

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**BCFS HEALTH AND HUMAN
SERVICES DID NOT ALWAYS
COMPLY WITH FEDERAL AND
STATE REQUIREMENTS
RELATED TO THE HEALTH AND
SAFETY OF UNACCOMPANIED
ALIEN CHILDREN**

*Inquiries about this report may be addressed to the Office of Public Affairs at
Public.Affairs@oig.hhs.gov.*



Gloria L. Jarmon
Deputy Inspector General
for Audit Services

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Office of Inspector General

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Report in Brief

Date: December 2018

Report No. A-06-17-07007

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Review

The Unaccompanied Alien Children (UAC) program, which is overseen by HHS's Office of Refugee Resettlement (ORR), served between 7,000 and 8,000 children annually from fiscal year (FYs) 2005 through 2011. In FY 2012, the number of children served in the program increased to 13,625. In FY 2014, ORR served 57,496 children. In FY 2015, ORR served 33,726 children.

We selected for review BCFS Health and Human Services (BCFS HHS), a UAC program grantee, because it received the highest amount of UAC program funding during FY 2015.

Our objective was to determine whether BCFS HHS met applicable safety standards for the care and release of children in its custody.

How OIG Did This Review

We inspected shelter care and foster care homes and reviewed policies, procedures, and the organizational structure. We also reviewed a nonstatistical sample of personnel records and reviewed a statistical sample of case files for those children who had been released to a sponsor during FY 2015.

BCFS Health and Human Services Did Not Always Comply With Federal and State Requirements Related to the Health and Safety of Unaccompanied Alien Children

What OIG Found

Although BCFS HHS generally met applicable safety standards for the care and release of children in its custody, it did not completely abide by all of these standards. Additionally, BCFS HHS could not provide some documentation required to verify that it met certain safety standards.

Based on our UAC case file sample review results, we estimated that BCFS HHS did not properly document the care and release of 13.7 percent of all children released to sponsors in FY 2015. Without adequate documentation in the UAC case files, ORR could not be assured that for 501 children, BCFS HHS had followed ORR policies regarding sponsor background checks, prompt care, or that the Department of Homeland Security (DHS) was notified about the child's release to a sponsor. Finally, we determined that BCFS HHS was unable to support the number of reunifications it reported to ORR for FY 2015.

What OIG Recommends

We recommend that BCFS HHS comply with ORR regulations pertaining to (1) video monitoring in common areas, (2) sponsor and other household members background checks, (3) admission/intake assessments and medical exams, and (4) discharge notifications to DHS and other stakeholders. In addition, we recommend that BCFS HHS comply with State regulations pertaining to (1) minimum bedroom space, (2) health and safety standards for shelters and foster care homes, and (3) employee background investigations. We also recommend that BCFS HHS ensure that information reported to ORR is accurate. The report also contains other procedural recommendations for BCFS HHS to operate its UAC program in accordance with Federal and State regulations.

In written comments on our draft report, BCFS HHS concurred with all recommendations and outlined corrective actions to address them. For example, BCFS HHS stated that it has implemented a monitoring system that prompts for the completion of quarterly safety assessments and action plans. Additionally, BCFS HHS stated that it created a quality assurance team to ensure compliance with Federal and State standards, as well as implemented a digital archive system to merge files electronically and store them in one location.

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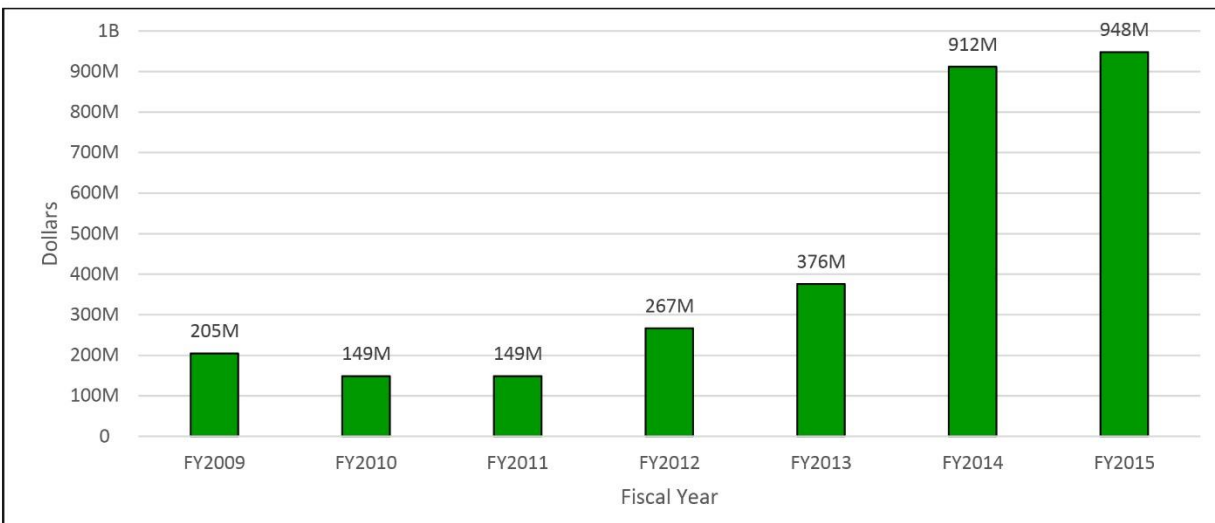
INTRODUCTION

WHY WE DID THIS REVIEW

The Office of Refugee Resettlement (ORR) within the Department of Health and Human Services (HHS), Administration for Children and Families (ACF), manages the Unaccompanied Alien Children (UAC) program. The UAC program served between 7,000 and 8,000 children annually from fiscal years (FYs) 2005 through 2011. In FY 2012, however, the number of children entering the program began to increase, and by the end of that year, the UAC program served approximately 13,625 children. In FY 2013, the program served 24,668 children, and in FY 2014, referred to as the “surge” year, ORR served 57,496 children. In FY 2015, ORR served 33,726 children.

As the number of children increased, funding for the program increased. From FYs 2009 through 2015, ORR’s funding for its UAC program totaled more than \$3 billion, of which \$1.9 billion (62 percent) was for FYs 2014 and 2015 (Figure 1).

Figure 1: Unaccompanied Alien Children Program Funding Was Substantially Higher in FYs 2014 and 2015



Because of the rapid increase of vulnerable children entering ORR care, the significant increases in program funding, and multiple changes to ORR policies during FY 2014, we are conducting a series of reviews of ORR care providers across the Nation. We selected BCFS Health and Human Services (BCFS HHS) for review because it received the highest amount of funding from ORR for the UAC program during FY 2015.

OBJECTIVE

The objective of this review was to determine whether BCFS HHS met applicable safety standards for the care and release of children in its custody.

BACKGROUND

Within HHS, ORR manages the UAC program. The UAC program funds temporary shelter care,¹ transitional² and long-term³ foster care, and other related services for unaccompanied alien children in ORR custody. For project periods⁴ with services beginning FY 2014 and FY 2015, ORR awarded grants totaling \$2.1 billion to providers for the care and placement of children. The UAC program is separate from State-run child welfare and traditional foster care systems.

By law, HHS must provide for the custody and care of a UAC, defined as a child who has no lawful immigration status in the United States; has not attained 18 years of age; and, with respect to whom, there is no parent or legal guardian in the United States, or no parent or legal guardian in the United States available to provide care and physical custody (6 U.S.C. § 279(g)(2)). The Flores Settlement Agreement established a nationwide policy for the detention, treatment, and release of UAC and recognized the particular vulnerability of UAC while detained without a parent or legal guardian present (*Flores v. Meese—Stipulated Settlement Agreement* (U.S. District Court, Central District of California, 1997) (Flores Settlement Agreement)).

