Service Standards

Unaccompanied Children Services

Purpose

Unaccompanied Children Services support youth safety and well-being, facilitate family involvement and provide necessary supports to children seeking physical and emotional safety and legal protection.

Definition

Unaccompanied Alien Children, referred to as Unaccompanied Children (UC), are legal minors under the age of 18 emigrating without legal status and without a parent/legal guardian. Unaccompanied Children are often apprehended by immigration officials when attempting to enter the United States without legal authorization. As a result, they are placed in the custody and care of the Office of Refugee Resettlement's (ORR) Division of Children Services/Unaccompanied Alien Children program. Unaccompanied Children without legal status receive placement and support services through providers that are specifically designed to meet the unique needs of this vulnerable population.

Unaccompanied Children Services provide necessary shelter, care, and supports to children without legal status in the United States. While in temporary care, children receive developmentally and age appropriate services that are sensitive to their unique cultural and linguistic needs. In addition to these services, care providers work to identify and reunify children with family members and other approved caretakers, known as sponsors. Sponsors are responsible for providing children with stability and caring for their physical, mental, and emotional well-being as they navigate legal proceedings.

Post-Release Services are provided to children released to sponsors from the care of ORR based on identified needs. Services are tailored to the needs of children and their sponsors to ensure child safety and well-being, and family reunification, when possible.

Home Studies are conducted, when necessary, to determine the interests, qualities, and capabilities of sponsors and ensure that they are able to meet the unique care needs of children upon their release.

Transitional Foster Care programs are short-term, licensed foster care programs housing children under the age of 18. These programs are an alternative to large shelters and services are provided until children can be reunified with their families, a sponsor is identified, or in some cases, the child is moved to traditional foster care.

Note:*Unaccompanied Alien Child (UAC) is a technical term defined by the Homeland Security Act of 2002. The terms Unaccompanied Child and Unaccompanied Alien Children (UAC) have both been used by the Office of Refugee Resettlement (ORR) when referring to children who do not have lawful immigration status in the United States and are not in the care of a parent or legal guardian. As such, the terms Unaccompanied Child/Unaccompanied Children (without legal status) are used throughout this section when referring to this population. Other terms used to describe this population include, but are not limited to: unaccompanied minors, child migrants, and child immigrants.*

Note:*Organizations that provide residential care to Unaccompanied Children (UC) (e.g., in a shelter, group living, or residential treatment facility) will complete all of the applicable standards in this section and take available NAs, as appropriate.*

Organizations that provide post-release services only will complete: UC 1, UC 2, UC 3, UC 14, and UC 15.

Organizations that provide home studies will also be responsible for completing UC 12.

Organizations providing transitional foster care for unaccompanied minors will be dually assigned Foster Care and Kinship Services (FKC) and Unaccommpanied Children Services (UC) and will complete: UC 1, UC 2, UC 3: UC 3.01 (a-d), UC 3.02"3.04, UC 4, UC 5, UC 6, UC 7, UC 11, UC 12, UC 13, UC 14, UC 15

FKC 7, FKC 8: FKC 8.01, FKC 8.03"8.06, FKC 10, FKC 11, FKC 14, FKC 18, FKC 19, FKC 20, FKC 21, FKC 22, FKC 23.

Note: *These standards do not apply to organizations that serve unaccompanied children in a secure or therapeutic staff secure residential setting, as these types of programs are excluded from COA accreditation.*

Note: *Please see UC Reference List for the research that informed the development of these standards.*

Note: *For information about changes made in the 2020 Edition, please see the UC Crosswalk.*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Unaccompanied Children Services

UC 1: Person-Centered Logic Model

Purpose

Unaccompanied Children Services support youth safety and well-being, facilitate family involvement and provide necessary supports to children seeking physical and emotional safety and legal protection.

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.
Note: *Please see the Logic Model Template for additional guidance on this standard.?*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one outcome has been identified for all of its programs.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs.

4

Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs.

Table of Evidence

Self Study Evidence

• Program logic model that includes a list of outcomes being measured	
• See program description completed during intake	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel

UC 1.01

A program logic model, or equivalent framework, identifies:

a. needs the program will address;
b. available human, financial, organizational, and community resources (i.e. inputs);
c. program activities intended to bring about desired results;
d. program outputs (i.e. the size and scope of services delivered);
e. desired outcomes (i.e. the changes you expect to see in persons served); and
f. expected long-term impact on the organization, community, and/or system.

Examples: *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Guide for more information on developing and using program logic models.*

Examples: *Information that may be used to inform the development of the program logic model includes, but is not limited to:*

1. *needs assessments and periodic reassessments;*
2. *risks assessments conducted for specific interventions; and*
3. *the best available evidence of service effectiveness.*

UC 1.02

The logic model identifies desired outcomes in at least two of the following areas:

a. change in clinical status;
b. change in functional status;
c. health, welfare, and safety;
d. permanency of life situation;
e. quality of life;
f. achievement of individual service goals; and
g. other outcomes as appropriate to the program or service population.

Interpretation: *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See PQI 5.02 for more information on disaggregating data to track and monitor identified outcomes.*

Unaccompanied Children Services

UC 2: Personnel

Purpose

Unaccompanied Children Services support youth safety and well-being, facilitate family involvement and provide necessary supports to children seeking physical and emotional safety and legal protection.

Program personnel have the competency and support needed to provide services to meet the needs of children served.
Interpretation: *Competency can be demonstrated through education, training, or experience. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- Specialized services are obtained as required by the standards.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- A significant number of staff (direct service providers, supervisors, and program managers) do not possess the required qualifications, including education, experience, training, skills, temperament, etc.; and as a result, the integrity of the service may be compromised; or
- Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards.

Table of Evidence

Self Study Evidence

*	• Procedures or other documentation relevant to continuity of care and case assignment	

• Table of contents of training curricula	

• List of program personnel that includes:
  • Title
  • Name
  • Employee, volunteer, or independent contractor
  • Degree or other qualifications
  • Time in current position
• See organizational chart submitted during application	

Site Visit Evidence

- Documentation tracking staff completion of required trainings and/or competencies
- Sample job descriptions from across relevant job categories
- Training curricula
- Caseload size requirements set by policy, regulation, or contract, when applicable
- Documentation of current caseload size per worker

On-Site Activities

- Interviews may include:
  1. Program director
  2. Relevant personnel
- Review personnel files

UC 2.01

Direct service personnel have:

a. a bachelor's degree in social work or comparable human services field;
b. the personal characteristics and necessary experience to provide appropriate care to children;
c. the ability to provide services in a culturally and linguistically sensitive manner;
d. knowledge and understanding of the issues facing unaccompanied children and their unique care needs; and
e. the capacity to support family reunification efforts.

Interpretation: *The elements of the standard will be considered together to assess implementation. Recruitment of staff with demonstrated competence and with appropriate supervision and specialized training – sometimes available through national certification programs – can compensate for a lack of a bachelor's degree.*

UC 2.02

Clinical personnel and personnel who conduct assessments are:

a. qualified by education, training, supervised experience, licensure or the equivalent; and
b. trained in child-friendly and trauma-informed interviewing, assessment, observation and other techniques.

NA: The organization provides post-release services only.

