**OFFICE OF REFUGEE RESETTLEMENT**

**UNACCOMPANIED CHILDREN PROGRAM**

**INFLUX CARE FACILITY (ICF)**

**SITE VISIT GUIDE**

**LOCATION: XXX**

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**INSTRUCTIONS:** Please provide detailed responses to the questions below and email the completed document, along with the requested attachments listed at the end, to the assigned ORR UC Monitor(s). If the site has written operating procedures or other forms of documentation that answer any of the questions below, please note that in the space provided and attach the relevant information. Any document with Personally Identifiable Information must be password protected.

**PROGRAM OVERVIEW**

1. Provide a brief overview of site operations and facility context (e.g., layout, capacity, environmental factors, management structure, etc.). Please note any projected changes to current operations with anticipated timeframes.
2. Provide a list of sub-contractors and their respective scopes of work.
3. Provide a list of local service providers with which the site maintains a working partnership, formal agreement, and/or Memorandum of Understanding, as well as their scopes of work.
4. For each of the following service areas, provide information for the site’s Point of Contact.

|  |  |  |
| --- | --- | --- |
| **Service Area** | **Name** | **Email and Phone** |
| Human Resources |  |  |
| Safety and Security |  |  |
| Case Management |  |  |
| Direct Care |  |  |
| Educational Services |  |  |
| Recreational Services |  |  |
| Religious Services |  |  |
| Nutritional Services |  |  |
| Medical Services |  |  |
| Mental Health Services |  |  |
| Prevention of Sexual Abuse |  |  |
| Significant Incident Reporting |  |  |

1. Describe any innovative and/or best practices implemented at this site.
2. Describe any areas in need of improvement or known deficiencies with the site’s current operations.

**STAKEHOLDERS**

1. Describe the site’s collaboration with the following entities, including areas in need of improvement:

|  |  |  |
| --- | --- | --- |
| **Entity** | **Frequency and Type of Collaboration** | **Areas in Need of Improvement** |
| Contracting Officer/Contracting Officer’s Representative |  |  |
| ORR Staff (e.g., FFS, CFS, DHUC, PSA, Monitoring) |  |  |
| Department of Homeland Security |  |  |
| GDIT Case Coordinator |  |  |
| Legal Service Provider |  |  |
| Local Law Enforcement |  |  |
| Local Child Protective Services |  |  |
| Other(s) |  |  |

1. Provide the name and contact information for the following, as applicable:

|  |  |  |
| --- | --- | --- |
| **Stakeholder** | **Name** | **Email and Phone** |
| GDIT Case Coordinator |  |  |
| Legal Service Provider |  |  |

**PERSONNEL**

1. Describe the site’s screening mechanisms, criteria for hire, and timeframes for all required background clearances.
2. Describe the site’s supervision plan for persons, with direct access to UC, prior to obtaining the required background clearances.
3. Describe the site’s personnel onboarding and pre-service training process. Please include content and timeframes for initial orientation and training.
4. Describe the site’s ongoing training requirements and opportunities for professional development. Please include content and timeframes for ongoing training requirements.
5. Describe the site’s personnel evaluation practices, including timeframes for performance reviews.
6. Describe the site’s whistleblower policy and efforts to ensure misconduct is identified, reported, and responded to effectively.
7. Note any significant staffing changes, vacancies, deficiencies, and/or barriers to personnel capacity.

**INTERNAL MONITORING AND QUALITY ASSURANCE**

1. Please note the personnel responsible for completing internal reviews of the following service areas, the frequency at which each review is completed, and the type of review conducted (e.g., documentation/content review, qualitative observation, interview, etc.).

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Area** | **Reviewer** | **Frequency** | **Type of Review** |
| UC Case File Documentation |  |  |  |
| Personnel File Documentation |  |  |  |
| Staff Training  |  |  |  |
| Direct Care  |  |  |  |
| Case Management |  |  |  |
| Educational Services  |  |  |  |
| Recreational Services |  |  |  |
| Religious Services |  |  |  |
| Nutritional Services |  |  |  |
| Medical Services |  |  |  |
| Mental Health Services |  |  |  |
| Prevention of Sexual Abuse |  |  |  |
| Significant Incident Reporting |  |  |  |
| Grievances |  |  |  |
| Safety and Security  |  |  |  |

1. Describe the protocols for responding to non-compliance in the following service areas, when/if detected during an internal review, and who oversees the corrective action plan.

