



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

**ICF INTERVIEW GUIDE  
FOR  
PROGRAM DIRECTORS**

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 program directors 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](mailto: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 each individual, the auditor should communicate (in your own style and cadence) the following:

“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 or not this care provider is in compliance with 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 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 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 to assist in your determination of compliance with the standard and ORR policy.

***Instead of asking these questions directly, you could say: “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 1-4. 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?”***

***Another way of introducing the question could be, “We would like to learn more about how the facility is staffed to ensure the safety of the children in its care. Could you tell us about your facility’s staffing plan? Tell me how you consider the physical layout of the facility? And the composition of the UC population? The prevalence of incidents or any other relevant factors?”***

1. Does your facility regularly develop a staffing plan? (§411.13(a))
  - a. Are adequate staffing levels to protect unaccompanied children (UC) from sexual abuse and sexual harassment considered in this plan, and if so, how?
  - b. Is video monitoring part of this plan?
  - c. Is the staffing plan documented, and if so, where?
  
2. When assessing adequate staffing levels and the need for video monitoring, please explain if and how the facility staffing plan considers: (§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
  
3. How do you check for compliance with the staffing plan? (§411.13(a))
  
  
4. What staffing ratio is required by the state licensing agency? (§411.13)
  - a. *If the 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 them if they do rounds during the shifts. Through your question, you should be listening for the elements in 5-6. Another approach might be, “We want to understand if and how the staff complete rounds during the shifts.”***

5. Do staff conduct unannounced rounds? (§411.13(c))
  
6. How do you prevent staff from alerting other staff that rounds are occurring? (§411.13(c))
  
7. How does the program consider the effects of such changes on its ability to protect UC from sexual abuse when designing, acquiring, or planning substantial modifications to the care provider facility? (§411.17(a))
  
8. How has the care provider considered using technology such as a video monitoring system or electronic surveillance to enhance their ability to protect UC from sexual abuse and sexual harassment while maintaining their privacy and dignity when installing or updating such monitoring technology? (§411.17(b))
  
9. When you learn that a UC is subject to a substantial risk of imminent sexual abuse or sexual harassment, what immediate protective action does the care provider take? (§411.62)
  
10. What is the expectation for how quickly staff should respond to protect UC at substantial risk of imminent sexual abuse or sexual harassment? (§411.62)
  
11. 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, and cooperating with investigations.*) (§411.65(b))

***Instead of asking these specific questions, you could say: “Please describe / Can you describe any circumstances in the last 12 months where the program took measures to ensure the safety and security of a UC victim of sexual abuse or harassment.” You should be listening for the required elements in 12- 15. Additional probing may be needed.***

12. 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))
  
13. 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))
  
14. What is the policy regarding placement of UC victims in the 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 15-16.***

15. Please describe any recent (within the last 12 months) circumstances in which 1:1 supervision was used to protect a UC who was alleged to have suffered sexual abuse or sexual harassment. Why was 1:1 supervision used for the victim? (§411.68(c))
  
16. How long, usually, are victims placed on 1:1 supervision? What is the expectation for how quickly staff should complete a reassessment before taking a UC victim off 1:1 supervision? (§411.68(c))

***Instead of asking the following questions, you could ask them to describe the facility's reporting process and what their responsibilities are. In their answer, you should be listening for the required elements in 16-21.***

17. 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))
  
18. 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)
  
19. How long does the care provider maintain documentation of all reports and referrals of allegations of sexual abuse and sexual harassment? (§411.22)
  
20. 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))
  
21. 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))
  
22. How does the care provider provide UC with reasonable and confidential access to their attorneys or other legal representation? (§411.55(a))

23. How does the care provider provide UC with reasonable access to parents or legal guardians? (§411.55(b))
  
24. How is information related to sexual abuse or harassment handled within the facility? (§411.61(c))
  
25. 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))
  
26. Are there examples of another facility or agency reporting such allegations? What happens in these cases? (§411.63(c))
  
27. 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))
  
28. Please describe how the care provider remains informed of any external investigation related to sexual abuse or sexual harassment. (§411.22(a))
  
29. 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)



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. How does the program provide UC with disabilities and UC who are limited English/Spanish proficient equal opportunity 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)
32. 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))
33. 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)
34. In the case 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 the specific questions, you could ask them to describe the facility's process for reviewing sexual abuse and sexual harassment incidents including code of conduct incidents? During their answer you should be listening for the elements required in 35-37.***

35. What is the facilities process for reviewing sexual abuse and sexual harassment incidents? (§411.101)
  
36. How often are these reviewed? (§411.101)
  
37. How is the information from the sexual abuse and sexual harassment incident reviews used by the facility? (§411.101)