Human Trafficking Youth Prevention Education (HTYPE) Demonstration Grant Program Background

The HTYPE Demonstration Grant Program funds local educational agencies (LEAs) to develop and implement programs to prevent human trafficking victimization through the provision of skills-based human trafficking training and education for school staff and students as specified in Section 101(a)(2)(B) of the Frederick Douglass Trafficking Victims Prevention and Protection Reauthorization Act of 2018 (22 U.S.C. 7104(b)(2)). Each training and education curriculum is to be tailored to the specific needs of its audience. The HTYPE Demonstration Grant Program will fund LEAs to establish a cohesive strategy, with the support of a partnered nonprofit or nongovernmental organization (NGO), to build the capacity to provide all aspects of human trafficking prevention education to students and school staff. The HTYPE Demonstration Grant Program Performance Indicators information collection will provide data for the Office of Trafficking in Persons (OTIP) to assess the extent to which grantees meet required program activities to: 1) Provide human trafficking education that equips educators and other staff to identify and respond to signs that students are at high risk of or are currently experiencing human trafficking; 2) Deliver student human trafficking prevention education that is designed to build student resilience to labor trafficking and sex trafficking by strengthening student knowledge and skills; 3) Train qualified individuals to implement and replicate project activities throughout the school district or identified target area(s), and; 4) Establish and implement a Human Trafficking School Safety Protocol (HTSSP).

OMB Control Number: 0970-0490
Expiration Date: 01/31/2023

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering data on the grant program to assess program performance, inform evaluation, tailor technical assistance, report to stakeholders, and inform policy and program development. Please see each form/tab for the estimated public reporting burden for each collection of information per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to retain a benefit (22 U.S.C. 7104(b)(2))). 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.

How to Use This Workbook

Human Trafficking Youth Prevention Education (HTYPE) Demonstration Grant Program grant recipients are expected to conduct ongoing evaluations of their HTYPE curriculum by administering pre/post-implementation surveys to every student, educator, caregiver, and other staff member who participates in the training. All pre-implementation surveys for students, educators and other staff must be administered prior to, or within, one day of the start of training. All post-implementation surveys must be administered within one week after the completion of all training modules.

Over the course of the HTYPE Demonstration Grant Program, grant recipients will use the pre- and post-implementation surveys to collect data from participants in the curriculum. This data will then be aggregated and submitted to OTIP via this Excel-based data collection workbook and submitted via GrantSolutions.gov as a "grant note" to fulfill post-award performance reporting requirements.

HTYPE Demonstration Grant Program Implementation Surveys
- HTYPE for Educators (and Other Staff) Pre- and Post-Implementation Survey
- HTYPE for Middle+ Students Pre- and Post-Implementation Survey
- HTYPE for Elementary Students Pre- and Post-Implementation Survey
- HTYPE Training of Trainers (ToT) Post-Implementation Survey

Each tab in this workbook corresponds with a survey instrument and its corresponding HTYPE curriculum. All data will be reported as either a number or a percentage. Because the pre- and post-implementation surveys (and each question on those surveys) are optional for respondents, it is possible that not all HTYPE curriculum participants will provide repsonses to the surveys (or particular questions on the surveys). Grant recipients will be expected to provide the N-value (or number of survey respondents) represented for each percentage reported.

Example: A classroom of 35 middle school students participate in the HTYPE curriculum in the first quarter of the reporting period. Only 30 of those students choose to fill-out a pre-implementation survey. Only 10 percent of those 30 students (3 students) are able to identify a hotline they can contact if they think someone is being exploited for labor or sex on the pre-implementation survey. On the HTYPE for Students (Middle+) tab, HTYPE grant recipients would report '10%' in cell I17 (percentage) and '30' in cell I18 (N-value).

There are columns for each quarterly submission figure that specify the format of the data that should be reported in the table. Data on the Participation Summary tab will automatically update based on the information reported on all other tabs of this workbook. There are also helpful comments embedded throughout the workbook. Cells with comments have a small red triangle in the upper right corner of the cell. Select the cell or hover over the cell to view the comment. Comments can be toggled on and off by clicking on the 'Review' tab in the upper navigation bar and clicking 'Show All Comments' button.

