

Unlicensed Facility (UF) Quarterly Health and Safety Visit LTFC Monitoring Trip¹

Grant #:		Capacity	
Program Director		Address	
PO		FFS	
CFS		ORR Medical	
PSA		GDIT CC	

Pre-Monitoring Review

Grant application/cooperative agreements

(See GrantSolutions for Grant Information. See [S:\ Drive](#) or ask PO for Cooperative Agreement)

- o Grant Budget Period and Expiration date:
- o Current Cooperative agreement?

Follow up notes:

Past monitoring trip reports or corrective actions issued by PO/FFS

(See S:\ drive)

- o Dates of past monitoring trips:
- o Findings/Corrective Actions from monitoring trip reports and/or PO/FFS:

Follow up notes:

Past OIG Reports

(See <https://oig.hhs.gov/reports-and-publications/featured-topics/uac/>)

- o Dates of OIG visits:
- o Findings/Corrective Actions from visit:

Follow up notes:

Quarterly/Annual Report

(See GrantSolutions or S:\ drive)

- o Read the last two Quarterly/Annual Reports
- o Recent capacity expansion
- o Recent new employees or equipment
- o Issues identified
- o Stated services provided to UC (e.g. vocational)

Follow up notes:

Current approved Fiscal Year Budget

(See S:\ drive or ask PO)

- o Review budget narrative to get familiar with staff and their proposed roles/responsibilities

¹ Unlicensed Facility Quarterly Health and Safety Visits are performed for long-term group homes. ORR does not operate unlicensed long-term foster care or transitional foster care programs.

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 12 hours per response, 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.

- o Staff ratio in line with positions described in organizational chart?
- o Supplies/equipment approved in the budget that monitor should see during walkthrough?

Follow up notes:

Key Position Approved by PO?

(See S:\ drive)

- o Review the organizational chart/staff list to identify staff in key positions (PD, APD, Lead Clinician, Lead Case Manager, all clinicians, PSA Compliance Manager) at program
- o Check S:\ drive to see if the key positions have been approved by the PO? If not, follow-up with the assigned PO.

Follow up notes:

Care Provider's website (if applicable)

(Use the internet)

- o UC pictures included?
- o UC information (if included) accurate and in-line with public information on ORR's website?

Follow up notes:

Review SIR Report populated in the UC Portal

(Check UC Portal for recent SIRs by changing search dropdown to "Event" and typing in program's name.)

- o Review recent SIRs (e.g. past 6 months):
 - 1) Identify notable SIRs (e.g. abuse allegation on-site, medical emergency, etc.) to follow-up on, as applicable; and
 - 2) Potentially select case file(s) to request from the program based on review.

Follow up notes:

Review of completed Site Visit Guide (SVG)

(Request from care provider)

- o Identify personnel assigned to coordination of services duties such as coordination of UC chores, transportation, education, quality assurance of UC Case files, primary medical provider, etc.
- o Legal Service Provider:
- o Discrepancy between procedures mentioned and ORR P&P:
- o Understanding challenges posed by care provider
- o Identifying potential issues outside the norm
- o Follow up questions for Care Provider
- o Add items to facility walkthrough

Follow up notes:

List of Documents that have been Referred to the PO or PSA for Clearance (if not included under Program Management Question 1)

- o Review the list to confirm that the below have been submitted/cleared by ORR. If not, consult with the PO.
 - 1) Zero Tolerance Policy
 - 2) Staff Reporting Policies and Procedures
 - 3) Coordinated Response and Sexual Abuse
 - 4) Attorney Client Visitation Rules

Follow up notes:

Program's Staffing Plan (if not explained in the SVG under Child Protection Question 1)

- o Does the staffing plan meet the ORR minimum requirements for client to staff ratio requirements?

