



# Administration for Children & Families Office of Refugee Resettlement

## Annual Data Collection on Sexual Abuse and Sexual Harassment Involving Unaccompanied Alien Children

On an annual basis, care provider Prevention of Sexual Abuse (PSA) Compliance Managers are required to aggregate incident-based sexual abuse and sexual harassment data that was investigated by an external agency from the previous year using this form and provide the completed form to ORR no later than August 31. PSA Compliance Managers must only include data for incidents in which an unaccompanied alien child (UAC) was a victim; data for incidents in which a UAC was an alleged perpetrator and an adult was an alleged victim must not be included. For questions about this form, contact [PSAData@acf.hhs.gov](mailto:PSAData@acf.hhs.gov).

### Section A: General Information

**1. Data from Year:**

**2. Care Provider Name:**

**3. Care Provider ID Number:**

**4. Type of Facility:**

**5. Total number of sexual abuse and sexual harassment allegations reported via Child-Level Events (CLE) that were investigated by external agencies from January 1 through December 31: (Definitions of terms can be found in Section C. Do not include incidents in which a UAC was the alleged perpetrator and an adult was the victim.)**

 Substantiated Unsubstantiated Unfounded Outcome Unknown Investigation Ongoing Administratively Closed

If "Investigation Ongoing" or "Outcome Unknown" is selected above, Provide the CLE event numbers for the incidents reported above. Use the +/- buttons to add or delete rows.

	Event Number	Disposition
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and Sexual Harassment Involving Unaccompanied Children. 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).

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+ -		<i>Dropdown Options: Investigation Ongoing or Outcome Unknown</i>
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**6. Number of substantiated incidents of sexual abuse:**

<input type="text"/> <input type="text"/> Reported to CPS	<input type="text"/> <input type="text"/> Reported to State Licensing <i>(if different from CPS)</i>
<input type="text"/> <input type="text"/> Reported to DCPI	<input type="text"/> <input type="text"/> Reported to Local Law Enforcement

**7. Number of substantiated incidents of sexual harassment:**

<input type="text"/> <input type="text"/> Reported to CPS	<input type="text"/> <input type="text"/> Reported to State Licensing <i>(if different from CPS)</i>
<input type="text"/> <input type="text"/> Reported to DCPI	<input type="text"/> <input type="text"/> Reported to Local Law Enforcement

**8. Number of substantiated sexual abuse incidents that involved:**

<input type="text"/> <input type="text"/> Sadistic or Masochistic Abuse	<input type="text"/> <input type="text"/> Sexual Contact
<input type="text"/> <input type="text"/> Actual or stimulated sexual intercourse	<input type="text"/> <input type="text"/> Masturbation
<input type="text"/> <input type="text"/> Molestation	<input type="text"/> <input type="text"/> Voyeurism
<input type="text"/> <input type="text"/> Child Pornography	<input type="text"/> <input type="text"/> Bestiality
<input type="text"/> <input type="text"/> Prostitution of a child	<input type="text"/> <input type="text"/> Forcing a child to engage in sexual exploitation of child
<input type="text"/> <input type="text"/> Any Display of an adult's uncovered buttocks, breast, or genitalia on the presence of a child	<input type="text"/> <input type="text"/> Any attempt, threat, or request to engage on any of the activities above

**Section B: Circumstances Related to Substantiated Child-Level Events**

**Part 1: Incidents Involving UAC as Victim and UAC as Alleged Perpetrator**

**1. Number of substantiated UAC to UAC incidents:**

Provide the CLE event numbers for the incidents reported above. *Use the +/- buttons to add or delete rows.*

	Event Number	
+ -		

**2. Were the above CLE event numbers listed above documented on a PSA UAC Incident Review form and submitted to [ORRIncidentReview@acf.hhs.gov](mailto:ORRIncidentReview@acf.hhs.gov)?**

Yes  No

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If no, explain:

**3. Number of incidents when the time of occurrence was:**

- |   |  |
|---|--|
| <input type="text"/> <input type="text"/> Morning (6am to 11:59am)  | <input type="text"/> <input type="text"/> Afternoon (12 pm to 5:59pm)  |
| <input type="text"/> <input type="text"/> Evening (6pm to 11:59 pm) | <input type="text"/> <input type="text"/> Overnight (12 am to 5:59 am) |
| <input type="text"/> <input type="text"/> Unknown                   |  |

