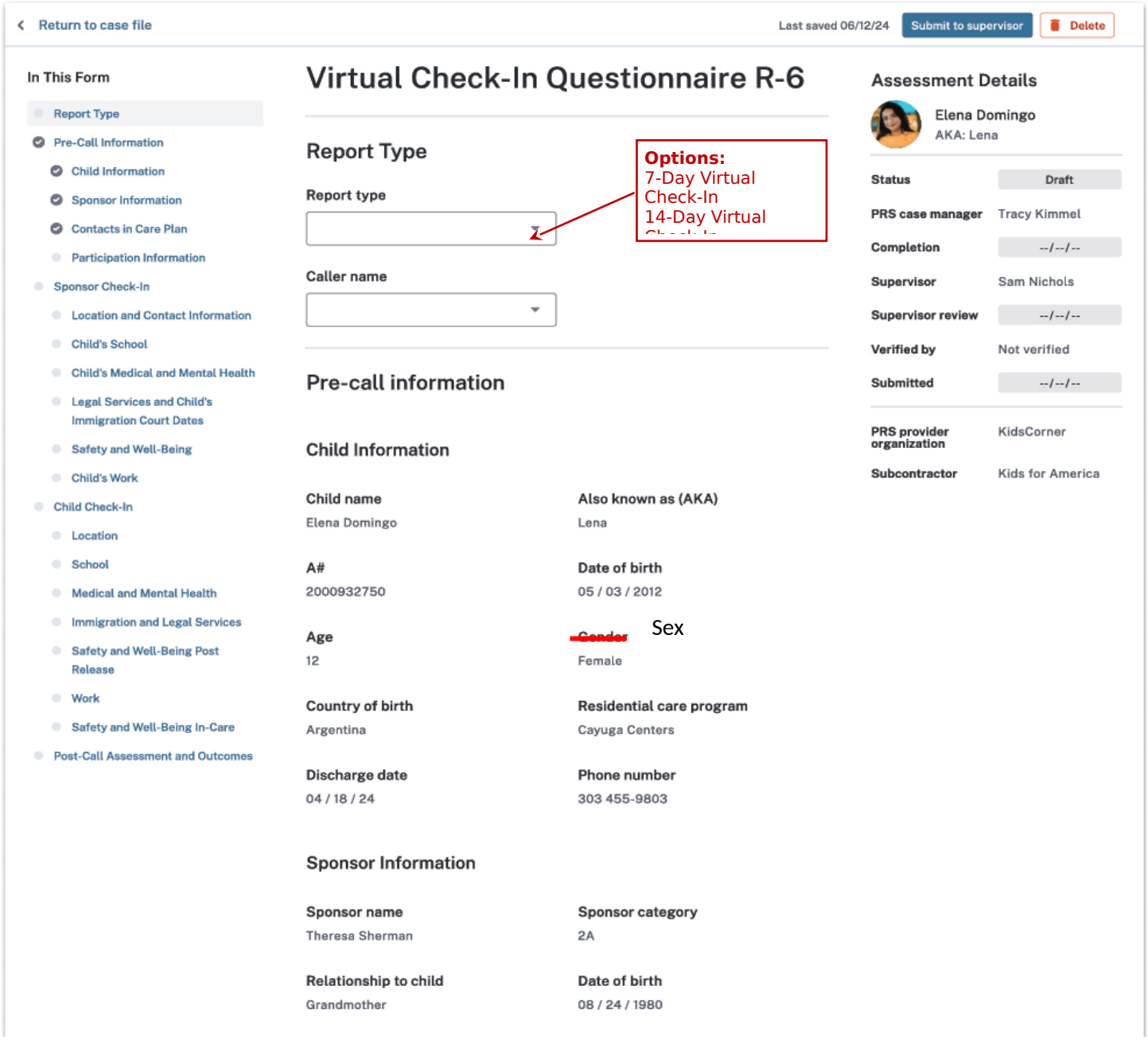
Virtual Check-in Questionnaire (R-6)

PRS App Version

NOTE: The information displayed in this document is fake and does not belong to actual people.



THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow care provider facilities to document the outcome of calls made to unaccompanied alien children and their sponsors after release to ensure the child is safe and refer the sponsor to additional resources as needed. Public reporting burden for this collection of information is estimated to average 0.25 hours per sponsor and child response, and 0.58 hours per response for care providers, 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, and Trafficking Victims Protection Reauthorization Act, 8 U.S.C. 1232). 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.

Gender
Female

Country of birth
United States

Address
110 Southern Pkwy

City
Kingston

State
NY

Zip code
12133

Primary phone
502 579-8568

Backup phone number
502 579-8500

Contacts in Care Plan

Alternate Caregivers

Name	Phone Number
Amanda Rodriguez	212 433-8989 x23
Marty Sherman	502 579-8568

Family and Family Friends in the U.S.