Follow up notes:

UC Orientation Packet
<ul style="list-style-type: none"> o Are all ORR required Orientation topics covered? o Is the information in line with ORR policies and procedures? o Is it child friendly? <p>Follow up notes:</p>
Behavior Management Plan (if not explained in the SVG under Intake and Orientation Services Question 2)
<ul style="list-style-type: none"> o Review the Behavior Management Plan. Does the behavior management plan meet the Flores requirements i.e. <i>“Program rules and discipline standards shall be formulated with consideration for the range of ages and maturity in the program and shall be culturally sensitive to the needs of alien minors. Minors shall not be subjected to corporal punishment, humiliation, mental abuse, or punitive interference with the daily functions of living, such as eating or sleeping. Any sanctions employed shall not: (1) adversely affect either a minor’s health, or physical or psychological well-being; or (2) deny minors regular meals, sufficient sleep, exercise, medical care, correspondence privileges, or legal assistance”?</i> <p>Follow up notes:</p>
Background Checks for Staff, Volunteers, and Contractors
<ul style="list-style-type: none"> o Review the entire list to ensure that staff, volunteers, and contractors are receiving the ORR required background checks (ORR Guide 4.3.3): <ul style="list-style-type: none"> o A FBI fingerprint check of national and state criminal history repositories; o A child protective services check with the staff’s State(s) of U.S. residence for the last five years; and o Background investigation updates at a minimum of every five years of the staff/contractor/volunteer’s start date or last background investigation update. o Have you identified any background discrepancies to discuss with the program? o Are there specific files you plan to pull on-site? <p>Follow up notes:</p>
Personnel/Foster parent File Checklists
<ul style="list-style-type: none"> o Review the personnel/foster parent file checklists completed by the program’s HR/Training department personnel. o Based on your review, are there any additional personnel/foster parent file documents you plan to spot-check while on-site in addition to the one randomly selected case manager’s personnel file? <p>Follow up notes:</p>
1. Map of facility (SVG attachment)
<ul style="list-style-type: none"> o Helpful for getting oriented to campus and also to identify if more or less time may be needed for facility walkthrough which may influence the monitoring agenda
2. Emergency Plan (SVG attachment)
<ul style="list-style-type: none"> o Does the program have a current evacuation plan in place for hurricanes, fires, or other emergencies, as applicable? o Does the evacuation plan include a list of agencies and individuals to notify in the event of an evacuation, including ORR contacts, DHS, and local law enforcement (UC MAP Section 3.3.4)? <p>Follow up notes:</p>
3. Quality assurance procedures and internal monitoring resources (SVG attachment)
<ul style="list-style-type: none"> o Do they have formal procedures where a supervisor/lead checks documents for quality assurance and follow up with deficiencies? o How often do they review UC case files, and other program documents for compliance?

Follow up notes:

4. Internal Procedures (SVG attachment)

- o Code of Conduct – should include employee’s obligations with respect to interactions and interventions with UC, staff, and external stakeholders. Must include respecting boundaries, zero tolerance for sexual abuse and harassment, not providing legal advice to UC, therapeutic counseling only if properly licensed and authorized, maintaining professional standards, not discriminating against any person, employing strength-based behavior management approaches, cooperating with official investigations, reporting any criminal or inappropriate conduct, and protecting staff and UC from retaliation if they disclose or threaten to disclose the existence of an illegal or unsafe practice. (See Cooperative Agreement p. 16-18 for full description and also ORR Guide 4.3.5.)
- o Grievances – should include procedures on handling time-sensitive incidents reported as a grievance that involve an immediate threat, include issuing a written decision to a grievance within 5 days of receipt, and that youth may obtain assistance from another youth, care provider staff, family members, or legal representative to prepare a grievance.
- o Conflict of Interest – should identify and define conduct that creates a conflict of interest, prohibit employees from having any direct or indirect financial interests in services of the program, require staff to recuse themselves from decision-making if there is a conflict of interest, require staff to disclose conflicts of interest, state that failure to disclose conflicts of interest may result in discipline or termination. (See Cooperative Agreement p. 19 for full description.)

