**OFFICE OF REFUGEE RESETTLEMENT**

**Unaccompanied CHILDREN PROGRAMS**

FOSTER CARE Site VISIT GUIDE

.

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

**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 community partnerships that have been established by the program; and any formal agreements or Memorandums of Understandings with local service providers.
3. Describe internal policies and procedures related to referral and placement, including reasons the program may deny a referral.
4. 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?

**QUALITY ASSURANCE/ INTERNAL MONITORING**

1. Describe how the 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
* 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

**CHILD PROTECTION**

1. Describe and/or attach the 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 child maltreatment reporting requirements. (Provide a link to the state’s 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.

**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 the program’s Behavior Management plan.

**FACILITY AND FOOD SERVICES**

1. Describe the facility space and neighborhood. How many rooms are in the facility and how are they utilized? Include description of all spaces used for the UC program, as applicable, including:
   1. Offices
   2. Classrooms
   3. Clinical rooms
   4. Group Home
2. If applicable, provide the name of the person responsible for the delivery, coordination, or oversight of food services/meal plans.

**FOSTER HOMES**

1. Provide the number of licensed foster homes.
2. How often are foster homes recertified?
3. Are there any foster homes currently going through the licensing process?
4. Describe or attach the agency’s plan for ongoing recruitment and retention of quality foster parents.
5. How does the agencyselect UC foster home placement?
6. Prior to a UC’s placement in a foster home, what kind of pre-placement contact and/or orientation is provided to the foster parents and/or the UC?
7. What information is shared with the foster parents before a child is placed in the home?
8. Once the UC is in care, how do foster parents collaborate with the program’s foster care team to meet the individual needs of UC? What staff members are part of the foster care team?
9. Is there a state mandated stipend/allowance to children placed in foster care? If so, how much?

**CASE MANAGEMENT/RELEASE AND REUNIFICATION**

1. Describe the agency’s release and family reunification procedures. How are UC exited from the program and in the UC Portal?
2. Describe the 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. Describe the agency's procedures for post-18 planning. Please share any local youth shelters, homeless shelters, or other licensed facilities the agency works with for youth at risk of aging out of ORR care. Please attach any resources provided to youth as a part of their post-18 plan.
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?

**BACKGROUND CHECKS - STAFF, FOSTER PARENTS, VOLUNTEERS AND CONTRACTORS**

1. Provide a detailed summary explaining which background checks are completed for staff prior to hire; and foster parents/volunteers/contractors prior to direct access to UC.
2. Provide a detailed summary explaining the background reinvestigation checks that are completed after initial background check clearance for staff, foster parents, volunteers, and contractors. How often are reinvestigation checks completed?
3. Provide a detailed summary explaining the state licensing requirements for Federal Bureau of Investigation (FBI) fingerprint and child abuse/neglect (CA/N)Checks. Please provide a link to state licensing requirements and attach your agency requirements (policy/procedure) to the Site Visit Guide.
4. Provide a detailed explanation of the documentation in the HR file confirming that the FBI fingerprint check/results and the CA/N have been completed for all staff, foster parents, volunteers, and contractors.
5. Describe the process used to determine if subject has resided in another state during five-year period prior to hire or start date.
6. Provide a password protected document of **all** current staff, as well as any staff who has worked on this grant within the last two years, and include the following information:
   * 1. Staff member’s name,
     2. Position,
     3. Start date,
     4. End date, if applicable
     5. Date passed/cleared FBI fingerprint check,
     6. 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.

* + 1. All background investigation updates, if applicable,
    2. Provide an explanation if there are any issues with any checks, e.g., not ‘pass’ prior to hire/start date.

1. Provide a password protected document of **all** current foster parents/volunteers/contractors, as well as anyone who has supported this grant within the last two years, and include the following information:
   1. Foster parent/Volunteer/Contractor’s name,
   2. Position,
   3. Start date
   4. End date, if applicable
   5. Confirmation if individual has direct access to UC
   6. Date passed/cleared FBI fingerprint check,
   7. 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

* 1. All background investigation updates, if applicable,
  2. Provide an explanation if there are any issues with any checks, e.g. not ‘pass’ prior to hire/start date.