Under the Homeland Security Act of 2002, Congress transferred the care and custody of UAC to HHS from the former Immigration and Naturalization Service (INS) to move toward a child-welfare-based model of care and away from the adult detention model. In the Trafficking Victims Protection Reauthorization Act of 2008, which expanded and redefined HHS's statutory

¹ Shelter care is a residential care provider facility in which all of the programmatic components (such as the shelter, food, education, and medical services provided as part of the UAC program) are administered onsite in the least restrictive environment. When making placement determinations, ORR's goal is to provide the least restrictive setting that is in the best interests of the child, taking into consideration certain factors such as potential flight risk and danger to the child and others.

² Transitional foster care is an ORR-funded placement option for UAC under 13 years of age, sibling groups with one sibling under 13 years of age, pregnant or parenting teens, or UAC with special needs. UAC are placed with foster families in the ORR network of care, attend school, and receive services from the ORR care provider.

³ Long-term foster care is ORR-funded community-based foster care placements and services to which eligible UAC are transferred after a determination is made that the child will be in ORR custody for an extended period. UAC in ORR long-term foster care typically reside in licensed foster homes, attend public school, and receive community-based services.

⁴ A project period for the UAC program is a 36-month project with three 12-month budget periods.

responsibilities, Congress directed that each child must “be promptly placed in the least restrictive setting that is in the best interest of the child” (8 U.S.C. § 1232(c)(2)).

During our audit period, which was October 2014 through September 2015 (FY 2015), ORR relied on different sources for policies and procedures, depending on the date and the topic. From October through December 2014, ORR looked to the *2006 Draft Division of Unaccompanied Children’s Services Policies and Procedures Manual* (P&P Manual) for applicable policies and procedures.⁵ Additionally, ORR used the *ORR UAC Program Operations Manual*, which was originally issued in April 2012 and updated periodically, including in April 2014 (2014 Ops Manual) and September 2015 (2015 Ops Manual). The Ops Manuals covered only certain areas of program management, and where there was no Ops Manual guidance, ORR referred to the P&P Manual. In January 2015, ORR issued the *ORR Guide: Children Entering the United States Unaccompanied* (Policy Guide), effectively replacing the P&P Manual. ORR updates the Policy Guide on an ad hoc basis and now records the most current effective date next to each policy provision.

We looked to the P&P Manual, the 2014 Ops Manual, and the Policy Guide to determine the policies and procedures in effect during our audit period, depending on the date and the topic. We applied the relevant policy or policies to determine whether BCFS HHS was in compliance with ORR requirements. In this report, we include citations to all of the relevant provisions in effect throughout the entire audit period. For findings stemming from our site visits from July to December of 2016, we cite to the applicable criteria effective during that period. See Appendix B for relevant Federal and State Requirements.

Federal regulations establish uniform administrative requirements for awards to nonprofit organizations. For grant awards made prior to December 26, 2014, 45 CFR part 74 establishes uniform administrative requirements governing HHS grants and agreements awarded to nonprofit entities. The allowability of costs incurred by nonprofit organizations is determined in accordance with the provisions of 2 CFR part 230 (formerly Office of Management and Budget Circular No. A-122) (made applicable by 45 CFR § 74.27(a)). For grant awards made on or after December 26, 2014, 45 CFR part 75 establishes uniform administrative requirements, cost principles, and audit requirements for Federal awards to non-Federal entities. For the purposes of this report, there were only minor, non-substantive differences between the provisions of the rules that applied to a finding; thus, for simplicity’s sake, we cited to the provisions of 45 CFR part 74 because it applied during the beginning of our audit period. We have included the relevant cites to 45 CFR part 75 in footnotes.

Care Process

ORR funds care providers through cooperative agreements to provide temporary housing and other services to children in ORR custody at State-licensed facilities. These facilities must meet ORR requirements to ensure a high-level quality of care.

⁵ Although the P&P Manual was marked “[D]raft,” it included policies and procedures that should be followed.

Federal Field Specialists (FFSs) are Federal employees who oversee the care providers and ensure that they are following ORR requirements. FFSs are ORR's field staff who are assigned to a group of care providers within a region. In addition to overseeing care providers, an FFS's authority includes approving or denying all child transfer and release decisions, implementing policies and procedures, and serving as a liaison to local stakeholders. FFSs also provide guidance, direction, and technical assistance to care providers.

Care providers employ case managers, whose responsibilities include:

- coordinating child assessments, which includes completing individual service plans;
- assessing potential child sponsors;
- making transfer and release recommendations; and
- coordinating the release of a child to a sponsor.

ORR contracts with case coordinators who act as local ORR liaisons with care providers. Case coordinators serve as third-party reviewers of each case manager's family reunification process. After reviewing the case managers' decisions, case coordinators make transfer and release recommendations to the FFSs.

ORR policy requires that children receive certain care and services while in care provider facilities. See Appendix C for a chart of some of these services.

Family Reunification Process

In addition to caring for children, the care providers facilitate the release of the child to family members or other sponsors, known as the family reunification process, according to the following preferences: (1) a parent, (2) a legal guardian, (3) an adult relative, (4) an adult individual or entity designated by the child's parent or legal guardian, (5) a licensed program willing to accept legal custody, or (6) an adult or entity approved by ORR. ORR has grouped these sponsors into three categories:

- Category 1—parents and legal guardians;
- Category 2—other immediate adult relatives, such as a brother, sister, aunt, uncle, or grandparent; and
- Category 3—distant relatives and unrelated adults.

In making placement decisions, case managers facilitate background investigations of sponsors. The level of the background check depends on the relationship between the sponsor and the child.

During the family reunification process, case managers are responsible for conducting a suitability assessment of the sponsor. This assessment includes investigating the background of the sponsor, but case managers must also confirm the familial relationship of the sponsor to the child. Furthermore, current ORR policy requires the sponsor to complete a sponsor care plan if the sponsor is unlawfully present in the United States. ORR requires a sponsor care plan to ensure that each child has a caregiver, regardless of any complications that could arise from a sponsor's immigration status.

The case manager, case coordinator, and FFS each play a role in the decision to release an unaccompanied child to a sponsor. The case manager makes a recommendation to the case coordinator regarding the release. The case coordinator conducts a third-party review of the proposed release and makes a recommendation to the FFS on the release of the unaccompanied child to a particular sponsor. If the case manager and case coordinator are unable to agree on a particular recommendation, they may refer the case directly to a FFS for guidance. Once the case manager and case coordinator present a recommendation to the FFS, the FFS reviews the recommendation and makes a release decision.

BCFS Health and Human Services

BCFS HHS is a nonprofit shelter and foster care provider in San Antonio, Texas. Since 2008, BCFS HHS has participated in the UAC program and served approximately 5,000 children per year. In FY 2015, BCFS HHS spent approximately \$250 million in Federal funds for the care and placement of approximately 4,300 children.

During FY 2015, BCFS HHS discharged approximately 4,300 children.⁶ Of these children:

- 87 percent were males and 13 percent were females,
- 88 percent were between the ages of 13 and 17, and
- 52 percent were released to category 1 sponsors.

⁶ Discharge types include children who reunified with a sponsor, aged-out of the program, ran away, voluntarily departed, transferred to another facility, or were released to another program or the Department of Homeland Security.

HOW WE CONDUCTED THIS REVIEW

To ensure that BCFS HHS met applicable safety standards, we (1) inspected all eight shelters that provided shelter care and eight selected foster care homes, (2) reviewed BCFS HHS licensing documents and inspection results, (3) reviewed a nonstatistical sample of BCFS HHS personnel records, and (4) reviewed a statistical sample of case files for those children who had been released to a sponsor during FY 2015.

Our review of personnel records and case files covered FY 2015. In addition, we conducted onsite inspections of shelters from July to October of 2016 and foster care homes during December of 2016. Our review of licensing documents and inspection results covered FY 2015 through the period of our onsite inspections, as applicable.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A contains the details of our audit scope and methodology, Appendices D and E contain the details of our sampling methodology and estimates, Appendix F contains selected definitions, and Appendix G contains photographs from the site inspections.