**4. Number of incidents where an incident occurred :**

- |   |  |
|---|--|
| <input type="text"/> <input type="text"/> Bedroom                 | <input type="text"/> <input type="text"/> Another Care Provider Facility |
| <input type="text"/> <input type="text"/> School Area             | <input type="text"/> <input type="text"/> Off-Site or While in Transit   |
| <input type="text"/> <input type="text"/> Cafeteria               | <input type="text"/> <input type="text"/> Communal Living Space,         |
| <input type="text"/> <input type="text"/> Recreation Area On-Site | <input type="text"/> <input type="text"/> Foster Home                    |
| <input type="text"/> <input type="text"/> Restroom or Shower      | <input type="text"/> <input type="text"/> Medical Area (e.g., clinic)    |
| <input type="text"/> <input type="text"/> Community School        |  |

Other *Specify location and number of incidents. Use the +/- buttons to add or delete rows.*

	Number of Incidents	Location
+ -		

**5. Number of incidents when the reporting to ORR was:**

- |  |
|--|
| <input type="text"/> <input type="text"/> Within 4 hours of when the incident was reported to care provider    |
| <input type="text"/> <input type="text"/> Between 4-8 hours of when the incident was reported to care provider |
| <input type="text"/> <input type="text"/> More than 8 hours of when the incident was reported to care provider |
| <input type="text"/> <input type="text"/> Unknown  |

Explain if unknown or more than 8 hours.

**6. Number of incidents reported to the care provider by the following:**

- |  |   |
|--|---|
| <input type="text"/> <input type="text"/> Victim       | <input type="text"/> <input type="text"/> Care Provider Medical/Mental Health Staff     |
| <input type="text"/> <input type="text"/> Case Manager | <input type="text"/> <input type="text"/> Non-Care Provider Medical/Mental Health Staff |
| <input type="text"/> <input type="text"/> Attorney     | <input type="text"/> <input type="text"/> Victim's Family or Sponsor                    |

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- |   |  |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Child Advocate      | <input type="checkbox"/> <input type="checkbox"/> Another UAC <i>(not the victim or alleged perpetrator)</i> |
| <input type="checkbox"/> <input type="checkbox"/> Youth Care Worker   | <input type="checkbox"/> <input type="checkbox"/> Other Care Provider Staff                                  |
| <input type="checkbox"/> <input type="checkbox"/> Alleged Perpetrator | <input type="checkbox"/> <input type="checkbox"/> Alleged Perpetrator's Family or Sponsor                    |
| <input type="checkbox"/> <input type="checkbox"/> Foster Parent       | <input type="checkbox"/> <input type="checkbox"/> UAC Sexual Abuse Hotline/ORR National Call Center          |

Other *Specify source of report and number of incidents. Use the +/- buttons to add or delete rows.*

	Number of Incidents	Source
<input type="button" value="+"/> <input type="button" value="-"/>		

## 7. Number of victims involved in incidents: *(incidents involving multiple victims should account for all UAC victims)*

### Sex

- Male        Female

### Country of Birth

- El Salvador        Guatemala        Honduras         
Mexico

Other *Specify country and number of incidents. Use the +/- buttons to add or delete rows.*

	Number of Incidents	Country
<input type="button" value="+"/> <input type="button" value="-"/>		

### Age at Time of Incident

- 0-5 years        6-9 years        10-12 years  
  13-15 years        16-17 years