**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 the procedures when a UC is diagnosed with a communicable disease (i.e., Tuberculosis, COVID-19, etc.)?

**MENTAL HEALTH SERVICES**

1. Provide the name of the person responsible for Mental Health Services at the facility.
2. Describe the 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.

**EDUCATIONAL SERVICES**

1. Describe the educational assessment process. (Attach assessment tools)
2. Describe how the agency works with the local education system, if applicable.
3. How often do schools issue educational reports to the UC in care?

**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?

**OTHER SERVICES**

1. Describe how staff incorporates the concerns of UC into program activities. Describe UC meetings.
2. Describe how staff accommodates UC in making PSA related reports by phone.
3. Describe or attach the agency’s policy for approving travel and overnight stays.
4. Describe or attach the agency’s ground rules on the safe use of social media and electronic devices for UC, if applicable.
5. Describe or attach case manager home visit protocols.
6. Describe transportation procedures and include the name of person responsible.
7. How do staff determine if a UC is a run-risk? Describe interventions if UC is determined to be a run-risk.
8. How aretrain staff/foster parents trained on the appropriate runaway assessment procedures? What services are provided when a child is deemed a runaway risk?
9. Describe how staff and foster parents are responsive to UC with trafficking concerns.

**ADMINISTRATION**

1. Provide the contact information of the state licensing representative.
2. Provide the contact information for the state Child Protective Services (CPS) representative.
3. What are the state licensing requirements for conducting medical examinations for staff? Is it required to conduct a tuberculosis test?

**PERSONNEL ONBOARDING & TRAINING**

1. Where are personnel files kept? How much notice is needed if UC Monitor(s) would like to review personnel files while on-site?
2. Provide the contact information for Human Resource (HR) and training departments.

**FINANCE**

1. Does the program have sufficient staff budgeted to meet ORR requirements related to UC and staff ratios?
2. Is the available budget sufficient to meet all ORR and state licensing requirements?
3. Describe additional funding required to accomplish physical plant or staffing objectives?

**PROBLEMS ENCOUNTERED OR ANY CONCERNS ABOUT THE PROGRAM**

1. Describe problems and/or concerns the program has encountered, if applicable.

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 UC Monitor(s))

1. Map of the facility;
2. Emergency and evacuation plans for the facility agency;
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. Education curriculum and weekly class schedule, for applicable TFCs only;
7. Current state license;
8. State licensing inspection, CPS complaints/reports; any citation from a state or local licensing agency; or other accrediting agency (last 2 years);
9. Recent vehicle inspections (if applicable);
10. List of UC that are represented by attorneys (i.e., that have a G-28 on file), if applicable;
11. 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;
12. List of current foster parents, addresses of foster homes, capacity of each foster home, languages spoken by foster parents, and list of UC placed in each foster home;
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 any additional included expenses;
17. Safety checklist used for foster homes;
18. UC and foster parent orientation manuals (both English and Spanish versions);
19. Written policies and procedures, including but not limited to:
    * UC placement and/or foster home matching,
    * Case management,
    * Child and staff safety (including supervision while in the community),
    * Recreation and Leisure activity,
    * Religious services,
    * Visitation, phone calls, and mail,
    * Clinical services,
    * Behavior management,
    * Legal services,
    * Medical services,
    * Storage of UC’s personal belongings
    * Independent living/transitional care services,
    * Program evaluation

**\*Please Note –** UC Monitor(s) will request foster parent file documentation (i.e., foster home license, emergency evacuation plan, foster home floorplan, CPS/State licensing complaints, investigations, and citations (if applicable), home visit reports/checklists, and annual performance reviews) for foster homes that will be visited. The request will be made after the receipt of Site Visit Guide documentation.