UAC Basic Information First Name: Auto-populated AKA: Auto-populated Auto-populated Last Name: Status: System-generated Date of Birth: Auto-populated Admitted Date: System-generated Auto-populated Length of Stay: A#: System-generated Country of Birth: Auto-populated Current Program: Auto-populated Auto-populated (options for Sex: Portal ID: System-generated male and female only) Photo of Child Physical Location of Child: Auto-populated from UAC Portal Discharge Tab See UAC Policy Guide Section 4 and 5 for related policies.

Child-Level Event Information

Select Different Event

Location of Event: Auto-populated **Specific Program:** Auto-populated

Date of Event: Auto-populated Time of Event: Auto-populated **Event ID:** System-generated

Date Care Provider Became

Aware of Event:

Auto-populated

Time Care Provider Became

Auto-populated Aware of Event:

Specific Location: Auto-populated

Short Synopsis: Auto-populated

Child-Level Event							
	O Emergency SIR	O Non-Emergency SIR	Behavioral Note	O Historical Disclosure			
Note Status:*	○ Open ○ Closed	Date Note C	Opened:	Date Note Closed:			

REMINDER: Behavioral concerns that result in a medical emergency must be reported as an Emergency Significant Incident Report (SIR). Child behavioral concerns that threaten safety (e.g., destruction of property, physical aggression, verbal aggression, and use of drugs or alcohol) must be reported as a Non-Emergency SIR.

Behavioral Note Category (Select all that apply)



☐ Behavioral interaction		n						
☐ Behavioral interaction	ons with adult							
☐ Individual behavior								
Behavior Information	ı:							
Deliavior information	•							
Who initially reported/behavior?*	observed the							
								> Add New Row
	Name	Туре			A#	Title		Specify
		Select	~	-	Appears if user selects	SUAC Appears if user		Appears if user selects Non-
		UAC		-				UAC Child or Non-Staff Adult
		Staff						Adult
		Non-UA0 Non-Staj						
		Non-staj	Addit					
Type of Behavior:*		○ Positive held	avior ha	hit rosilio	ence, personal growth,	skill-huilding or anothe	er meritorious	action/trait
Type of Bellavior.					ng in the event a behav	_		
	.	© Benavior til		111011110111	ig in the event a benav	- Iorai pattern emerges t		Tervention or support
Description of Behavior	•							
Is the behavior part of an established behavioral pattern? *		○ Yes	○ No	Арр	Appears if user selects "Behavior that merits monitoring"			
Is intervention or support required? *			○ Yes	○ No	Арр	pears if user selects "Be	havior that me	erits monitoring"
Action Taken:								
Was or will the child be	referred for	○ Yes ○ No						
healthcare services? *								
Appears if user selects "	Behavior that merits							
monitoring"		☐ Medical		Mental H	ealth/Behavioral	☐ Dental		
Specify Type(s) of Healt		□ Mcdical		Wichtairi	callify Deliavioral	O Dentai		
Appears if user selects "								
Describe the healthcare were or will be provide								
Appears if user selects "								
Staff Response (if applie								
Appears if user selects "								
Tapeard if doct defects								

Potential Consequence(s) of Continued Behavior:*	
Appears if user selects "Behavior that merits monitoring"	
Staff Intervention or Support:*	
Appears if user selects "Behavior that merits	
monitoring" and "Yes" for "Is intervention or support required?"	
ORR Recommendations:*	
Appears if user selects "Behavior that merits	
monitoring" and "Yes" for "Is intervention or support required?"	
	>1 Save

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 behaviors or observations about children that highlight positive events or developments in the children's daily life while in ORR custody and to document patterns of behavior that potentially merit intervention or support over time. Public reporting burden for this collection of information is estimated to average 0.5 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. The OMB control number is 0970-XXXX and the expiration date is MM/DD/YYYY. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.