Interpretation: *Clinical personnel qualifications will vary by position and job responsibilities.*

Clinical personnel may also include individuals who are license-eligible and supervised by experienced, licensed staff.

UC 2.03

Post-release services case managers are qualified by:

a. a bachelor's degree in social work or an equivalent human services field;

b. skills and competencies in child welfare practices including home studies/visits and family reunification; and
c. case management experience.

NA: The organization does not provide post-release services.

UC 2.04

Post-release services lead case managers are qualified by:

a. a master's degree in social work or an equivalent human services field, or a bachelor's degree in social work or an equivalent human services field and five years of relevant experience;
b. skills and competencies in child welfare practices including home studies/visits and family reunification;
c. case management experience; and
d. specialized training in supervision.

NA: The organization does not provide post-release services.

UC 2.05

Lead program staff consist of:

a. a program director, qualified by an advanced degree in social work or a comparable human services field and five years relevant work experience;
b. a lead clinician, qualified by an advanced degree in social work or a comparable human services field, or a bachelor's degree and at least five years of clinical work experience, and licensure; and
c. a lead case manager, qualified by an advanced degree in social work or a comparable human services field, or a bachelor's degree and at least three years of supervisory and case management experience.

NA: The organization provides post-release services only.

UC 2.06

Supervisors are trained on, or demonstrate competency in:

a. addressing and reducing stress, anxiety, secondary traumatic stress, and vicarious trauma;
b. creating an atmosphere of problem-solving and learning;
c. providing flexibility;
d. offering constructive ways to approach difficult situations with children and their sponsors; and
e. facilitating regular feedback, growth opportunities, and a structure for ongoing communication and collaboration.

UC 2.07

Direct service personnel receive ongoing training and education on:

a. physical, behavioral, and emotional signs of sexual abuse and methods of preventing and responding to such occurrences;
b. existing resources for unaccompanied children and accessing services; and
c. applicable laws and regulations pertaining to the care of unaccompanied children.

Interpretation: *Regarding element (c), applicable/relevant laws and regulations include:*

1. *the Flores Settlement Agreement;*
2. *the Trafficking Victims Protection Reauthorization (TVPRA) of 2008;*
3. *the Prison Rape Elimination Act (PREA) of 2003; and*
4. *the Violence Against Women Reauthorization Act of 2013.*

UC 2.08

Depending on the residents' needs, the organization ensures that qualified professionals and specialists are available to provide services and supports depending on the program model, population served, and specialized care needs.
Examples: *Examples of other services and providers that may be on staff or available through a formal arrangement, include:*

1. *mental health;*
2. *substance use;*
3. *crisis intervention;*
4. *medicine and dentistry;*
5. *prenatal and postnatal health care, and the developmental needs of children;*
6. *prenatal and postpartum depression screenings and care;*

7. *nursing;*
8. *education;*
9. *physical and developmental disabilities;*
10. *speech, occupational and physical therapy;*
11. *recreation and expressive therapy;*
12. *nutrition; and/or*
13. *religion and spirituality.*

UC 2.09 (FP)

A physician or other qualified medical practitioner assumes 24-hour on-call medical responsibility.
NA: The organization provides post-release services only.

Interpretation: *The standard requires professional medical oversight to ensure that residents' health needs are identified and promptly addressed. Physicians or other qualified medical practitioners must be familiar with the needs of children served.*

Interpretation: *COA recognizes that geographic placement and resources can pose barriers. The use of an emergency room or urgent care facility is acceptable for overnight hours when protocols are established. Organizations can also leverage alternative service delivery methods, such as telehealth when regional shortages of certain professional groups make in-person consultation impractical.*

UC 2.10

The organization minimizes the numbers of workers assigned to the client over the course of their contact with the organization by:

a. assigning a worker at intake or early in the contact; and
b. avoiding the arbitrary or indiscriminate reassignment of direct service personnel.

UC 2.11

Employee workloads support the achievement of positive outcomes for children served and are regularly reviewed.
Interpretation: *For organizations providing residential care, the Office of Refugee Resettlement (ORR) recommends that staff-to-case ratios should not exceed 1 to 8 for case managers and 1 to 12 for clinicians.*

For organizations providing post-release services, ORR recommends that staff-to-case ratios should not exceed 1 to 30.

Examples: *Examples of factors that may be considered when determining employee workloads include, but are not limited to:*

1. *the qualifications, competencies, and experience of the worker including the level of supervision needed;*
2. *the work and time required to accomplish assigned tasks and job responsibilities; and*
3. *service volume, accounting for assessed level of needs of clients.*

Unaccompanied Children Services

UC 3: Initial Assessment

Purpose

Unaccompanied Children Services support youth safety and well-being, facilitate family involvement and provide necessary supports to children seeking physical and emotional safety and legal protection.

The organization conducts an initial assessment to ensure that children receive prompt and responsive access to appropriate services.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- In a few rare instances, urgent needs were not prioritized; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized; or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm, and this is not being addressed in supervision or training; or
- Several client records are missing important information; or
- Client participation is inconsistent; or
- Intake or assessment is done by another organization or referral source and no documentation and/or summary of required information is present in case record.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Screening and intake procedures	
*	• Initial assessment procedures	
*	• Eligibility criteria	

*	• Admission policy	

Site Visit Evidence

*	• Criteria for making group assignments

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Children served • Review case records

UC 3.01

The program defines in writing and communicates in a language accessible to the child:

a. eligibility criteria including age, developmental stage, and special care needs;
b. scope of services, special areas of expertise, and the range of conditions addressed;
c. opportunities for family reunification and sponsorship efforts, including collaboration with other ORR pre-approved providers and entities;
d. rules, expectations, and rights aligned with ORR policy; and
e. how the facility promotes living-unit compatibility based on the characteristics, diverse service needs, and preferences of individuals.

Interpretation: *In regards to element (e), COA Accreditation recognizes that organizations, particularly those that are connected with persons served through referrals only, may have limited control of group composition. In these instances, the organization should identify the population(s) served; state how diverse service needs, preferences, and characteristics will be considered; and include strategies for promoting living-unit compatibility when possible.*

Characteristics and needs that should be considered can include age, necessary accommodations, ability to adjust to a group, gender, gender identity, and gender expression. Transgender and gender non-conforming individuals should be given access to sleeping quarters, bathroom facilities, and services based on their preferences and in accordance with applicable federal and state laws.

Interpretation: *Element (e) will not apply to organizations only providing post-release services.*

Examples: *Examples of ways that organizations can meet the grouping needs of transgender and gender non-conforming people can include, but are not limited to:*

1. *respecting the individual's name and pronouns;*
2. *providing gender neutral restrooms where facility structure allows;*
3. *having residents use restrooms one at a time;*
4. *allowing for single bedroom models; or*
5. *providing LGBTQ+ specific units.*

UC 3.02 (FP)

Prompt, responsive initial assessment practices:

a. gather information necessary to identify critical service needs and/or determine when a more intensive service is necessary;
b. gather information on family members, as available;
c. give priority to urgent needs and emergency situations including emergency health needs that require immediate medical care, mental health care, or medication;
d. identify imminent safety concerns;
e. support timely initiation of services; and
f. ensure that referral sources are notified immediately if services cannot be provided or provided promptly.

