

# Attachment 1

## FFS Site Visit Form Revisions

Revised Form Section	Revised Form Field Label	Revised Form Progressive Disclosure	Modifications to Existing Form	In the existing form?
			Removed	Yes
Visit Information	ORR Region	No	No modifications	Yes
Visit Information	Program Name	No	No modifications	Yes
Visit Information	Level of Care	No	No modifications	Yes
Visit Information	ORR Representative Name	No	No modifications	Yes
Visit Information	Date of Visit	No	Rephrased	Yes
Site Visit Walkthrough	Did the program have a Facility Inspection Checklist for a Child Friendly Environment completed?	No	No modifications	Yes
Site Visit Walkthrough	What date was it completed?	Yes	Rephrased	Yes
Site Visit Walkthrough	Did the Checklist for a Child Friendly Environment meet all satisfactory markings (i.e., was it all marked yes)?	No	No modifications	Yes
Site Visit Walkthrough	Note any deficiencies:	Yes	Rephrased	Yes
Site Visit Walkthrough	Does the program have working video cameras and are they reviewed by the program?	No	No modifications	Yes

Site Visit Walkthrough	A comment is required:	Yes	Rephrased	Yes
Site Visit Walkthrough	Are all entry and exit alarms tested to ensure they work (including windows and doors)?	No	Rephrased	Yes
Site Visit Walkthrough	A comment is required:	Yes	Rephrased	Yes
Site Visit Walkthrough	Do all entries and exits have safety measures? (e.g., perimeter barriers, perimeter lighting, alarms to note for entry/exit without permission)? <i>Note: FFS can ask to see these safety measures.</i>	No	Rephrased	Yes
Site Visit Walkthrough	A comment is required:	Yes	Rephrased	Yes
Site Visit Walkthrough	All required bulletin board postings to educate youth about sexual abuse, sexual harassment, and reporting are posted in ALL required areas in language child understands?	No	Rephrased	Yes
Site Visit Walkthrough	A comment is required:	Yes	Rephrased	Yes
Site Visit Walkthrough	Are Garza Notices and Infographics posted?	No	No modifications	Yes
Site Visit Walkthrough	A comment is required:	Yes	New	No
Site Visit Walkthrough	Required pre-programmed phone is accessible to children, private, and correctly preprogrammed for child to report sexual abuse, sexual harassment, and sexually inappropriate behavior? All three must be compliant to indicate "Yes".	No	Rephrased	Yes

Site Visit Walkthrough	A comment is required:	Yes	Rephrased	Yes
Site Visit Walkthrough	Overall appearance of the program is neat, organized, and clean that does not present any health or safety concerns?	No	No modifications	Yes
Site Visit Walkthrough	A comment is required:	Yes	Rephrased	Yes
Site Visit Walkthrough	Is the program in compliance with all staffing ratio requirements?	No	No modifications	Yes
Site Visit Walkthrough	A comment is required:	Yes	New	No
Site Visit Walkthrough	Are there staffing concerns?	No	No modifications	Yes
Site Visit Walkthrough	Please confirm you elevated this to the Project Officer for resolution or to address child capacity.	Yes	Rephrased	Yes
Site Visit Walkthrough	Observations(e.g., recent improvements, recent repairs,shade for kids outside, old/new furniture, etc.):	No	Rephrased	Yes
Site Visit Walkthrough	Concerns(focus on safety issues for child or staff - blind spot supervision, etc.):	No	Rephrased	Yes
Child Interviews	Add Child Interview No children were interviewed on this visit. Reason	No	Rephrased	Yes
Child Interviews	Estimated age range of the child(ren).	No	Rephrased	Yes
Child Interviews	Interpreter used?	No	Rephrased	Yes
Child Interviews	Provide comment:	No	Rephrased	Yes

