



**OFFICE OF REFUGEE RESETTLEMENT
PREVENTION OF SEXUAL ABUSE
COMPLIANCE AUDIT TOOL**

**ICF INTERVIEW GUIDE
FOR
PSA COMPLIANCE MANAGERS**

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to interview and document responses from care provider PSA compliance managers during site visits. PSA audits are required in the Interim Final Rule on Standards to Prevent, Detect, and Respond to Sexual Abuse and Sexual Harassment Involving Unaccompanied Children (45 CFR Part L). Public reporting burden for this collection of information is estimated to average 1 hour per response for the care provider and 1 hour per response for the contractor performing the audit, 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 UCPolicy@acf.hhs.gov.

Interview Details

Facility Name: _____

Name of person interviewed: _____

Title of person interviewed: _____

Date of interview: _____

Interviewer: _____

GUIDELINES FOR AUDITORS: INTERVIEWS

Informing the individual you are interviewing of the compliance audit's purpose and the reason for their requested participation:

Prior to interviewing everyone, the auditor should communicate the following (in your own style and cadence):

“Thank you for meeting with me. My name is [NAME]. I work for ICF, which has a contract with the Office of Refugee Resettlement (ORR) to assess whether this care provider is following standards that have been established by the federal government to prevent sexual abuse and sexual harassment.”

“I have been approved by ORR to conduct this assessment. As a matter of professional conduct, I will do my very best to protect the confidentiality of the information that you provide to me. Under no circumstances can I be required to turn over my interview notes to the care provider if they ask me for them. As I conduct my interviews, I will not be discussing what you tell me with any facility staff. However, you should be aware that I will have to provide this information to ORR upon their request.”

“You should also know that for the final report that I will give to the care provider at the end of this compliance audit, I am prohibited from including any personally identifying information of yours. If you experience any negative consequences for talking with me, such as retaliation or threatened retaliation, please do not hesitate to contact me. I can be reached at **[THIS SHOULD BE THE SAME CONTACT INFORMATION PROVIDED IN ADVANCE OF THE COMPLIANCE AUDIT VISIT THAT SOLICITS UC COMMENTS].**”

“Do you have any questions? Do I have your permission to ask you some questions?”

IF YES TO PERMISSION, GO TO QUESTION 1. Keep in mind you want to ask the questions in your own style and cadence. These questions are NOT intended to be asked verbatim. You will want to ask the questions that help establish rapport while obtaining the necessary information for the audit. The questions below are provided to you as a guideline and represent the various types of information needed for the audit. Examples have been provided for how you might ask a more open-ended question and what you will need to be listening for as an auditor. Should you not get the information needed in the open-ended question format, you will need to formulate a question, or questions, so you are able to get the information needed.

1. Do you feel you have enough time to manage all your prevention of sexual abuse responsibilities? Do you feel empowered to bring up any issues with policies, training and staffing to leadership? (§411.11(d))

2. Discuss how you coordinate your care provider's efforts to comply with the Interim Final Rule (IFR) standards and ORR policies and procedures.

3. If you identify an issue in complying with an IFR standard or ORR policy, what actions/process do you undertake to work towards compliance?

Instead of asking the following questions directly, you could ask, "Describe how your facility's staffing plan is developed to ensure the safety of the unaccompanied children placed here." With the open-ended question, you would be listening to hear for the elements noted in 4-8. If they don't include information about the staffing ratios in their answer, you will need to ask something like, "What are the staffing ratios for the facility?"

4. Does your facility regularly develop a staffing plan? (§411.13(a))
 - a. In the plan, do you consider whether the staffing levels are adequate to protect unaccompanied children from sexual abuse and sexual harassment? If so, how?

 - b. Is video monitoring part of this plan?

 - c. Is the staffing plan documented, and if so, where?

5. Are you consulted regarding any assessments of, or adjustments to, the staffing plan for this facility? How often do these assessments happen?

