**Monitoring Checklist – Facility Walkthrough**

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|  | **Compliant?** |  | **Compliant?** |
| 1. **General Safety and Security**
 | **Y** | **N** | **n/a** |  | **Y** | **N** | **n/a** |
| Controlled entry/exit of premises  |  |  |  | Knives/sharp objects inaccessible to UAC  |  |  |  |
| Prohibited from allowing entry of any individual (except UAC in the process of admission) who meet any COVID-19 criteria |  |  |  |  Cleaning chemicals maintained in a locked area |  |  |  |
| Alarms system for all areas of the residential structure  |  |  |  | Medical supplies/prescriptions inaccessible to UAC  |  |  |  |
| Video monitoring in common and living areas and classrooms  |  |  |  | Other unsafe areas inaccessible to UAC |  |  |  |
| Video monitoring for exterior of building & surrounding premises  |  |  |  | Vehicle(s) inspection stickers up-to-date |  |  |  |
| Ability to download video footage permanently |  |  |  | Vehicle(s) appear to be in good repair (including fire extinguisher and first aid kit) |  |  |  |
| System for tracking and regulating UAC movement |  |  |  | Vehicle (s) contain working seat belts |  |  |  |
| Meeting UAC to floor staff ratios/appropriate supervision  |  |  |  | Evacuation procedures posted prominently on each floor and at eye level for children and youth |  |  |  |
| “Mirrored windows”/window in offices where staff meet with child 1:1 |  |  |  | Fire extinguishers and smoke detectors in good working order and inspected (as required) |  |  |  |
| Infants/Toddlers – age appropriate furniture (e.g. cribs/bedding, high chairs, toys, outlet covers) |  |  |  |  |  |  |  |
| Play equipment safe and in good repair |  |  |  |  |  |  |  |

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|  | **Compliant?** |  | **Compliant?** |
| 1. **Confidentiality**
 | **Y** | **N** | **n/a** |  | **Y** | **N** | **n/a** |
| Case files in secure location (open and closed)  |  |  |  | Case files being maintained indefinitely by program  |  |  |  |
| Only individuals with a need to know basis have access to the case files  |  |  |  | Case files safe from physical damage |  |  |  |
| Private place for UAC to make phone calls (including pre-programmed phones) |  |  |  | Pre-programmed telephones (Required: UAC SA Hotline, CPS, Local Community Service Provider; Highly recommended: Top 3 consulates and LSP)  |  |  |  |

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|  | **Compliant?** |  | **Compliant?** |
| 1. **General Residential Structure - Indoors**
 | **Y** | **N** | **n/a** |  | **Y** | **N** | **n/a** |
| Clean |  |  |  | Desk and chair in room |  |  |  |
| Child-friendly (e.g. no safety/trip hazards) |  |  |  | Identified UAC Medical Quarantine/Isolation Space |  |  |  |
| Furniture and building are properly maintained |  |  |  | **Kitchen** |  |  |  |
| Well-ventilated  |  |  |  | UAC dietary restrictions posted/accessible |  |  |  |
| Adequately heated/cooled |  |  |  | Food stored in a sanitary manner |  |  |  |
| **Bedrooms** |  |  |  | **Bathrooms** |  |  |  |
|  Natural light/Dark at night |  |  |  | Soap |  |  |  |
| Private place to store personal items/clothing |  |  |  | Toilet paper |  |  |  |
| Provision of appropriate linens |  |  |  |  Working toilets |  |  |  |
| Adequately accommodate all UAC (per State Licensing) |  |  |  |  Hot/cold water |  |  |  |
| Separated by gender (per licensing) |  |  |  | Separated by gender |  |  |  |
| Adequately accommodate all youth (e.g. individual bed with mattress for each youth) |  |  |  | Appropriate privacy |  |  |  |
| Provision of appropriate bed linens |  |  |  | Hygiene/grooming items |  |  |  |
|  |  |  |  | Towels |  |  |  |