FINDINGS

Although BCFS HHS generally met applicable safety standards for the care and release of children in its custody, it did not completely abide by all of these standards. Additionally, BCFS HHS could not provide some documentation required to verify that it met certain safety standards. Specifically, we determined that:

- Some BCFS HHS facilities and foster homes that we reviewed did not fully comply with health and safety or other minimum standards requirements.⁷
- Some sampled UAC case files were missing evidence of sponsor background checks and other required documentation.
- BCFS HHS misclassified the discharge type for some UAC.
- Some BCFS HHS employee files that we reviewed were missing evidence of required background checks.

⁷ Health and safety issues identified during the review were discussed with program officials during the site visits.

- BCFS HHS was unable to support the number of reunifications it reported to ORR for FY 2015.

These issues occurred because not all of BCFS HHS's policies and procedures were adequate for ensuring staff and foster parents were aware of and complied with requirements, and BCFS HHS did not always monitor to ensure compliance. In addition, not all of BCFS HHS's policies and procedures were adequate for ensuring it maintained adequate documentation and that information reported to ORR or entered in the UAC Portal was accurate.

Based on our UAC case file sample review results, we estimated that BCFS HHS did not properly document the care and release of 13.7 percent of all children released to sponsors in FY 2015. Without adequate documentation in the UAC case files, we estimated that ORR could not be assured that for 501 children, BCFS HHS had followed ORR policies regarding sponsor background checks, prompt care, or that the Department of Homeland Security (DHS) was notified of a child's release to a sponsor.

SOME FACILITIES AND FOSTER HOMES WERE NOT IN COMPLIANCE WITH ONE OR MORE STATE HEALTH AND SAFETY OR OTHER MINIMUM STANDARDS REQUIREMENTS

BCFS Health and Human Services Did Not Have Required Video Monitoring in All Common Areas

ORR policy requires video monitoring in all common and living areas (Policy Guide, § 3.3.4, Safety Planning—Care). One facility did not have video monitoring in the UAC intake common area. BCFS HHS relocated the UAC intake area at the facility but did not ensure the new intake area had video monitoring. Without video monitoring in all common areas, BCFS HHS may not be able to observe interactions of the children and ensure their health and safety.

BCFS Health and Human Services Did Not Always Comply With State Fire Inspections

State regulations require that a State or local fire inspector perform a facility fire inspection at least once every 12 months from the date of the last fire inspection.⁸ One BCFS HHS facility did not ensure that the required fire inspection was conducted timely. The facility did not have a current fire inspection from July 4, 2015, through August 19, 2015. BCFS HHS failed to monitor the timing of required fire inspections to ensure timely completion and compliance with State health and safety requirements. The failure to follow health and safety requirements placed the health and safety of the children at risk.

⁸ Texas Department of Family and Protective Services (DFPS), Licensing Division, Minimum Standards for General Residential Operations § 748.3101 and § 748.3103.

BCFS Health and Human Services Did Not Properly Maintain All Fire Safety Equipment

State regulations require facilities to have an operable smoke detection system and fire extinguishers that are to be inspected at least annually by a company licensed by the State Fire Marshal.⁹ One facility had four portable classrooms with no smoke detection system, and fire extinguishers in three of the four classrooms had expired inspection tags (Appendix G, Figure 2 shows a photograph of one of the expired tags).¹⁰ BCFS HHS officials stated that they were unaware of the requirement to have a smoke detection system in the portable classrooms. Additionally, BCFS HHS officials failed to monitor compliance with State-required annual fire extinguisher inspections. The failure to follow health and safety requirements placed the health and safety of the children at risk.

BCFS Health and Human Services First Aid Kits Did Not Always Contain Required Items

State regulations require that facility first aid kits contain a minimum of 10 specific items.¹¹ We determined that 9 of the 26 sampled first aid kits were incomplete. Missing items included tweezers (five kits), scissors (five kits), first aid guides (three kits), and thermometers (three kits). BCFS HHS failed to monitor compliance with State health and safety requirements. The failure to follow health and safety requirements may have placed the health and safety of the children at risk.

BCFS Health and Human Services Did Not Always Provide Children With Required Bedroom Space

State regulations require bedrooms with at least 60 square feet of space for each occupant, with no more than four occupants per bedroom.¹² At one facility, 6 of the 15 sampled bedrooms did not meet the minimum required space for the number of occupants. BCFS HHS officials stated that during the 2014 UAC surge, this facility grouped children who were suffering from the same minor illness in the same bedroom. Accordingly, BCFS HHS added a third bed to rooms only licensed for two beds, causing the rooms to be 3 to 6 square feet short of minimum space requirements. Facility staff did not realign the bedrooms to meet licensing standards after the surge. The failure to provide the minimum space requirements may not ensure the children have adequate space for comfortable sleeping arrangements and personal items.

⁹ Texas DFPS, Licensing Division, Minimum Standards for General Residential Operations § 748.3107 and § 748.3117.

¹⁰ BCFS HHS corrected the issues by adding smoke detectors and ensuring that the fire extinguishers had current inspections.

¹¹ Texas DFPS, Licensing Division, Minimum Standards for General Residential Operations § 748.3273.

¹² Texas DFPS, Licensing Division, Minimum Standards for General Residential Operations § 748.3357.

BCFS Health and Human Services Unaccompanied Alien Children Foster Care Homes Had Unsafe Outdoor Areas

State regulations require foster care homes to ensure that outdoor areas are safe for children, kept clean, and in good repair.¹³ Two foster homes' outdoor areas were not safe for children. Specifically, one home had trash and other materials on the back porch and throughout the backyard. The second home had lighter fluid and fertilizer within reach of children. The foster care parents failed to ensure that their home complied with Texas minimum standards. The failure to maintain safe and clean outdoor areas placed the safety of the children at risk.

SOME DOCUMENTS WERE MISSING FROM BCFS HEALTH AND HUMAN SERVICES CASE FILES

We estimated that BCFS HHS did not properly document the care and release of 14 percent of the 3,654¹⁴ children released to sponsors in Federal fiscal year (FFY) 2015.

Some Case Files Lacked Evidence of Background Checks on Sponsors and Other Household Members

All potential sponsors must undergo background checks (Ops Manual 2014, § 4.402, Policy Guide § 2.5.1). However, BCFS HHS could not provide evidence that it conducted all required background checks when screening potential sponsors and other household members. In our statistical sample review of case files for 190 children, 4 files did not contain documentation to indicate that BCFS HHS had conducted all required background checks on sponsors and other household members (Table 1). The four files accounted for seven instances of missing background check documentation. Specifically, one case file for a child BCFS HHS released to a category 2 sponsor contained no evidence that a public records check, Federal Bureau of Investigation (FBI) criminal history check, and immigration status check were conducted on the sponsor. A second case file for a child released to a category 2 sponsor was missing evidence that an FBI criminal history check and immigration status check were conducted on the sponsor. A third case file for a child released to a category 2 sponsor was missing evidence that an immigration status check was conducted on the sponsor, and a fourth case file for a child released to a category 2 sponsor was missing evidence that an FBI criminal history check was conducted on a household member.¹⁵

¹³ Texas DFPS, Licensing Division, Minimum Standards for Child-Placing Agencies Condensed Version for Foster Parents § 749.3041(4).

¹⁴ BCFS HHS cared for approximately 4,300 children during FY 2015. Our review covered only those children who had been released directly to a sponsor.

¹⁵ A home study was required for this child.

Table 1: Missing Background Checks

	Sponsor	Other Household Member
Internet criminal public record check	1	0
National (FBI) criminal history check	2	1
Immigration status check	3	0

BCFS HHS failed to ensure that background checks were completed or maintained in the case files. In one case, BCFS HHS was unable to provide support that any of the required background checks were completed for one sponsor. Additionally, BCFS HHS staff documented that the required immigration status check was not applicable to one sponsor, when in fact it was required. Without documentation in the case file to demonstrate that BCFS HHS conducted background checks, BCFS HHS was potentially releasing children to sponsors who had not been properly vetted, and as a result, the children's health and safety could have been at risk.

