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.

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

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.

+ -		*Dropdown Options: Investigation Ongoing or Outcome Unknown*

6. Number of substantiated incidents of sexual abuse:

- ☐☐ Reported to CPS
- ☐☐ Reported to State Licensing *(if different from CPS)*
- ☐☐ Reported to DCPI
- ☐☐ Reported to Local Law Enforcement

7. Number of substantiated incidents of sexual harassment:

- ☐☐ Reported to CPS
- ☐☐ Reported to State Licensing *(if different from CPS)*
- ☐☐ Reported to DCPI
- ☐☐ Reported to Local Law Enforcement

8. Number of substantiated sexual abuse incidents that involved:

- ☐☐ Sadistic or Masochistic Abuse
- ☐☐ Sexual Contact
- ☐☐ Actual or stimulated sexual intercourse
- ☐☐ Masturbation
- ☐☐ Molestation
- ☐☐ Voyeurism
- ☐☐ Child Pornography
- ☐☐ Bestiality
- ☐☐ Prostitution of a child
- ☐☐ Forcing a child to engage in sexual exploitation of child
- ☐☐ Any Display of an adult's uncovered buttocks, breast, or genitalia on the presence of a child
- ☐☐ 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? ○ Yes ○ No

If no, explain:

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

- ☐ Morning (6am to 11:59am)
- ☐ Afternoon (12 pm to 5:59pm)
- ☐ Evening (6pm to 11:59 pm)
- ☐ Overnight (12 am to 5:59 am)
- ☐ Unknown

4. Number of incidents where an incident occurred :

- ☐ Bedroom
- ☐ Another Care Provider Facility
- ☐ School Area
- ☐ Off-Site or While in Transit
- ☐ Cafeteria
- ☐ Communal Living Space,
- ☐ Recreation Area On-Site
- ☐ Foster Home
- ☐ Restroom or Shower
- ☐ Medical Area *(e.g., clinic)*
- ☐ 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:

- ☐ 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

Explain if unknown or more than 8 hours.

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

- ☐ Victim
- ☐ Care Provider Medical/Mental Health Staff
- ☐ Case Manager
- ☐ Non-Care Provider Medical/Mental Health Staff
- ☐ Attorney
- ☐ Victim's Family or Sponsor

- Child Advocate
- Another UAC *(not the victim or alleged perpetrator)*
- Youth Care Worker
- Other Care Provider Staff
- Alleged Perpetrator
- Alleged Perpetrator's Family or Sponsor
- Foster Parent
- 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
+ -		

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
+ -		

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)***

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

☐ No Follow-Up Services Provided

Explain if no follow-up service provided.

10. Number of victims who were:

☐ Restricted to Room
☐ Separated from Perpetrator
☐ Placed in Different Foster Home
☐ Moved to a Different Room
☐ Transferred to Another Care Provider Facility
☐ Transferred to a More Restrictive Setting
☐ Given Increased Level of Supervision
☐ 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
+ -		

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)***

☐ Medical Examination
☐ Emergency Contraception
☐ Forensic Medical Examination
☐ Forensic Interview
☐ Counseling or Mental Health Treatment
☐ Access to Lawful Pregnancy-Related Services
☐ Tested for STIs, including HIV
☐ Offered but Declined Testing or Treatment

☐ Pregnancy Test
☐ No Follow-Up Services Provided
☐ Already Released/Discharged from Provider

Explain if no follow-up service provided.

13. Number of alleged perpetrators who were:

☐ Restricted to Room
☐ Separated from Victim
☐ Placed in Different Foster Home
☐ Moved to a Different Room
☐ Transferred to Another Care Provider Facility
☐ Transferred to a More Restrictive Setting
☐ Given Increased Level of Supervision
☐ No Action Taken

Explain if no action taken.

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

☐ Referred for Prosecution or Indicted
☐ Arrested or Referred to Law Enforcement Agency
☐ 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
+ -		*Dropdown Options: Investigation Ongoing or Outcome Unknown*

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: ☐☐

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

and submitted to ORRIncidentReview@acf.hhs.gov?

