAC/Anyone Else Injured

Was the UAC or Anyone Else Evacuated?

Specify if the UAC/Anyone Else Evacuated

Internal Investigation?	--None--	Date Investigation Completed	<input type="text"/>
Results/Findings of Investigation	<input type="text"/>		
Staff Response and Intervention	<input type="text"/>		
Follow-up and/or Resolution	<input type="text"/>		
Media or External Affairs Involvement	--None--	Explain Media or External Affairs Involv	<input type="text"/>
Captured on Program Video Footage	--None--	Date Footage Reviewed by Program	<input type="text"/>
If Yes, What was Finding of Footage?	<input type="text"/>	If No, Why was Footage not available?	<input type="text"/>

**Reporting**

SIR/PLE Report Disposition <sup>1</sup> --None--

**CPS**

Is CPS Different From State Licensing	--None--	Date/Time of Report	Date	Time
Reported to CPS	--None--		<input type="text"/>	<input type="text"/>
Agency Name	<input type="text"/>	Contact Name	<input type="text"/>	
Contact Method	--None--			
Phone	<input type="text"/>	Email	<input type="text"/>	
Was the Incident Investigated?	--None--	If not reported to CPS, Explain	<input type="text"/>	
Case/Confirmation Number	<input type="text"/>	Date Notified of Incident Investigation	<input type="text"/>	
Explain CPS Action	<input type="text"/>	Attach Report/Findings	--None--	
Results/Findings of Investigation	<input type="text"/>			

**State Licensing**

Reported To State Licensing	--None--	Date/Time Of Report	Date	Time
			<input type="text"/>	<input type="text"/>
Agency Name	<input type="text"/>	Contact Name	<input type="text"/>	
Contact Method	--None--			
Phone	<input type="text"/>	Email	<input type="text"/>	
Was the Incident Investigated?	--None--	If not reported to St Licensing, Explain	<input type="text"/>	
Case/Confirmation Number	<input type="text"/>	Date Notified of Incident Investigation	<input type="text"/>	
Explain State Licensing Action	<input type="text"/>	Attach Report/Findings	--None--	
Results/Findings of Investigation	<input type="text"/>			

**Local Law Enforcement**

Reported to Law Enforcement	--None--	Date/Time Of Report	Date	Time
			<input type="text"/>	<input type="text"/>
Agency Name	<input type="text"/>	Officer Badge	<input type="text"/>	
Officer Name	<input type="text"/>			
Contact Method	--None--			
Phone	<input type="text"/>	Email	<input type="text"/>	
Was the Incident Investigated?	--None--	If not reported to Law Enforcement, Exp..	<input type="text"/>	

Case/Confirmation Number	<input type="text"/>	Date Notified of Incident Investigation	<input type="text"/>
Explain Law Enforcement Action	<input type="text"/>	Attach Report/Findings	--None--
Results/Findings of Investigation	<input type="text"/>		

**Certification**

I confirm that I have completed all...

Title  Printed Name

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 that 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](mailto:UACPolicy@acf.hhs.gov).

UAC-A-10D [Rev. MM/DD/YYYY]

## Program-Level Event Report Page

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

SIR

**SIR-000000141**

[Edit](#) [Clone](#)

Record Type  
Program-Level Event Report

Draft

Submitted

Addendum in Draft

Addendum Submitted

Created in Error

Mark Status as Complete

**Details** [Send SIR/PLE Email](#)

Status

**Event Details**

Program Name <input type="text"/>	Event ID <input type="text"/>
Event Type <input type="text"/>	Synopsis of Event <input type="text"/>
Event Start Date/Time <input type="text"/>	Event End Date/Time <input type="text"/>
Approximate Event Date <input checked="" type="checkbox"/>	Event Occurred in ORR Care <input type="text"/>
Location of Event <input type="text"/>	Location (if at Care Provider) <input type="text"/>
Location (if DHS Custody) <input type="text"/>	
Date/Time Reported to Care Provider <input type="text"/>	

**PLE Report Details**

Category <input type="text"/>	Gang Affiliation <input type="text"/>
	Natural Disaster <input type="text"/>
	Death (Non-UAC) <input type="text"/>
	Major Disturbance <input type="text"/>
	Stop Placement <input type="text"/>
	Other Subcategory <input type="text"/>
SIR Submission Due Date <input type="text"/>	SIR Submission Date/Time <input type="text"/>
SIR Submitted on Time <input type="checkbox"/>	

**Incident Information**

Description of Incident <input type="text"/>	Specify how the UAC/Anyone Else Injured <input type="text"/>
Was the UAC or Anyone Else Injured? <input type="checkbox"/>	Specify if the UAC/Anyone Else Evacuated <input type="text"/>
Was the UAC or Anyone Else Evacuated? <input type="checkbox"/>	Date Investigation Completed <input type="text"/>
Internal Investigation? <input type="text"/>	