Vulnerability in Background Check Investigation Process

During our audit period, ORR policy did not require that all adult household members residing in a potential sponsor's home undergo background checks, except in cases referred for a home study (P&P Manual § 6.05, Policy Guide § 2.5.1). ORR policy did require a sponsor unlawfully present in the United States to complete a sponsor care agreement indicating the sponsor's plan of care for the child should immigration issues arise for the sponsor (Policy Guide § 2.7.6). However, the sponsor care agreement during the period of our audit did not require individuals named as potential caregivers to undergo background checks.

In FY 2015, BCFS HHS released approximately 52 percent of the children in its care to category 1 sponsors. Approximately 74 percent of these sponsors were unlawfully present in the United States. During our review of the 190 sampled case files, we noted vulnerabilities in ORR's policy related to children released to category 1 sponsors.¹⁶ Not requiring a background investigation on all adults in the household put the safety of each child released to a category 1 sponsor at risk by virtue of the shared living space. For example, if a child is released to a category 1 sponsor, ORR policy only requires background checks on all adult household members if a special concern is identified, there is a documented risk to safety of the child, or a mandatory home study is required. If the sponsor were to be deported or experience immigration issues,

¹⁶ [A]s of January 17, 2016, ORR required that all non-sponsor adult household members undergo a public records check and a sex offender registry check. On June 7, 2018, ORR mandated that all non-sponsor adult household members also undergo other background checks, including DHS and FBI fingerprint checks.

the individual identified in the sponsor care agreement could become the caregiver without undergoing background checks.

Some Case Files Had Other Documentation Errors

Of the 190 UACs' case files in our sample, 25 files had other documentation errors, and 3 of these had more than 1 error. As a result, there was no assurance that BCFS HHS followed ORR policies regarding performing required assessments, providing prompt medical care, or notifying DHS of the child's release to a sponsor. The documentation errors we identified are described below.

BCFS Health and Human Services Case Files Were Missing Initial Medical Exams

ORR requires that an initial medical exam be conducted within 48 business hours of admission (P&P Manual § 3.04, Policy Guide § 3.4.2). Three sample children's files were missing documentation to support that the initial medical exam was conducted. Because of a lack of oversight, BCFS HHS failed to ensure that the required documentation was completed and maintained in the UAC case files. Failure to complete and maintain required documentation for exams could impede BCFS HHS's ability to plan for the health and safety of the children in its care.

BCFS Health and Human Services Did Not Always Complete the Initial Intakes Assessment and Initial Medical Exam Within the Required Time

ORR policy requires that a care provider interview the child and complete an "Initial Intakes Assessment" form within 24 hours of arrival at the ORR facility (P&P Manual § 3.03, Policy Guide 3.2.1). This assessment covers information about family members, any immediate medical or mental health concerns, current medications, and any concerns about personal safety the child may have and is used to identify the child's immediate needs or issues. For 3 of 190 sample children, BCFS HHS did not complete the initial intakes assessment form within the required 24-hour timeframe. Instead, assessment forms for these three children were completed 1 to 2 days late.

ORR requires that an initial medical exam be conducted within 48 business hours (P&P Manual § 3.04, Policy Guide § 3.4.2). For 1 of the 190 sample children, BCFS HHS did not ensure that an initial medical exam was completed within 48 business hours of the child's arrival. The child arrived on a Wednesday, and the medical exam was not completed until the following Monday.

BCFS HHS officials were unable to provide a reason for not completing the required initial intakes assessment and initial medical exam timely. Failure to complete these requirements timely may delay BCFS HHS's ability to properly plan for the children in its care.

BCFS Health and Human Services Lacked Adequate Evidence That Some Unaccompanied Alien Children Assessments Were Completed Within the Required Time

ORR policy requires that a care provider conduct a UAC Assessment that covers biographic, family, legal/migration, medical, substance abuse, and mental health history within 7 days of the child's admission date (P&P Manual § 3.03, Policy Guide § 3.3.1). For 6 of 190 sample children, the sample files did not contain adequate documentation to determine whether BCFS HHS completed the assessments within 7 days of admission. According to BCFS HHS officials, staff completed the UAC Assessments within 7 days based on the date-completed field in the UAC Portal.¹⁷ However, according to ORR officials, the date-completed field in the UAC Portal is populated on the date the assessment is first opened and saved, regardless of whether any information is entered into the assessment. Additionally, the date-completed field in the UAC Portal does not change after the initial save. The date-updated field populates the date each time the assessment is subsequently opened and saved. BCFS HHS officials stated that the date recorded in the date-updated field was sometimes after the 7-day requirement because staff opened and printed the assessments for signature and maintenance in the UAC case file. Failure to complete the required admission/intake information timely may delay BCFS HHS's ability to properly plan for the children in its care.

BCFS Health and Human Services Lacked Evidence That the Department of Homeland Security Was Always Notified of the Release of Children to Sponsors

ORR policy requires that a care provider, upon the release of a child to a sponsor, complete a Discharge Notification form within 24 hours and then email the form to DHS and other stakeholders (Ops Manual 2014 § 4.501, Policy Guide § 2.8.3). For 10 of 190 sample children, BCFS HHS did not provide documentation that it notified DHS of the release of a child to a sponsor. BCFS HHS did not maintain copies of the email notifications sent to DHS in the case files but was sometimes able to retrieve the emails. However, the email record was unable to be located for some case files. As a result, ORR could not be assured that DHS and stakeholders were aware of the location of the child once they were discharged from ORR care.

BCFS HEALTH AND HUMAN SERVICES MISCLASSIFIED UNACCOMPANIED ALIEN CHILDREN DISCHARGE TYPE

ORR policy requires care providers to maintain comprehensive, complete, accurate, and up-to-date case files (P&P Manual § 1.02, Policy Guide § 5.6.2). BCFS HHS incorrectly reported 5 of 190 sampled children as reunified in the UAC Portal. OIG, through case file review, found that three of the children were transferred to another facility, one had aged out of the program, and one voluntarily departed the United States. According to BCFS HHS, the type of discharge is entered into the UAC Portal, but if there is a change during the process, the new discharge type may not be updated in the UAC Portal. Additionally, BCFS HHS officials indicated that the

¹⁷ The UAC Portal is a secure web-based system that allows personnel from ACF and programs that house UAC to enter and retrieve information about the UAC.

incorrect discharge type may be the result of data entry errors if the wrong type is selected from the drop-down box. When the type of discharge is entered incorrectly, ORR would not be aware of the child's location; therefore, ORR may not be able to monitor the health and safety of the child.

SOME BCFS HEALTH AND HUMAN SERVICES EMPLOYEE FILES LACKED EVIDENCE OF REQUIRED BACKGROUND CHECKS

State regulations require a name-based criminal history check, a central registry check, and a fingerprint-based criminal history check for all employees and prospective employees of a residential care facility.¹⁸ All three background check results must be received by the care provider prior to allowing the subject of the background check to provide direct care or have direct access to children in care.¹⁹ Additionally, State regulations require a renewal background check no later than 2 years from the date of the most recent initial or renewal background check.²⁰ BCFS HHS could not provide evidence that it conducted all required background checks when screening employees.

For our judgmental sample of 48 employee files (34 full-time employee files and 14 temporary employee files), 1 full-time employee file and 2 temporary employee files did not contain documentation to indicate that BCFS HHS had conducted all required initial background checks (Table 2). One full-time employee file did not contain documentation to indicate that BCFS HHS had conducted all the required renewal background checks. Additionally, BCFS HHS received 10 full-time and 23 temporary employee background checks after the employee hire date or more than 2 years after the last background check. The initial background check results for full-time employees were received 4 days after the date of hire, and renewal background check results were received 27 to 62 days after the renewal background check was required. The initial background check results for temporary employees were received 1 to 26 days after the date of hire. BCFS HHS officials were unable to locate the documentation to show the required checks had been completed or were completed timely.

The failure of BCFS HHS to ensure completion of background checks in compliance with Federal and State regulations may have placed the health and safety of children at risk.