6. When assessing adequate staffing levels and the need for video monitoring, please explain if and how the facility staffing plan considers the following: (§411.13(b))
 - a. The physical layout of the facility

 - b. The composition of the UC population

 - c. The prevalence of substantiated and unsubstantiated incidents of sexual abuse and sexual harassment

 - d. Any other relevant factors

7. How do you check for compliance with the staffing plan? (§411.13(a))

8. What staffing ratio is required by the state licensing agency? (§411.13)
 - a. *If same ratios as in section 4.4.1 of ORR's Policy Guide (1:8 during waking hours and 1:16 during sleeping hours):* How do you ensure the facility maintains appropriate staffing ratios?

 - b. *If different ratios: Probe about how the care provider implements these ratios.*

Instead of asking these questions directly, you could ask if they do rounds during the shifts. Through your question, you should be listening for the elements in 9 and 10.

9. Do staff conduct unannounced rounds? (§411.13(c))

10. How do you prevent staff from alerting other staff that rounds are occurring? (§411.13(c))

11. When designing or acquiring substantial modifications to the care provider facility, how does the program consider the effects of such changes on its ability to protect unaccompanied children from sexual abuse? (§411.17(a))

12. How has the care provider considered using technology such as a video monitoring system or electronic surveillance to enhance their ability to protect unaccompanied children from sexual abuse and sexual harassment while maintaining their privacy and dignity when installing or updating such monitoring technology? (§411.17(b))

13. Do you provide each unaccompanied child with an orientation on topics related to preventing, detecting, and responding to sexual abuse and harassment? (§411.33(a))

14. How quickly after admission do you provide this orientation? How often do you provide refresher sessions? (§411.33(a))

15. How does the program provide equal opportunities for UC with disabilities and UC who are limited English/Spanish proficient to participate in or benefit from all aspects of the care provider's efforts to prevent, detect, and respond to sexual abuse and sexual harassment? (§411.15)

16. How can minors report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment? (§411.51(a))

17. Where are the pre-programmed phones located? (§411.51(a))
 - a. Can you describe when a minor may use these phones and for what purpose?

18. How can children and youth report sexual abuse and sexual harassment to an entity or person who is not part of the care provider? (§411.51(b))

19. When a minor alleges sexual abuse or sexual harassment, can they do so verbally, in writing, anonymously, and through third parties? (§411.51(c))
 - a. Do you document verbal reports? (§411.51(c))

 - b. If **YES**, how long, ordinarily, after a UC makes a verbal report do you document it? (§411.51)

Instead of asking these questions, you could ask the facility to describe their grievance process. During their answer, listen for the required elements in 20-21.

20. Does the care provider allow youth to use the grievance process to report sexual abuse, sexual harassment, and inappropriate sexual behavior? (§411.52)

21. How does the care provider ensure that grievances that involve an immediate threat to UC health, safety, or welfare are handled in a time-sensitive manner? (§411.52)

Instead of asking the following questions, you could ask them to describe the facility's reporting process. In their answer, listen for the required elements in 22-26. Probing may be necessary.

22. When the care provider receives an allegation of sexual abuse, to what designated state or local agencies do you report the allegation? (§411.61(d) and §411.22(a))
23. On average, how long after notification of an alleged incident of sexual abuse or sexual harassment does the facility report the allegation to the appropriate oversight entities, including ORR? (§411.61)
24. What happens when your care provider receives an allegation from another care provider that an incident of sexual abuse or sexual harassment occurred in your facility? (§411.63(a))
25. Are there examples of another facility or agency reporting such allegations? What happened in these cases? (§411.63(c))
26. What happens if a youth reports sexual abuse or sexual harassment that occurred in DHS (Department of Homeland Security) custody? (§411.63(d))