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|  | **Compliant?** |  | **Compliant?** |
| 1. **General Residential Structure – (Mosquito Control Checklist)**
 | **Y** | **N** | **n/a** |  | **Y** | **N** | **n/a** |
| Window/Door Screens are intact or Air Conditioning  |  |  |  | Drainage sites are clear |  |  |  |
| Garbage storage areas properly maintained |  |  |  | Irrigation/sprinkler systems free of leaks |  |  |  |
| Lawn and landscaping are properly maintained |  |  |  | Stagnant water sites drained |  |  |  |
| Recreational areas properly maintained |  |  |  | Parking areas/driveways are properly maintained |  |  |  |
| Outdoor containers properly maintained |  |  |  |  |  |  |  |

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|  | **Compliant?** |  | **Compliant?** |
| 1. **Documents that should be posted/accessible to youth (Spanish and English)**
 | **Y** | **N** | **n/a** |  | **Y** | **N** | **n/a** |
| Posters with phone numbers for UAC to report sexual abuse/harassment |  |  |  | Care Provider AND ORR Pamphlets on sexual abuse/harassment |  |  |  |
| Notice to Pregnant Females (Garza vs. Azar) next to posters  |  |  |  | Booklets on “A Woman’s Right to Know” in areas where reading materials and pamphlets are available |  |  |  |
| Notice to Pregnant Females (support for pregnancy) next to posters |  |  |  | Extra copies of UAC grievance forms |  |  |  |
| Grievance Procedures (in common areas) |  |  |  | Program Rules |  |  |  |
| Saravia Notice (English and Spanish posted next to Garza and Sexual Abuse/Harassment notices) – posting currently applicable to Secure, Staff Secure and RTC – effective 10/22/2020 |  |  |  |  |  |  |  |

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|  | **Compliant?** |  | **Compliant?** |
| 1. **Other**
 | **Y** | **N** | **n/a** |  | **Y** | **N** | **n/a** |
| UAC provided appropriate clothing/footwear |  |  |  | Sufficient supply of Mosquito Repellant |  |  |  |
| UAC/Staff provided/wearing face masks and/or offered face masks, as applicable |  |  |  | UAC personal property/valuables kept by program maintained in a secure location |  |  |  |
| Sufficient supply of Mosquito Repellant |  |  |  | Emergency Evacuations Notification List (must be posted in office area and includes: ORR contacts, DHS contact, and local law enforcement) |  |  |  |
| Car Seats (if transporting young children) |  |  |  | Special needs vehicle (if applicable) |  |  |  |
| Sufficient supply of Face Mask / Hand Sanitizers / Gloves |  |  |  |  |  |  |  |
| No Touch Thermometers available |  |  |  |  |  |  |  |

**Walkthrough NOTES**

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| 1. **General Safety and Security**
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| 1. **Confidentiality**
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| 1. **General Residential Structure**
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| 1. **Documents that should be posted**
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| 1. **Other**
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**On-Site Monitoring Checklist - Other**

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|  | **Observed?** |  | **Observed?** |
| **Services to Potentially Observe** | **Y** | **N** | **n/a** |  | **Y** | **N** | **n/a** |
| Education |  |  |  | Group counseling/community meeting  |  |  |  |
| Recreation – large muscle, outdoors |  |  |  | Chores |  |  |  |
| Meals |  |  |  | Vocational (if applicable) |  |  |  |
|   | **Reviewed?** |  | **Reviewed?** |
| **Logs/Schedules to Potentially Review** | **Y** | **N** | **n/a** |  | **Y** | **N** | **n/a** |
| Fire Drills Logs |  |  |  | Group Counseling Curriculum |  |  |  |
| Daily (Shift) logs |  |  |  | Chore assignments |  |  |  |
| System for inspecting vehicles |  |  |  | Visitor Logs |  |  |  |
| Prescription/Non-prescription medication logs |  |  |  | Vocational curriculum (if applicable) |  |  |  |
| Spot Inspections and Quarterly Safety Assessments |  |  |  | Case File Review (Quarterly) |  |  |  |
| Facility inspection checklist (safety check) |  |  |  | Care Provider Policies for UAC to Request Emergency and Non-Emergency Health Care Services |  |  |  |
| Grievance binder |  |  |  | UAC Temperature Tracker |  |  |  |
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**Other NOTES**

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| **Services to Observe** |
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| **Logs to Review** |
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