Follow up notes:

5. Recent organizational chart of facility staff and full staff list (SVG attachment)

- o Org Chart: Identify lines of communication and authority – helpful when addressing issues at care provider site
- o Full staff list: Review staffing ratios. Also may be helpful for identify potential staff to interview and/or whose personnel file you may want to review onsite.

Follow up notes:

6. Current State License (SVG attachment)

- o Who is the state licensing entity?
- o What age, level of care, gender, etc. is the program licensed to serve?
- o Is the license valid/active?

Follow up notes:

7. State licensing requirements and recent state licensing inspection and/or CPS reports (SVG attachment)

- o Is the program in compliance with state licensing?
- o When was the last inspection? Were there any corrective actions?
- o Have there been any CPS complaints?
- o If yes, were the complaints substantiated or unsubstantiated?

Follow up notes:

8. Two recent vehicle inspection (SVG attachment)

- o How often does it occur?
- o Any deficiencies found? If so, when were they corrected?

Follow up notes:

9. List of UCs that are represented by attorneys (i.e. that have a G-28 on file (SVG attachment)

- o Are there any UC who have a G-28? If so, review the G-28 list with the CFS and go over the UC Monitoring UC interviewing guidance with the CFS.

Follow up notes:

10. List of trainings all personnel and foster parents receive annually and how they correspond to ORR trainings (SVG attachment)

Potential Reference: *Personnel and Foster Parent File Checklists.*

- o Are the annual trainings in line with ORR required trainings?

Follow up notes:

11. 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. (SVG attachment)

Use the list to establish various selections to which foster home to visit and UC to interview,

Follow up notes:

12. Foster Home Information

- o Review foster parent/agency agreement and any policies and procedures provided to foster parents. Are policies and procedures in line with ORR P&P? Are foster parents provided information on ORR requirements? Ensure to note any concerns, especially related to UC safety while in the community.
- o Review foster parent orientation manual. Are there specific state licensing requirements that will be important to review/confirm while on site? What are the state licensing pre-service and annual training requirements?
- o Review list of foster homes and UC placed in each home. Are ratios being met?
- o Review foster home safety checklist and other tools used when conducting foster home visits. Are tools in line with ORR P&P (consult Foster Home On Site Monitoring Checklist)?
- o How often are foster homes recertified?

Review UC Case Files (including the electronic case file documents in the ORR database)

(Request from care provider.)

Use LTFC *UC Case File Checklist*

Follow up notes:

Consult with program PO, FFS, CFS, Medical Coordinator Specialist, and PSA Coordinator

(Request from ORR Federal/Contractor staff)

- o Recent emergency SIRs
- o Potential issues to research
- o Key personnel recently approved by PO
- o Name of specific personnel/ UC to meet
- o Specific case files to review
- o FFS/CFS reports

PO:

FFS:

CFS:

Medical Coordinator Specialist:

PSA Coordinator:

ORR Management (if applicable):

Legal Service Provider

- o Were there any issues/concerns raised by the LSP?

Follow up notes:

GDIT Case Coordinator Interview

- o Were there any issues/concerns raised by the Case Coordinator(s)?

Follow up notes:

Monitoring Plan based on pre-monitoring review

- o Any additional stakeholders (GDIT CC, LSP, State Licensing, public school principal, etc.) to meet with during monitoring trip?
- o Does the agenda need to be adjusted?
- o Additional questions for Entrance Meeting/Care Provider PD
- o Additional items to look for during walkthroughs (Document: On-Site and Foster Home Monitoring Checklist)
- o Possible foster homes to visit
- o List of case files to potentially review on-site
- o Possible UC to interview
- o Additional questions for UC interviews
- o Possible staff to interview
- o Additional questions for staff interviews
- o Questions/additional questions for stakeholders
- o List of personnel files to potentially review on-site
- o List of documents to potentially review (Document: On-Site Monitoring Checklist)
- o Other issues to address

Monitoring Activities

Entrance Meeting

Introductions and Background on the UC Monitoring Team:

- ✓ Do introductions.
- ✓ Explain your role/role of the monitoring team i.e. to conduct a weeklong comprehensive review of a program, no less than every two year to ensure compliance with all ORR requirements.