27. How long does the care provider maintain documentation of all reports and referrals of allegations of sexual abuse and sexual harassment? (§411.22)
28. Upon learning that a child has allegedly been the victim of sexual abuse or sexual harassment, what actions do you take? Walk me through that process. (*Probe: See if any of these actions are included.*) (§411.64)
- a. Separating the alleged victim, abuser, and any witnesses
 - b. Preserving and protecting any crime scene until the appropriate authorities can take steps to collect any evidence
 - c. Requesting that the alleged victim, alleged perpetrator, and any witnesses not take any actions that could destroy physical evidence (such as washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating), if the abuse occurred within a time frame that allows for the collection of physical evidence
29. Please describe how the care provider remains informed of any investigation related to sexual abuse or sexual harassment. (§411.22(a))
30. How do you monitor to see if there are facts that may suggest possible retaliation by youth or staff? (*Probe: UC disciplinary reports, housing or program changes, negative performance reviews, or reassignments of staff*) How do you remedy retaliation? (§411.67)
31. Do you use the Assessment for Risk within 72 hours of an unaccompanied child's arrival at the care provider facility? (§411.41(a))

32. Do you update the Assessment for Risk every 30 days? (§411.41(a))

33. When you learn that an unaccompanied child is subject to a substantial risk of imminent sexual abuse or sexual harassment, what immediate protective action does the care provider take? (§411.62)

34. What is the expectation for how quickly staff should respond to protect unaccompanied children at substantial risk of imminent sexual abuse or sexual harassment? (§411.62)

35. In response to an incident of sexual abuse, what is the care provider's plan to coordinate actions among staff first responders, medical and mental health practitioners, outside investigators, and care provider leadership? (§411.65(a))

36. For allegations of sexual abuse or sexual harassment, can you describe the different measures you take to protect youth and staff from retaliation? (*Probes: Housing changes or transfers, removal of alleged abuser or harassers from contact with victims, emotional support services, cooperating with investigations.*) (§411.65(b))

Instead of asking the specific questions, you could say, “Please describe any circumstances in the last 12 months when the program took measures to ensure the safety and security of a UC victim of sexual abuse or harassment.” You should listen for the required elements in 37-39. Additional probing may be needed.

37. Please describe any recent (within the last 12 months) circumstances in which multiple protection measures were employed to ensure the safety and security of a UC victim of sexual abuse or sexual harassment. (§411.68(b))

38. Please describe any recent (within the last 12 months) circumstances in which a transfer was used to protect a UC who was alleged to have suffered sexual abuse or sexual harassment. Why was the victim transferred? (§411.68(b))

39. What is the policy regarding placement of UC victims in least restrictive housing? (§411.68(a))

Instead of asking the following questions, you could ask them to describe the facility’s process for one-on-one supervision. You should be listening for the required elements in 40-41.

40. Please describe any recent (within the last 12 months) circumstances in which one-to-one supervision was used to protect an unaccompanied child who was alleged to have suffered sexual abuse or sexual harassment. Why was one-to-one supervision used for the victim? (§411.68(c))

41. How long, usually, are victims placed on one-to-one supervision? What is the expectation for how quickly staff should complete a re-assessment before taking a UC victim off one-to-one supervision? (§411.68(c))

Instead of asking these questions, you could ask the facility to describe their notification process. In their answer, listen for the required elements in 42-43.

42. How does the care provider make notifications to the following parties?
- a. Parents/legal guardians or sponsors
 - b. Attorney or legal service providers
 - c. Child advocate, if applicable (§411.61(e) and §411.61(f))
43. On average, how long after notification of an alleged incident of sexual abuse or sexual harassment does the care provider make the notifications to the above parties? (§411.61(e) and §411.61(f))
44. How does the care provider provide unaccompanied children with reasonable and confidential access to their attorneys or other legal representation? (§411.55(a))
45. How does the care provider provide unaccompanied children with reasonable access to parents or legal guardians? (§411.55(b))

46. How does the care provider ensure that information related to a sexual abuse or sexual harassment report is kept confidential within the facility except to the extent necessary for medical or mental health treatment, investigations, notice to local law enforcement, or other security and management decisions? (§411.61(c))