Human Trafficking Youth Prevention Education (HTYPE) Demonstration Grant Program
Performance Reporting Data Elements and Operational Guidance

The information here can also be found in the HTYPE Grant Recipient Reporting Reference Guide.

Scroll Right

Human Trafficking Prevention Education for Educators and Other Staff

Data Element	Operational Guidance	Response Options	Workbook Tab
Grant Recipient	Record name of the organization submitting the grant report.	(text)	HTYPE for Educators
Reporting Period Start Date	Record month, day, and year of the first day in the reporting period.	mm/dd/yyyy	HTYPE for Educators
Reporting Period End Date	Record month, day, and year of the last day in the reporting period.	mm/dd/yyyy	HTYPE for Educators
Report Type	Select type of report based upon frequency of submission.	• Quarterly • Annual	HTYPE for Educators
Number of schools implementing HTYPE for Educators and Other Staff *(How many schools are implementing HTYPE for Educators and Other Staff?)*	Record the number of schools implementing human trafficking youth prevention education for educators and other staff.	Number	HTYPE for Educators
Schools Implementing HTYPE for Educators and Other Staff	Record the name, city, state, and zip code of each school implementing human trafficking youth prevention education for educators and other staff through the grant program.	• School Name • City • State • Zip Code	HTYPE for Educators
Number of Educators and Other Staff trained to recognize and respond to human trafficking *(How many Educators and Other Staff have been trained to recognize and respond to human trafficking?)*	Record the number of educators and staff trained to respond to human trafficking.	Number	HTYPE for Educators
Percentage of Educators and Other Staff Report	Record the percentage of educators and other staff who reported affirmatively to the following indicators based off of survey results.	• A high level of interest **(Very Interested)** in learning more about human trafficking • **Agree** or **Strongly Agree** that they are comfortable talking with students about human trafficking • **Agree** or **Strongly Agree** they have a role to play in helping students who may be at risk or experiencing human trafficking • A high level of confidence **(Agree or Strongly Agree)** in being able to implement aspects of the Human Trafficking School Safety Protocol (HTSSP) that are relevant and appropriate for their professional role	HTYPE for Educators
Percentage of Educators and Other Staff Agree That The Program Taught Them Something Useful	Record the percentage of educators and other staff who agreed with the provided statements based off of survey results.	• To identify students who may be at risk or experiencing trafficking **(Agree or Strongly Agree)** • Provide assistance to students identified as victims or at risk for trafficking **(Agree or Strongly Agree)** • Understand their obligations and responsibilities for reporting potential cases of human trafficking **(Agree or Strongly Agree)**	HTYPE for Educators

Human Trafficking Prevention Education for Students

Data Element	Operational Guidance	Response Options	Workbook Tab
Grant Recipient	Record name of the organization submitting the grant report.	(text)	HTYPE for Students
Reporting Period Start Date	Record month, day, and year of the first day in the reporting period.	mm/dd/yyyy	HTYPE for Students
Reporting Period End Date	Record month, day, and year of the last day in the reporting period.	mm/dd/yyyy	HTYPE for Students
Report Type	Select type of report based upon frequency of submission.	• Quarterly • Annual	HTYPE for Students
Number of schools implementing HTYPE for Students	Record the number of schools implementing human trafficking youth prevention education for students.	Number	HTYPE for Students
Number of Students Who Completed the HTYPE Curriculum	Record the number of students who completed the human trafficking youth prevention education curriculum.	Number	HTYPE for Students
Percentage of Students Demonstrate [Middle School and above]	Record the percentage of students and other staff who demonstrated the indicators based off of survey results.	[illegible] where they live **(True)** • Correctly identified that men and boys can be exploited for labor or commercial sex **(True)** • Ability to identify at least one trusted adult they can talk to if they think someone is being trafficked for labor or sex (Yes) • Ability to identify a hotline to contact if they think someone is being trafficked for labor or sex **(Yes)** • Increased intent to seek help if they were being trafficked for labor or sex • **Agree** or **Strongly Agree** that they would ask a trusted adult for help if they were being trafficked for labor or sex • **Agree** or **Strongly Agree** that they would contact a hotline if they were being trafficked for labor or sex • **Agree** or **Strongly Agree** that they would ask a trusted	HTYPE for Students
Percentage of Students Agree That The Program Taught Them Something Useful [Middle school students and above]	Record the percentage of students who agreed with the provided statement based off of survey results.	Percentage • **Agree** or **Strongly Agree** that the program taught them something they believe will help keep them safe	HTYPE for Students
Percentage of Students Demonstrate [Elementary school students]	Record the percentage of students and other staff who demonstrated the indicators based off of survey results.	Percentage • Ability to identify at least one trusted adult they can talk to if someone they know is being hurt or doing something that is not safe **(Yes)** • Ability to identify a hotline they can call or text if someone they know is being forced to do something they do not want to do **(Yes)** • Increased intent to seek help if they were afraid someone might hurt them • **Agree** or **Strongly Agree** that they would ask a trusted adult for help • **Agree** or **Strongly Agree** that they would call or text a hotline • **Agree** or **Strongly Agree** that they would reach out to a friend for help • Ability to provide at least one example of something they learned **(Yes)**	HTYPE for Students
Percentage of Students Agree That They Learned Something to Stay Safe [Elementary school students]	Record the percentage of students who agreed with the provided statement based off of survey results.	Percentage • **Agree** that they learned something they can do to stay safe	HTYPE for Students