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| --- | --- | --- |
| **Service Area** | **Response Protocol** | **Supervisor** |
| UC Case File Documentation |  |  |
| Personnel File Documentation |  |  |
| Staff Training  |  |  |
| Direct Care  |  |  |
| Case Management |  |  |
| Educational Services  |  |  |
| Recreational Services |  |  |
| Religious Services |  |  |
| Nutritional Services |  |  |
| Medical Services |  |  |
| Mental Health Services |  |  |
| Prevention of Sexual Abuse |  |  |
| Significant Incident Reporting |  |  |
| Grievances |  |  |
| Safety and Security  |  |  |

1. Describe how the site protects UC privacy and confidentiality of both written and verbal communication.

**SAFETY AND SECURITY**

1. Describe the site’s perimeter and internal security mechanisms (e.g., exit/entry requirements, badge activation/deactivation and retrieval procedures, video surveillance, capacity to store video footage, alarm systems, etc.).
2. Describe the site’s emergency response and evacuation procedures.
3. Please indicate the type and frequency of emergency drills completed onsite, as well as the person or department responsible.

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| --- | --- | --- |
| **Type of Drill:** | **Frequency:** | **Completed by:** |
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1. Describe the site’s after-action reviews (AARs) for the above-mentioned drills and who is responsible for this task.
2. Describe the site’s safety inspection practices.
3. Please indicate the type and frequency of both internal and external safety inspections, as well as the person, department, or external entity responsible.

|  |  |  |
| --- | --- | --- |
| **Type of Drill:** | **Frequency:** | **Completed by:** |
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1. Note any concerns or deficiencies related to facility safety and security.

**CASE MANAGEMENT**

1. Describe the site’s UC admission and orientation process.
2. Answer the following questions related to the site’s case management procedures:
3. What is the procedure for assigning UC to a case manager and/or reassigning, as needed?
4. What is the UC: case manager ratio? Indicate differences for virtual vs. onsite, if applicable.
5. What is the procedure for providing UC a weekly case status update?
6. What is the procedure for staffing a case? Indicate differences for internal vs. external staffing.
7. How do case managers coordinate with other disciplines (e.g., medical, clinical, etc.)?

1. Describe the site’s transfer criteria and transfer process.
2. Describe the site’s standard discharge procedure.
3. Describe the site’s procedure for managing and discharging age redetermination cases.
4. Describe the site’s procedure for managing and discharging age out cases.
5. Describe the site’s procedures for facilitating sibling and family visits amongst UC in care.
6. Note any complex or especially vulnerable cases, currently or previously in care, that require(d) specialized service coordination.
7. Note any concerns or deficiencies related to case management.

**UC SUPERVISION**

1. Describe the site’s procedure for UC supervision. Please include direct care staffing ratios.
2. Describe the site’s procedures for determining room and bed assignments for UC.
3. Describe the site’s procedures for accurately monitoring UC location throughout the facility and offsite.
4. Describe the site’s behavior management policy and procedures.
5. Note any concerns or deficiencies related to UC supervision.

**ANCILLARY SERVICES**

1. Describe the following service areas, including the types of activities included in this service and frequency at which they are offered:
2. Recreational and leisure services:
3. Educational services:
4. Religious services:
5. Language access services:
6. Transportation services: please specify, if/how transportation services differ for offsite activities, discharges and transfers, and/or onsite movement:
7. UC phone calls, visitation, and mail services:
8. Note any concerns or deficiencies related to support services.

**NUTRITIONAL SERVICES**

1. Describe the site’s nutritional services. Please include food storage and safety protocols.
2. Describe how UC’s dietary needs are conveyed to culinary staff and incorporated into meals.
3. Describe how UC’s cultural and religious preferences are conveyed to culinary staff and incorporated into meals.
4. Note any concerns or deficiencies related to nutritional services.

**MEDICAL SERVICES**

1. Describe the site’s medical intakes procedure.
2. Describe the site’s onsite medical services.
3. Describe the site’s medication administration protocols.
4. Describe the site’s medical records system.
5. Describe the site’s process for referring a UC for offsite medical services.
6. Describe the process and who is responsible for entering medical data into the UC Portal.
7. Describe the process and who is responsible for submitting Treatment Authorization Requests (TARs).
8. Describe the site’s communicable disease prevention and response procedures.
9. Describe the site’s vaccination procurement and administration protocols.
10. Note any concerns or deficiencies related to medical services.