47. How do you ensure that outside confidential support services (e.g., crisis intervention, referrals, emotional support, and legal support) are available to victims of sexual abuse or sexual harassment? (§411.53)

48. Is there a process in place to allow the presence of a victim's outside or internal victim advocate, to the extent possible, for support during a forensic examination and investigatory interviews? (§411.21(c))

49. If there are not staff at the care provider to conduct forensic medical examinations, what process is in place to schedule one if an allegation involves oral, genital, or anal contact by or to another person or object? (§411.21(b))
 - a. Is there is a process to ensure that the forensic medical examination is performed by a SAFE (Sexual Assault Forensic Examiner) or SANE (Sexual Assault Nurse Examiner) when possible? (§411.21(b))

 - b. Who performs forensic medical examinations when a SAFE or SANE is not available? (§411.21(b))

50. Do UC victims of sexual abuse receive timely and unimpeded access to emergency medical treatment, crisis intervention services, emergency contraception, and sexually transmitted infections prophylaxis? (§411.92(a))

51. Are medical and mental health services consistent with community level of care? (§411.93(c))

52. Are UC victims given access to all medical treatment, mental health treatment, and treatment services regardless of whether the victim names the abuser or cooperates with any investigation? (§411.92(b) and §411.93(f))

53. How are decisions made regarding the appropriate intervention for minors who engage in UC-on-UC sexual abuse? (*Probe: Is the goal to promote improved behavior by the minor and ensure the safety of other UC? Do the decisions consider the social, sexual, emotional, and cognitive development of the minor?*) (§411.83)

54. Do staff perform pat-down searches at this facility?
 - a. If YES, are cross-gender pat-down searches prohibited except in exigent circumstances? (§411.14(a))
 - b. If YES, are pat-down searches conducted in the presence of another staff member unless there are exigent circumstances? (§411.14(b))
 - c. If YES, are youth care worker staff trained in proper procedures for conducting pat-down searches, including cross-gender pat-down searches and searches of transgender and intersex UC? (§411.14(f))

55. Typically, how quickly are staff, contractors, or volunteers suspended from duties that allow access to UC if they are suspected of perpetrating sexual abuse or sexual harassment? (§411.66)

56. Does the care provider perform background checks for employees prior to being hired and gaining access to children or youth? (*Probe: Are there any types of employees that the care provider does not perform background checks on?*) (§411.16(c))

57. Do you do this for any volunteer or contractor who may have contact with children and youth as well? (§411.16(d))

58. For those who may have contact with UC, does the care provider consider prior incidents of sexual abuse, sexual harassment, and inappropriate sexual behavior in determining whether to hire or promote anyone, or to enlist the services of any contractor? (§411.16(a))

59. Does the care provider ask all applicants and employees who may have contact with UC about previous misconduct* in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees? (§411.16(b))

60. Does the care provider impose upon employees a continuing affirmative duty to disclose any such previous misconduct? (§411.16(b))

* *Previous misconduct: (1) Any civil or criminal convictions, charges, arrests, investigations, or adjudications; (2) Having engaged in or attempted to engage in sexual abuse, sexual harassment, or inappropriate sexual behavior; (3) Having been civilly or administratively adjudicated to have engaged in or attempted to engage in any of the activities listed above.*

61. In the case of a substantiated allegation of sexual abuse or sexual harassment, what disciplinary action is taken against a staff member, contractor, or volunteer? (§411.81 and §411.82)

62. In the case of any violation of agency sexual abuse or sexual harassment policies by a staff member, contractor, or volunteer, what disciplinary actions or remedial measures does your care provider take? (§411.81 and §411.82)

Instead of asking these specific questions, you could ask them to describe the facility's process of reviewing sexual abuse and sexual harassment incidents, including code of conduct incidents. During their answer you should listen for the elements required in 62-64.

63. What is the facility's process for reviewing sexual abuse and sexual harassment incidents? (§411.101)

64. How often are these reviewed? (§411.101)

65. How is the information from the sexual abuse and sexual harassment incident reviews used by the facility? (§411.101)