## 8. Number of victims who sustained injuries from incidents: *(include any injury that required medical attention)*

## 9. Number of victims who required the following follow-up services: *(more than one may apply for each incident)*

- |  |   |
|--|---|
| <input type="checkbox"/> <input type="checkbox"/> Medical Examination          | <input type="checkbox"/> <input type="checkbox"/> Counseling or Mental Health Treatment       |
| <input type="checkbox"/> <input type="checkbox"/> Emergency Contraception      | <input type="checkbox"/> <input type="checkbox"/> Access to Lawful Pregnancy-Related Services |
| <input type="checkbox"/> <input type="checkbox"/> Forensic Medical Examination | <input type="checkbox"/> <input type="checkbox"/> Tested for STIs, including HIV              |
| <input type="checkbox"/> <input type="checkbox"/> Forensic Interview           | <input type="checkbox"/> <input type="checkbox"/> Offered but Declined Testing or Treatment   |
| <input type="checkbox"/> <input type="checkbox"/> Pregnancy Test               | <input type="checkbox"/> <input type="checkbox"/> Already Released/Discharged from Provider   |

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No Follow-Up Services Provided

Explain if no follow-up service provided.

**10. Number of victims who were:**

- |   |   |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> Restricted to Room              | <input type="checkbox"/> <input type="checkbox"/> Transferred to Another Care Provider Facility |
| <input type="checkbox"/> <input type="checkbox"/> Separated from Perpetrator      | <input type="checkbox"/> <input type="checkbox"/> Transferred to a More Restrictive Setting     |
| <input type="checkbox"/> <input type="checkbox"/> Placed in Different Foster Home | <input type="checkbox"/> <input type="checkbox"/> Given Increased Level of Supervision          |
| <input type="checkbox"/> <input type="checkbox"/> Moved to a Different Room       | <input type="checkbox"/> <input type="checkbox"/> No Action Taken                               |

Explain if no action taken.

**11. Number of alleged perpetrators involved in incidents:** *(incidents involving multiple alleged perpetrators should account for all UAC alleged perpetrators)*

**Sex**

Male       Female

**Country of Birth**

El Salvador       Guatemala       Honduras       Mexico

Other *Specify country and number of incidents. Use the +/- buttons to add or delete rows.*

	Number of Incidents	Country
<input type="button" value="+"/> <input type="button" value="-"/>		

**Age at Time of Incident**

0-5 years       6-9 years       10-12 years  
 13-15 years       16-17 years

**12. Number of alleged perpetrators who required the following follow-up services:** *(more than one may apply for each incident)*

- |  |   |
|--|---|
| <input type="checkbox"/> <input type="checkbox"/> Medical Examination          | <input type="checkbox"/> <input type="checkbox"/> Counseling or Mental Health Treatment       |
| <input type="checkbox"/> <input type="checkbox"/> Emergency Contraception      | <input type="checkbox"/> <input type="checkbox"/> Access to Lawful Pregnancy-Related Services |
| <input type="checkbox"/> <input type="checkbox"/> Forensic Medical Examination | <input type="checkbox"/> <input type="checkbox"/> Tested for STIs, including HIV              |
| <input type="checkbox"/> <input type="checkbox"/> Forensic Interview           | <input type="checkbox"/> <input type="checkbox"/> Offered but Declined Testing or Treatment   |

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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Pregnancy Test

<input type="checkbox"/>	<input type="checkbox"/>
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Already Released/Discharged from Provider

No Follow-Up Services Provided

Explain if no follow-up service provided.

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**13. Number of alleged perpetrators who were:**

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Restricted to Room

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Transferred to Another Care Provider Facility

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Separated from Victim

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Transferred to a More Restrictive Setting

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Placed in Different Foster Home

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Given Increased Level of Supervision

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Moved to a Different Room

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

No Action Taken

Explain if no action taken.

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**14. Number of incidents that resulted in the following sanctions imposed on the alleged perpetrator: (more than one may apply for each incident)**

<input type="checkbox"/>	<input type="checkbox"/>
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Referred for Prosecution or Indicted

<input type="checkbox"/>	<input type="checkbox"/>
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Arrested or Referred to Law Enforcement Agency

<input type="checkbox"/>	<input type="checkbox"/>
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Convicted

Provide the CLE event numbers for the incidents in which the alleged perpetrator was arrested or referred to law enforcement agency, referred for prosecution or indicted, or convicted. Use the +/- buttons to add or delete rows.