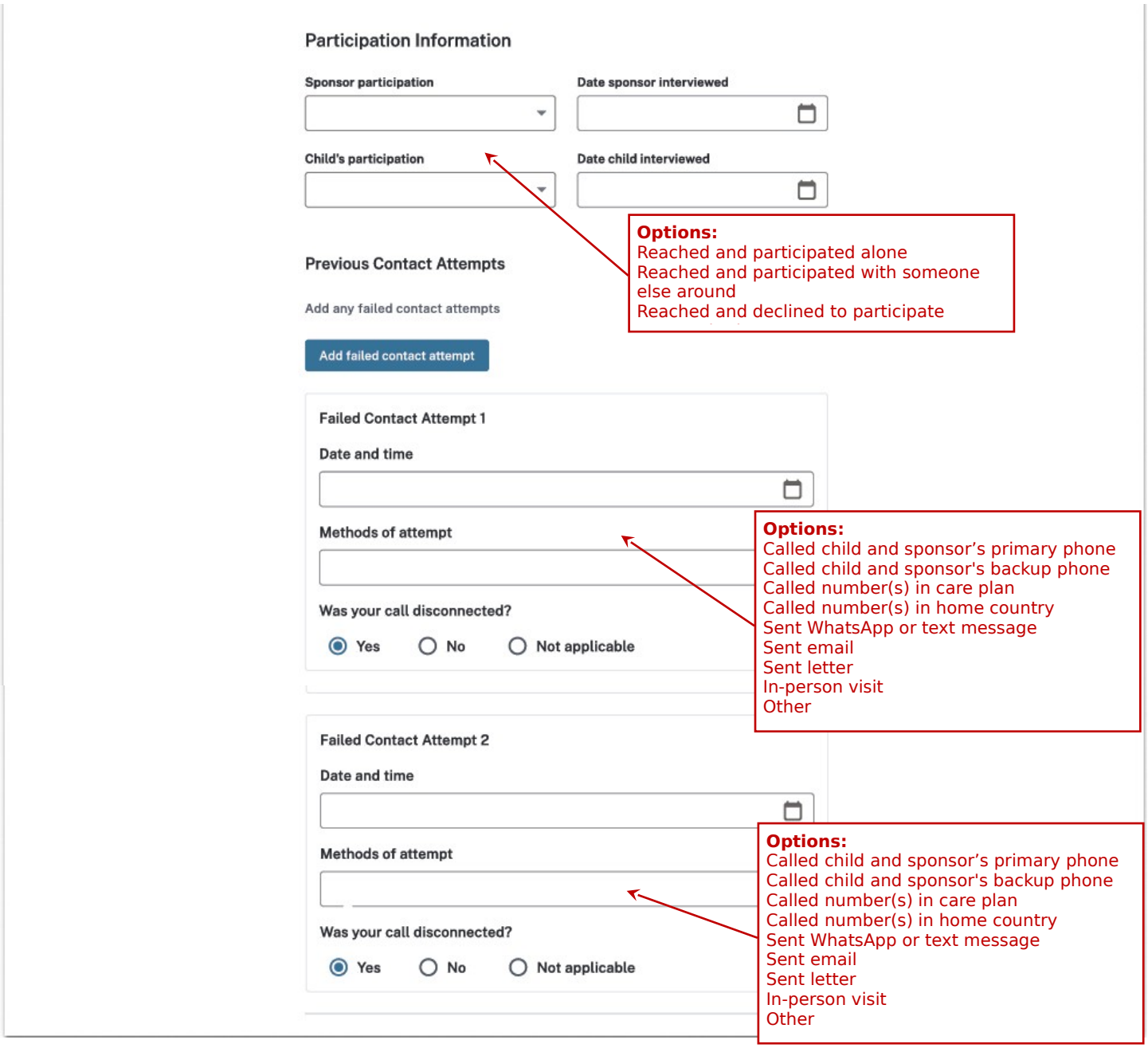
Name	Relationship
None listed	

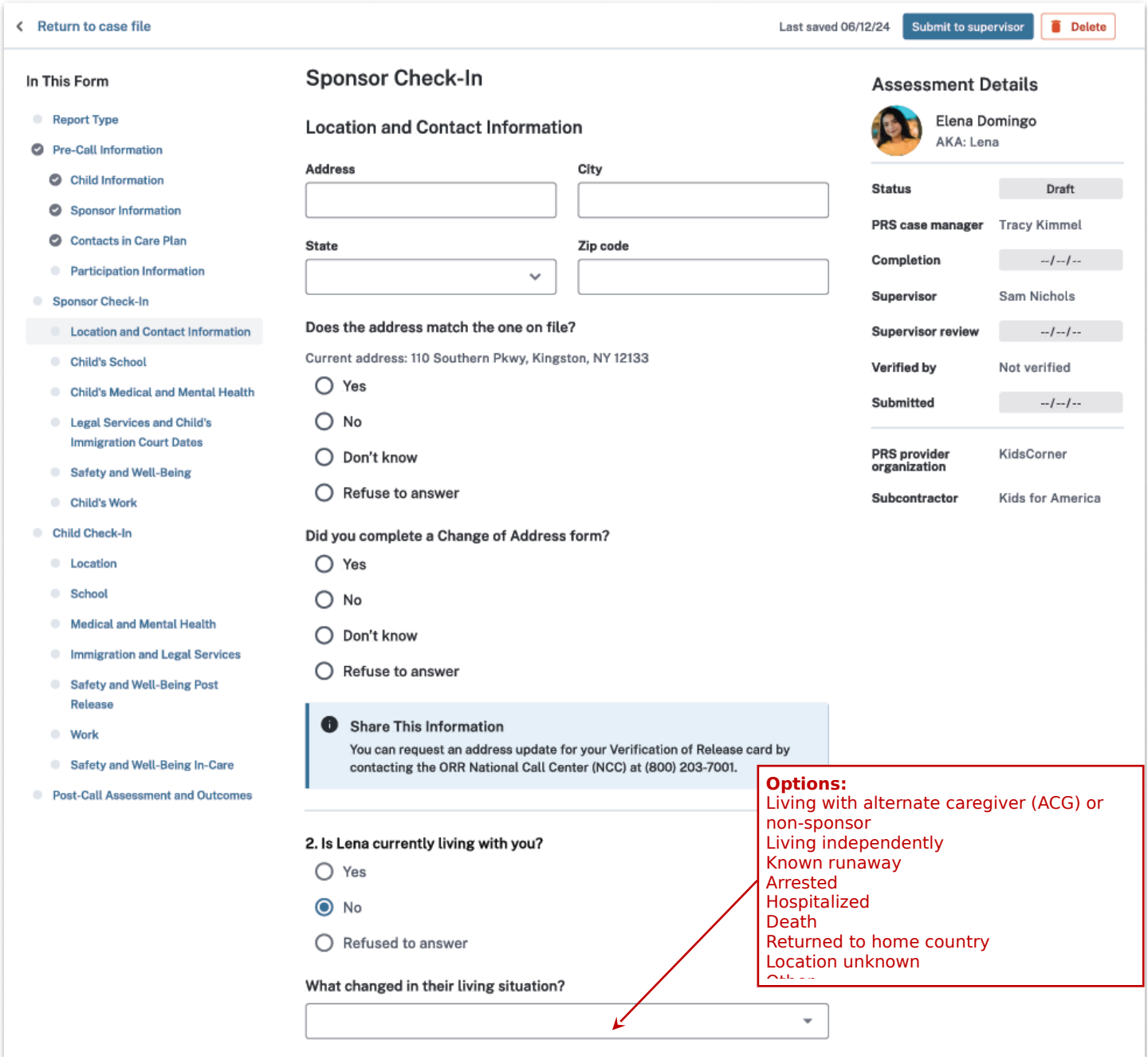
Family in Country of Origin

Name	Relationship
Rina Domingo Velasquez	Mother

Details about parents' whereabouts
Mother's cell: +47 0932740 89
Call after 5pm or on Saturdays

Immigrated together with father, imperdiet neque. Duis interdum risus et arcu pellentesque sollicitudin. Suspendisse ullamcorper tortor nec nibh tincidunt pulvinar. Donec luctus sagittis.


Participation Information
Sponsor participation
Date sponsor interviewed
Child's participation
Date child interviewed
Options:
Reached and participated alone
Reached and participated with someone else around
Reached and declined to participate
Previous Contact Attempts
Add any failed contact attempts
Add failed contact attempt
Failed Contact Attempt 1
Date and time
Methods of attempt
Was your call disconnected?
Yes
No
Not applicable
Options:
Called child and sponsor's primary phone
Called child and sponsor's backup phone
Called number(s) in care plan
Called number(s) in home country
Sent WhatsApp or text message
Sent email
Sent letter
In-person visit
Other
Failed Contact Attempt 2
Date and time
Methods of attempt
Was your call disconnected?
Yes
No
Not applicable
Options:
Called child and sponsor's primary phone
Called child and sponsor's backup phone
Called number(s) in care plan
Called number(s) in home country
Sent WhatsApp or text message
Sent email
Sent letter
In-person visit
Other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Submit to supervisor
Delete
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Participation Information
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Child's Medical and Mental Health
Legal Services and Child's Immigration Court Dates
Safety and Well-Being
Child's Work
Child Check-In
Location
School
Medical and Mental Health
Immigration and Legal Services
Safety and Well-Being Post Release
Work
Safety and Well-Being In-Care
Post-Call Assessment and Outcomes
Sponsor Check-In
Location and Contact Information
Address
City
State
Zip code
Does the address match the one on file?
Current address: 110 Southern Pkwy, Kingston, NY 12133
Yes
No
Don't know
Refuse to answer
Did you complete a Change of Address form?
Yes
No
Don't know
Refuse to answer
Share This Information
You can request an address update for your Verification of Release card by contacting the ORR National Call Center (NCC) at (800) 203-7001.
2. Is Lena currently living with you?
Yes
No
Refused to answer
What changed in their living situation?
Assessment Details
Elena Domingo
AKA: Lena
Status
Draft
PRS case manager
Tracy Kimmel
Completion
--/--/--
Supervisor
Sam Nichols
Supervisor review
--/--/--
Verified by
Not verified
Submitted
--/--/--
PRS provider organization
KidsCorner
Subcontractor
Kids for America
Options:
Living with alternate caregiver (ACG) or non-sponsor
Living independently
Known runaway
Arrested
Hospitalized
Death
Returned to home country
Location unknown

More information about unknown location

Other change in child's living situation

When did this change happen?

Who are they living with?

Provide as much information as you can about the person that the child is living with. If unknown, leave blank.

First name

Last name

Relationship to child

Phone number

Where are they living?

Provide as much information as you can about the child's current location. If unknown, leave blank.

Address

City

State

Zip code

Did you notify ORR?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refused to answer

Was a Police Report made?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refused to answer

Was the National Center for Missing and Exploited Children (NCMEC) notified?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refused to answer

Do you have any concerns for Lena's safety?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refused to answer

Explain safety concerns

3. Do you expect or plan to move in the next month?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refused to answer