**MENTAL HEALTH SERVICES**

1. Describe the site’s mental health intakes procedure.
2. Describe the site’s onsite mental health services.
3. Describe the site’s process for referring a UC for offsite mental health services.
4. Note any concerns or deficiencies related to mental health services.

**PREVENTION OF SEXUAL ABUSE**

1. Describe the site’s Prevention of Sexual Abuse (PSA) policy and procedure.
2. Describe the sites protocols for responding to potential violations of the personnel Code of Conduct or Zero Tolerance Policy.
3. Describe the site’s grievance process.
4. Describe methods for UC and staff reporting.
5. Describe the site’s procedures for responding to allegations of sexual abuse and/or harassment.
6. Describe the site’s procedures for responding to allegations of physical abuse, neglect, and/or other forms of mistreatment.
7. Note any investigations related to allegations of sexual or physical abuse, neglect or mistreatment of UC. Please note the associated SIR event number.
8. Note any concerns or deficiencies related to Prevention of Sexual Abuse services.

**SIGNIFICANT INDECENT REPORTS (SIRs)**

1. Describe the site’s SIR process:
2. Who is responsible for submitting reports?
3. Who is responsible for follow-up and completing addendums?
4. Who notifies and coordinates with external entities, when required?
5. Note any concerns or deficiencies related to the site’s SIR procedure.

**OTHER**

1. Please feel free to include any additional information for UC Monitor’s awareness.

2. Please indicate the approximate amount of time it took to complete this form.

**ATTACHMENTS**

Please provide copies of the following attachments. When saving and sending, please use the following naming convention for each attachment: “# name” (e.g., “1 Map of facility”, “2 Organizational Chart”, “4a Human Resources policies and procedures”).

1. Map of the facility
2. Facility licenses, permits, or certifications
3. Organizational Chart
4. Staff roster, including:
	* Name of current employees, as well as all individuals who worked under this contract within the last two (2) years
	* Position(s) held
	* Start Date
	* End Date, if applicable
	* FBI Fingerprint-based National Background – Initial Clearance Date
	* FBI Fingerprint-based National Background – Updated Clearance Date, if applicable
	* State Criminal Background Clearance Date – Initial Clearance Date
	* State Criminal Background Clearance Date – Updated Clearance Date, if applicable
	* State-based Child Protective Services (i.e., Child Abuse and Neglect) Clearance Date – Initial Clearance Date
	* State-based Child Protective Services (i.e., Child Abuse and Neglect) Clearance Date – Updated Clearance Date, if applicable
	* Any relevant Out of State Criminal Background Clearance and Child Protective Services Clearance Dates
	* For staff who do not have direct access to children, indicate the public records criminal background clearance date
5. Internal policies and Standard Operating Procedures, including but not limited to:
	* Human Resources (e.g., hiring, performance reviews, training, background checks, character assessment, fitness for position, whistleblower, etc.)
	* Staff Code of Conduct and Conflict of Interest
	* Quality Assurance and Internal Monitoring
	* Behavior Management
	* Prevention of Sexual Abuse (including identifying potential misconduct and responding to incidents and allegations)
	* UC Bed/Cottage assignments
	* Provision of Services (including health, education, recreation, food, clothing/hygiene, family contact, and legal)
	* Grievances
	* Incident Reporting
	* UC Privacy and Confidentiality
	* UC Orientation
	* UC Discharge
6. Written agreements and Memorandums of Understanding with external entities, if applicable.
7. Staff training schedule
8. Staff training material
9. Internal forms (blank):
	* Staff Performance Review
	* Internal Incident
	* Grievance
10. Internal quality assurance and monitoring tools (e.g., checklists, trackers, etc.)
11. Inspections and citations issued by safety or environment code, fire code, health and sanitation, etc.
12. Child Protective Services investigations and reports
13. Emergency and evacuation plans
14. UC orientation materials and checklists
15. UC discharge materials and checklists
16. Daily schedule of UC activity
17. Educational services materials (e.g., assessments, curriculum, etc.)
18. Two recent vehicle inspections
19. Food menus
20. Internal medical or mental health assessment and screening tools
21. Internal Prevention of Sexual Abuse materials