¹⁸ Texas DFPS, Licensing Division, Background Check Rules § 745.615.

¹⁹ There is an exception. If a facility is experiencing a staff shortage and the DFPS and name-based criminal history checks do not preclude a person's presence at the operation while the children are in care, fingerprints must be submitted within 30 days of the date the person is allowed to provide direct care. Texas DFPS, Licensing Division, Background Check Rules § 745.626. We saw no documentation that the exception applied to any of the employees whose files we reviewed. This exception would not apply to renewal background checks.

²⁰ Texas DFPS, Licensing Division, Background Check Rules § 745.625(b).

Table 2: Employee Background Checks

	Full-time Employees		Temporary Employees	
	Missing	Late	Missing	Late
Initial name-based criminal history check	0	1	0	6
Initial FBI fingerprint criminal history check	1	1	1	8
Initial central registry check	0	1	1	9
Follow-up name-based criminal history check	0	3	0	0
Follow-up FBI fingerprint criminal history check	1	1	0	0
Follow-up central registry check	0	3	0	0

BCFS HEALTH AND HUMAN SERVICES WAS UNABLE TO SUPPORT THE NUMBER OF REUNIFICATIONS REPORTED TO THE OFFICE OF REFUGEE RESETTLEMENT FOR FISCAL YEAR 2015

Award recipients are responsible for managing and monitoring each project, program, subaward, function, or activity supported by the award (45 CFR 74.51).²¹ ORR requires care providers to submit quarterly and annual performance and financial status reports and to comply with other measures to ensure program integrity and accountability (Policy Guide § 5.6). BCFS HHS was unable to support the number of reunifications reported to ORR for FFY 2015. Specifically, of the nine Annual Performance Reports²² we reviewed, five programs overreported reunifications, one program underreported reunifications, and the remaining three programs reported the correct number of reunifications on the Annual Performance Reports.

According to BCFS HHS officials, the discharge status of UAC was entered into the Efforts to Outcome (ETO) system²³ and the UAC Portal. However, the information did not always match. BCFS HHS did not conduct a reconciliation of the data between the ETO system and the UAC Portal. As a result, we could not reconcile the number of reunifications to the Annual Performance Report. Based on discussions with BCFS HHS officials, we determined that the UAC Portal contained more reliable data than the ETO system. Therefore, we reconciled the data based on the UAC Portal data provided by BCFS HHS. BCFS HHS reported 123 more

²¹ 45 CFR 75.342 Monitoring and reporting program performance

²² In one of its Annual Performance Reports, BCFS HHS reported reunifications for two programs.

²³ ETO is a comprehensive outcomes and case management tool.

reunifications to individual sponsors in its Annual Performance Progress Reports for FFY 2015 than were recorded in the UAC Portal.

RECOMMENDATIONS

We recommend that BCFS HHS:

- install video monitoring equipment in the intake common area of the shelter to help ensure oversight of UAC during the intake process;
- develop procedures to ensure that staff are aware of fire inspection and fire safety equipment requirements and monitor those requirements on a regular basis to ensure compliance with Texas minimum standards;
- develop procedures to ensure that staff are aware of the requirements for the contents of first aid kits and periodically check the kits to ensure compliance with Texas minimum standards;
- review bedrooms to ensure they meet the minimum space requirements for facilities in Texas, and realign any bedrooms that do not meet the requirements;
- strengthen its oversight of foster care homes to ensure foster parents are aware of, and are complying with, Texas DFPS Minimum Standards for Child-Placing Agencies Condensed Version for Foster Parents for health and safety;
- strengthen existing procedures to ensure all required background checks are completed when screening sponsors and other household members, and ensure proper documentation is maintained in the case file;
- strengthen existing procedures to ensure all initial intakes assessments, initial medical exams, and UAC assessments are completed in a timely manner; that adequate documentation is maintained; and that the completed dates for the UAC assessment are captured in the case file;
- maintain documentation to support that discharge notification was emailed to DHS and other stakeholders;
- implement quality control procedures to ensure the discharge information in the case file matches the data entered into the ORR UAC Portal;
- ensure that all employee background investigation requirements are completed, with results received and reviewed prior to hiring, and that renewal background investigations are completed timely; and

- ensure that reunification information reported to ORR is accurate and can be supported.

BCFS HEALTH AND HUMAN SERVICES COMMENTS

In written comments on our draft report, BCFS HHS concurred with all of our recommendations and outlined corrective actions to address them. For example, BCFS HHS stated that it has implemented a monitoring system that prompts for the completion of quarterly safety assessments and action plans. Additionally, BCFS HHS stated that it had created a quality assurance team to ensure compliance with Federal and State standards, as well as implemented a digital archive system to merge files electronically and store them in one location. BCFS HHS's comments are included in their entirety as Appendix I.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

We reviewed BCFS HHS's health and safety controls to ensure that the care provider met applicable safety standards for the care of children in its custody.

We performed our fieldwork at BCFS HHS in San Antonio, Texas, from June 2016 through March 2017.

Our objective did not require an understanding of all of BCFS HHS's internal controls. We limited our assessment to BCFS HHS's controls pertaining to the selected health and safety factors we reviewed.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal laws, regulations, and guidance;
- reviewed grant documents and policies and procedures maintained at BCFS HHS;
- interviewed BCFS HHS officials and ORR's Federal Field Specialist assigned to BCFS HHS;
- toured the BCFS HHS shelter facilities and selected foster care homes;
- conducted a review of selected health and safety factors at the sites and noted any deficiencies;
- selected a statistical sample of UAC released to sponsors during FY 2015 (Appendix D);
- reviewed the sampled UACs' case files and documented any deficiencies;
- selected a judgmental sample of employee, temporary employee, and volunteer files for review and documented any deficiencies;
- reviewed BCFS HHS's Federal grant reports—financial and programmatic—for the audit period;
- estimated results of statistical sample, as applicable (Appendix E); and
- discussed our findings with BCFS HHS officials.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX B: FEDERAL AND STATE REQUIREMENTS

FEDERAL REQUIREMENTS

45 CFR 74.51

Monitoring and reporting program performance.

(a) Recipients are responsible for managing and monitoring each project, program, subaward, function or activity supported by the award.

(b) The HHS awarding agency will prescribe the frequency with which the performance reports shall be submitted. Performance reports will not be required more frequently than quarterly or, less frequently than annually.

OFFICE OF REFUGEE RESETTLEMENT REQUIREMENTS

Case File Management

P&P Manual § 1.02 (8/21/2006)	Policy Guide § 5.6.2 (7/27/2015)
ORR's policy is to ensure that UAC case files are comprehensive, complete, accurate, and up-to-date, and that confidentiality and security is maintained. The UAC's case files should consistently document information about the child, services provided to the child, information about the child's progress, barriers to the child's progress, and the outcome of the child's care.	Care providers must maintain comprehensive, accurate and up-to-date case files as well as electronic records on unaccompanied children that are kept confidential and secure at all times and must be accessible to ORR upon request. (Electronic records include those on the care provider's network drive as well as those on the ORR UAC Portal.)
Each UAC case file shall contain the following information:	Each unaccompanied child's case file must, minimally, include the following:
Personally Identifying Information <ul style="list-style-type: none">• Name/Alien Number• Initial Intake Form• Placement and Medical Authorization Forms• Photographs• Cover Sheet which Highlights Dates of Key Services Provided• Case Information/History from Referral Source• Case Notes/Log Legal Information <ul style="list-style-type: none">• I-770 Notice of Rights• Authority to Accept Child• Case Information Referral• Case History• G-28 (if applicable)• DHS Documents• Court Documents	UC Information <ul style="list-style-type: none">• Name and Alien Number• Birth Certificate• Photograph Admission Documents <ul style="list-style-type: none">• Initial Intakes Assessment• Placement Authorization Form• Inventory of property and cash (signed by UAC)• List of clothing and supplies distributed to UAC• Notice of Placement in Secure or Staff-Secure (if applicable)• Acknowledgement by the unaccompanied child that he or she has received the Orientation in his or her language regarding program rules and policies, grievance procedures, information on boundaries, abuse and

