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**OFFICE OF REFUGEE RESETTLEMENT**  
**UNACCOMPANIED CHILDREN PROGRAMS**

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**REMOTE MONITORING SITE VISIT GUIDE**

To be completed by the Program Director and returned to the UAC Monitor.

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supporting documents related to the overall functioning and oversight of the care provider program as part of the pre-monitoring process for biennial site visits. Public reporting burden for this collection of information is estimated to average 12 hours per response (plus an additional 28 hours if the site visit is performed by a contractor monitor), 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).

## **PROGRAM MANAGEMENT**

1. Describe any issues, if any, with ORR/UCP headquarters and Field staff, GDIT Case Coordinators, DHS, legal service provider and licensing authority.
  2. Describe the community partnerships that have been established by your program and any formal agreements or Memorandums of Understandings with local service providers.
  3. Provide a list of all care provider policies, procedures, pamphlets and UAC documents that have been referred to the assigned ORR Project Officer for clearance? Sexual Abuse Prevention Coordinator for clearance? Date of referral? Status of ORR clearance?
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## **QUALITY ASSURANCE/ INTERNAL MONITORING**

1. Describe how your agency monitors the quality of the program areas listed below. Include how often the program areas are monitored and the actions taken when noncompliance is detected.
    - UAC case files
    - Personnel files
    - Educational services
    - Child health and safety policies
    - Sexual Abuse Prevention
    - Admission and orientation services
    - Safe and timely reunifications
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## **CHILD PROTECTION**

1. Describe and/or attach your agency's staffing plan that addresses the client to staff ratio requirements.
  2. How does the agency respond when a child or staff reports child maltreatment at the facility?
  3. Describe the State's licensing child maltreatment reporting requirements. (Provide state link to licensing requirements.)
  4. Describe the program's policies and procedures to ensure the accurate and timely submission of SIRs.
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## **GENERAL SAFETY AND SECURITY**

1. Describe and/or attach your agency's video monitoring/alarm system policies and procedures, if applicable.
  2. Describe your agency's ability to download video footage permanently, if applicable.
  3. If none of the above is applicable, please provide the State/local link to licensing requirements prohibiting and/or limiting the use of video/alarm system monitoring.
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## **INTAKE AND ORIENTATION SERVICES**

1. Provide an English version of all care provider documents in the UAC orientation packet - to include any documents that are provided to the UAC for signature.
2. Describe and/or attach your program's Behavior Management plan.

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### **CASE MANAGEMENT/RELEASE AND REUNIFICATION**

1. Describe your agency's release and family reunification procedures. How are UAC exited from the program and in the UAC Portal?
  2. Describe your agency's procedures to meet ORR discharge expectations.
  3. Describe your virtual platforms capability (i.e. WebEx, Microsoft Teams, WhatsApp, etc.) to conduct various activities (i.e. UAC calls with family/sponsor, staff meetings with UAC, UAC case staffing, LSP/child advocate meetings, etc.)
  4. Specify the current case manager to UAC ratio, as well as the number of hired case managers and the number of vacancies in the department.
  5. Provide the name of the lead case manager or person responsible for release and reunification services.
  6. Where are the open and closed files kept? Who has access to them?
  7. Who is responsible for maintaining case files?
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### **BACKGROUND CHECKS - STAFF, VOLUNTEERS, AND CONTRACTORS**

1. Provide detailed summary explaining background checks that are completed on staff prior to hire and volunteers/contractors prior to direct access to UAC.
2. Provide detailed summary explaining background reinvestigation checks that are completed after initial background check clearance for staff, volunteers and contractors. How often?
3. Provide detailed explanation of the documentation in the HR file confirming that the FBI fingerprint check/results and the child abuse/neglect check have been completed for all staff and required volunteers and contractors.
4. Explain how care provider determines if subject has resided in another state during five year period prior to hire or start date.
5. Provide detailed summary explaining your state licensing requirements for FBI Fingerprint Checks and Child Abuse/Neglect Checks. Please provide a link to state licensing requirements and attach your agency requirements (policy/procedure) to the Site Visit Guide.
6. Provide a password protected document of **all** current staff hired within the last two calendar years and include the following information:
  - a. Staff member's name,
  - b. Position,
  - c. Start date,
  - d. Date passed/cleared FBI fingerprint check,
  - e. Date passed/cleared CA/N check
    - (1) Resident of state for last five years (yes or no?)
    - (2) If resided in other state(s) over the past five years - date passed/cleared CA/N for that/those states.
  - f. All background investigation updates, if applicable
  - g. Provide an explanation if there are any issues with any checks, e.g. not 'pass' prior to hire/start date.