Explain sponsor's plans to move

4. What is the best way to contact Lena?

Child phone

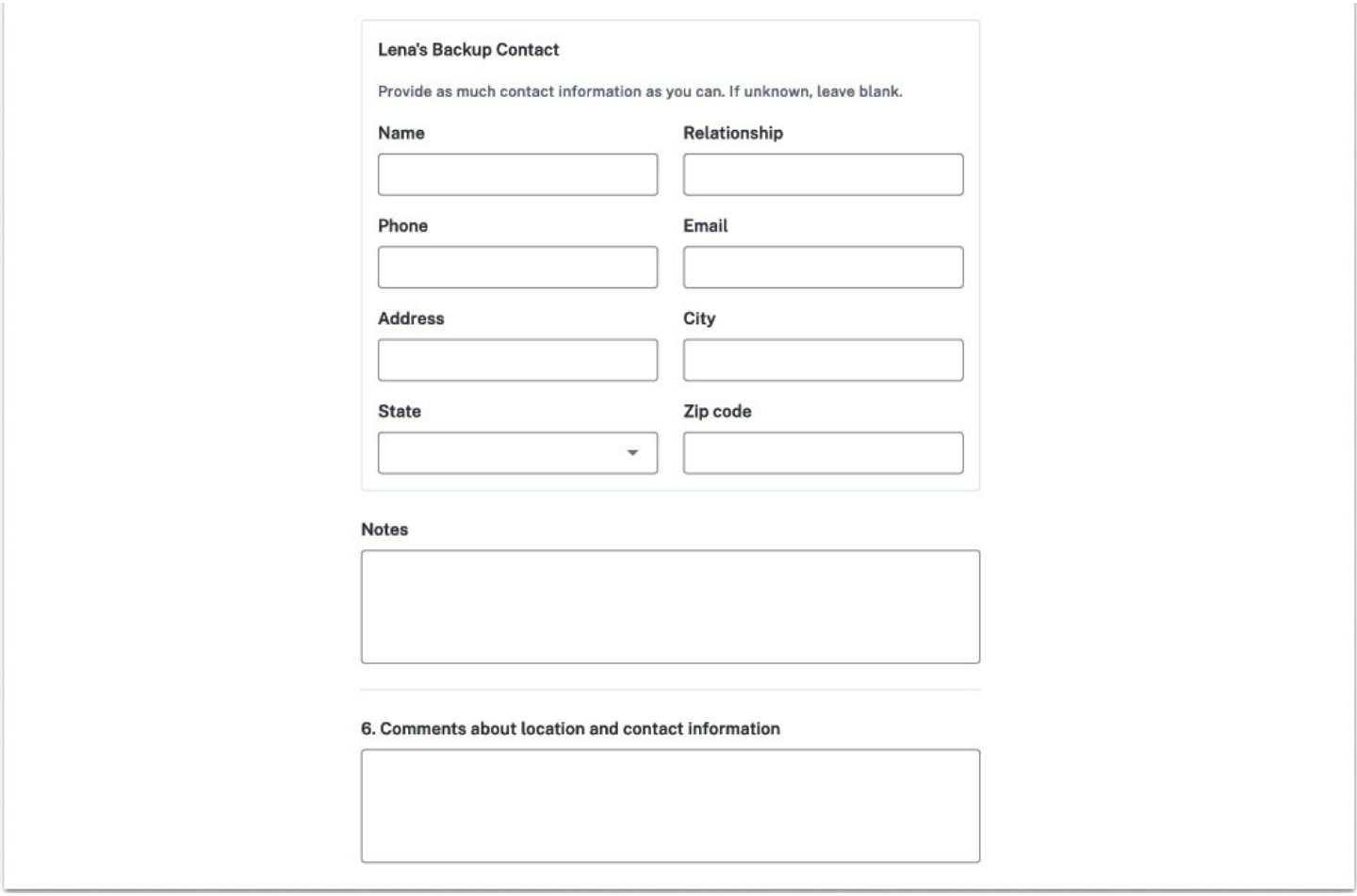
Other phone

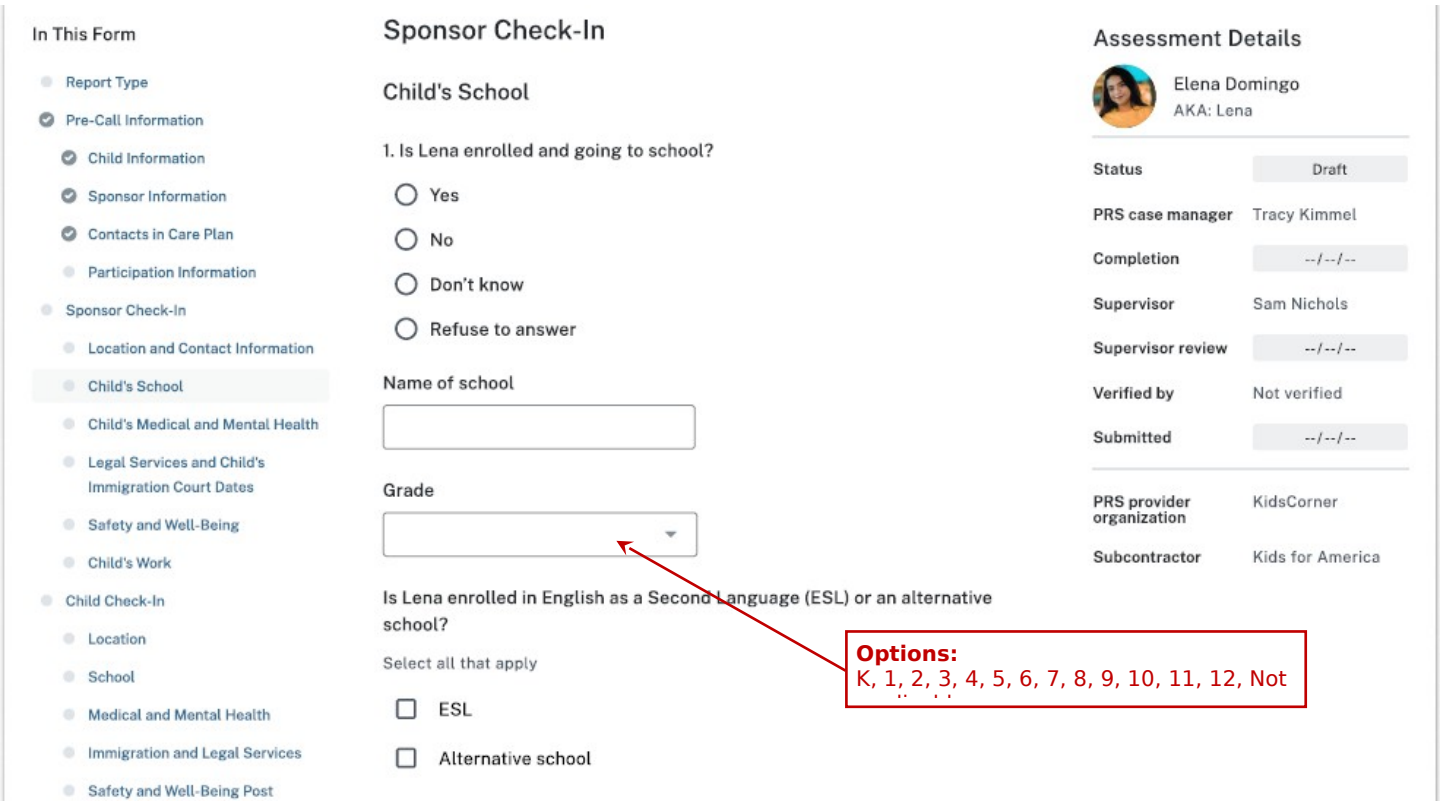
Preferred day and time

Notes

5. If we're having trouble reaching Lena in the future, is there someone we can contact (including in home country, the US, or elsewhere) that would know how to reach them?

- ◯ Yes
- ◯ No


Lena's Backup Contact
Provide as much contact information as you can. If unknown, leave blank.
Name
Relationship
Phone
Email
Address
City
State
Zip code
Notes
6. Comments about location and contact information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Child Check-In
Location
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Immigration and Legal Services
Safety and Well-Being Post
Sponsor Check-In
Child's School
1. Is Lena enrolled and going to school?
Yes
No
Don't know
Refuse to answer
Name of school
Grade
Is Lena enrolled in English as a Second Language (ESL) or an alternative school?
Select all that apply
ESL
Alternative school
Options:
K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, Not
Assessment Details
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AKA: Lena
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Completion
--/--/--
Supervisor
Sam Nichols
Supervisor review
--/--/--
Verified by
Not verified
Submitted
--/--/--
PRS provider organization
KidsCorner
Subcontractor
Kids for America

- Release
- Work
- Safety and Well-Being In-Care
- Post-Call Assessment and Outcomes

Is Lena facing any challenges in school?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Explain challenges is child facing in school

For example, keeping up in class, completing homework, language, bullying, or difficulty making friends

Is Lena registered for school?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Reason child is not registered

What reason did the school give to not enroll Lena?

Who told you that they cannot enroll Lena?

Would you like assistance enrolling Lena in school?

- ◯ Yes
- ◯ No

Other reason child is not registered

2. Comments about child's school

Include any resources or instructions you provided to the sponsor

Options:
Immunizations
Documentation issues with identity or residency
Not planning on registering
Not of compulsory school age
Not interested or willing to attend
Transportation Issues
School not in session or summer break
School is resistant to enroll the child
Other

Return to case file

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Sponsor Check-In

Child's Medical and Mental Health

1. Do you need assistance scheduling a vaccine appointment for Lena?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

2. You should have received copies of Lena's health records when they left ORR care. Do you have copies of these records?

For example, immunization records, lab results, and office notes

- ◯ Yes
- ◯ No

3. If Lena left ORR care with medications, did they finish taking all their medication?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer
- ◯ Not applicable

If needed, explain more about Lena's medication

4. If Lena has chronic conditions, do you know where to get prescription refills?

- ◯ Yes
- ◯ No

5. If Lena left ORR care with a health appointment scheduled in your community, did they attend?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Are they still under care for that issue/condition?

- ◯ Yes
- ◯ No

Assessment Details

Elena Domingo
AKA: Lena

Status	Draft
PRS case manager	Tracy Kimmel
Completion	--/--/--
Supervisor	Sam Nichols
Supervisor review	--/--/--
Verified by	Not verified
Submitted	--/--/--
PRS provider organization	KidsCorner
Subcontractor	Kids for America

Why aren't they under care? (Sponsor's response)

6. Do you know where you can take Lena if they need healthcare or prescription refills?

- ◯ Yes
- ◯ No
- ◯ Refuse to answer

7. Is Lena having any behavioral or health issues?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Has Lena seen a doctor or healthcare professional for those concerns?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Explain sponsor's concerns

Include what has been done (if anything)