Trainings of Trainers

Data Element	Operational Guidance	Response Options	Workbook Tab
Grant Recipient	Record name of the organization submitting the grant report.	(text)	HTYPE ToT
Reporting Period Start Date	Record month, day, and year of the first day in the reporting period.	mm/dd/yyyy	HTYPE ToT
Reporting Period End Date	Record month, day, and year of the last day in the reporting period.	mm/dd/yyyy	HTYPE ToT
Report Type	Select type of report based upon frequency of submission.	• Quarterly • Annual	HTYPE ToT
Number of Trainers Trained to Implement HTYPE for Educators and Other Staff?	Record the number of schools implementing human trafficking prevention education for educators and other staff.	Number	HTYPE ToT
Number of Trainers Trained to Implement HTYPE for Students?	Record the number of schools implementing human trafficking prevention education for students.	Number	HTYPE ToT
Number of professionals trained to train new trainers to provide HTYPE to Educators, Other Staff, and Students	Record the number of individuals taught specifically to train other trainers on how to implement HTYPE for educators, other staff, and students.	• Number ToT for Educators and Other Staff • Number ToT for Students	HTYPE ToT
Percentage of Trainers Report	Record the percentage of educators and other staff who reported affirmatively to the following indicators based off of survey results.	• A very high level of confidence (**Very Confident** or **Moderately Confident**) they have the skills needed to train their respective audiences • **Very Satisfied** or **Moderately Satisfied** with the information they gained from the training	HTYPE ToT
Percentage of Trainers Agree or Strongly Agree	Record the percentage of educators and other staff who agreed with the provided statements based off of survey results.	• **Agree** or **Strongly Agree** the training was well-organized • **Agree** or **Strongly Agree** the presenters/trainers were well-prepared • **Agree** or **Strongly Agree** the training was useful	HTYPE ToT

Human Trafficking School Safety Protocol

Data Element	Operational Guidance	Response Options	Workbook Tab
Grant Recipient	Record name of the organization submitting the grant report.	(text)	HTYPE HTSSP
Reporting Period Start Date	Record month, day, and year of the first day in the reporting period.	mm/dd/yyyy	HTYPE HTSSP
Reporting Period End Date	Record month, day, and year of the last day in the reporting period.	mm/dd/yyyy	HTYPE HTSSP
Report Type	Select type of report based upon frequency of submission.	• Quarterly • Annual	HTYPE HTSSP
Schools Implementing a HTSSP	Record the number of schools implementing a human trafficking school safety protocol.	Number	HTYPE HTSSP
Students Identified as Potential Victims of Human Trafficking	Record the number of students identified as potential victims of human trafficking in accordance with the HTSSP.	Number	HTYPE HTSSP
Potential Human Trafficking Cases Reported to Child Welfare	Record the number of potential human trafficking cases reported to child welfare in accordance with the HTSSP.	Number	HTYPE HTSSP
Potential Human Trafficking Cases Reported to Law Enforcement	Record the number of potential human trafficking cases reported to law enforcement in accordance with the HTSSP.	Number	HTYPE HTSSP
Students Referred to Community Resource and Service Providers Due to Potential Human Trafficking Concerns	Record the number of students referred to community resources and service providers due to concerns related to potential human trafficking in accordance with the HTSSP.	Number	HTYPE HTSSP