Interpretation: *Vulnerable populations, such as youth that are lesbian, gay, bisexual, transgender, or gender non-conforming and those who may be questioning their sexual orientation or gender identity (LGBTQ), are at higher risk for verbal, physical, and sexual harassment and assault. To ensure their safety, the program should create and maintain a respectful, safe and welcoming environment and provide equitable treatment throughout their duration in care.*

Note: *Timeframes for the initial intake screening should meet federal guidelines. Organizations should refer to the Office of Refugee Resettlement (ORR) for further guidance.*

UC 3.03

Organizations maintain an admission policy that includes:

a. steps and requirements for admission;
b. prohibition of discriminatory selection processes; and
c. reasons the program may decline or request transfers of referrals.

UC 3.04

The organization describes:

a. personal items children may bring with them, consistent with a physically and psychologically safe setting;
b. items that are discouraged or prohibited; and
c. any safety procedures the program follows or consequences that can result when prohibited items are brought to the program facility.

NA: The organization provides post-release services only.

Interpretation: *Regarding element (a), personal items may include: photos, books, cellphones, computers, or other electronics.*

Given the rise in information and communication technologies, it is important for organizations to specify in their admission materials what electronic devices are permitted and prohibited.

Unaccompanied Children Services

UC 4: Comprehensive Assessment

Purpose

Unaccompanied Children Services support youth safety and well-being, facilitate family involvement and provide necessary supports to children seeking physical and emotional safety and legal protection.

Children engage in a comprehensive, individualized, trauma-informed, strengths-based, culturally, and linguistically responsive assessment process that informs and guides the service delivery, case closing, and aftercare services.
NA: The organization provides post-release services only.

Interpretation: *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- In a few rare instances, urgent needs were not prioritized; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized; or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- Assessment and reassessment timeframes are often missed; or
- Assessment are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm, and this is not being addressed in supervision or training; or
- Several client records are missing important information; or
- Client participation is inconsistent; or
- Intake or assessment is done by another organization or referral source and no documentation and/or summary of required information is present in case record.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Assessment and re-assessment procedures	
*	• Copy of assessment tool(s)	

Site Visit Evidence

*

- Community resource and referral list

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served
- Review case records

UC 4.01

The information gathered for assessments complies with ORR regulations and is:

a. directed at concerns identified in the initial screening; and
b. focused on information pertinent for meeting service requests and objectives.

UC 4.02 (FP)

A comprehensive, culturally and linguistically responsive assessment is conducted within 5 days of admission by a qualified and trained professional that includes:

a. migration journey and apprehension information;
b. exploration of family relationships;
c. the child's strengths, skills, special interests, and personal goals;
d. a basic legal screening;
e. a trauma screen and trauma assessment, when appropriate;
f. criminal history;
g. risk of suicide, self-injury, neglect, exploitation, and/or violence toward others;
h. a basic disabilities screening;
i. a mental health evaluation;
j. candidacy for community based foster care;
k. factors related to successful group living; and
l. substance use history.

Interpretation: *Unaccompanied children may be a candidate for community based foster care within the ORR network if:*

1. *the child is expected to have a protracted stay of four or more months in ORR custody because he or she does not have a viable sponsor;*
2. *a legal service provider has identified the child or youth as potentially eligible for immigration relief; and*
3. *the child is under the age of 17 years and 6 months at the time of placement.*

Interpretation: *The organization should comply with mandatory reporting laws and only release information with requests that have been approved through the proper channels within the ORR.*

Interpretation: *Personnel that conduct evaluations should be aware of the indicators of a potential trafficking victim including, but not limited to, evidence of mental, physical, or sexual abuse; physical exhaustion; working long hours; living with employer or many people in confined area; unclear family relationships; heightened sense of fear or distrust of authority; presence of older significant other or pimp; loyalty or positive feelings towards an abuser; inability or fear of making eye contact; chronic running away or homelessness; possession of excess amounts of cash or hotel keys; and inability to provide a local address or information about parents.*

Examples: *The organization can help to engage and motivate individuals by demonstrating:*

1. *sensitivity to the willingness of the child to be engaged;*
2. *a non-threatening manner;*

3. *respect for the child's autonomy and confidentiality;*
4. *flexibility; and*
5. *persistence.*

Examples: *Safety issues may arise when placing individuals, with little or no notice, into a communal living environment prior to completion of a full assessment. The organization should support the smoothest transition possible for children who are both new and currently receiving services.*

Factors that can impact group living success can include:

1. *possible reciprocal individual and group effects;*
2. *the individual's ability to adjust to a group;*
3. *safety issues;*
4. *previous placements; and*
5. *trauma history.*

UC 4.03

Reassessments are conducted as needed, according to the needs of the service recipient.
Interpretation: *Reassessments are completed within timeframes established by the ORR or more frequently based on the population served.*

Interpretation: *Organizations should have protocols that address reassessment for children that return after an episode of running away to welcome and reintegrate children back into the program, as well as respond to children’s physical and clinical needs.*

Unaccompanied Children Services

UC 5: Service Planning and Monitoring

Purpose

Unaccompanied Children Services support youth safety and well-being, facilitate family involvement and provide necessary supports to children seeking physical and emotional safety and legal protection.

Children participate in the development and ongoing review of a service plan that is the basis for the delivery of appropriate services and supports.
NA: The organization provides post-release services only.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- In a few instances, client or staff signatures are missing and/or not dated; or
- With few exceptions, staff work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc.; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- In several instances, client or staff signatures are missing and/or not dated; or
- Quarterly reviews are not being done consistently; or
- Level of care for some clients is clearly inappropriate; or
- Service planning is often done without full client participation; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Individual staff members work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc., but this is the exception.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Service planning and monitoring procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served

- Review case records

UC 5.01 (FP)

The assessment-based service plan is developed in a timely manner with the full participation of the child and includes:

a. agreed upon goals, strengths, desired outcomes, and timeframes for achieving them;
b. services and supports to be provided, and by whom;
c. procedures for expedited service planning when crisis or urgent need is identified; and
d. the signature of the child and/or legal guardian, as appropriate.

UC 5.02 (FP)

Safety plans are developed, when appropriate, and are based on the risk assessment and specialized care needs of the child.

UC 5.03

The worker and a supervisor, or a service or peer team, participate in a documented 30 day review of the service plan to assess:

a. service plan implementation;
b. progress toward achieving service goals and desired outcomes;
c. the continuing appropriateness of the service goals; and
d. the need to revise, cancel, or add new goals and/or objectives.

Interpretation: *Programs serving unaccompanied children are required by the Office of Refugee Resettlement (ORR) to review and update service plans 30 days after the comprehensive assessment is completed. Best practice is to conduct a more frequent review given that these children are a vulnerable population with unique service needs and in care for a limited time period.*

Interpretation: *Regarding documentation, any revisions to the service plan or service goals should be signed by staff conducting the case review, and case notes should reflect that the child understands and is involved in any changes to goals and/or objectives.*

Interpretation: *Timeframes for service plan reviews should be adjusted depending upon:*

1. *issues and needs of persons receiving services;*
2. *frequency and intensity of services provided;*
3. *changes in child's life situations or psychological conditions; and*
4. *frequency of contact with informal caregivers and cooperating providers.*

Interpretation: *When experienced workers are conducting reviews of their own cases, the worker's supervisor must review a sample of the worker's evaluations as per the requirements of the standard.*

UC 5.04

The worker and child, and potential sponsors, family members, and other supportive individuals with the consent of the child when appropriate:

a. review progress toward achievement of agreed upon service goals to the extent possible; and
b. sign revisions to service goals and plans.