8. Is there anything else you would like to share about Lena's health or the health of others in your home?

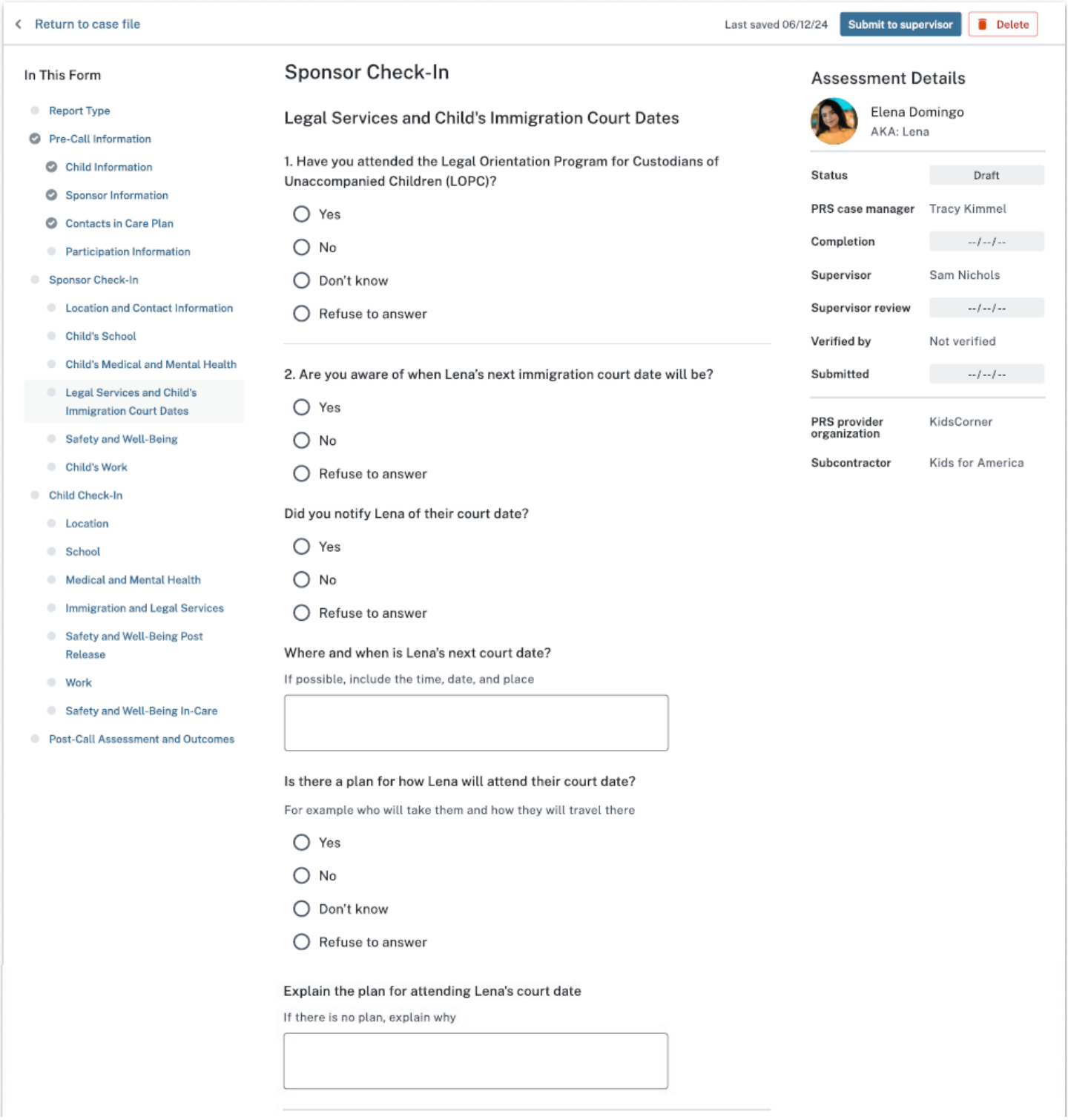
Medical health concerns

Mental health concerns

Other concerns or information

9. Comments about child's medical and mental health

Include any resources or instructions you provided to the sponsor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Legal Services and Child's Immigration Court Dates
1. Have you attended the Legal Orientation Program for Custodians of Unaccompanied Children (LOPC)?
Yes
No
Don't know
Refuse to answer
2. Are you aware of when Lena's next immigration court date will be?
Yes
No
Refuse to answer
Did you notify Lena of their court date?
Yes
No
Refuse to answer
Where and when is Lena's next court date?
If possible, include the time, date, and place
Is there a plan for how Lena will attend their court date?
For example who will take them and how they will travel there
Yes
No
Don't know
Refuse to answer
Explain the plan for attending Lena's court date
If there is no plan, explain why
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--/--/--
Supervisor
Sam Nichols
Supervisor review
--/--/--
Verified by
Not verified
Submitted
--/--/--
PRS provider organization
KidsCorner
Subcontractor
Kids for America

3. If Lena's scheduled immigration court date has passed, did Lena attend?

- ◯ Yes
- ◯ No
- ◯ Don't Know
- ◯ Refuse to answer
- ◯ Not applicable

4. Do you still have Lena's Verification of Release form and/or card?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

5. Have you found an organization or attorney to represent Lena's case?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Would you like assistance finding and accessing legal services?

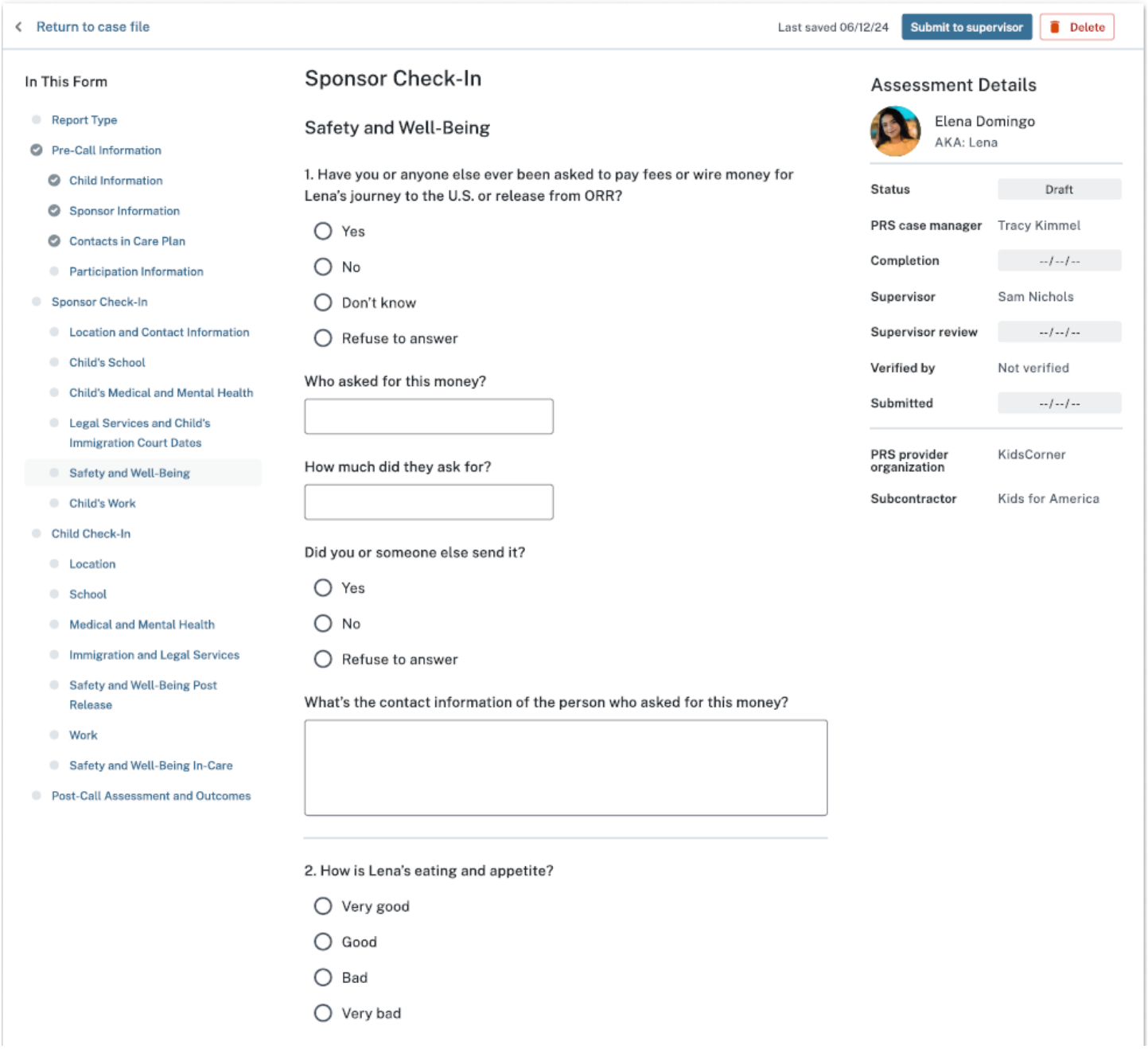
- ◯ Yes
- ◯ No

Immigration Attorney

Organization name	Attorney name
Phone	**Email**

6. Comments about legal services and child's immigration court dates

Include any resources or instructions you provided to the sponsor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Safety and Well-Being
1. Have you or anyone else ever been asked to pay fees or wire money for Lena's journey to the U.S. or release from ORR?
Yes
No
Don't know
Refuse to answer
Who asked for this money?
How much did they ask for?
Did you or someone else send it?
Yes
No
Refuse to answer
What's the contact information of the person who asked for this money?
2. How is Lena's eating and appetite?
Very good
Good
Bad
Very bad
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AKA: Lena
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Tracy Kimmel
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Supervisor
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--/--/--
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Kids for America

If needed, explain more about Lena's eating and appetite

3. How has Lena been sleeping at night?

- ◯ Very good
- ◯ Good
- ◯ Bad
- ◯ Very bad

If needed, explain how Lena has been sleeping at night

4. How has Lena been adjusting to your home environment?

- ◯ Very good
- ◯ Good
- ◯ Bad
- ◯ Very bad

If needed, explain how Lena has been adjusting to their home environment

5. How does [child's name] seem to be socializing and making friends?

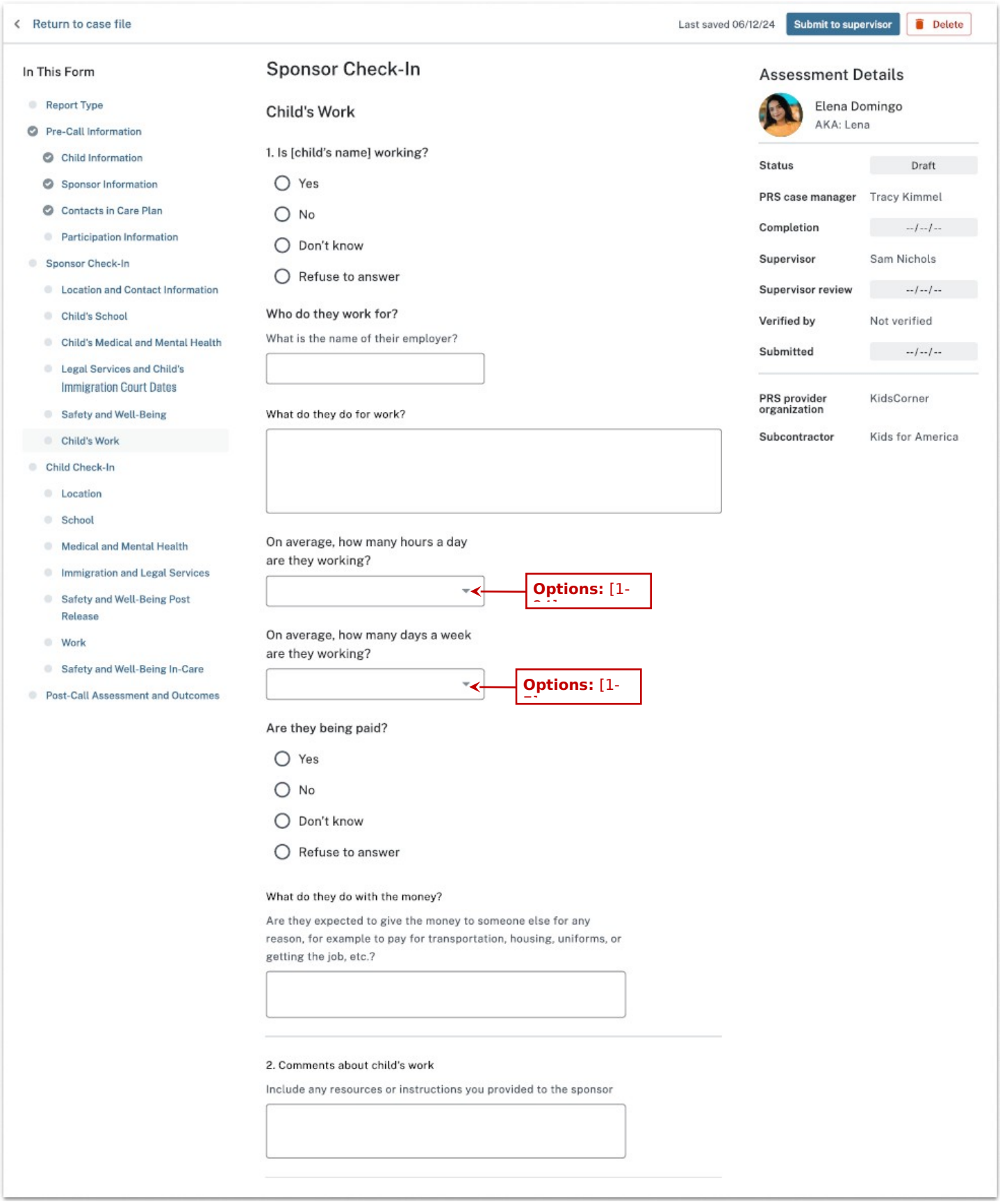
- ◯ Very good
- ◯ Good
- ◯ Bad
- ◯ Very bad

