OFFICE OF REFUGEE RESETTLEMENT UNACCOMPANIED CHILDREN PROGRAM

INFLUX CARE FACILITY (ICF) SITE VISIT GUIDE

LOCATION: XXX

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.

related to the overall functioning and oversight of the care provider program as part of the pre-monitoring process for quarterly site visits. Public reporting burden for this collection of information is estimated to average 13 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.

PROGRAM <u>OVERVIEW</u>

		(e.g., layout, capacity, environmental d changes to current operations with
2. Provide a list of sub-contractors and	d their respective scopes of	work.
3. Provide a list of local service provid agreement, and/or Memorandum o		ntains a working partnership, formal their scopes of work.
4. For each of the following service ar	eas, 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		
5. Describe any innovative and/or bes	st practices implemented at this site	2.
6. Describe any areas in need of impro	ovement or known deficiencies with	h 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)					
2. 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 background clearances.	ng mechanisms, criteria for hire, and ti	meframes for all required			
2. Describe the site's supervi	sion plan for persons, with direct acces learances.	ss to UC, prior to obtaining			
3. Describe the site's person and timeframes for initial of	nel onboarding and pre-service training prientation and training.	g process. Please include content			
	training requirements and opportunit timeframes for ongoing training requ				

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			

2. 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.

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		
communication.		
SAFETY AND SECURITY		
L. Describe the site's perimeter and in	ternal security mechanisms (e.g.	exit/entry requirements
badge activation/deactivation and re	-	
video footage, alarm systems, etc.).	•	, ,
, , ,		
2. Describe the site's emergency respo	nse and evacuation procedures.	

		Frequency:	Completed by:
Please indicate the type and frequency of both internal and external safety inspect well as the person, department, or external entity responsible. Type of Drill: Frequency: Completed by			
Please indicate the type and frequency of both internal and external safety inspect well as the person, department, or external entity responsible. Type of Drill: Frequency: Completed by			
Describe the site's safety inspection practices. Please indicate the type and frequency of both internal and external safety inspect well as the person, department, or external entity responsible. The property of Drill: Frequency: Completed by Completed by			
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well as the person, department, or external entity responsible. Ype of Drill: Frequency: Completed by	Describe the site's s	safety inspection practices.	
well as the person, department, or external entity responsible. Type of Drill: Frequency: Completed by			
well as the person, department, or external entity responsible. Type of Drill: Frequency: Completed by			
well as the person, department, or external entity responsible. Fype of Drill: Frequency: Completed by			
well as the person, department, or external entity responsible. Fype of Drill: Frequency: Completed by			
Type of Drill: Frequency: Completed by	Please indicate the	type and frequency of both interna	I and external safety inspections, as
	well as the person,	department, or external entity resp	onsible.
. Note any concerns or deficiencies related to facility safety and security.			Completed by:
Note any concerns or deficiencies related to facility safety and security.	ype of Drill:	Frequency:	
Note any concerns or deficiencies related to facility safety and security.	ype of Drill:	Frequency:	
Note any concerns or deficiencies related to facility safety and security.	ype of Drill:	Frequency:	
	ype of Drill:	Frequency:	
			ety and security.

3. Please indicate the type and frequency of emergency drills completed onsite, as well as the

CASE MANAGEMENT

1. Describe the site's UC admission and orientation process.

2. a.	Answer the following questions related to the site's case management procedures: What is the procedure for assigning UC to a case manager and/or reassigning, as needed?
b.	What is the UC: case manager ratio? Indicate differences for virtual vs. onsite, if applicable.
c.	What is the procedure for providing UC a weekly case status update?
d.	What is the procedure for staffing a case? Indicate differences for internal vs. external staffing.
e.	How do case managers coordinate with other disciplines (e.g., medical, clinical, etc.)?

3. Describe the site's transfer criteria and transfer process.

4.	Describe the site's standard discharge procedure.
5.	Describe the site's procedure for managing and discharging age redetermination cases.
6.	Describe the site's procedure for managing and discharging age out cases.
7.	Describe the site's procedures for facilitating sibling and family visits amongst UC in care.
8.	Note any complex or especially vulnerable cases, currently or previously in care, that require(d) specialized service coordination.

9. Note any concerns or deficiencies related to case management.

<u>UC SUPERVISION</u>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.

	ICILLARY SERVICES Describe the following service areas, including the types of activities included in this service and frequency at which they are offered: Recreational and leisure services:
b.	Educational services:
c.	Religious services:
d.	Language access services:

e. Transportation services: please specify, if/how transportation services differ for offsite activities, discharges and transfers, and/or onsite movement:

f. UC phone calls, visitation, and mail services:
2. Note any concerns or deficiencies related to support services.
NUTRITIONAL SERVICES1. 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 inteless presedure
1. Describe the site's medical intakes procedure.
Describe the site's onsite medical services.
3. Describe the site's medication administration protocols.
4. Describe the citals we disclusive and contains
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
2.	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.

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7.	Note any investigations related to allegations of sexual or physical abuse, neglect or
	mistreatment of UC. Please note the associated SIR event number.
	misticalment of oc. I lease note the associated six event number.
8.	Note any concerns or deficiencies related to Prevention of Sexual Abuse services.
Ο.	Note any concerns of deficiences related to rrevention of Sexual Abuse services.
CIA	CALIFICANT INDECENT DEDODTC (CID-)
	GNIFICANT INDECENT REPORTS (SIRs)
1.	Describe the site's SIR process:
a.	Who is responsible for submitting reports?
u.	who is responsible for submitting reports.
b.	Who is responsible for follow-up and completing addendums?
_	Who notifies and coordinates with external entities when required?

2. Note any co	oncerns or deficiencies related to the site's SIR procedure.
<u>OTHER</u>	
	free to include any additional information for UC Monitor's awareness.
2 Please indic	cate the approximate amount of time it took to complete this form.
z. r rease mare	ate 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:
 - O Name of current employees, as well as all individuals who worked under this contract within the last two (2) years
 - o Position(s) held
 - o Start Date
 - o End Date, if applicable

- o FBI Fingerprint-based National Background Initial Clearance Date
- FBI Fingerprint-based National Background Updated Clearance Date, if applicable
- o State Criminal Background Clearance Date Initial Clearance Date
- o State Criminal Background Clearance Date Updated Clearance Date, if applicable
- O 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
- O 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:
 - O 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
 - O Quality Assurance and Internal Monitoring
 - O Behavior Management
 - O Prevention of Sexual Abuse (including identifying potential misconduct and responding to incidents and allegations)
 - 0 UC Bed/Cottage assignments
 - O Provision of Services (including health, education, recreation, food, clothing/hygiene, family contact, and legal)
 - 0 Grievances
 - O Incident Reporting
 - 0 UC Privacy and Confidentiality
 - o UC Orientation
 - o 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):
 - o Staff Performance Review
 - O Internal Incident
 - 0 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