If no, explain:

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

- Morning (6am to 11:59am)
- Afternoon (12pm to 5:59pm)
- Evening (6pm to 11:59pm)
- Overnight (12am to 5:59am)
- Unknown

4. Number of incidents where an incident occurred in:

- Bedroom
- At Another Care Provider Facility
- School Area
- Off-Site or While in Transit
- Cafeteria
- Communal Living Space
- Recreation Area On-Site
- Foster Home
- Restroom or Shower
- Medical Area *(e.g., clinic)*
- 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:

- 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:

- Victim
- Care Provider Medical/Mental Health Staff
- Case Manager
- Non-Care Provider Medical/Mental Health Staff
- Attorney
- Victim's Family or Sponsor

☐ Child Advocate
☐ Another UC *(not the victim or alleged perpetrator)*
☐ Youth Care Worker
☐ Other Care Provider Staff
☐ Alleged Perpetrator
☐ Alleged Perpetrator's Family or Sponsor
☐ Foster Parent
☐ 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	Method of Reporting
+ -		

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
+ -		

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)***

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

☐ No Follow-Up Services Provided

Explain if no follow-up service provided.

10. Number of victims who were:

☐ Restricted to Room
☐ Separated from Perpetrator
☐ Placed in Different Foster Home
☐ No Action Taken
☐ Transferred to Another Care Provider Facility
☐ Transferred to a More Restrictive Setting
☐ Given Increased Level of Supervision
☐ 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:

☐ Care Provider Staff
☐ Volunteer of Care Provider
☐ Contractor or Sub-grantee of Care Provider
☐ Foster Parent or Foster Family Member

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

☐ Case Manager
☐ Clerical Staff
☐ Youth Care Worker
☐ Foster Parent
☐ Administrator *(e.g., Program Director, Assistant Director)*
☐ Clinical Staff
☐ Medical Staff
☐ 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)***

☐ Sent to Training or Counseling
☐ Staff Resigned
☐ Arrested or Referred to Law Enforcement Agency
☐ Convicted, Plead Guilty, Sentenced, or Fined

- ☐ Reprimanded or Disciplined
- ☐ Placed on Paid Administrative Leave
- ☐ Placed on Unpaid Administrative Leave
- ☐ Suspended Temporarily
- ☐ Referred for Prosecution or Indicted
- ☐ Demoted or Diminished Responsibilities
- ☐ Terminated, Discharged, or Contract Not Renewed
- ☐ 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
+ -	

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

If no, explain:

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

- ☐☐ Morning (6am to 11:59am)
- ☐☐ Afternoon (12pm to 5:59pm)
- ☐☐ Evening (6pm to 11:59pm)
- ☐☐ Overnight (12am to 5:59am)
- ☐☐ Unknown

4. Number of incidents where incident occurred in:

- ☐☐ School
- ☐☐ Field Trip Site

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:

- ☐ 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:

- ☐ Victim
- ☐ Case Manager
- ☐ Attorney
- ☐ Child Advocate
- ☐ Youth Care Worker
- ☐ Alleged Perpetrator
- ☐ Foster Parent
- ☐ Care Provider Medical/Mental Health Staff
- ☐ Non-Care Provider Medical/Mental Health Staff
- ☐ Victim's Family or Sponsor
- ☐ Another UAC *(not the victim or alleged perpetrator)*
- ☐ Other Care Provider Staff
- ☐ Alleged Perpetrator's Family or Sponsor
- ☐ 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
+ -		

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
+ -		

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)***

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

Explain if no follow-up service provided.

10. Number of victims who were:

☐☐ Restricted to Room
☐☐ Separated from Victim
☐☐ Placed in Different Foster Home
☐☐ No Action Taken
☐☐ Transferred to Another Care Provider Facility
☐☐ Transferred to a More Restrictive Setting
☐☐ Given Increased Level of Supervision
☐☐ 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)***

☐☐ Male ☐☐ Female

12. Number of alleged perpetrators whose relationship to the UC was:

☐☐ Adult Family Member
☐☐ Other Non-Care Providers
☐☐ Adult Friend
☐☐ Non-Care Provider Educational Staff *(LTFC only)*

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

	Number of Incidents	Relationship
+ -		

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.