Unaccompanied Children Services

UC 6: Service Array

Purpose

Unaccompanied Children Services support youth safety and well-being, facilitate family involvement and provide necessary supports to children seeking physical and emotional safety and legal protection.

The program provides children with a wide array of structured, developmentally and age appropriate services and supports that are culturally responsive and tailored to meet their social and emotional needs, strengths, and interests.
NA: The organization provides post-release services only.

Interpretation: *Services should be tailored to meet and be sensitive to the needs of a diverse population of children including those who are lesbian, gay, bisexual, or gender non-conforming and those who may be questioning their sexual orientation or gender identity (LGBTQ).*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for the provision of services including: 1. Medical examination and health care services 2. Educational services 3. Counseling 4. Legal aid 5. Facilitating social and community connections 6. Adaptation and acculturation services	

Site Visit Evidence

*

- Informational health and wellness materials
- Informational materials on legal aid and assistance
- Academic curriculum/information outlining educational instruction
- Service agreements with community partners, as applicable

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Children served

- Review case records
- Verify employment of physician or qualified medical practitioner either directly or via contract
- Verify employment of trained clinical professional

UC 6.01 (FP)

A qualified medical practitioner conducts a comprehensive medical examination within 48 hours of admission for all children to:

a. collect information regarding the child's medical history;
b. perform a general health assessment;
c. screen for infectious diseases; and
d. evaluate their ability to participate in athletic activities, if appropriate.

Interpretation: *Unaccompanied children must receive a complete medical examination within 48 hours of admission, unless they were recently examined at another facility. In these circumstances, the organization needs to obtain documentation and include all medical information in the child's case record.*

Interpretation: *Qualified medical practitioner refers to a licensed physician, registered nurse, nurse practitioner, physician's assistant, or other healthcare professional that is permitted by law and the organization to provide medical care and services without direction or supervision.*

UC 6.02 (FP)

Children have access to appropriate health care services including:

a. routine medical and dental care;
b. family planning services;
c. emergency health services;
d. immunizations;
e. administration of prescribed medications and special diets; and
f. behavioral interventions, as appropriate.

UC 6.03

The organization offers age-appropriate educational instruction on-site that is based on:

a. an educational needs assessment; and
b. a plan that is tailored to the individual academic development, literacy level, and linguistic ability of each child.

Interpretation: *While residing in Office of Refugee Resettlement (ORR) placement settings (versus long-term foster care), Unaccompanied Children do not attend public school. Programs may coordinate with local public school districts that provide teachers and/or educational materials as needed.*

Note: *The Office for Refugee Resettlement requires the educational assessment to happen within 72-hours of a UC's admission into the facility and the children receive a minimum of six hours of structured education Monday through Friday, through the year. Learning materials must reflect cultural diversity and sensitivity and include a variety of age-appropriate subjects.*

UC 6.04

The program provides children with:

a. culturally responsive services that are individually tailored to their age, developmental level, social and emotional needs, strengths, and interests;
b. opportunities to interact with peers in a positive, respectful, and cooperative manner;
c. mechanisms to formally and informally express feedback including dissatisfaction with aspects of care; and
d. predictability and structure.

UC 6.05

Social and community connections are encouraged by providing children opportunities to participate in:

a. recreational and leisure activities;
b. educational and independent life skills training;
c. religious observances in the faith group or spirituality of choice;
d. culturally-appropriate events consistent with his or her heritage; and
e. group activities where they can meet, support, and share experiences with peers.

Interpretation: *The Office of Refugee Resettlement requires children be allotted recreation and leisure time that includes daily outdoor activity, weather permitting, with at least one hour per day of large muscle activity and one hour of structured leisure time activities (that should not include time spent watching television). Activities should be increased to a total of three hours on days when school is not in session.*

UC 6.06

The organization provides counseling and support services that include:

a. at least one individual counseling session per week conducted by a trained clinical professional; and
b. a minimum of two group counseling sessions per week that focus on acclimating to the program structure, staff, and group living environment.

Interpretation: *Individual counseling sessions should focus on addressing the unique developmental and crisis-related needs of the child. The clinical worker should actively engage the child in establishing short-term objectives and reviewing progress towards achieving his or her goals.*

Group sessions should involve all children served within the program facility and are conducted in an informal manner. The sessions should allow new children to get acquainted with the rules and structure of the program. The forum also should allow for staff and children to get to learn about one another. During the group sessions, children and staff should have the opportunity to discuss program activities and have a dialogue about any problems or concerns.

UC 6.07

Children receive information about legal aid and are connected with appropriate legal services.

UC 6.08

The organization offers acculturation and adaptation services to aid in the development of social and interpersonal skills.
Examples: *Examples of acculturation and adaption services may include:*

1. *English language classes;*
2. *celebration of U.S. holidays;*
3. *discussion of U.S. laws and the legal system;*
4. *field trips to local historical or cultural points of interest;*
5. *access to community services; or*
6. *tailored academic education and instruction, for example, lessons on U.S. history or geography.*

Unaccompanied Children Services

UC 7: Services for Pregnant and Parenting Youth

Purpose

Unaccompanied Children Services support youth safety and well-being, facilitate family involvement and provide necessary supports to children seeking physical and emotional safety and legal protection.

The organization utilizes a family-centered service model to:

a. empower pregnant and parenting youth; and
b. support and promote the well-being of their children and other family members.

NA:

- The organization does not serve pregnant and/or parenting youth.
- The organization provides post-release services only.

Interpretation: *"Parenting youth" refers to youth that are accompanied by children in their care.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for providing or arranging services for children and parents	
*	• Procedures for evaluating educational needs and collaborating with schools	

*	• Policy prohibiting corporal punishment	
*	• Parenting education curricula table of contents	

Site Visit Evidence

*	• Informational materials provided to parents • Parenting education curricula

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Pregnant and/or parenting youth served • Review case records

UC 7.01

The organization supports youth's efforts to care for and nurture their children, and provides or arranges for children to receive services that address, as appropriate:

a. health and medical needs;
b. mental health needs;
c. trauma history;
d. educational needs;
e. social and recreational needs;
f. developmental needs including any developmental delays;
g. attachment to parents and extended family; and
h. behavioral issues.

NA: The organization does not allow youth to bring their children to the program.

Interpretation: *Children accompanying their parents may be in need of therapeutic, health, developmental, and other services to address specific delays and conditions. Simply allowing the children to stay with their mothers is not adequate to meet the needs of the family.*

Example: *Examples of appropriate programming services can include play groups, recreational activities, educational activities, counseling, and therapeutic services.*

UC 7.02

Organizations evaluate the educational status and needs of school-age children and:

a. inform youth of their children's educational rights;
b. help youth coordinate educational services; and
c. assist children to stay current with the curricula.

NA: The organization does not allow youth to bring their children to the program.

UC 7.03

The organization provides or arranges child care, as appropriate.
NA: The organization does not allow youth to bring their children to the program.