Child Interviews	Does the child have the opportunity for daily Recreation (large and small muscle)? <i>Refer to Policy 3.3.8</i>	No	Rephrased	Yes
Child Interviews	Provide comment:	Yes	Rephrased	Yes
Child Interviews	Does the child have access or a choice to participate in preferred Religious Services? <i>Refer to Policy 3.3.7</i>	No	Rephrased	Yes
Child Interviews	Provide comment:	Yes	Rephrased	Yes
Child Interviews	Does the child have Leisure Time? <i>Refer to Policy 3.3.8</i>	No	No modifications	Yes
Child Interviews	Provide comment:	Yes	Rephrased	Yes
Child Interviews	Does the child meet with his/her CM once per week? <i>Refer to Policy 2.3.2</i>	No	Rephrased	Yes
Child Interviews	Provide comment:	Yes	Rephrased	Yes
Child Interviews	Does the child meet with his/her Clinician for one hour sessions per week? <i>Refer to Policy 3.3</i>	No	Rephrased	Yes
Child Interviews	Provide comment:	Yes	Rephrased	Yes
Child Interviews	Does the child have a Clinical Group? <i>Refer to Policy 3.3</i>	No	No modifications	Yes
Child Interviews	Provide comment:	Yes	Rephrased	Yes
Child Interviews	Are there Community Meetings the child can participate in? <i>Refer to Policy 3.3</i>	No	No modifications	Yes
Child Interviews	Provide comment:	Yes	Rephrased	Yes

Child Interviews	Does the child get at least two calls per week with his/her parent and/or sponsor? <i>Refer to Policy 3.10, 3.3.7</i>	No	No modifications	Yes
Child Interviews	Provide comment:	Yes	Rephrased	Yes
Child Interviews	Are Sexual Abuse Hotline pre-programmed phones accessible to the child at any time? <i>Refer to Policy 4.10.1, 4.10.6</i>	No	No modifications	Yes
Child Interviews	Provide comment:	Yes	Rephrased	Yes
Child Interviews	Is the child aware of the legal services provider and his/her access to the LSP? <i>Refer to Policy 3.3</i>	No	No modifications	Yes
Child Interviews	Provide comment:	Yes	Rephrased	Yes
Child Interviews	Does the child understand his/her family reunification case? <i>Refer to Policy 2.3.2</i>	No	No modifications	Yes
Child Interviews	Provide comment:	Yes	Rephrased	Yes
Child Interviews	Does the child attend school/education classes for at least 6 hours per day Monday-Friday? <i>Refer to Policy 3.3.5</i>	No	No modifications	Yes
Child Interviews	Provide comment:	Yes	Rephrased	Yes
Child Interviews	Is the child aware of how to file a grievance? <i>Refer to Policy 4.10.1, 3.2.2</i>	No	No modifications	Yes
Child Interviews	Provide comment:	Yes	Rephrased	Yes
Child Interviews	Do you feel safe?	No	No modifications	Yes
Child Interviews	Provide comment:	Yes	Rephrased	Yes
Child Interviews	Do you like living at this program?	No	Rephrased	Yes
		No	Removed	Yes
Child Interviews	Provide comment:	Yes	Rephrased	Yes

Child Interviews	Who would you ask for help if you have a problem while living here at the program?	No	Rephrased	Yes
Child Interviews	Do you have anything else I have not asked you about that you want to tell me?	No	No modifications	Yes
Child Interviews	Do I need to follow up on any items that came up during the interview?	No	Rephrased	Yes
Child Interviews	What items require follow up?	No	Rephrased	Yes
Trends & Follow-up	Trends/Comments: Please provide a narrative discussion of your main findings and areas of potential concern.	No	No modifications	Yes
Trends & Follow-up	Did you identify any potential issues to monitor or for additional follow up?	No	No modifications	Yes
Trends & Follow-up	List any specific issues that need to be reviewed again during the next site visit?	Yes	No modifications	Yes
Trends & Follow-up	Follow up: List any follow up conducted on any previous concerns (Corrective Actions, SA/SIRs, Emergency SIRs, Notice of Concern from PRS provider, any outcomes, or issues from a previous site visit by the FFS, CFS, or Monitoring Team)	No	No modifications	Yes
Trends & Follow-up	Action Items: List any plans to address newly identified or remaining concerns. Please include who you have notified if you are not the responsible party for follow up or the next site visit and the due date.	No	Rephrased	Yes