If needed, explain how [child's name] is socializing and making friends

6. Is there anything else that we could help you and your family with?

7. Comments about safety and well-being

Include any resources or instructions you provided to the sponsor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Child's Work
1. Is [child's name] working?
Yes
No
Don't know
Refuse to answer
Who do they work for?
What is the name of their employer?
What do they do for work?
On average, how many hours a day are they working?
Options: [1-
On average, how many days a week are they working?
Options: [1-
Are they being paid?
Yes
No
Don't know
Refuse to answer
What do they do with the money?
Are they expected to give the money to someone else for any reason, for example to pay for transportation, housing, uniforms, or getting the job, etc.?
2. Comments about child's work
Include any resources or instructions you provided to the sponsor
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AKA: Lena
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--/--/--
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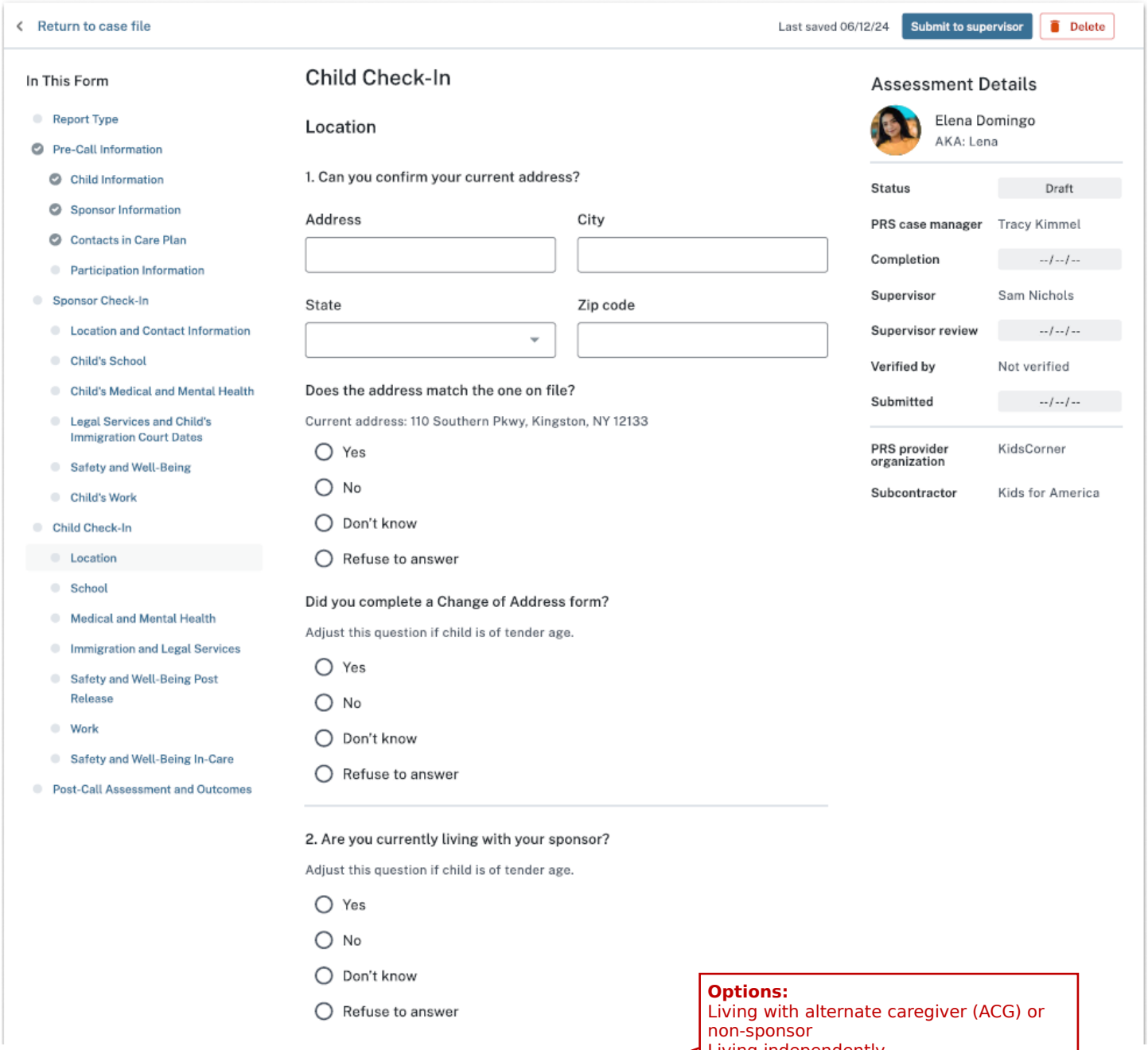
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Child Check-In
Location
1. Can you confirm your current address?
Address
City
State
Zip code
Does the address match the one on file?
Current address: 110 Southern Pkwy, Kingston, NY 12133
Yes
No
Don't know
Refuse to answer
Did you complete a Change of Address form?
Adjust this question if child is of tender age.
Yes
No
Don't know
Refuse to answer
2. Are you currently living with your sponsor?
Adjust this question if child is of tender age.
Yes
No
Don't know
Refuse to answer
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Options:
Living with alternate caregiver (ACG) or non-sponsor
Living independently
Location unknown
Other

What changed in their living situation?

More information about unknown location

If you have more information about where the child is, share it here

Other change in chlld's living situation

When did this change happen?

Who are they living with?

Provide as much information as you can about the person that the child is living with. If unknown, leave blank.

First name

Last name

Relationship to child

Phone number

Where are they living?

Provide as much information as you can about the child's current location. If unknown, leave blank.

Address

City

State

Zip code

3. Do you have any concerns staying in the home or with your sponsor?

For example, do you feel unsafe or uncomfortable in your current living arrangement? Did you expect something else from your living arrangement?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Explain concerns staying with sponsor

4. Do you expect or plan to move in the next month?

For example, is there an alternative placement you would like to go live at in the near future?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Explain plans to move

Include where, who, and the child's relationship to alternative placement

What's your preferred way for us to reach you in the future?

Lena's Preferred Contact Methods

Phone

Email

Address

Notes

5. If we're having trouble reaching you in the future, is there someone we can contact that would know how to reach you?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Lena's Backup Contact

Provide as much contact information as you can. If unknown, leave blank.