7. Provide a password protected document of **all** current volunteers/contractors with direct access to UAC and include the following information:
    - a. Volunteer/Contractor's name,
    - b. Role,
    - c. Start date (direct access to UAC),
    - d. Date passed/cleared FBI fingerprint check,
    - e. Date passed/cleared CA/N check
      - (1) Resident of state for last five years (yes or no?)
      - (2) If resided in other state(s) over the past five years - date passed/cleared CA/N for that/those states.
    - f. All background investigation updates, if applicable
    - g. Provide an explanation if there are any issues with any checks, e.g. not 'pass' prior to hire/start date.
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### **HEALTH SERVICES**

1. Who is responsible for entering timely and accurate medical data into UAC Portal Health Tab?
  2. Who is responsible for preparing and tracking TARs?
  3. Describe your procedures when a UAC is diagnosed with a communicable Disease (i.e. Tuberculosis, COVID-19, etc.)?
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### **MENTAL HEALTH SERVICES**

1. Provide the name of the person responsible for Mental Health Services at the facility.
  2. Describe your facility's process for referring children to an outside provider (including timeframes) when an acute mental health problem/emergency has been identified.
  3. Provide the name and location of your Mental Health Provider, including psychiatrist, if applicable.
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### **EDUCATIONAL SERVICES**

1. Describe your educational assessment process. (Attach assessment tools)
  2. Are any of your teachers certified? Explain.
  3. How often do you issue educational reports to the UAC during care?
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### **STAKEHOLDERS**

1. Please provide the name, email, and phone number(s) for the Case Coordinator(s) assigned to your program.

2. Please provide the name, email, and phone number(s) for the legal service provider assigned to your program.
  3. Describe the schedule of frequency that Case Coordinators and the legal service provider are visiting the program on-site and/or remotely.
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### **OTHER SERVICES**

1. Describe how you incorporate the concerns of UAC into daily program activities. Describe your UAC meetings.
  2. Describe your transportation procedures and include the name of person responsible.
  3. How do you determine if a UAC is a run-risk? Describe your interventions if UAC is determined to be a run-risk.
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### **ADMINISTRATION**

1. Provide the contact information of your state licensing representative. (Provide link to your state licensing requirements.)
  2. Provide the contact information for the state CPS representative
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### **PERSONNEL ONBOARDING & TRAINING**

1. Where are your personnel files kept?
  2. Provide the contact information for your Human Resource (HR) and training department personnel.
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### **FINANCE**

1. Does the program have sufficient staff budgeted to meet ORR requirements related to UAC and staff ratios?
  2. Is your available budget sufficient to meet all ORR and state licensing requirements?
  3. Describe additional funding required to accomplish long-term physical plant, activity or staffing objectives?
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### **PROBLEMS ENCOUNTERED OR ANY CONCERNS ABOUT THE PROGRAM**

1. Describe problems and/or concerns your program has encountered, if applicable.
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To expedite the monitoring process, please email the completed *Monitoring Site Visit Guide* as well as copies of the following materials to **(email of assigned ORR monitor)**

1. Map of the facility;
2. Emergency and evacuation Plans;
3. Quality assurance procedures and internal monitoring resources;
4. Internal procedures: code of conduct, grievances, and conflict of interest;

5. Recent organizational chart of facility staff and **full** staff list with staff date of hire and job title;
6. Education curriculum and weekly class schedule;
7. Food services/menus, and applicable employee food safety certification;
8. Current State License;
9. State licensing inspection, CPS complaints/reports; any other citation from a state or local licensing agency or other accrediting agency (last 2 years); and any citation for health, safety or environment code violations (last 2 years);
10. Two recent vehicle inspections;
11. List of UACs that are represented by attorneys (i.e. that have a G-28 on file), if applicable;
12. List trainings all personnel receives annually (specify state mandated trainings) and, if applicable, explain/specify how these trainings correspond with ORR required trainings;
13. Health/Sanitation Inspection reports and Fire and Safety Code permits/reports; and
14. Mosquito Control Inspection (most recent inspection)