Grant Recipient Name: Select Grant Recipient Name
Grant Number: Pending Grant Recipient Name Selection, Will Automatically Update
Report Type: Annual
Report Period: FY (10/1/2022 - 9/30/2023)

OMB Control Number: 0970-0490
Expiration Date: 01/31/2023

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering data on your grant program to understand the extent to which you meet required program activities, the design and effectiveness of the program, and to inform technical assistance needs. Public reporting burden for this collection of information is estimated to average 6 hours per grant recipient, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to retain a benefit (Pub. L. 115–425). 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 Vera Soto, ACF Office on Trafficking in Persons, by email at Vera.Soto@acf.hhs.gov.

HTYPE Participation Summary	*FY (10/1/2022 - 9/30/2023)*
Number of Schools Implementing HTYPE for Educators, Other Staff	0
Number of Educators, Other Staff (Including Caregivers) Trained to Recognize, Respond to Human Trafficking	0
Number of Schools Implementing HTYPE for Elementary Students	0
Number of Elementary Students Who Completed HTYPE Curriculum	0
Number of Schools Implementing HTYPE for Students (Middle +)	0
Number of Students Who Completed HTYPE Curriculum (Middle +)	0
Number of trainers trained to implement HTYPE for Educators, Other Staff	0
Number of trainers trained to implement HTYPE for Students	0
Number of individuals capable of training new trainers to provide HTYPE to Educators, Other Staff, and Students	0
Number of schools implementing the HTSSP	0
Number of students identified as potential victims of human trafficking	0
Number of potential human trafficking cases reported to **child welfare**	0
Number of potential human trafficking cases reported to **law enforcement**	0
Number of students **referred to community resource or service providers** due to potential human trafficking concerns	0

**Do not edit, table will automatically update*

Grant Recipient Name: Select Grant Recipient Name
Grant Number: *Pending Grant Recipient Name Selection, Will Automatically Update*
Report Type: Quarterly
Report Period: Q1 (10/1/2022 - 12/31/2022)

OMB Control Number: 0970-0490
Expiration Date: 01/31/2023

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Please reference the **HTYPE for Educators Pre- and Post-Implementation Survey** and pages 5-7 of the Grant Recipient **Reporting Reference Guide** to populate this table.

HTYPE for Educators and Other Staff Reporting

		Q1	Q2	Q3	Q4
		number	*number*	*number*	*number*
Implementation Summary	Number of Schools Implementing HTYPE for Educators, Other Staff				
	Number of Educators, Other Staff (Incl. Caregivers) Trained to Recognize, Respond to HT				

Pre-Survey

		percent *N-value*	*percent* *N-value*	*percent* *N-value*	*percent* *N-value*
Educators, Other Staff Who Report:	A high level of interest **(Very Interested)** in learning more about human trafficking				
Educators, Other Staff Who Report:	**Agree or Strongly Agree that they are** comfortable talking with students about human trafficking				
	Agree or **Strongly Agree** they have a role to play in helping students who may be at risk or experiencing human trafficking				

Post-Survey

		percent *N-value*	*percent* *N-value*	*percent* *N-value*	*percent* *N-value*
Educators, Other Staff Who Report:	**Agree or Strongly Agree** that they **are** comfortable talking with students about human trafficking				
	Agree or **Strongly Agree** they have a role to play in helping students who may be at risk or experiencing human trafficking				
	A high level of confidence **(Agree or Strongly Agree)** in being able to implement aspects of the Human Trafficking School Safety Protocol (HTSSP) that are relevant and appropriate for their professional role				
Educators, Other Staff Who Agree or Strongly Agree The Program Taught Them Something Useful To:	Identify students who may be at risk or experiencing trafficking **(Agree or Strongly Agree)**				
	Provide assistance to students identified as victims or at risk for trafficking **(Agree or Strongly Agree)**				
	Understand their obligations and responsibilities for reporting potential cases of trafficking **(Agree or Strongly Agree)**				

