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

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# **LTFC 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 6 hours per response (plus an additional 21 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
    - Foster parent files
    - Educational services
    - Individual living skills services
    - Recreational 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 for reporting requirements.)
  4. Describe the program's policies and procedures to ensure the accurate and timely submission of SIRs.
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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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## **FACILITY, FOSTER HOMES, AND FOOD SERVICES**

1. Describe the facility space and neighborhood. How many rooms are in the facility and how are they utilized?

2. Provide the number of licensed long-term foster care households.
  3. How often are foster homes recertified?
  4. Are there any long-term foster homes currently going through the licensing process?
  5. Describe or attach your ongoing recruitment and retention of quality foster parents plan.
  6. How do you assign UAC to a foster home?
  7. Prior to a UAC's placement in a foster home, what kind of pre-placement contact or orientation is provided to the foster parents and/or the UAC?
  8. What information is shared with the foster parents before a child is placed in the home?
  9. Once the UAC is in care, how do foster parents collaborate with the program's foster care team to meet the individual needs of UAC? Who are a part of the foster care team?
  10. Does your state mandate a stipend/allowance to children placed in foster care? If so, how much?
  11. Provide the name of the person responsible for the delivery, coordination, or oversight of food services/meal plans.
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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. 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.
  4. Describe your agency's procedures for post-18 planning.
  5. Provide the name of the lead case manager or person responsible for release and reunification services.
  6. Where are 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, FOSTER PARENTS, 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 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 (link to state licensing requirements) and your agency requirements (attach policy/procedure).
6. Provide a password protected document of **all** current LTFC staff 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 check 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 check 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?
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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. Describe how you work with the local education system.
  3. How often do schools issue educational reports to the UAC in 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 program activities. Describe your UAC meetings.
  2. Describe how you accommodate UAC in making PREA related reports by phone.
  3. Describe or attach your travel and overnight policy.
  4. Describe or attach your ground rules on the safe use of social media and electronic devices for UAC in LTFC, if applicable.
  5. Describe or attach your case manager home visit protocols.
  6. Describe your transportation procedures and include the name of person responsible.
  7. How do you determine if a UAC is a run-risk? Describe your interventions if UAC is determined to be a run-risk.
  8. How do you train staff/foster parents on the appropriate runaway assessment procedures? What services are provided when a child is deemed a runaway risk?
  9. Describe how your P&P are responsive to UAC with trafficking concerns.
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**ADMINISTRATION**

1. Provide the contact information of your state licensing representative. (Provide the link to your state licensing requirements.)
2. Provide the contact information for the state CPS representative.
3. What are the state licensing requirements for conducting personnel medical examination? Is it required to conduct a tuberculosis test?

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## **PERSONNEL ONBOARDING & TRAINING**

1. Where are your personnel files kept? How much notice is needed if UAC Monitors would like to review personnel files while on-site?
  2. Provide the contact information for your Human Resource (HR) and training departments.
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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 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 for the facility agency and foster homes;
3. Quality assurance procedures and internal monitoring of foster family homes and resources;
4. Internal procedures: code of conduct, grievances, confidentiality and conflict of interest;
5. Recent organizational chart of program staff and a **full** staff list with staff date of hire and job title;
6. Current state license;
7. State licensing inspection, CPS complaints/reports; any citation from a state or local licensing agency; or other accrediting agency (last 2 years);
8. Recent vehicle inspections (if applicable);
9. List of UAC that are represented by attorneys (i.e. that have a G-28 on file), if applicable;
10. List trainings all personnel and/or foster parents receive annually (specify state mandated trainings) and, if applicable, explain/specify how these trainings correspond with ORR required trainings;
11. List of current foster parents, addresses of foster homes, capacity of each foster home, languages spoken by foster parents, and list of UAC placed in each foster home.
12. List of established/commonly used community partnerships and services;
13. Sample foster parent/agency agreement and any policies and procedures provided to foster parents;

14. Respite and retention procedure of foster homes and policy on screening additional household members
15. Independent living/Transitional care curriculum and/or tools/resources;
16. Cost of Care (foster parent stipend) and additional included expenses
17. Safety checklist used for foster homes;
18. UAC and foster parent orientation manuals;
19. Written policies and procedures as they pertain to the following areas: placement matching, program and case management, family reunification, child and staff safety while in the community, recreational activities, religious access, visitation, counseling - individual and group, disciplinary regulations, access and representation from legal counsel, medical and dental screening/treatment, minors' cash and belongings procedures, independent living /transitional care services, program evaluation and community support.