	Event Number	Disposition
+ -		<i>Dropdown Options: Investigation Ongoing or Outcome Unknown</i>

**Part 2: Incidents Involving UAC as Victim and Staff as Alleged Perpetrator**

*Staff refers to care provider employees, contractors or sub-grantees, volunteers, and foster parents.*

**1. Number of substantiated UAC to Staff incidents:**

<input type="checkbox"/>	<input type="checkbox"/>
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Provide the CLE event numbers for the incidents reported above. Use the +/- buttons to add or delete rows.

	Event Number
+ -	

**2. Were the above CLE event numbers listed above documented on an PSA Adult Incident Review form**

Yes  No

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and submitted to [ORRIncidentReview@acf.hhs.gov](mailto:ORRIncidentReview@acf.hhs.gov)?

If no, explain:

**3. Number of incidents when the time of occurrence was:**

<input type="text"/> <input type="text"/> Morning (6am to 11:59am)	<input type="text"/> <input type="text"/> Afternoon (12pm to 5:59pm)
<input type="text"/> <input type="text"/> Evening (6pm to 11:59pm)	<input type="text"/> <input type="text"/> Overnight (12am to 5:59am)
<input type="text"/> <input type="text"/> Unknown	

**4. Number of incidents where an incident occurred in:**

<input type="text"/> <input type="text"/> Bedroom	<input type="text"/> <input type="text"/> At Another Care Provider Facility
<input type="text"/> <input type="text"/> School Area	<input type="text"/> <input type="text"/> Off-Site or While in Transit
<input type="text"/> <input type="text"/> Cafeteria	<input type="text"/> <input type="text"/> Communal Living Space
<input type="text"/> <input type="text"/> Recreation Area On-Site	<input type="text"/> <input type="text"/> Foster Home
<input type="text"/> <input type="text"/> Restroom or Shower	<input type="text"/> <input type="text"/> Medical Area (e.g., clinic)
<input type="text"/> <input type="text"/> Community School	

Other *Specify location and number of incidents. Use the +/- buttons to add or delete rows.*

	Number of Incidents	Location
+ -		

**5. Number of incidents when the reporting to ORR was:**

<input type="text"/> <input type="text"/> Within 4 hours of when the incident was reported to care provider
<input type="text"/> <input type="text"/> Between 4-8 hours of when the incident was reported to care provider
<input type="text"/> <input type="text"/> More than 8 hours of when the incident was reported to care provider
<input type="text"/> <input type="text"/> Unknown

**6. Number of incidents reported to the care provider by the following:**

<input type="text"/> <input type="text"/> Victim	<input type="text"/> <input type="text"/> Care Provider Medical/Mental Health Staff
<input type="text"/> <input type="text"/> Case Manager	<input type="text"/> <input type="text"/> Non-Care Provider Medical/Mental Health Staff
<input type="text"/> <input type="text"/> Attorney	<input type="text"/> <input type="text"/> Victim's Family or Sponsor

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- |  |   |
|--|---|
| <input type="checkbox"/> <input type="checkbox"/> Child Advocate                   | <input type="checkbox"/> <input type="checkbox"/> Another UC <i>(not the victim or alleged perpetrator)</i> |
| <input type="checkbox"/> <input type="checkbox"/> Youth Care Worker                | <input type="checkbox"/> <input type="checkbox"/> Other Care Provider Staff                                 |
| <input type="checkbox"/> <input type="checkbox"/> Alleged Perpetrator              | <input type="checkbox"/> <input type="checkbox"/> Alleged Perpetrator's Family or Sponsor                   |
| <input type="checkbox"/> <input type="checkbox"/> Foster Parent                    | <input type="checkbox"/> <input type="checkbox"/> UAC Sexual Abuse  |
| <input type="checkbox"/> <input type="checkbox"/> Hotline/ORR National Call Center |   |

Other *Specify method of reporting and number of incidents. Use the +/- buttons to add or delete rows.*

	Number of Incidents	Method of Reporting
<input type="button" value="+"/> <input type="button" value="-"/>		

## 7. Number of victims involved in incidents: *(incidents involving multiple victims should account for all UAC victims)*

### Sex

- Male      Female

### Country of Birth

- El Salvador      Guatemala      Honduras      Mexico

Other *Specify country and number of incidents. Use the +/- buttons to add or delete rows.*

	Number of Incidents	Country
<input type="button" value="+"/> <input type="button" value="-"/>		