ACF OTIP

Grant Recipient Name: Select Grant Recipient Name
Grant Number: *Pending Grant Recipient Name Selection, Will Automatically Update*
Report Type: Quarterly
Report Period: Q1 (10/1/2022 - 12/31/2022)

OMB Control Number: 0970-0490
Expiration Date: 01/31/2023

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Schools, Local Educational Agencies (LEAs) Implementing HTYPE for Educators, Other Staff

School/LEA Name	City	State

Grant Recipient Name: Select Grant Recipient Name
Grant Number: *Pending Grant Recipient Name Selection, Will Automatically Update*
Report Type: Quarterly
Report Period: Q1 (10/1/2022 - 12/31/2022)

OMB Control Number: 0970-0490
Expiration Date: 01/31/2023

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Please reference the **HTYPE for Elementary Students Pre- and Post-Implementation Survey** and **pages 9-11** of the Grant Recipient **Reporting Reference Guide** to populate this table.

HTYPE for Elementary Students

		Q1	Q2	Q3	Q4
		number	*number*	*number*	*number*
Implementation Summary	Number of Schools Implementing HTYPE for **Elementary** Students				
	Number of **Elementary** Students Who Completed HTYPE Curriculum				

Pre-Survey Results

		percent	*percent*	*percent*	*percent*
		N-value	*N-value*	*N-value*	*N-value*
Percentage of Elementary Students Who:	Can identify **at least one trusted adult** they can talk to if they think someone is being hurt or doing something that is not safe **(Yes)**				
	Can identify **at least one hotline** they can call or text to if someone they know is being forced to do something they do not want to do **(Yes)**				
	Agree or **Strongly Agree** that they would ask a **trusted adult** for help if they were afraid someone might hurt them				
	Agree or **Strongly Agree** that they would **call or text a hotline** for help if they were afraid someone might hurt them				
	Agree or **Strongly Agree** that they would ask a **friend** for help if they were afraid someone might hurt them				

Post-Survey Results

		percent	*percent*	*percent*	*percent*
		N-value	*N-value*	*N-value*	*N-value*
Percentage of Elementary Students Who:	Can identify **at least one trusted adult** they can talk to if they think someone is being hurt or doing something that is not safe				
	Can identify **at least one hotline** they can call or text if someone they know is being forced to do something they do not want to do				
	Agree or **Strongly Agree** that they would ask a **trusted adult** for help if they were afraid someone might hurt them				
	Agree or **Strongly Agree** that they would **call or text a hotline** for help if they were afraid someone might hurt them				
	Agree or **Strongly Agree** that they would ask a **friend** for help if they were afraid someone might hurt them				
	Can provide at least one example of what they learned				
	Agree that the program taught them something they can do to stay safe				

Grant Recipient Name: Select Grant Recipient Name
Grant Number: Pending Grant Recipient Name Selection, Will Automatically Update
Report Type: Quarterly
Report Period: Q1 (10/1/2022 - 12/31/2022)

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Please reference the **HTYPE for Middle+ Students Pre- and Post-Implementation Survey** and **pages 8-11** of the Grant Recipient **Reporting Reference Guide** to populate this table.

HTYPE for Students (Middle School Students and Above)

		Q1	Q2	Q3	Q4
		number	*number*	*number*	*number*
Implementation Summary	Number of Schools Implementing HTYPE for Middle+ Students				
	Number of Middle+ Students Who Completed HTYPE Curriculum				

Pre-Survey Results

		percent	*percent*	*percent*	*percent*
		N-value	*N-value*	*N-value*	*N-value*
Percentage of Students (Middle +) Who:	Correctly identified that people can be exploited for labor or commercial sex **in any city or town, including where they live (True)**				
	Correctly identified that **men and boys** can be exploited for labor or commercial sex				
	Can identify **at least one trusted adult** they can talk to if they think someone is being trafficked for labor or sex				
	Can identify **at least one hotline** they can contact if they think someone is being trafficked for labor or sex				
	Agree or **Strongly Agree** that they would ask a **trusted adult** for help if they were being trafficked for labor or sex				
	Agree or **Strongly Agree** that they would **contact a hotline** for help if they were being trafficked for labor or sex				
	Agree or **Strongly Agree** that they would ask a **friend** for help if they were being trafficked for labor or sex				

