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

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**UNLICENSED FACILITY (UF) QUARTERLY  
HEALTH AND SAFETY  
SITE VISIT GUIDE**

purpose of this information collection is to allow ORR contractor monitors to collect information and supporting documents related to the overall functioning and oversight of the care provider program as part of the pre-monitoring process for unlicensed facility quarterly site visits. Public reporting burden for this collection of information is estimated to average 1 hour per response for the care provider and 29 hours per response for the 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 [UCPolicy@acf.hhs.gov](mailto:UCPolicy@acf.hhs.gov).

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

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## **PROGRAM MANAGEMENT**

1. Describe any issues, if any, with ORR/UACP 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 UC 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.
    - UC case files
    - Personnel files
    - EdUACational 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. Describe the procedures when a child or staff reports child abuse or maltreatment at the facility?
  3. Describe the State's licensing child maltreatment reporting requirements. (Provide state link to licensing requirements and mandatory reporting laws/rules. Also, include who classifies as a mandatory reporter in your state.)
  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 UC orientation packet - to include any documents that are provided to the UC 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 UC exited from the program and in the UC Portal?
  2. Describe your agency's procedures to meet ORR discharge expectations.
  3. Specify the current case manager to UC ratio, as well as the number of hired case managers and the number of vacancies in the department.
  4. Provide the name of the lead case manager or person responsible for release and reunification services.
  5. Where are the open and closed files kept? Who has access to them?
  6. 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 foster parents/volunteers/contractors prior to direct access to UC.
2. Provide detailed summary explaining background reinvestigation checks that are completed after initial background check clearance for staff, foster parents, 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 foster parents, 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 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 foster parents/volunteers/contractors with direct access to UC and include the following information:
  - a. Foster Parent/Volunteer/Contractor's name,
  - b. Role,

- c. Start date (direct access to UC),
  - 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 UC Portal Health Tab?
  2. Who is responsible for preparing and tracking TARs?
  3. Describe your procedures when a UC 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 UC 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 on-site. Will they be on-site during the ORR monitoring visit?

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### **OTHER SERVICES**

1. Describe how you incorporate the concerns of UC into daily program activities. Describe your UC meetings.
  2. Describe your transportation procedures and include the name of person responsible.
  3. How do you determine if a UC is a run-risk? Describe your interventions if UC 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? How much notice is needed if UC 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 UC 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 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 UCs 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; and
13. Health/Sanitation Inspection reports and Fire and Safety Code permits/reports