P&P Manual § 1.02 (8/21/2006)	Policy Guide § 5.6.2 (7/27/2015)
<ul style="list-style-type: none"> Signed Release of Information (if applicable) <p>Medical and Mental Health</p> <ul style="list-style-type: none"> Admission Assessment Form Psycho-Social Summary and Individual Service Plan (ISP) Updates of Psycho-Social Summary and ISP at 90-day intervals Trafficking Addendum Staff-Secure/Secure Addendum Medical Exam (within 48 hours) Medical Records Immunization Records Individual Counseling Notes Group Counseling Log Progress Notes Related to medical or Mental Health Services Signed Release of Information Copies of Referrals to Medical Providers and Results of Outpatient Consultations <p>Care Provider Information</p> <ul style="list-style-type: none"> Acknowledgment of Orientation Program Rules/Policies/Grievances Acknowledgement of Rights and Responsibilities (signed by child in client's language) Incidents Reports (Internal and ORR) Telephone Log Inventory and Receipts of Cash and Personal Property Stipend Log Clothing and Supplies Distribution Log <p>Education, Training, and Recreation</p> <ul style="list-style-type: none"> Educational Assessment Education Records Training Records Recreational Activity Log <p>Exit Information</p> <ul style="list-style-type: none"> Family Reunification Packet Transfer Forms Exit Letter 	<p>neglect, and emergency and evacuation procedures</p> <ul style="list-style-type: none"> Acknowledgment by the unaccompanied child that he or she has received information regarding the local and/or national service providers and organizations available to assist UAC <p>Legal Information</p> <ul style="list-style-type: none"> Acknowledgement of receiving Legal Resource Guide G-28 (if applicable) Executive Office of Immigration Review (i.e. immigration court) documents Court Documents/Criminal History Records (if applicable) Authorization for Release of Records (if applicable) <p>Medical Records</p> <ul style="list-style-type: none"> Authorization for Medical, Dental, and Mental Health Care Documentation of Initial Medical Exam Copies of Referrals for Medical Services Medical and Mental Health Records (including over-the-counter medications), diagnosis, and documentation of communicable diseases Immunization Records Prescriptions (including prescription logs) Record of Dental Exam(s) TB Screening results Records of office visits/ER visits/Hospital, surgery Progress notes related to medical or mental health services (if applicable) Diagnosis list <p>Assessments</p> <ul style="list-style-type: none"> UAC Assessments UAC Case Review and updates Sponsor Addendum(s) (If Applicable) Individual Service Plan (ISP) and updates <p>Educational Services</p> <ul style="list-style-type: none"> Summary of Educational Assessments Education Plan <p>Case Management Records</p> <ul style="list-style-type: none"> Case Worker Progress Notes Recreation/Activity log

P&P Manual § 1.02 (8/21/2006)	Policy Guide § 5.6.2 (7/27/2015)
	<ul style="list-style-type: none"> • Telephone Log • Religious Services Log • Stipend log (if stipends are mandated by State licensing) <p>Clinical Services</p> <ul style="list-style-type: none"> • Progress notes from individual counseling • Group counseling notes or records <p>Incident Reports</p> <ul style="list-style-type: none"> • Significant Incident Reports • Documentation of the facility's Internal Incidents or reports • Grievances/Grievance Reports <p>Discharge/Exit Information</p> <ul style="list-style-type: none"> • Family Reunification Packet • Verification of Release form • Transfer Request and Tracking Form • For transfers only, notice of transfer to ICE Chief Counsel (Change of Address/Change of Venue information) • Log/ checklist including all documents provided to the UC at discharge • Log of Property Returned/ disbursed at Discharge • Discharge checklist for medical records • Copy of Order of Removal (If applicable) • (See also Legal Information above) • Copy of the Trafficking Eligibility Letter, if applicable

Sponsor Care Plan

Policy Guide § 2.7.6 (1/27/2015)

Unlike safety plans, sponsor care plans are only used for sponsors without immigration status. If a sponsor does not have immigration status, ORR will require the sponsor to ensure that a sponsor care plan is in place in the event that the sponsor needs to leave the United States or is otherwise unable to care for the child. The plan identifies the individual who will assume care of the child and will abide by the terms of the sponsor care agreement. The goal is to ensure an unaccompanied child has a caregiver, despite any complications resulting from the sponsor's immigration situation.

Initial Intake and Medical Exam

P&P Manual § 3.01 (8/21/2006)	Policy Guide § 3.2.1 (1/28/2015)
Admission staff shall be responsible for ensuring that <ul style="list-style-type: none">an <i>Initial Intake</i> form is completed within 24 hours of each UAC's arrival, andthe UAC receives a complete medical examination within 48 hours of admission or the first workday after admission.	<ul style="list-style-type: none">A trained staff member must use an <i>Initial Intakes Assessment</i> form to interview the child within 24 hours of admission, andThe care provider must ensure that the child receives a complete medical exam within 48 hours of admission (excluding weekends and holidays).

UAC Assessment

P&P Manual § 3.03 (8/21/2006)	Policy Guide § 3.3.1 (1/28/2015)
After reviewing the <i>Initial Intake</i> form and within 3 to 7 days of the UAC's arrival, a Master's level clinician (or equivalent qualified staff person such as a social worker, counselor, or trained case manager with five years of direct client social services experience) shall complete the <i>Admission Assessment</i> form. The form MUST be completed within 3 days of arrival for Chinese, Indian, and other children for whom a suitability assessment is necessary	Within 7 days of an unaccompanied child's admission, a trained staff member conducts an assessment that covers biographic, family, legal/migration, medical, substance abuse, and mental health history (the UAC Assessment).

Initial Medical Exam

P&P Manual § 3.04 (8/21/2006)	Policy Guide § 3.4.2 (5/11/2015)
The initial medical examination shall be conducted within 48 hours of arrival to the care provider, unless the child has been transferred from another ORR care provider and has documentation showing that he or she has already received an initial medical examination.	All unaccompanied children must receive an initial medical exam within 48 business hours of admission.

Video Monitoring

Policy Guide § 3.3.4 (1/28/2015)

Care providers (with the exception of long-term foster care providers) must meet the following minimum safety and security related requirements:

- Video monitoring in common and living areas.
- Effective video monitoring of the exterior of the building and surrounding premises, including the ability to permanently download footage when necessary.

Background Checks for Sponsors

Ops Manual 2014 § 4.402 (4/4/2014)	Policy Guide § 2.5.1 (1/27/2015)
<p>Criminal Public Record Check (internet)</p> <ul style="list-style-type: none"> • All sponsors • May be conducted on any adult household member where a case of special concern is identified 	<p>Public Records Check</p> <ul style="list-style-type: none"> • All Categories 1–3 sponsors • Other household members in any case where a special concern is identified
<p>Immigration Status Check</p> <ul style="list-style-type: none"> • All sponsors that require a National (FBI) criminal history check 	<p>Immigration Status Check</p> <ul style="list-style-type: none"> • Category 1 where there is a documented risk to the safety of the unaccompanied child, the child is especially vulnerable, and/or the case is being referred for a mandatory home study • All Category 2 and Category 3 sponsors • Other household members where there is a documented risk to the safety of the unaccompanied child, the child is especially vulnerable, and/or the case is being referred for a mandatory home study
<p>National (FBI) Criminal History Check (digital fingerprint)</p> <ul style="list-style-type: none"> • Category 2 and Category 3 sponsors • Category 1 sponsors where there is a documented risk to the safety of the UAC, the UAC is especially vulnerable, and/or the case is being referred for a mandatory home study. • All adult household members (18 years of age and older) for home study cases • May be conducted on any adult household member where a case of special concern is identified 	<p>National (FBI) Criminal History Check</p> <ul style="list-style-type: none"> • Category 1 sponsors where there is a documented risk to the safety of the unaccompanied child, the child is especially vulnerable, and/or the case is being referred for a mandatory home study • All Category 2 and Category 3 sponsors • Other household members where there is a documented risk to the safety of the unaccompanied child, the child is especially vulnerable, and/or the case is being referred for a mandatory home study
<p>Child Abuse and Neglect Check</p> <ul style="list-style-type: none"> • The sponsor, for all home study cases • May be conducted on any adult household member where a case of special concern is identified 	<p>Child Abuse and Neglect (CA/N)</p> <ul style="list-style-type: none"> • Category 1 and Category 2 sponsors in all cases that require a home study and in any case where a special concern is identified • All Category 3 sponsors (effective 3/23/2015) • Other household members in any case where a special concern is identified