Results/Findings of Investigation ✓

Staff Response and Intervention ✓

Follow-up and/or Resolution ✓

Media or External Affairs Involvement ✓

Captured on Program Video Footage ✓

If Yes, What was Finding of Footage? ✓

Explain Media or External Affairs Involv. ⓘ ✓

Date Footage Reviewed by Program ✓

If No, Why was Footage not available? ✓

▼ Disposition of Incident

Disposition of Incident ✓

Incident Review Form Submitted ⓘ ✓

▼ Reporting

SIR/PLE Report Disposition ⓘ ✓

▼ CPS

Is CPS Different From State Licensing ✓

Reported to CPS ✓

Agency Name ✓

Contact Method ✓

Phone ✓

Was the Incident Investigated? ✓

Case/Confirmation Number ✓

Explain CPS Action ✓

Results/Findings of Investigation ✓

Date/Time of Report ✓

Contact Name ✓

Email ✓

If not reported to CPS, Explain ✓

Date Notified of Incident Investigation ✓

Attach Report/Findings ✓

▼ State Licensing

Reported To State Licensing ✓

Agency Name ✓

Contact Method ✓

Phone ✓

Was the Incident Investigated? ✓

Case/Confirmation Number ✓

Explain State Licensing Action ✓

Results/Findings of Investigation ✓

Date/Time Of Report ✓

Contact Name ✓

Email ✓

If not reported to St Licensing, Explain ⓘ ✓

Date Notified of Incident Investigation ✓

Attach Report/Findings ✓

▼ Local Law Enforcement

Reported to Law Enforcement ✓

Agency Name ✓

Officer Name ✓

Contact Method ✓

Phone ✓

Was the Incident Investigated? ✓

Case/Confirmation Number ✓

Explain Law Enforcement Action ✓

Results/Findings of Investigation ✓

Date/Time Of Report ✓

Officer Badge ✓

Email ✓

If not reported to Law Enforcement, Exp... ⓘ ✓

Date Notified of Incident Investigation ✓

Attach Report/Findings ✓

▼ Certification

I confirm that I have completed all... ⓘ ✓

Title ✓

Created By ✓

Printed Name ✓

Last Modified By ✓

▼ Addendum Details

Description of Addendum Changes ⓘ ✓

Collaborators (0) New Change Owner

Individuals Involved in Incident (0) New

**SIR Notifications (0)** New

**Addendums (0)**

**SIR History (1)** ⚙️ 🔄  
 1 Item • Updated a few seconds ago

Date	Field	User	Original Va...	New Value
11/24/2020, 4:10 PM	Created.			

[View All](#)

**Documents (0)** Refresh

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## 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.

New Collaborators

---

Select a record type

SIR Collaborators  
 Monitoring Collaborator

New Collaborators: SIR Collaborators

---

Information

Collaborator ID  
 SIR

\*User

New Collaborators: Monitoring Collaborator

---

Information

Record Type Monitoring Collaborator  
 Collaborator ID  
 Monitoring

\*User

## 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.

New Individuals Involved in Incident

Information

Name	<input type="text" value="Search Profiles..."/>	Type	--None--
Role	--None--	* SIR	<input type="text" value="SIR-000000126"/>
Individual ID		Notes	<input type="text"/>

## 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.

New SIR Notification

Information

SIR Notification ID		* SIR	<input type="text" value="SIR-000000126"/>
User	<input type="text" value="Search People..."/>	Contact Profile	<input type="text" value="Search Profiles..."/>
Type	--None--	Title	--None--
Consent to Communicate	--None--	Notes	<input type="text"/>
Date Notified	Date <input type="text"/>	Notification Method	--None--

## Documents Data Entry Window

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

Add File Details

Record Type

\* Title

\* Document Type

Date Document Issued (if applicable)

Date Received

Expiration Date

Description

Verified by Government Agency/Consulate

Entry

Individual

Adult Contact Relationship

File 1 of 1

## Addendum Data Entry Window

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

Add Addendum

\* Addendum Reason --None--

\* Description of Addendum Changes

Cancel Save

## 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.

Details **Send SIR/PLE Email**

Notification Email

\* From

To Cc Bcc

Subject Standard SIR EV-000116

Font Size **B I U A**

*Remember to download the PDF, encrypt it with a unique password, and upload it to the email prior to submission. The password must be sent in a separate email. You must also ensure that no PII is included in the subject line or body of the email, or in the name of the attached PDF.*

Please see attached SIR and advise if you have any questions, comments, or concerns.

Care Provider:  
Event#:  
Synopsis of Event:  
Reporter:

Related To SIR-000000126

Send



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

**Administration for Children & Families**  
**Office of Refugee Resettlement**

## Program-Level Event Report

EVENT DETAILS	
<b>Program Name:</b>	<b>Event ID:</b>
<b>Event Type:</b>	<b>Synopsis of Event:</b>
<b>Event Start Date/Time</b> <b>Approximate Event</b>	<b>Event End Date/Time</b>
<b>Date:</b> <input checked="" type="checkbox"/>	<b>Event Occurred in ORR Care:</b>
<b>Location of Event</b>	<b>Location (if at Care Provider)</b>
<b>Location (if in DHS Custody)</b>	<b>Date/Time Reported to Care Provider</b>

PROGRAM-LEVEL EVENT DETAILS	
<b>Category:</b>	<b>Natural Disaster:</b>
	<b>Death (Non-UAC)</b>
	<b>Major Disturbance</b>
	<b>Public Health Emergency</b>
	<b>Stop Placement</b>
<b>PLE Report Submission Due Date</b>	<b>PLE Report Submission Date/Time:</b>
<b>PLE Report Submission on Time</b> <input type="checkbox"/>	

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# Program-Level Event Report

## Office of Refugee Resettlement

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

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

# Program-Level Event Report

## Office of Refugee Resettlement

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

AFFECTED INDIVIDUAL			
Type	Name	Role	Note

ORR NOTIFICATIONS					
Title	Name	Email	Phone	Date Notified	Method

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

CERTIFICATION	
I confirm that I have completed all the required sections and the information is accurate.	<input checked="" type="checkbox"/>
<b>Print Name:</b>	<b>Submitted By:</b>
<b>Title:</b>	<b>Date:</b>