### Age at Time of Incident

- 0-5 years      6-9 years      10-12 years  
  13-15 years      16-17 years

## 8. Number of victims who sustained injuries from incidents: *(include any injury that required medical attention)*

## 9. Number of victims who required the following follow-up services: *(more than one may apply for each incident)*

- |  |  |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> Medical Examination          | <input type="checkbox"/> <input type="checkbox"/> Provided Counseling or Mental Health Treatment       |
| <input type="checkbox"/> <input type="checkbox"/> Emergency Contraception      | <input type="checkbox"/> <input type="checkbox"/> Provided Access to Lawful Pregnancy-Related Services |
| <input type="checkbox"/> <input type="checkbox"/> Forensic Medical Examination | <input type="checkbox"/> <input type="checkbox"/> Tested for STIs, including HIV                       |
| <input type="checkbox"/> <input type="checkbox"/> Forensic Interview           | <input type="checkbox"/> <input type="checkbox"/> Offered but Declined Testing or Treatment            |
| <input type="checkbox"/> <input type="checkbox"/> Pregnancy Test               | <input type="checkbox"/> <input type="checkbox"/> Already Released/Discharged from Provider            |

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No Follow-Up Services Provided

Explain if no follow-up service provided.

**10. Number of victims who were:**

- |   |   |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> Restricted to Room              | <input type="checkbox"/> <input type="checkbox"/> Transferred to Another Care Provider Facility |
| <input type="checkbox"/> <input type="checkbox"/> Separated from Perpetrator      | <input type="checkbox"/> <input type="checkbox"/> Transferred to a More Restrictive Setting     |
| <input type="checkbox"/> <input type="checkbox"/> Placed in Different Foster Home | <input type="checkbox"/> <input type="checkbox"/> Given Increased Level of Supervision          |
| <input type="checkbox"/> <input type="checkbox"/> No Action Taken                 | <input type="checkbox"/> <input type="checkbox"/> Moved to a Different Room                     |

Explain if no action taken.

**11. Number of alleged perpetrators involved in incidents:** *(incidents involving multiple alleged perpetrators should account for all staff alleged perpetrators)*

Male        Female

**12. Number of alleged perpetrators who were:**

- |  |  |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> Care Provider Staff        | <input type="checkbox"/> <input type="checkbox"/> Contractor or Sub-grantee of Care Provider |
| <input type="checkbox"/> <input type="checkbox"/> Volunteer of Care Provider | <input type="checkbox"/> <input type="checkbox"/> Foster Parent or Foster Family Member      |

**13. Number of staff in an incident whose primary position description was:**

- |   |   |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> Case Manager      | <input type="checkbox"/> <input type="checkbox"/> Administrator <i>(e.g., Program Director, Assistant Director)</i> |
| <input type="checkbox"/> <input type="checkbox"/> Clerical Staff    | <input type="checkbox"/> <input type="checkbox"/> Clinical Staff  |
| <input type="checkbox"/> <input type="checkbox"/> Youth Care Worker | <input type="checkbox"/> <input type="checkbox"/> Medical Staff   |
| <input type="checkbox"/> <input type="checkbox"/> Foster Parent     | <input type="checkbox"/> <input type="checkbox"/> Educational Staff   |

Other *Specify position and number of staff. Use the +/- buttons to add or delete rows.*

	Number of Incidents	Position
+ -		

**14. Number of incidents that resulted in the following sanctions imposed on the staff:** *(more than one may apply for incident)*

- |  |  |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> Sent to Training or Counseling | <input type="checkbox"/> <input type="checkbox"/> Arrested or Referred to Law Enforcement Agency |
| <input type="checkbox"/> <input type="checkbox"/> Staff Resigned                 | <input type="checkbox"/> <input type="checkbox"/> Convicted, Plead Guilty, Sentenced, or Fined   |

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- |   |  |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Reprimanded or Disciplined<br><input type="checkbox"/> <input type="checkbox"/> Placed on Paid Administrative Leave<br><input type="checkbox"/> <input type="checkbox"/> Placed on Unpaid Administrative Leave<br><input type="checkbox"/> <input type="checkbox"/> Suspended Temporarily | <input type="checkbox"/> <input type="checkbox"/> Referred for Prosecution or Indicted<br><input type="checkbox"/> <input type="checkbox"/> Demoted or Diminished Responsibilities<br><input type="checkbox"/> <input type="checkbox"/> Terminated, Discharged, or Contract Not Renewed<br><input type="checkbox"/> <input type="checkbox"/> No Action Taken |
|---|--|

Explain if no action taken.