DHS Notification

Ops Manual 2014 § 4.501 (4/4/2014)	Policy Guide § 2.8.3 (1/27/2015)
Within 24 hours of the UAC's physical release from the care provider, the care provider completes the <i>Discharge Notification</i> in the ORR database with the UAC's discharge date. The Case Manager emails the completed <i>Discharge Notification</i> to the ORR/FFS, Case Coordinator, DHS/JC, UAC's attorney of record or legal service provider, Child Advocate, post-release services provider, and probation officer, as applicable. The subject line of the email must specify "Discharge Notification" and contain the UAC's full name and alien number.	The care provider completes a Discharge Notification form within 24 hours of the physical discharge of the youth, and then emails the form to DHS and other stakeholders.

Program Reporting

Policy Guide § 5.6 (7/27/2015)

ORR-funded care providers submit quarterly and annual performance and financial status reports, and comply with other measures to ensure program integrity and accountability.

STATE REQUIREMENTS

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES LICENSING BACKGROUND CHECK RULES

§ 745.615. On whom must I request background checks?

- (a) You must request a name-based criminal history check and DFPS central registry check for:
 - (1) The director, owner, and operator of the operation;
 - (2) Each person employed at the operation;
 - (3) Each prospective employee at the operation.
- (b) In addition to any other background check required by this section, you must request fingerprint-based criminal history checks on the following:
 - (1) If you are a permit holder, or applicant for a permit, for a child-placing agency, general residential operation, independent foster home, child-care center, before or after-school program, or school-age program, you must request a fingerprint-based criminal history check for each person who is required to have a name-based background check under subsection (a)(1)–(6) of this section; and
 - (2) If you are a permit holder, or applicant for a permit, for any operation type, you must request a fingerprint-based criminal history check for each person whose name is submitted for a background check under subsection (a) of this section if:
 - (A) The person has lived in another state any time during the five-year period prior to the date you submit an initial background check; or

- (B) The person moved out-of-state at any time between the date on which you submitted your last background check and the date your next renewal background check for that person is due; or
- (C) At the time your initial or renewal background check is due, you have reason to suspect other criminal history exists in another state.

§ 745.625. When must I submit a request for an initial or renewal background check?

- (b) You must request a renewal background check for each person required to have a background check under § 745.615 of this title, which is due no later than two years from the date of your most recently requested initial or renewal background check on that person.

§ 745.626. How soon after I request a background check on a person can that person provide direct care or have direct access to a child?

- (a) You must have received the person's DPS and Central Registry name-based check results prior to allowing the person to provide direct care or have direct access to children in care.
- (b) If a fingerprint-based check is required, you must receive the results of the fingerprint check prior to allowing the person to provide direct care or have direct access to a child in care, unless:
 - (1) Your operation is experiencing a staff shortage; and
 - (2) The results of the name-based DPS and Central Registry checks do not preclude the person's presence at the operation while children are in care.

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES MINIMUM STANDARDS FOR GENERAL RESIDENTIAL OPERATIONS

§ 748.505. What minimum qualifications must all employees meet?

- (b) Each employee who is regularly or frequently present while children are in care must:
 - (1) Meet the requirements in Subchapter F of Chapter 745 of this title (relating to Background Checks);

§ 748.3101. When must I have a fire inspection?

You must have a fire inspection:

- (1) Before we issue your initial permit; and
- (2) At least once every 12 months from the date of the last fire inspection.

§ 748.3103. Who must conduct a fire inspection?

- (a) A state or local fire inspector must conduct the inspection.
- (b) If an inspector cannot conduct an inspection, you must provide documentation of this from a state or local fire inspector or county judge.

§ 748.3107. What type of smoke-detection system must I have?

- (a) Your operation must have an operable smoke-detection system that is audible throughout the building. This may be:
 - (1) A electronic fire alarm and smoke-detection system; or
 - (2) Individual electric or battery-operated smoke detectors located according to the state or local fire inspector's recommendations.

§ 748.3117. How often must the state or local fire inspector inspect fire extinguisher(s)?

- (a) A company licensed by the State Fire Marshal must inspect each fire extinguisher at least annually and conduct any required service or testing. Newly purchased fire extinguishers do not require inspection during the first 12 months of service unless indicated by the monthly inspection.
- (b) You must keep documentation of the inspection and/or purchase of new fire extinguishers at the operation for review. The documentation must indicate the date of inspection and the inspector's name and telephone number.

§ 748.3273. What must a first-aid kit contain?

Each first-aid kit must contain at least the following supplies:

- (1) A current guide to first aid and emergency care;
- (2) Adhesive tape;
- (3) Antiseptic solution or wipes;
- (4) Cotton balls;
- (5) Multi-size adhesive bandages;
- (6) Scissors;
- (7) Sterile gauze pads;
- (8) Thermometer;
- (9) Tweezers; and
- (10) Waterproof, disposable gloves.

§ 748.3357. What are the requirements for floor space in a bedroom used by a child?

- (a) Floor space:
 - (1) Is space that a child can use for daily activities;
 - (2) Does not include closets or other alcoves; and
 - (3) May not be averaged.
- (b) You must provide comfortable sleeping arrangements that meet one of the following:
 - (1) A single occupancy bedroom with at least 80 square feet of floor space; or
 - (2) A bedroom with at least 60 square feet of space for each occupant and no more than four occupants per bedroom are permitted even if the square footage of the room would accommodate more than four occupants. The four-occupant restriction does not apply to children receiving treatment services for primary medical needs.

**TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES MINIMUM STANDARDS FOR
CHILD-PLACING AGENCIES CONDENSED VERSION FOR FOSTER PARENTS**

§ 749.2481. What type of certificate must a foster home have in order to prove verification?

- (a) You must give the home verification certificate after:
 - (1) Verifying the home; and
 - (2) Making any change that affects the verification certificate.
- (b) The home must post the current verification certificate or have it immediately available upon request.

§ 749.3041. What are the requirements for a foster home's physical environment?

The foster home must ensure that:

- (1) The home is safe for children, kept clean, and in good repair;
- (2) Equipment and furniture are safe for children, kept clean, and in good repair;
- (3) Exits in living areas are not blocked by furniture.
- (4) The outdoor areas are safe for children, kept clean, and in good repair;
- (5) Outdoor areas are well drained;
- (6) Windows and doors used for ventilation are screened;
- (7) Flammable or poisonous substances are stored out of the reach of children unless caregivers have evaluated a child as capable and likely to use such items responsibly;
and
- (8) The home is free of rodents and insects.

**APPENDIX C: SELECTED REQUIREMENTS FOR OFFICE OF REFUGEE RESETTLEMENT
PROVIDER CARE FACILITIES DURING OUR AUDIT PERIOD²⁴**

Care/Service	Requirement
Initial Intakes Assessment	Within 24 hours of receiving a child, facility staff conduct an assessment to gather information on family members, medical and mental health concerns, medications taken, and personal safety concerns.
Orientation	Within 48 hours of admission, facility staff provide an orientation to the child, including information on the care provider's rules, regulations, and procedures; the child's rights and responsibilities; and grievance policies and procedures.
Medical Services	Within 48 hours of arrival, children receive an initial medical examination, unless the child has been transferred from another ORR care provider and has documentation showing that the initial examination has already occurred.
Academic Educational Services	Within 72 hours of admission, the provider must conduct an educational assessment. Facilities must provide 6 hours of education per day, Monday–Friday throughout the calendar year, in basic educational areas (including English as a second language, if applicable).
Proper Physical Care	Children are provided suitable living accommodations, food, appropriate clothing, and personal grooming items.
Individual Child Assessment	Care providers must conduct intake/admission assessments and develop individual service plans (ISP) for UAC to ensure that their needs are accurately assessed and addressed.
Recreational and Leisure Services	Children are to engage in at least 1 hour of large muscle activity each day and 1 hour per day of structured leisure activity, per a recreational and leisure services plan.
Individual and Group Counseling Services	Children are provided at least one individual counseling session with a trained social worker and two group counseling sessions per week.
Legal Services Information	Children are provided information on legal rights and the availability of free legal services.
Reunification Services	Staff are required to identify sponsors and evaluate the suitability of the sponsor.