UC 7.04 (FP)

To promote positive parenting practices, the organization:

a. has a policy that prohibits corporal punishment of children by parents;
b. ensures all parents are informed of this policy;
c. promotes, encourages, and educates both parents and providers about alternatives to corporal punishment; and
d. provides or refers parents to parent education classes or workshops as appropriate.

NA: The organization does not allow youth to bring their children to the program.

UC 7.05

Pregnant youth are provided or linked with specialized services that include, as appropriate:

a. pregnancy counseling;
b. prenatal health care;
c. genetic risk identification and counseling services;
d. fetal alcohol syndrome screening;
e. labor and delivery services;
f. postpartum care;
g. mental health care;
h. pediatric health care, including well-baby visits and immunizations;
i. peer counseling services; and
j. children's health insurance programs.

NA: The organization does not serve pregnant youth.

Interpretation: *Regarding element (g), expectant mothers should be screened for depression, informed about postpartum depression, and connected to available support and treatment services.*

UC 7.06

Pregnant youth are educated about the following prenatal health topics:

a. fetal growth and development;
b. the importance of prenatal care;
c. nutrition and proper weight gain;
d. appropriate exercise;
e. medication use during pregnancy;
f. effects of tobacco and substance use on fetal development;
g. what to expect during labor and delivery; and
h. benefits of breastfeeding.

NA: The organization does not serve pregnant youth.

Interpretation: *These topics may be addressed by qualified medical personnel in the context of prenatal health care.*

UC 7.07

Pregnant and parenting youth are helped to develop skills and knowledge related to:

a. basic caregiving routines;
b. child growth and development;
c. meeting children's social, emotional, and physical health needs;
d. environmental safety and injury prevention;
e. parent-child interactions and bonding;
f. age-appropriate behavioral expectations and appropriate discipline;
g. family planning; and
h. developing supportive relationships with family members or caring adults and establishing functioning support network.

NA: The organization does not serve pregnant and/or parenting youth.

Interpretation: *Organizations should tailor how topics are addressed based on service recipients' needs. For example, when serving expectant parents or parents of young children, education on environmental safety and injury prevention should address topics, such as safe practices for sleeping and bathing.*

Unaccompanied Children Services

UC 8: Program Facilities

Purpose

Unaccompanied Children Services support youth safety and well-being, facilitate family involvement and provide necessary supports to children seeking physical and emotional safety and legal protection.

Program facilities contribute to a physically and psychologically safe, healthy, non-institutional, homelike environment.
NA: The organization provides post-release services only.

Interpretation: *"Homelike" settings are assessed within the context of the organization's location and environment.*

Note: *Please see the Facility Observation Checklist for additional guidance on this standard.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for maintaining a clean and safe environment	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*	• Interviews may include: 1. Program director

2. Relevant personnel
3. Children served

- Observe facilities and outdoor areas/grounds

UC 8.01

The program facility serves children in a supportive setting that:

a. enables them to feel physically and psychologically safe and secure; and
b. provides a developmentally appropriate and culturally responsive environment, with clear and consistent rules and behavioral expectations that are developed with their participation.

UC 8.02

Living quarters consist of separate cottages or small scale living environments in the residential building that include:

a. a common room, dining and/or kitchen area, and space for indoor recreation;
b. private areas where children can meet with family and friends;
c. private facilities for bathing, toileting, and personal hygiene; and
d. ready access to a telephone with preprogrammed numbers and other technology, as permitted, for use by children and personnel.

Interpretation: *Regarding element (c), programs must have gender-specific sleeping areas and facilities for bathing, toileting, and personal hygiene to ensure a child's privacy from children of the opposite gender.*

Programs should also have facilities that are developmentally appropriate and culturally responsive including outdoor and indoor play spaces with adequate toys, books, and other recreational supplies as referenced in element (a).

Interpretation: *Care providers must provide Unaccompanied Children access to telephones with preprogrammed numbers for the UAC Sexual Abuse Hotline, CPS, and the local community service provider or national rape crisis hotline. Care providers should include other preprogrammed telephone numbers, such as telephone numbers for consulates or a legal service provider, in order to avoid any stigma in using the preprogrammed telephones. Preprogrammed telephones must be placed in areas of the facility where children may easily access them without assistance from staff but where they are also afforded some level of privacy so that other children and staff cannot easily listen to telephone conversations. The care provider must ensure that all youth are taught how to access and use preprogrammed telephones as part of educational sessions when describing available reporting methods.*

UC 8.03

Personal accommodations for children are age, developmentally, gender, and culturally appropriate and include:

a. single rooms, rooms for groups of two to four children, and/or accommodations for larger groups, if appropriate for therapeutic reasons;
b. adequately and attractively furnished rooms with a separate bed for each child including a clean, comfortable, covered mattress, pillow, sufficient linens, and blankets;
c. a non-stacking crib for each infant and toddler that is 24 months or younger that meets safety guidelines, as applicable; and
d. a safe place, such as a locker, to keep personal belongings and valuables.

Interpretation: *Group assignments and room accommodations may be adjusted as appropriate to the service provided, therapeutic considerations, level of risk, or developmental appropriateness.*

Examples: *National advocacy standards suggest that single rooms have at least 100 square feet of floor space and rooms housing more than one individual have at least 80 square feet per person. Group assignments and room accommodations may be adjusted as appropriate to the service provided, therapeutic considerations, level of risk, or developmental appropriateness.*

Examples: *The Consumer Product Safety Commission (CPSC) provides standards to ensure safety for full-size and non-full size crib. The American Academy of Pediatrics recommends that cribs are used by children under 90 centimeters (35 inches) tall.*

UC 8.04

Children participate actively in:

a. decorating and personalizing their sleeping area;
b. choosing clothing preferences, as appropriate; and

c. contributing to decisions about how to make living areas inviting, comfortable, and reflective of the their interests and diversity.

UC 8.05

The program facility provides:

a. adequate space for storage and maintenance needs;
b. sufficient and culturally appropriate supplies and equipment to meet the needs of children served;
c. access to a computer and the internet;
d. adequate space for administrative support functions, food preparation, housekeeping, laundry, maintenance, and storage;
e. rooms for providing on-site services, as applicable;
f. accommodations for informal gathering of children including during inclement weather;
g. at least one room suitably furnished for the use of on-duty personnel; and
h. private sleeping accommodations for personnel who sleep at the facility, if applicable.

UC 8.06

The residential facility and outdoor space is clean and maintained in good condition to promote the health and safety of personnel and children served.

Interpretation: *The facility's outdoor area should be inviting and contain sufficient space for recreational activities. Outdoor equipment must meet all playground equipment safety standards and be appropriate for the number, age, and developmental level of children served.*

Unaccompanied Children Services

UC 9: Privacy Provisions

Purpose

Unaccompanied Children Services support youth safety and well-being, facilitate family involvement and provide necessary supports to children seeking physical and emotional safety and legal protection.

The organization provides for comfort, dignity, privacy, and safety.
NA: The organization provides post-release services only.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Privacy policy	
*	• Privacy procedures	

Site Visit Evidence

*	• Judicial order, law, or contract, as applicable (UC 9.02 b.)