Post-Survey Results

		percent	*percent*	*percent*	*percent*
		N-value	*N-value*	*N-value*	*N-value*
Percentage of Students (Middle +) Who:	Correctly identified that people can be exploited for labor or commercial sex **in any city or town, including where they live**				
	Correctly identified that **men and boys** can be exploited for labor or commercial sex				
	Can identify **at least one trusted adult** they can talk to if they think someone is being trafficked for labor or sex				
	Can identify **at least one hotline** they can contact if they think someone is being trafficked for labor or sex				
	Agree or **Strongly Agree** that they would ask a **trusted adult** for help if they were being trafficked for labor or sex				
	Agree or **Strongly Agree** that they would **contact a hotline** for help if they were being trafficked for labor or sex				
	Agree or **Strongly Agree** that they would ask a **friend** for help if they were being trafficked for labor or sex				
	Agree or **Strongly Agree** that they learned something they can do to help them be safe				
	Can share one example of how they can use what they learned in their everyday life				

Grant Recipient Name: Select Grant Recipient Name
Grant Number: Pending Grant Recipient Name Selection, Will Automatically Update
Report Type: Quarterly
Report Period: Q1 (10/1/2022 - 12/31/2022)

OMB Control Number: 0970-0490
Expiration Date: 01/31/2023

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Please reference the **HTYPE for Training of Trainers (ToT) Post-Implementation Survey** and **pages 12-13** of the **Grant Recipient Reporting Reference Guide** to populate this table.

HTYPE for Training of Trainers (ToT)

		Q1	Q2	Q3	Q4
		number	*number*	*number*	*number*
Implementation Summary	Number of trainers trained to implement HTYPE for Educators, Other Staff				
	Number of trainers trained to implement HTYPE for Students				
	Number of individuals capable of training new trainers to provide HTYPE to Educators, Other Staff, and Students				

Post-Survey Results (ToT: Educators, Other Staff)

		percent	*percent*	*percent*	*percent*
		N-value	*N-value*	*N-value*	*N-value*
Trainers Who Report:	**Very Confident** or **Moderately Confident** that they have the skills needed to train [Educators, Other Staff] on the HTYPE curriculum				
	Very Satisfied or **Moderately Satisfied** with the information gained from this training				
	Strongly Agree or **Agree** that the training was well-organized				
	Strongly Agree or **Agree** that the presenters/trainers were well prepared				
	Strongly Agree or **Agree** that the materials were useful				

Post-Survey Results (ToT: Students)

		percent	*percent*	*percent*	*percent*
		N-value	*N-value*	*N-value*	*N-value*
Trainers Who Report:	**Very Confident** or **Moderately Confident** that they have the skills needed to train [Students] on the HTYPE curriculum				
	Very Satisfied or **Moderately Satisfied** with the information gained from this training				
	Strongly Agree or **Agree** that the training was well-organized				
	Strongly Agree or **Agree** that the presenters/trainers were well prepared				
	Strongly Agree or **Agree** that the materials were useful				

Grant Recipient Name: Select Grant Recipient Name
Grant Number: Pending Grant Recipient Name Selection, Will Automatically Update
Report Type: Quarterly
Report Period: Q1 (10/1/2022 - 12/31/2022)

OMB Control Number: 0970-0490
Expiration Date: 01/31/2023
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Please reference **pages 14-19** of the **Grant Recipient Reporting Reference Guide** to populate this table.

Human Trafficking School Safety Protocol (HTSSP)

		Q1	Q2	Q3	Q4
		number	*number*	*number*	*number*
Implementation Summary	Number of schools implementing the HTSSP				
	Number of students identified as potential victims of human trafficking				
	Number of potential human trafficking cases reported to **child welfare**				
	Number of potential human trafficking cases reported to **law enforcement**				
	Number of students referred to **community resource or service providers** due to potential trafficking				