Primary Goals:

- ✓ Look at compliance with governing statutes, ORR policies and procedures, regulations and cooperative agreement in meeting program performance goals with a focus on ensuring that:
 - o UC provided with a safe and appropriate environment.
 - o UC provided with client-focused care to maximize UC's opportunities for success both while in care and upon release.

This visit is not a 'gotcha', but rather we are here to work with you to strengthen the program and services for UC, if needed.

Secondary Goals:

- ✓ Assist programs to understand what their responsibilities are
- ✓ Identify areas where technical assistance may be helpful
- ✓ Identify successful and innovative program implementation/administration techniques.
- ✓ Answer Grantee's questions or provide answers promptly upon return to DC office

To accomplish these goals:

- ✓ Tour facilities to assess the adequacy of meeting UC needs
- ✓ Review records (if any personnel file documents maintained separately, need them all when reviewing personnel files i.e. I-9), participant files, and other relevant records to ensure administrative compliance
- ✓ Foster home visits
- ✓ Interview UC and foster parents
- ✓ Conduct interviews with service provider staff, participants and employers to obtain information about program administration, operations, and quality of service provided
- ✓ Conduct monitoring review
- ✓ Conduct exit conference after completion of the review. This conference should cover at least a discussion of the following: General findings. Process and schedule for formal report including the mechanism for Grantee feedback.

Request the following documents:

- ✓ UC Roster with UC Admission date, assigned CM and Clinician
- ✓ Staff Roster (with staff title and start date)

Also ask relevant questions for Care Provider PD selected as a result of pre-monitoring review

Facility Walkthrough

(On-Site Monitoring Checklist)

General Findings:

- ✓

UC Case Files to Request

- ✓

Possible UC to Interview

- ✓ Ask program if any UC may have triggers or if there are any other issues/concerns that you should be aware of when interviewing UC.
- ✓

Additional Questions for UC Interviews

Staff to Interview

Additional questions for Youth Care Workers

- Do staff/case managers demonstrate a general understanding of all ORR/DUCO P&P?

Additional questions regarding Educational Services

- Do staff/case managers demonstrate a general understanding of all ORR/DUCO P&P?

Additional questions for Case Management

- Do staff/case managers demonstrate a general understanding of all ORR/DUCO P&P?

Additional questions for Clinician

- Do staff/case managers demonstrate a general understanding of all ORR/DUCO P&P?

Additional questions/topics for Lead Clinician

-

Additional questions/topics for Lead Case Manager:

Additional questions for Program Management:

-

Issues/Concerns raised by Care Provider

-

Interviews with Field Staff, GDIT CC, Stakeholders, etc.

- ✓

Personnel Files to Review

- ✓

Additional items to review/research in relation to personnel files

- Do the pre-service training requirements meet State and ORR/DUCO policy? How many hours?

Foster Parent Files to Review

- ✓

Foster Homes to Visit

- ✓

Observe UC Activities

(See the On-Site Monitoring Checklist)

General Findings:

- ✓

Additional Documents to Request /Items to follow-up on:

(See the On-Site Monitoring Checklist)

General Findings:

✓

Exit Meeting

Positives

Items to improve

Next Steps

Formal Report should be finalized within 30 business days. It will mainly include all the information presented during this meeting. The care provider will have 30 business days to respond with a comprehensive corrective action plan. This corrective action plan should be sent to your assigned PO, who will follow-up with the program and provide any further technical assistance. Please copy the monitor(s) and FFS/CFS on your response. Thanks for your hospitality.