On-Site Activities

*	• Interviews may include: 1. Program director

2. Relevant personnel
3. Children served

- Observe facility

UC 9.01 (FP)

The organization ensures service recipients' comfort, dignity, privacy, and safety by:

a. prohibiting the use of surveillance cameras or listening devices of persons in bedrooms;
b. maintaining doors on sleeping areas and bathroom enclosures;
c. providing one- or two-person rooms to service recipients who need extra sleep, protection from sleep disturbance, or extra privacy for clinical reasons; and
d. requiring employees to knock before entering a service recipient's room unless there is an immediate health or safety concern.

Interpretation: *When organizations are required to employ alternate practices, documentation must be provided to justify the practice. Documentation may include a judicial order, law, contract, a copy of the state's safety plan for a resident, or clear, clinical written justification for a resident.*

Sensitivity should always be taken to ensure that all service recipients, especially abuse or trauma survivors and the LGBTQ population, feel safe and not violated.

UC 9.02 (FP)

Searches of children or their property are conducted in a trauma-informed manner that respects client rights, dignity, and self-determination and include, as appropriate to the frequency and invasiveness of searches:

a. communicating to service recipients policies for searches of individuals or their property;
b. timely notification of required parties within the ORR network;
c. definition and documentation of reasonable cause and assessed risk of harm to self or others;
d. trained, qualified staff; and
e. an administrative review process including documentation, notification, and the timetable for review.

Interpretation: *The invasiveness of the search to be conducted has a direct impact on all aspects of search procedures. Organizations must demonstrate that more invasive searches are associated with an increased level of risk, reasonable cause, staff competence, and level of administrative review. More invasive searches should only be performed only by specially trained and qualified staff.*

UC 9.03 (FP)

The organization respects the child’s privacy by only reviewing mail when a previous incident involving the child indicates that:

a. the mail is suspected of containing unauthorized, dangerous, or illegal material or substances, in which case it may be opened by the child in the presence of designated personnel; or
b. receipt or sending of unopened mail is contraindicated with a clinical or legal justification.

Interpretation: *Organizations should have electronic messaging and social networking policies, procedures, and/or protocols for staff and children and their families.*

Interpretation: *Correspondence between children and their families, friends, and other social supports should be encouraged, and not monitored nor used as a reward or punishment.*

Examples: *Examples of mail include: letters, packages, emails, and other forms of correspondence via electronic messaging.*

UC 9.04 (FP)

All children can have private telephone conversations, and any restriction is:

a. based on contraindications and/or a court order;
b. approved in advance by the program director or an appropriate designee;
c. documented in the case record; and
d. re-authorized weekly by the immediate supervisor of the direct service provider.

Unaccompanied Children Services

UC 10: Care and Supervision

Purpose

Unaccompanied Children Services support youth safety and well-being, facilitate family involvement and provide necessary supports to children seeking physical and emotional safety and legal protection.

The organization provides 24-hour-a-day supportive care and supervision tailored to each child's developmental, cultural, educational, clinical, and safety needs.
NA: The organization provides post-release services only.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
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Table of Evidence

Self Study Evidence

*	• Children/personnel care and supervision ratios	
*	• Supervision and scheduling criteria	

Site Visit Evidence

*	• Resident/personnel care and supervision coverage schedules for the previous six months

On-Site Activities

*	• Interviews may include:

1. Program director
2. Relevant personnel
3. Children served

- Review case records

UC 10.01
Adequate care and supervision are provided at all times according to the developmental level, age, and emotional or behavioral needs of children served.

UC 10.02 (FP)
Each child's basic daily living requirements are met in a culturally responsive manner including necessary nutrition, clothing, and allowances.
Interpretation: *Children should be provided with a variety of nutritious food options. Special diets should be planned to meet the modified needs of children as necessary.*

UC 10.03
Children and youth have sufficient uninterrupted sleep and, when practical, follow familiar routines for bedtime, bathing, and meals.

UC 10.04
Adults that provide direct care and supervision offer children:

a. a positive role model;
b. nurturance, structure, support, respect, and active involvement;
c. services provided in a safe, secure environment
d. predictable limit-setting;
e. flexibility when appropriate and in the child's best interest;
f. guided practice to learn effective communication, positive social interaction, and problem solving skills; and
g. education and skills training specific to risk-taking behaviors including practice with decision making and anger management.

Interpretation: *Measures that promote security should address prohibition of weapons and gang activity.*

Examples: *Regarding element (d), being flexible with codified rules that contradict a resident's best interest will allow the organization to provide individualized care that is tailored to the resident's needs. For example, being flexible with bedtimes for a resident who may have experienced nighttime trauma rather than strictly enforcing a lights out time allows the organization to be responsive to the needs of residents.*

UC 10.05
The organization establishes procedures for preventing and responding to missing and runaway children that address:

a. creating an environment that provides a sense of safety, support, and community;
b. identifying risks or triggers that may indicate likeliness to run away from programs;
c. communication and reporting to relevant staff, authorities, and parents or legal guardians; and
d. welcoming, screening, and debriefing when children return to the program.

UC 10.06 (FP)
Care and supervision is provided by:

a. personnel-to-participant ratios for day time and overnight hours that are appropriate to the program model, length of stay, population served, and their age, developmental and clinical needs;
b. sufficient number of qualified personnel on-site that can respond to emergency situations and meet the special needs of residents at busy or more stressful periods;
c. an on-call, professional staff member available on a 24-hour basis;
d. rotating after-hours and holiday coverage when needed; and
e. same-gender and cross-gender supervision when indicated by individual treatment needs.

Interpretation: *The organization must demonstrate that based on their program model and the population served their staffing ratios for day time overnight coverage are addressing potential risks and meeting the needs of their clients.*

Example: *National recommendations for the supervision of children in residential care is that there are no more than four children per worker during waking hours and no more than eight children per worker during overnight hours.*

UC 10.07 (FP)

There is at least one person on duty at each service delivery location any time persons served are present who has received first aid and age-appropriate CPR training in the previous two years that included an in-person, hands-on CPR skills assessment conducted by a certified CPR instructor.

Unaccompanied Children Services

UC 11: Sponsorship and Family Involvement

Purpose

Unaccompanied Children Services support youth safety and well-being, facilitate family involvement and provide necessary supports to children seeking physical and emotional safety and legal protection.

The organization supports family reunification efforts by identifying and engaging potential sponsors to ensure safe and appropriate placements for children awaiting immigration proceedings.
NA: The organization provides post-release services only.

Interpretation: *Organizations providing temporary care to unaccompanied children are responsible for family reunification efforts. As part of the reunification process, organizations are required to engage family members located in the United States and the child's country of origin. While the Office of Refugee Resettlement (ORR) is responsible for making the determination on whether or not the child will be released to family members or other authorized individuals, the organization (the ORR contracted provider) is required to vet all potential sponsors (e.g., ensure mandatory background checks are complete, verify relationships with potential sponsors, and communicate with ORR to determine if home study or post-release services are in the child's best interest) and document all relevant information in the child's case record.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Sponsor assessment criteria	
*	• Sponsor assessment tool	
*	• Procedures for: 1. Facilitating family involvement and engagement	

2. Sponsor identification, screening, and assessment
3. Making a sponsorship determination

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
  1. Program director
  2. Relevant personnel
  3. Children served

- Review case records

UC 11.01

The organization helps every child to:

a. express the nature of family connection desired;
b. prevent, manage, and reduce family conflicts and develop problem-solving skills;
c. identify family strengths that help members meet challenges;
d. cope with family separation and grieve the loss of family; and
e. prepare for return to the family, if appropriate.