Name

Relationship

Phone

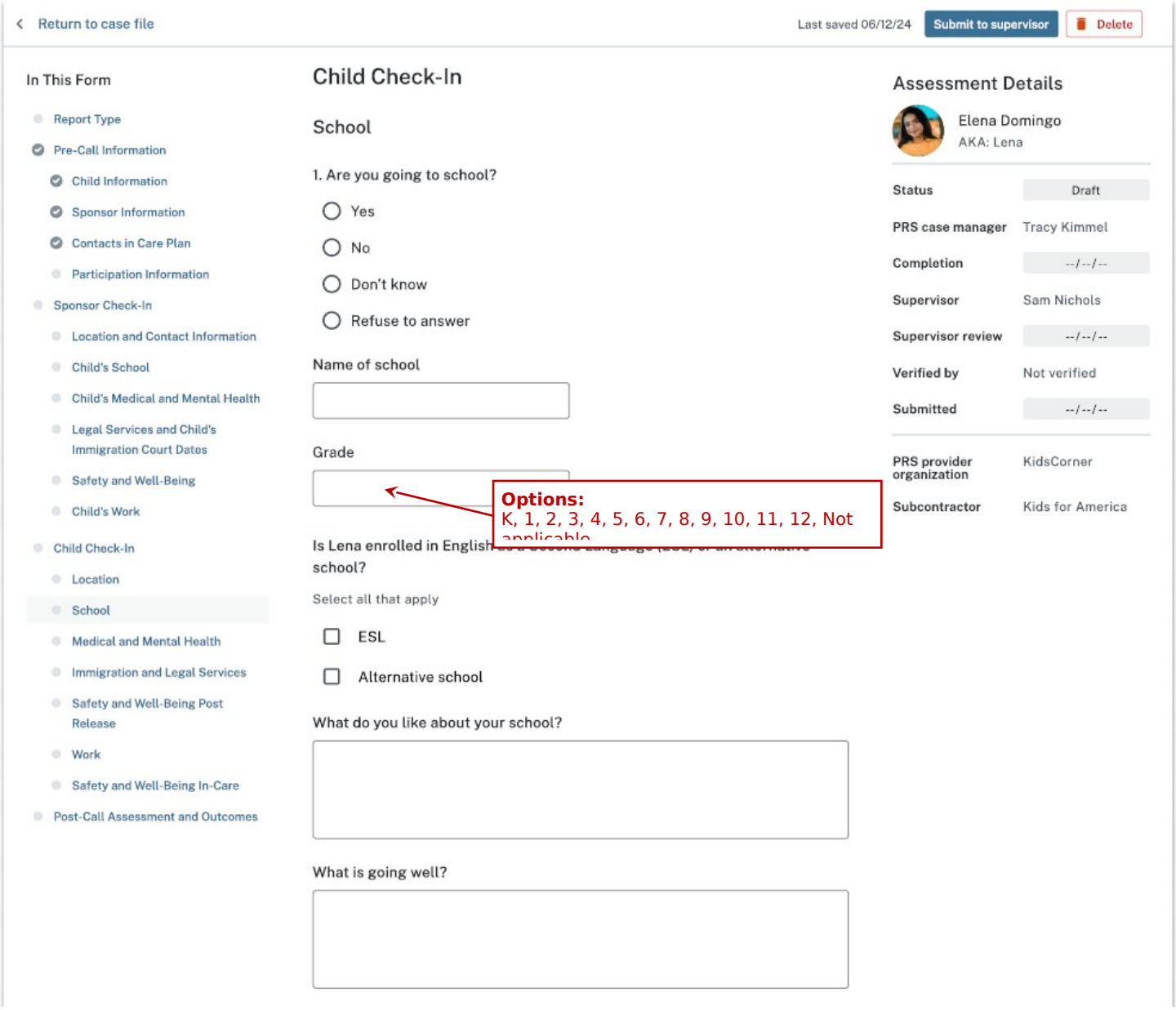
Email

Address

Notes

6. Comments about location

Include any resources or instructions you provided to the child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School
1. Are you going to school?
Yes
No
Don't know
Refuse to answer
Name of school
Grade
Options:
K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, Not applicable
Is Lena enrolled in English as a Second Language (ESL) or an alternative school?
Select all that apply
ESL
Alternative school
What do you like about your school?
What is going well?
Assessment Details
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PRS provider organization
KidsCorner
Subcontractor
Kids for America

Are you facing any challenges in school?

For example, are you having trouble with keeping up in class, completing homework, language, bullying, or making friends?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Explain challenges child is facing in school

How many days per week do you go to school?

Options: [1-7]

Do you attend all of your classes?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Can you explain your school schedule?

Are you interested in being connected to additional education support?

- ◯ Yes
- ◯ No

Explain more about Lena's interest in educational support

Are you enrolled and going to school?

- ○ Yes
- ○ No
- ○ Don't know
- ○ Refuse to answer

Are you interested in being connected to support enrolling in school?

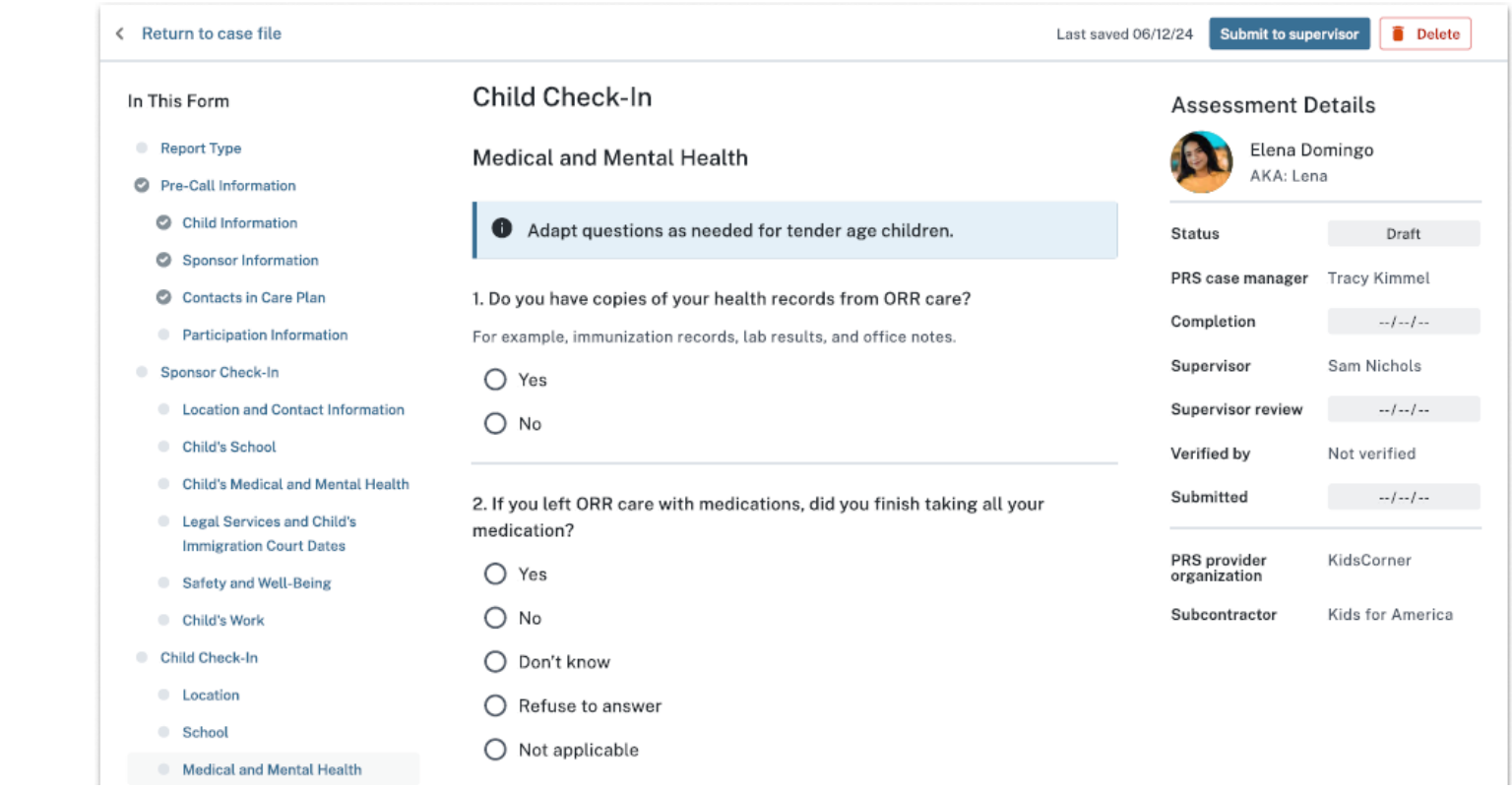
- ○ Yes
- ○ No

If not enrolled already: Are you interested in attending an educational program?

- ○ Yes
- ○ No

2. Comments about school

Include any resources or instructions you provided to the child



- Immigration and Legal Services
- Safety and Well-Being Post Release
- Work
- Safety and Well-Being In-Care
- Post-Call Assessment and Outcomes

3. If you have chronic conditions, do you know where to get prescription refills?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer
- ◯ Not applicable

4. If you left ORR care with a health appointment scheduled in your community, did you attend?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer
- ◯ Not applicable

Why didn't you attend the health appointment? (Lena's response)

5. How is your health? Would you say your health is very good, good, bad, very bad?

Do you have any health concerns?

- ◯ Very good
- ◯ Good
- ◯ Bad
- ◯ Very bad

Medical health comments

Mental health comments

6. Do you know what to do if you want to see a doctor?

- ◯ Yes
- ◯ No

7. Is there anything you want to see a doctor about, but haven't yet?

- ◯ Yes
- ◯ No

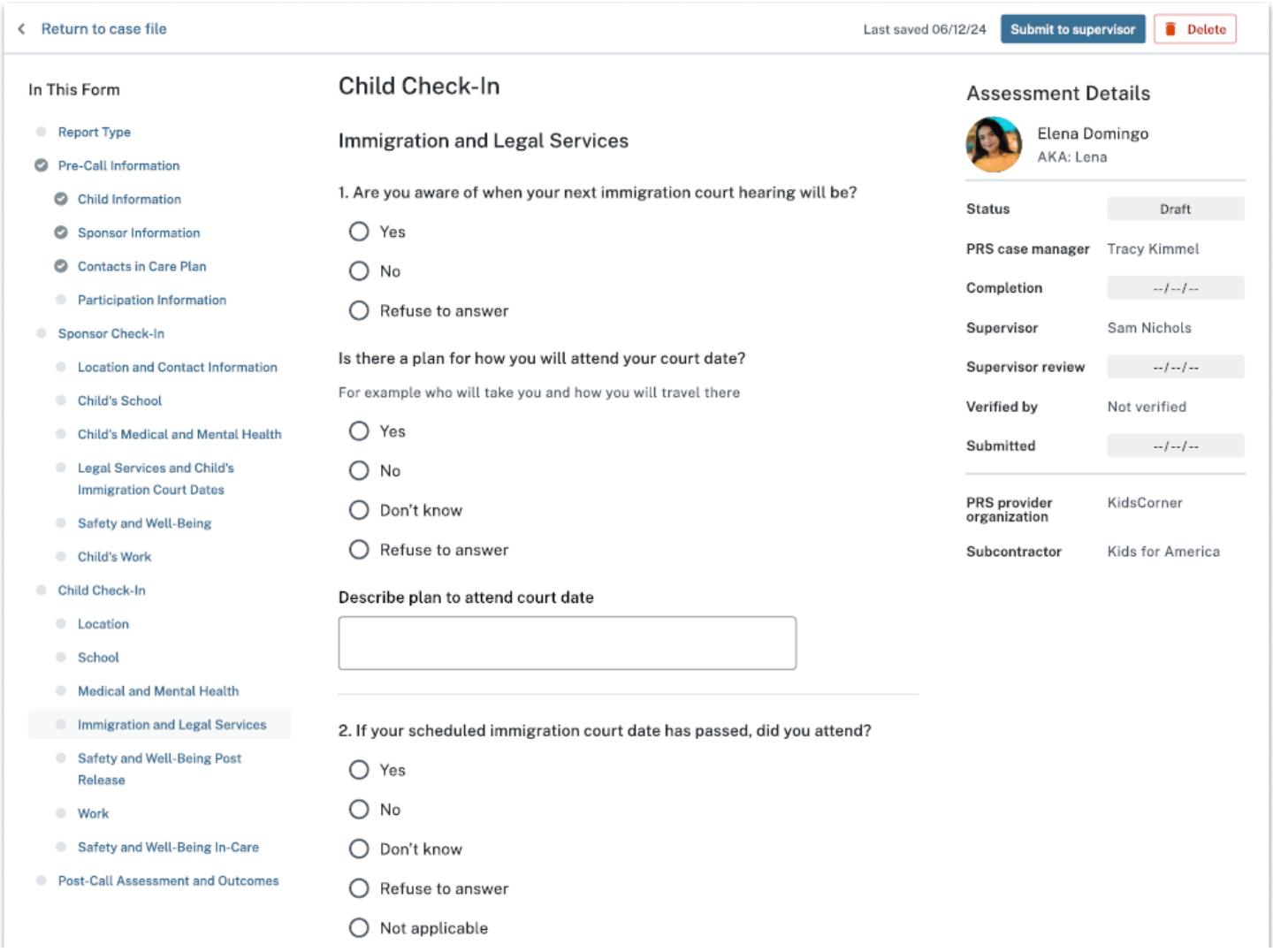
Explain more what Lena wants to see a doctor about