### Part 3: Incidents Involving UAC as Victim and Non-Staff Adult as Alleged Perpetrator

*Non-Staff Adult refers to adult family member, friend of family/UAC, non-staff teacher, adult with no previous relationship to UAC, or other adults.*

**1. Number of substantiated UAC to non-staff adult incidents:**

Provide the CLE event numbers for the incidents reported above. Use the +/- buttons to add or delete rows.

	Event Number
<input type="button" value="+"/> <input type="button" value="-"/>	

**2. Were the above CLE event numbers listed above documented on an *PSA Adult Incident Review* form and submitted to [ORRIncidentReview@acf.hhs.gov](mailto:ORRIncidentReview@acf.hhs.gov)?**  
 Yes  No

If no, explain:

**3. Number of incidents when the time of occurrence was:**

- |   |  |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Morning (6am to 11:59am)<br><input type="checkbox"/> <input type="checkbox"/> Evening (6pm to 11:59pm)<br><input type="checkbox"/> <input type="checkbox"/> Unknown | <input type="checkbox"/> <input type="checkbox"/> Afternoon (12pm to 5:59pm)<br><input type="checkbox"/> <input type="checkbox"/> Overnight (12am to 5:59am) |
|---|--|

**4. Number of incidents where incident occurred in:**

- |  |   |
|--|---|
| <input type="checkbox"/> <input type="checkbox"/> School | <input type="checkbox"/> <input type="checkbox"/> Field Trip Site |
|--|---|

Other Specify location and number of incidents. Use the +/- buttons to add or delete rows.

	Number of Incidents	Location
<input type="button" value="+"/> <input type="button" value="-"/>		

**5. Number of incidents when the reporting to ORR was:**

- Within 4 hours of when the incident was reported to care provider
- Between 4-8 hours of when the incident was reported to care provider
- More than 8 hours of when the incident was reported to care provider
- Unknown

**6. Number of incidents reported to the care provider by the following:**

- |   |  |
|---|--|
| <input type="text"/> <input type="text"/> Victim              | <input type="text"/> <input type="text"/> Care Provider Medical/Mental Health Staff                  |
| <input type="text"/> <input type="text"/> Case Manager        | <input type="text"/> <input type="text"/> Non-Care Provider Medical/Mental Health Staff              |
| <input type="text"/> <input type="text"/> Attorney            | <input type="text"/> <input type="text"/> Victim's Family or Sponsor                                 |
| <input type="text"/> <input type="text"/> Child Advocate      | <input type="text"/> <input type="text"/> Another UAC <i>(not the victim or alleged perpetrator)</i> |
| <input type="text"/> <input type="text"/> Youth Care Worker   | <input type="text"/> <input type="text"/> Other Care Provider Staff                                  |
| <input type="text"/> <input type="text"/> Alleged Perpetrator | <input type="text"/> <input type="text"/> Alleged Perpetrator's Family or Sponsor                    |
| <input type="text"/> <input type="text"/> Foster Parent       | <input type="text"/> <input type="text"/> UAC Sexual Abuse Hotline/ORR National Call Center          |

Other *Specify method of reporting and number of incidents. Use the +/- buttons to add or delete rows.*

	Number of Incidents	Reporting Method
<input type="button" value="+"/> <input type="button" value="-"/>		

**7. Number of victims involved in incidents: *(incidents involving multiple victims should account for all UAC victims)***

**Sex**

- Male      Female

**Country of Birth**

- El Salvador      Guatemala      Honduras
- Mexico

Other *Specify country and number of incidents. Use the +/- buttons to add or delete rows.*

	Number of Incidents	Country
<input type="button" value="+"/> <input type="button" value="-"/>		