Existing Form Field Label
This form will record you name, please fill in your name.
1. ORR Region
2. Program Name
3. Level of Care
4. ORR Representative Name
5. Report Date
6. Did the program have a Facility Inspection Checklist for a Child Friendly Environment completed?
7. Please note date it was completed
8. Did the Checklist for a Child Friendly Environment meet all satisfactory markings (i.e., was it all marked yes)?
9. Please note any deficiencies
10. Does the program have working video cameras and are they reviewed by the program?

11. If No, a comment is required:
12. Are all entry and exit alarmstested to ensure they work (includes windows and doors)?
13. If No, a comment is required:
14. Do all entries and exits have safety measures? (perimeter barriers, perimeter lighting, alarms to note for entry/exit without permission)?
15. If No, a comment isrequired:
16. All required bulletin board postings to educate youth about sexual abuse, sexual harassment, and reporting are posted in ALL required areas in language UC understands?
17. If No, a comment is required:
57. Are Garza Notices and Infographics posted?
18. Required Preprogrammed phone is accessible to UC, private, and correctly pre-programmed for UC to report sexual abuse, sexual harassment, and sexually inappropriate behavior (all three must be compliant to indicate "yes")

20. Overall appearance of the program is neat, organized, and clean that does not present any health or safety concerns?
21. If No, a comment is required:
22. Is the program in compliance with all staffing ratio requirements?
23. Are there staffing concerns?
24. If Yes, please confirm you elevated this to the Project Officer for resolution or to address UC capacity.
25. Observations (recent improvements, recent repairs, shade for kids outside, old/new furniture, etc.)
26. Concerns(focus on safety issues for UC or staff - blind spot supervision, etc.):
27. Please note the number of children in the group interviewed.
28. Please note the estimated age range of the group of children you interviewed
29. Interpreter used by FFS or CFS
30. If Yes, note language

31. Does the UC have the opportunity for daily Recreation (large and small muscle)?

32. Comments

33. Does the UC have access or a choice to participate in preferred Religious Services?

34. Comments

35. Does the UC have Leisure Time?

36. Comments

37. Does the UC meet with his/her CM once per week?

38. Comments

39. Does the UC meet with his/her Clinician for one hour sessions per week?

40. Comments

41. Does the UC have a Clinical Group?

42. Comments

43. Are there Community Meetings the UC can participate in?

44. Comments

45. Does the UC get at least two calls per week with his/her parent and/or sponsor?
46. Comments
47. Are Sexual Abuse Hotline pre-programmed phones accessible to the UC at any time?
48. Comments
49. Is the UC aware of the legal services provider and his/her access to the LSP?
50. Comments
51. Does the UC understand his/her family reunification case?
52. Comments
53. Does the UC attend school/education classes for at least 6 hours per day Monday-Friday?
54. Comments
55. Is the UC aware of how to file a grievance?
56. Comments
58. Do you feel safe?
59. Comments
60. Do you like living at this program?
61. If Yes, what is it that you like about the program?
62. If No, what is it that you don't like and what would you like to see changed?

63. Would you ask for help if you have a problem while living here at the program?
64. Do you have anything else I have not asked you about that you want to tell me?
65. Please mark Yes or No if you need/want to follow up on any items that came up during the interview?
66. If yes, what items require follow up?
65. Trends/Comments: Please provide a narrative discussion of your main findings and areas of potential concern.
66. Did you identify any potential issues to monitor or for additional follow up?
67. If yes, list any specific issues that need to be reviewed again during the next site visit?
68. Follow up: List any follow up conducted on any previous concerns (Corrective Actions, SA/SIRs, Emergency SIRs, Notice of Concern from PRS provider, any outcomes, or issues from a previous site visit by the FFS, CFS, or Monitoring Team)
69. Action Items: List any plans to address newly identified or remaining concerns. Please include who you have notified if you are not the responsible party for follow up or the next site visit.