Do you want help accessing health care?

- ◯ Yes
- ◯ No

8. Comments about child's medical and mental health

Include any resources or instructions you provided to the child



3. Do you still have your Verification of Release form and/or card?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

4. Have you found an organization or attorney to represent your case?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Would you like assistance finding and accessing legal services?

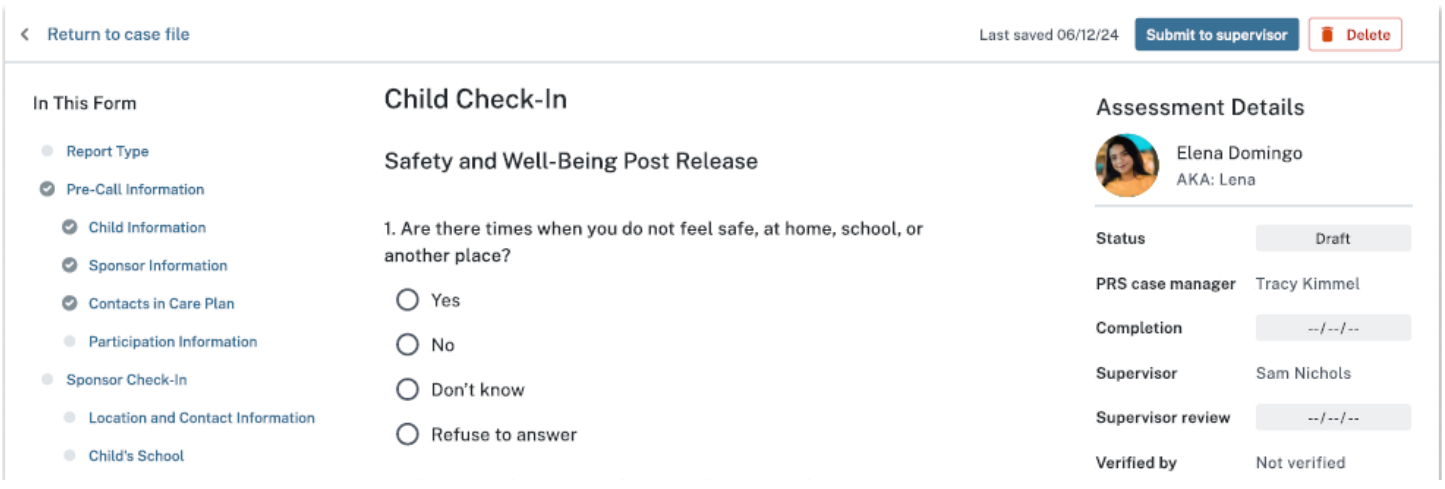
- ◯ Yes
- ◯ No

Immigration Attorney

Organization name	Attorney name
Phone	**Email**

5. Comments about immigration and legal services

Include any resources or instructions you provided to the child



- Child's Medical and Mental Health
- Legal Services and Child's Immigration Court Dates
- Safety and Well-Being
- Child's Work
- Child Check-In
- Location
- School
- Medical and Mental Health
- Immigration and Legal Services
- Safety and Well-Being Post Release
- Work
- Safety and Well-Being In-Care
- Post-Call Assessment and Outcomes

Explain more about times when Lena does not feel safe

2. Is there anything making you feel unsafe?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Explain more about what is making Lena feel unsafe?

3. Are you being made, or have you been made, to do anything you don't or did not want to do?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Submitted	--/--/--
PRS provider organization	KidsCorner
Subcontractor	Kids for America

Explain more about what Lena was made to do

4. Is there anything at home that makes or made you feel uncomfortable?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Explain more about what is making Lena feel uncomfortable at home

5. Are your needs being provided for?

For example, are you receiving enough food, clothing, medical care, and shelter?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Do you have enough food to eat at home?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Do you get enough sleep?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

6. How is your eating and appetite?

- ◯ Very good
- ◯ Good
- ◯ Bad
- ◯ Very bad

If needed, explain more about Lena's eating and appetite

7. How have you been sleeping at night?

- ◯ Very good
- ◯ Good
- ◯ Bad
- ◯ Very bad

If needed, explain more about Lena's sleep

8. How have you been adjusting to your home environment?

- ◯ Very good
- ◯ Good
- ◯ Bad
- ◯ Very bad

If needed, explain more about how Lena is adjusting to their home environment

9. Do you participate in any activities at school or in the community?

For example, do you have activities, hobbies, or other things that you like to do in your new environment?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Explain more about why Lena is not participating in school or community activities

10. Have you made any friends?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Do you get to spend time with them?

- ◯ Yes
- ◯ No

What keeps you from spending time with them?

11. Have you or anyone else ever been asked to pay fees or wire money for your journey to the U.S. or release from ORR?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Who asked for this money?

How much did they ask for?

Did you (or someone else) send it?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

What's the contact information of the person who asked for this money?

12. Do you have access to your documents or ID?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Explain more about why Lena does not have access to their documents or ID

Did someone take your documents or give you a new ID?

13. Has anyone asked to use your ID?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

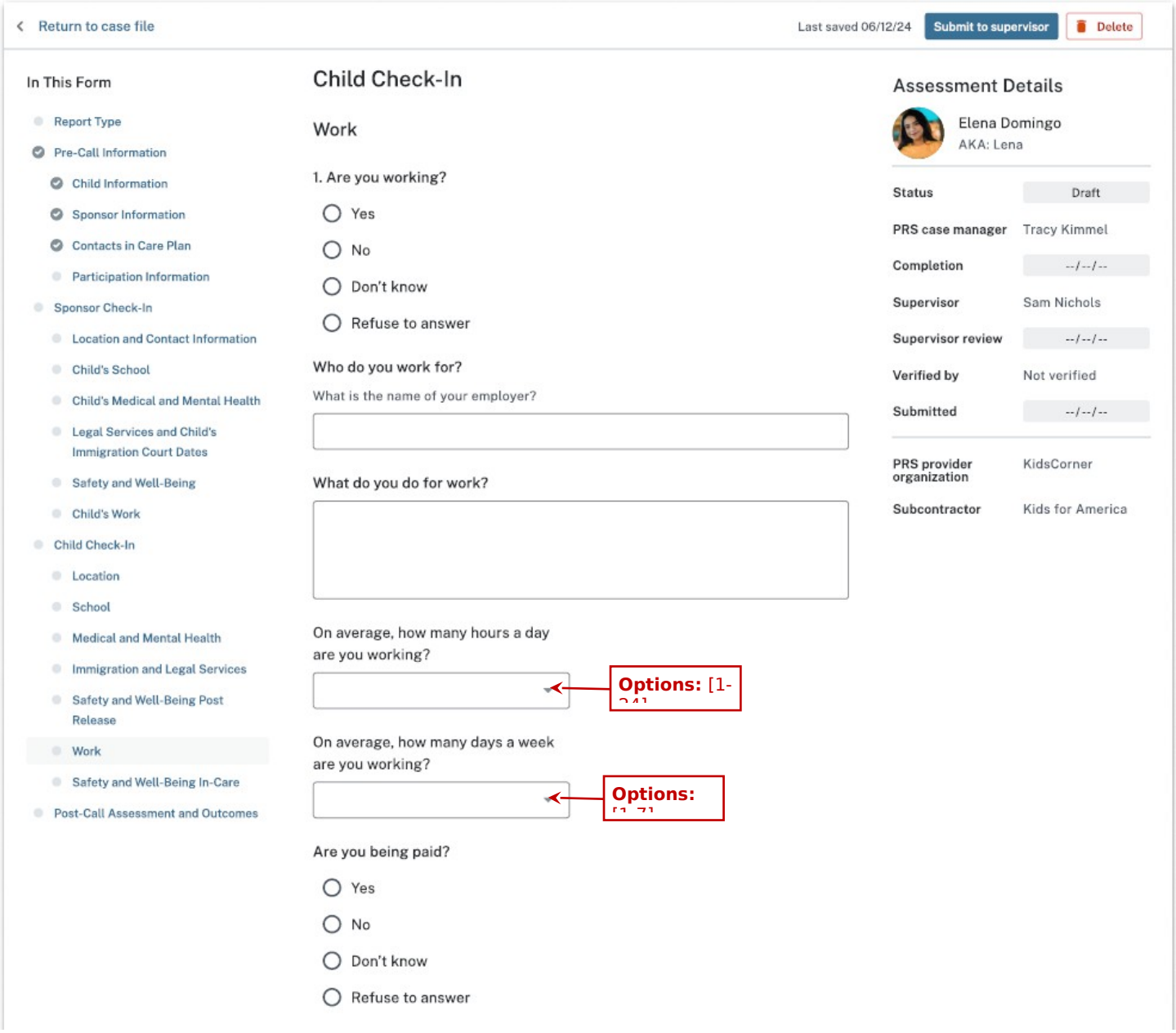
Explain more about someone asking to use Lena's ID