UC 11.02

The organization supports family involvement and engagement, regardless of their immigration status, by:

a. providing assistance or support including travel arrangements, as needed;
b. encouraging the family's active participation in decision-making;
c. providing an environment conducive to family visits and activities;
d. coordinating or facilitating family services, as appropriate; and
e. re-establishing parental and family care, when in the best interest of the child.

Interpretation: *In cases where the child is a victim of human trafficking, it is important to be aware that the child's parent or caregiver may be the trafficker or complicit in the trafficking. In such cases, determining appropriate family supports and level of involvement should include the input of the child, as well as child welfare and law enforcement systems.*

UC 11.03

To identify, notify, and engage potential sponsors, the organization:

a. interviews the child and his or her parents, legal guardians, and/or family members; and
b. works with the child's country of origin in collaboration with the Office of Refugee Resettlement.

UC 11.04 (FP)

The organization implements safe, appropriate screening measures when communicating with potential sponsors that include:

a. use of interpreters, when appropriate;
b. verification of the sponsor's identity and his or her family relationships;
c. coordination with the child's parents, legal guardians, or closest relatives, as appropriate;
d. screening for exploitation, abuse, trafficking, or other safety concerns; and
e. assessing the child's own sense of safety.

UC 11.05

When a sponsor has been identified, a sponsor assessment is conducted to evaluate his or her:

a. strengths, resources, and risk factors within the context of the child's needs; and

b. relationship with the child.

UC 11.06

The child is actively engaged in the sponsorship process and encouraged to discuss his or her interest in and understanding of sponsorship, as appropriate to his or her age, cultural needs, and developmental level.

UC 11.07

The sponsorship decision is based on what is in the best interest of the child and all family reunification efforts and any decisions related to sponsorship are documented in the child's case record.

Interpretation: *Although the Office of Refugee Resettlement (ORR) has the authority to make the final determination pertaining to a child's release to a sponsor, the organization is responsible for providing ORR with transfer and release recommendations based on all available information collected during the vetting process. The organization also advocates for the child and his or her unique needs in relation to the potential sponsorship placement.*

Interpretation: *The organization documents why the goal is in the best interest of the child and why other sponsors and/or placement options were not appropriate in the case record. If siblings are not placed together, the organization must document the reason in the case record.*

Unaccompanied Children Services

UC 12: Home Study

Purpose

Unaccompanied Children Services support youth safety and well-being, facilitate family involvement and provide necessary supports to children seeking physical and emotional safety and legal protection.

The home study process builds on the sponsor assessment and determines the sponsor's ability to care for the child and meet his or her needs.

NA:

- The organization does not provide home studies.
- The organization provides post-release services only.

Note: *Home studies of potential sponsors are conducted in accordance with applicable federal laws and regulations and when deemed necessary to ensure health, safety, and well-being of the unaccompanied child. While not every child will receive a home study, the organization should have the capacity to provide a home study to those that do.*

If the organization does not provide home studies directly, it should document all participation in the home study process and any collaborative efforts with the home study provider in the case record.

Note: *The Office of Refugee Resettlement (ORR) requires a home study under the following circumstances:*

1. *when a non-relative sponsor is seeking to sponsor multiple children, or has previously sponsored or sought to*
2. *sponsor a child and is seeking to sponsor additional children; and*
3. *when the child is under the age of 12 and the sponsor is not a family member/relative.*

Aside from federal laws and regulations, a home study may also be conducted if additional information is needed to determine whether the sponsor is able to provide necessary care to the child, as determined by the organization during the sponsor assessment process.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

* • Home study procedures	
* • Home study tool	
* • Procedures for background checks	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

* • Interviews may include:
    1. Program director
    2. Relevant personnel
  • Review case records

UC 12.01
The information gathered for home studies is limited to material pertinent to sponsorship.

UC 12.02
Home study assessments are conducted in a culturally-responsive manner and identify potential strengths and opportunities to promote service participation and success.

UC 12.03
The home study builds on the sponsor assessment and confirms:

a. the relationship between the sponsor and the child;
b. the child's relationship to individuals already living in the home;
c. the sponsor's cultural sensitivity and willingness to support the child's cultural ties; and
d. the sponsor's commitment to the child.

UC 12.04 (FP)
The home study explores the sponsor's ability to ensure the health, safety, and well-being of the child and includes an assessment of:

a. the sponsor's ability to meet the needs of the child;
b. the family's ability to support the child;
c. the needs of children already living in the home;
d. the sponsor's physical and mental health status; and
e. the sponsor's level of education, employment, and financial status.

UC 12.05
Home study case managers:

a. identify necessary resources and supports for successful sponsorship;
b. provide psychoeducation services; and
c. educate and prepare the potential sponsor for caretaking responsibilities.

UC 12.06 (FP)
The home study is a collaborative process to determine if the placement is appropriate and includes:

a. one or more visits to the sponsor's home;
b. in-person interviews with the sponsor and other individuals living in the home;
c. reference checks;
d. criminal background and child abuse and neglect registry checks for all adults living in the home according to applicable federal and state requirements; and
e. preparation of a home study report with a recommendation regarding the sponsor's ability to meet the needs of the child.

Interpretation: *The case manager can consider additional information offered by the sponsor after they review the home study. The organization should develop criteria for the review of criminal background checks that specifies how the organization evaluates and responds to reports indicating criminal offenses. Sponsors should be informed of the organization's policy regarding criminal convictions at the beginning of the process and that the ORR may require additional checks, verification, or procedures for sponsors if there are any unresolved issues or questions related to the well-being of the child.*

Interpretation: *Regarding element (e), the final recommendation must present a comprehensive and detailed assessment of the sponsor's ability to care for the needs of the child and address any additional information that emerges during the course of the home study regarding the sponsor, the sponsor's household, or the child.*

Unaccompanied Children Services

UC 13: Transfer of Care and Custody

Purpose

Unaccompanied Children Services support youth safety and well-being, facilitate family involvement and provide necessary supports to children seeking physical and emotional safety and legal protection.

The organization prepares the child and sponsor for the transfer of care and custody.
NA: The organization provides post-release services only.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for transfer of custody within the ORR timeframes	

Site Visit Evidence

*	• Education, training, and informational materials provided to the child and sponsors

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Children served 4. Sponsors

- Review case records

UC 13.01

Age-appropriate services that prepare the child for transfer of custody include:

a. counseling to understand and cope with reunification, separation, and/or family loyalty issues;
b. developing a safety plan to address any outstanding needs and to ensure the child's safe and successful integration into the sponsor family unit and community; and
c. support to manage changing roles and relationships.

UC 13.02

Sponsors receive information on and understand the following:

a. the process for completing the transfer of custody;
b. the importance of providing a stable home for the child and creating a path to permanency; and
c. how to access support services and community resources.

UC 13.03

Sponsors are prepared for the transfer of custody through education, training, and support that address the following, as appropriate:

a. attachment and bonding;
b. changing roles and relationships including sibling relationships;
c. helping a child cope with separation and loss;
d. the importance of maintaining connections with the child's family, when possible and appropriate;
e. child development and parenting techniques including special considerations for a child's transition into adolescence;
f. raising a child of a different race, ethnicity, culture, or religion;
g. caring for a child with special care needs; and
h. a history of maltreatment, abuse, neglect, or exploitation including human trafficking.