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**Age at Time of Incident**

<input type="text"/> <input type="text"/> 0-5 years	<input type="text"/> <input type="text"/> 6-9 years	<input type="text"/> <input type="text"/> 10-12 years
<input type="text"/> <input type="text"/> 13-15 years	<input type="text"/> <input type="text"/> 16-17 years	

**8. Number of victims who sustained injuries from incidents:** *(include any injury that required medical attention)*

**9. Number of victims who required the following follow-up services:** *(more than one may apply for each incident)*

<input type="text"/> <input type="text"/> Medical Exam	<input type="text"/> <input type="text"/> Provided Counseling or Mental Health Treatment
<input type="text"/> <input type="text"/> Emergency Contraception	<input type="text"/> <input type="text"/> Provided Access to Lawful Pregnancy-Related Services
<input type="text"/> <input type="text"/> Forensic Medical Examination	<input type="text"/> <input type="text"/> Offered but Declined Testing or Treatment
<input type="text"/> <input type="text"/> Forensic Interview	<input type="text"/> <input type="text"/> Already Released/Discharged from Provider
<input type="text"/> <input type="text"/> Pregnancy Test	<input type="text"/> <input type="text"/> Tested for STIs, including HIV
<input type="text"/> <input type="text"/> No Follow-Up Services Provided	

Explain if no follow-up service provided.

**10. Number of victims who were:**

<input type="text"/> <input type="text"/> Restricted to Room	<input type="text"/> <input type="text"/> Transferred to Another Care Provider Facility
<input type="text"/> <input type="text"/> Separated from Victim	<input type="text"/> <input type="text"/> Transferred to a More Restrictive Setting
<input type="text"/> <input type="text"/> Placed in Different Foster Home	<input type="text"/> <input type="text"/> Given Increased Level of Supervision
<input type="text"/> <input type="text"/> No Action Taken	<input type="text"/> <input type="text"/> Moved to a Different Room

Explain if no action taken.

**11. Number of alleged perpetrators involved in incidents** *(incidents involving multiple alleged perpetrators should account for all non-staff adult alleged perpetrators)*

<input type="text"/> <input type="text"/> Male	<input type="text"/> <input type="text"/> Female
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**12. Number of alleged perpetrators whose relationship to the UC was:**

<input type="text"/> <input type="text"/> Adult Family Member	<input type="text"/> <input type="text"/> Adult Friend
<input type="text"/> <input type="text"/> Other Non-Care Providers	<input type="text"/> <input type="text"/> Non-Care Provider Educational Staff <i>(LTFC only)</i>

Other Specify relationship and number of incidents. Use the +/- buttons to add or delete rows.

	Number of Incidents	Relationship
<input type="text" value="+"/> <input type="text" value="-"/>		

**13. Number of incidents that resulted in the following sanctions imposed on the alleged perpetrator (more than one may apply for incident)**

Arrested or Referred to Law Enforcement Agency

Referred for Prosecution or Indicted

Convicted, Plead Guilty, Sentenced, or Fined

**Section C: Definitions**

**Substantiated:** Allegation that was formally investigated and determined to have occurred. For example, an outside investigative entity determined there was sexual abuse, sexual harassment, or determined the allegation did occur.

**Unsubstantiated:** Allegation that was formally investigated and the investigation produced insufficient evidence to make a final determination as to whether the event occurred. Allegations may be unsubstantiated for a variety of reasons including, lack of evidence, victim refuses to cooperate, or victim is unavailable.

**Unfounded:** Allegation that was formally investigated and determined not to have occurred. For example, an allegation was investigated but an outside investigative entity determined the allegation did not occur, even if a deficiency was issued related to another licensing requirement.

**Administratively closed:** A state agency did not complete a formal investigation. After conducting an initial review, a state agency may administratively close a case for a few reasons including, when the allegation does not meet the criteria for a formal investigation, lack of jurisdiction, or lack of information about the alleged perpetrator.

**Investigation Ongoing:** Allegation that is being formally investigated for which the investigation is not yet complete.

**Outcome Unknown:** Allegation that was formally investigated for which the investigation is complete but the final determination (substantiated, unsubstantiated, unfounded) is unknown.