14. Is there anything else you want to share with me?

15. Is there anything else we can help you or your family with?

16. Comments on post-release safety and well-being:

Include any resources or instructions you provided to the child


Return to case file
Last saved 06/12/24
Submit to supervisor
Delete
In This Form
Report Type
Pre-Call Information
Child Information
Sponsor Information
Contacts in Care Plan
Participation Information
Sponsor Check-In
Location and Contact Information
Child's School
Child's Medical and Mental Health
Legal Services and Child's Immigration Court Dates
Safety and Well-Being
Child's Work
Child Check-In
Location
School
Medical and Mental Health
Immigration and Legal Services
Safety and Well-Being Post Release
Work
Safety and Well-Being In-Care
Post-Call Assessment and Outcomes
Child Check-In
Work
1. Are you working?
Yes
No
Don't know
Refuse to answer
Who do you work for?
What is the name of your employer?
What do you do for work?
On average, how many hours a day are you working?
Options: [1-
On average, how many days a week are you working?
Options:
Are you being paid?
Yes
No
Don't know
Refuse to answer
Assessment Details
Elena Domingo
AKA: Lena
Status
Draft
PRS case manager
Tracy Kimmel
Completion
--/--/--
Supervisor
Sam Nichols
Supervisor review
--/--/--
Verified by
Not verified
Submitted
--/--/--
PRS provider organization
KidsCorner
Subcontractor
Kids for America

What do you do with the money?

For example, are you expected to give the money to someone else for any reason? Reasons may include to pay for transportation, housing, uniforms, or getting the job?

Are you being forced to work?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Explain more about being forced to work

Are you being forced to pay someone money?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Explain more about being forced to pay someone money

Is anyone keeping part of your paycheck?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Who are you giving part of your paycheck to?

Is anyone asking you to pay off a debt, rent, or utilities?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Who are you paying debt, rent, or utilities to?

2. Are you or your family now required to financially contribute to the sponsor's household?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Explain more about the contributions you're making to the sponsor's household

3. Comments about work

Include any resources or instructions you provided to the child

Return to case file

Last saved 06/12/24 | Submit to supervisor | Delete

In This Form

- Report Type
- Pre-Call Information
  - Child Information
  - Sponsor Information
  - Contacts in Care Plan
  - Participation Information
- Sponsor Check-In
  - Location and Contact Information
  - Child's School
  - Child's Medical and Mental Health
  - Legal Services and Child's Immigration Court Dates
  - Safety and Well-Being
  - Child's Work
- Child Check-In
  - Location
  - School
  - Medical and Mental Health
  - Immigration and Legal Services
  - Safety and Well-Being Post Release
  - Work
  - Safety and Well-Being In-Care
- Post-Call Assessment and Outcomes

Child Check-In

Safety and Well-Being In-Care

1. Thinking about your time in ORR care, how was your experience at your ORR shelter program(s)?

2. How would you rate your experience at your program(s)? Would you say it was a very good, good, bad, or very bad experience?

- ◯ Very good
- ◯ Good
- ◯ Bad
- ◯ Very bad

3. Was there anything that happened at your program(s) that made you feel uncomfortable?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Explain more about what made Lena uncomfortable at their program

4. Did anything make you feel unsafe at your program(s)?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Explain more about anything that made Lena feel unsafe at their program

5. While you were in your program(s) did anyone ask to take pictures of you or with you, other than your photo for the Portal record when you arrived?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Assessment Details

Elena Domingo
AKA: Lena

Status	Draft
PRS case manager	Tracy Kimmel
Completion	--/--/--
Supervisor	Sam Nichols
Supervisor review	--/--/--
Verified by	Not verified
Submitted	--/--/--
PRS provider organization	KidsCorner
Subcontractor	Kids for America

Explain more about pictures requested during their program

6. While you were in your program(s), did anyone touch you in a sexual way, have you touch their body in a sexual way, speak to you in a sexual way, or make you uncomfortable with their sexual language? Did anyone ever threaten you to try to make you do something sexual?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Explain more about sexual advances during their program

7. Did you feel that the shelter staff showed you respect?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Explain more about the shelter staff not showing respect

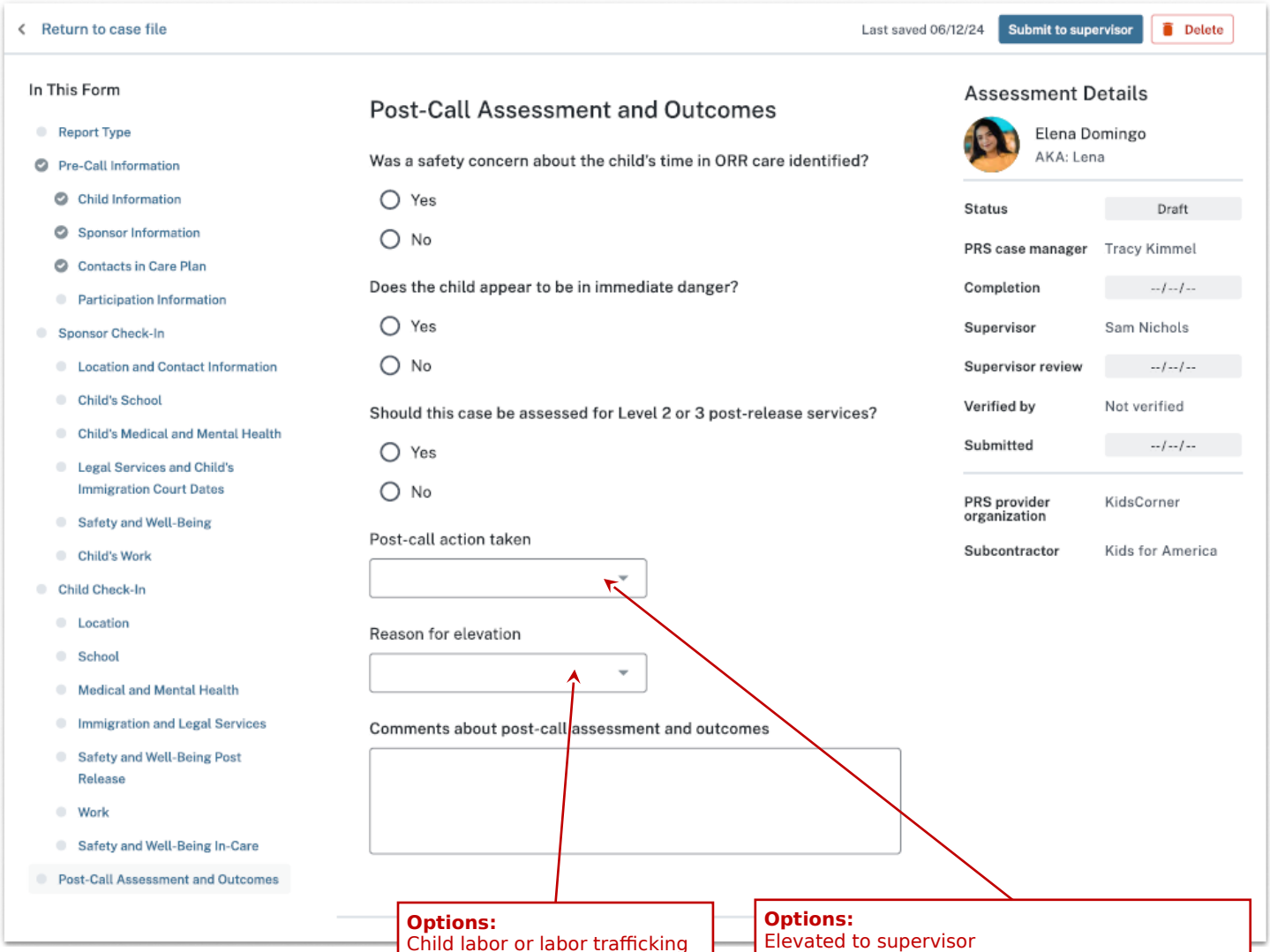
8. Is there anyone you are keeping in contact with from the shelter?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Refuse to answer

Explain more about Lena keeping in contact with someone from the shelter

9. Comments about in-care safety and well-being:

Include any resources or instructions you provided to the child



Options:
Child labor or labor trafficking
Sex trafficking
Neglect or abandonment
Physical abuse
Sexual abuse or harassment
Sponsor criminal activity
Child criminal activity
Child death
Child medical or mental health issue
Fraud against sponsor
Fraudulent sponsor
Other

Options:
Elevated to supervisor
Referred to ORR National Call Center
Referred to National Center for Missing and Exploited Children (NCMEC)
Reported to local law enforcement
Reported to Sexual Abuse Hotline
Reported to Child Abuse Hotline (State Licensing)
Referred to FFS
Contacted child's attorney
Submitted Notification of Concern
Referred to OTIP
Flagged sponsor
Flagged address
Flagged household member
Flagged alternate caregiver
Contact child's Child Advocate
Other
None