Interpretation: *Educating parents or sponsors on sex and labor trafficking is an important component to prevention, identification, and treatment. Information provided should address how parents can raise their children in an environment free of abuse, neglect, and exploitation, through information on topics, such as internet safety, how to respond when a child runs away, and developing healthy relationships.*

UC 13.04

Once the ORR approves an unaccompanied child for release, the care provider collaborates with the sponsor to ensure physical discharge happens as quickly as possible.
Interpretation: *The ORR has a timeframe of 3 calendar days after ORR approves this release.*

Unaccompanied Children Services

UC 14: Post-Release Services

Purpose

Unaccompanied Children Services support youth safety and well-being, facilitate family involvement and provide necessary supports to children seeking physical and emotional safety and legal protection.

Post-release services are individualized based on the assessed needs of the child and:

a. ensure child safety and well-being;
b. provide linkages to necessary services and supports including legal services, education assistance, mental health counseling, and medical care:
c. support a positive family reunification and family preservation; and
d. help create a path to permanency.

NA: The organization does not provide post-release services.

Interpretation: *Although the goal of post-release services is physical, emotional, and legal permanence, the attainment of permanency is complicated by the fact that children who are released to sponsors are still in active legal proceedings. Children who are not eligible for legal relief, or who do not comply with immigration court requirements, may receive an order of removal or opt for voluntary departure from the United States, ultimately affecting the long-term stability of their sponsorship placement.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Assessment procedures	
*	• Service planning procedures	

*	• Copy of assessment tool	
*	• Service form/template	
*	• Procedures for the provision of post-release services	
*	• Procedures for referring children to services	

Site Visit Evidence

*	• Community resource and referral list

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Children served 4. Sponsors • Review case records

UC 14.01

The organization works with the child and sponsor to provide child-focused, family-driven, and culturally and linguistically responsive post release services to:

a. assess the child's needs; and
b. develop a plan that specifies steps for obtaining necessary services based on the assessment.

UC 14.02

To facilitate family reunification and community integration, case managers work to build trust and establish rapport with the child and their sponsor by:

a. identifying family strengths and protective factors;
b. actively engaging the family unit in goal-planning;
c. building respectful, trust-based relationships with the child and sponsor; and
d. empowering families to navigate unfamiliar systems and resources.

UC 14.03

Family reunification services promote family stability and ensure the child's physical and psychological safety and well-being, and include:

a. continuous assessment and monitoring of the appropriateness of the placement;
b. a minimum of three home visits;
c. identifying resources to support the family's basic needs;
d. education on appropriate parenting skills and practices; and
e. referrals for more intensive services and interventions.

Examples: *In regards to element (d), parenting skills and practices may address:*

1. *using appropriate methods of discipline;*
2. *managing and coping with mood and behavior problems;*

3. *positive parent-child communication;*
4. *decision-making;*
5. *collaborating effectively with the child's service providers and relevant institutions.*

UC 14.04

Case managers provide referrals to legal services and assist with court compliance by:

a. educating the family about the immigration process including possible forms of immigration relief and the importance of representation;
b. serving as an intermediary between the child and legal service provider;
c. helping the child and their sponsor prepare for and comply with immigration court requirements; and
d. assisting the sponsor in initiating steps towards obtaining legal guardianship of the child, when appropriate.

UC 14.05 (FP)

Children are linked with culturally and linguistically sensitive mental health and medical services and receive education on the importance of mental health and physical well-being.
Example: *Examples of cultural considerations include, but are not limited to:*

1. *lack of familiarity with systems and services;*
2. *language barriers;*
3. *immigration status;*
4. *cultural views of mental health and treatments;*
5. *concerns of stigma; and*
6. *fear and mistrust.*

UC 14.06

Education assistance includes:

a. helping the sponsor with school enrollment;
b. advocating for the child's educational needs including access to ESL classes and tutoring;
c. teaching the sponsor about the educational system and how to communicate with the child's school; and
d. providing the child with strategies for navigating the school environment.

Example: *In regards to element (d), strategies can include techniques for:*

1. *making new friends/developing friendships;*
2. *participating in extracurricular activities;*
3. *avoiding gang violence;*
4. *communicating with teachers and guidance counselors;*
5. *learning about American culture; and*
6. *responding to and reporting bullying, harassment, and/or inappropriate behavior from other students or school personnel.*

UC 14.07

The organization works with local service providers to reduce barriers to care and coordinate referrals to community-based services and supports.
Example: *Community-based services and supports can include:*

1. *acculturation and adjustment;*
2. *religious and spiritual practice;*
3. *juvenile justice; and*
4. *pregnant and parenting youth resources.*

Unaccompanied Children Services

UC 15: Case Closing and Aftercare

Purpose

Unaccompanied Children Services support youth safety and well-being, facilitate family involvement and provide necessary supports to children seeking physical and emotional safety and legal protection.

The organization works with the child and their sponsor to plan for case closing and, when possible, to develop aftercare plans.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- In a few instances, the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing evaluation is not consistently provided to the public authority per the requirements of the standard.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are frequently terminated inappropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Case closing procedures	
*	• Aftercare planning and follow-up procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*	• Interviews may include:

1. Program director
2. Relevant personnel
3. Children served

- Review case records

UC 15.01
Planning for case closing:

a. is a clearly defined process that includes assignment of staff responsibility;
b. begins at intake; and
c. involves the child, sponsor, and other service providers and entities, as appropriate to the needs and wishes of the child.

Interpretation: *In the context of post-release services, children who received a home study continue to receive services throughout the duration of his or her removal proceedings or until they turn 18, whichever comes first, in accordance with the Trafficking Victims Protection Reauthorization (TVPRA) of 2008 (TVPRA). Post-release services are provided to children who did not receive a home study for a period of six months, which can be extended if deemed appropriate.*

UC 15.02
Upon case closing, the organization notifies any collaborating service providers, as appropriate.

UC 15.03
If an individual has to leave the program unexpectedly, the organization makes every effort to identify other service options and link the person with appropriate services.
Interpretation: *The organization must determine on a case-by-case basis its responsibility to continue providing services to persons who are in critical situations.*

UC 15.04
When appropriate, the organization works with persons served and their family to:

a. develop an aftercare plan, sufficiently in advance of case closing, that identifies short- and long-term needs and goals and facilitates the initiation or continuation of needed supports and services; and
b. the organization informs the ORR of the case closing evaluation findings and assessment of unmet needs, in writing, as appropriate to the contract.

Interpretation: *The organization should assess the sponsor's ability to access community resources and any barriers to care. Depending on the needs of the child, safety planning may also need to be incorporated into the child's aftercare plan to ensure that the child and the sponsor have access to necessary services and supports.*

UC 15.05
During the case closing planning process, the organization ensures that the child and the sponsor have been informed of:

a. the sponsor's responsibilities to care for the child;
b. basic safety and emergency response protocols;
c. the importance of active participation in legal proceedings;
d. the impact of traumatic stress; and
e. human trafficking indicators and resources.

UC 15.06
The organization follows up with the child and his or her sponsor 30 days after exiting care to determine their safety and well-being and documents findings in the case record.