²⁴ P&P Manual, §§ 2 and 3; Policy Guide §§ 2 and 3.

APPENDIX D: STATISTICAL SAMPLING METHODOLOGIES

TARGET POPULATION

The population consisted of all children, including United States-born babies of unaccompanied teens, whom BCFS HHS released to sponsors during FFY 2015.

SAMPLING FRAME

We received an Excel file from BCFS HHS that listed 4,340 children whom it had released to sponsors during FFY 2015. From this list, we removed 686 children who had been transferred to another facility, voluntarily departed, ran away, or were released to another program or the Department of Homeland Security. We also removed children who were 18 or over at the time of their admission to BCFS HHS or who turned 18 while in the care of BCFS HHS. The remaining 3,654 children, whom BCFS HHS directly released to a sponsor, comprised our sampling frame.

SAMPLE UNIT

The sample unit was a child whom BCFS HHS released to a sponsor during FFY 2015.

SAMPLE DESIGN AND SAMPLE SIZE

We used a stratified random sample. The sampling frame was divided into 10 strata based on location.

Table 3: Sampling Frame

Stratum	Frame Count	Sample
1	1,350	50
2	587	20
3	568	20
4	440	20
5	411	20
6	250	20
7	28	20
8	15	15
9	3	3
10	2	2
Total	3,654	190

SOURCE OF RANDOM NUMBERS

We used the Office of Inspector General, Office of Audit Services (OIG/OAS), statistical software to generate the random numbers.

METHOD OF SELECTING SAMPLE ITEMS

We consecutively numbered the lines within each stratum. After generating the random numbers for each of these strata, we selected the corresponding frame items.

ESTIMATION METHODOLOGY

Using the OIG/OAS statistical software, we estimated the number and percentage of children whom BCFS HHS released to sponsors during FY 2015 without following ORR policies and procedures. We calculated the precision of each estimate using a two-sided 90-percent confidence interval.

**APPENDIX E: SAMPLE RESULTS AND ESTIMATES—UNACCOMPANIED ALIEN CHILDREN
CASE FILES**

Table 4: Sample Results

Stratum	Number of Children in Stratum	Sample Size	Total Number of Children Associated With Case Files With Errors
1	1,350	50	5
2	587	20	5
3	568	20	1
4	440	20	4
5	411	20	4
6	250	20	1
7	28	20	2
8	15	15	4
9	3	3	1
10	2	2	0
Total	3,654	190	27

**Table 5: Estimated Number and Percent of Children Associated With Case Files With Errors
(Limits Calculated at the 90-Percent Confidence Level)**

	Number			Percent		
Estimate Description	Lower Limit	Point Estimate	Upper Limit	Lower Limit	Point Estimate	Upper Limit
Case files with errors	333	501	668	9	14	18

APPENDIX F: DEFINITIONS²⁵

Care Provider—A care provider is any ORR-funded program that is licensed, certified, or accredited by an appropriate State agency to provide residential care for children, including shelter, group, foster care, staff-secure, secure, therapeutic, or residential treatment care.

Case Manager—The Case Manager is the care provider staff member who coordinates assessments of unaccompanied children, individual service plans, and efforts to release unaccompanied children from ORR custody, which includes conducting sponsor background investigations. Case Managers also maintain case files for unaccompanied children and ensure that all services for children are documented.

Case Coordinators—Case Coordinators are ORR nongovernmental contractor field staff who act as a local ORR liaison with care providers and stakeholders and who are responsible for making transfer and release recommendations.

Child Sponsor—A sponsor is an individual (in the majority of cases a parent or other relative) or entity to which ORR releases an unaccompanied child out of Federal custody.

Clinician—The clinician is the care provider staff that provides clinical services, counseling services, or both for unaccompanied children and provides oversight for the unaccompanied child's mental and emotional health.

Family Reunification Packet—The family reunification packet is an application and supporting documentation completed by potential sponsors who wish to have an unaccompanied child released from ORR into their care. ORR uses the application and supporting documentation, as well as other procedures, to determine the sponsor's ability to provide for the unaccompanied child's physical and mental well-being.

Legal Guardian—A legal guardian is a person who was appointed charge or custody of a child in a court order recognized by United States courts.

Federal Field Specialist (FFS)—Field staff who act as the local ORR liaison with care providers and stakeholders. An FFS is assigned to multiple care providers within a specific region and serves as the regional approval authority for unaccompanied children transfer and release decisions.

Placements—The term “placements” includes initial placement of an unaccompanied child into an ORR care provider facility, as well as the transfer of an unaccompanied child within the ORR network of care.

²⁵ Definitions compiled from various ORR sources.

Release—A release is the ORR-approved release of an unaccompanied child from the care and custody of ORR to the care of a sponsor.

**APPENDIX G: PHOTOGRAPHS TAKEN AT BCFS HEALTH AND HUMAN SERVICES FACILITIES
AND FOSTER CARE HOMES**

**Figure 2: Portable classroom fire extinguisher with an expired inspection;
picture taken in July 2016.**



Figure 3: Ladders, poles, and other items accessible to children in foster care home.



Figure 4: Trash and other items accessible to children in foster care home.



APPENDIX H: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Date Issued
<i>Florence Crittenton Services of Orange County, Inc. Did Not Always Claim Expenditures in Accordance With Federal Requirements</i>	A-09-17-01002	10/15/2018
<i>Heartland Human Care Services, Inc., Generally Met Safety Standards, but Claimed Unallowable Rental Costs</i>	A-05-16-00038	9/24/2018
<i>Florence Crittenton Services of Orange County, Inc., Did Not Always Meet Applicable Safety Standards Related to Unaccompanied Alien Children</i>	A-09-16-01005	6/18/2018
<i>BCFS Health and Human Services Did Not Always Comply With Federal Requirements Related to Less-Than-Arm's Length Leases</i>	A-06-16-07007	2/20/2018
<i>Office of Refugee Resettlement Unaccompanied Alien Children Grantee Review—His House</i>	A-04-16-03566	12/04/2017



Corrective Action Plan

Relating to Office of Inspector General

Program Performance Audit

For the audit period October 1, 2014 – September 30, 2015

ORR Grantee Facilities and Foster Homes Audit

OIG Finding:

Some facilities and foster homes were not in compliance with one or more state health and safety or other minimum standards requirement.

BCFS HHS Response:

OIG completed an audit for services provided in 2014-2015. BCFS Health and Human Services (HHS) continues to provide quality services to minors placed by the Office of Refugee Resettlement (ORR). BCFS HHS strives to maintain compliance through an ever-changing and unpredictable environment.

In August 2017, BCFS HHS' Residential Services Division, which is an ORR Grantee, began accreditation through CARF International. This successful endeavor, necessary to support and sustain a predictable, systematic, and compliant-driven program model, resulted in a full-three year accreditation in March 2018.

Preparation and implementation for accreditation, solidified items identified during OIG's audit, which will result in long-term compliance with recommendations outlined in the OIG report. OIG's Recommendations and BCFS HHS plan of compliance are outlined in this program summary.

Name of Responsible Person for Implementation of Correction Action:

Sonya Thompson, Executive Director

Implementation Date:

November 2018

1. OIG Recommendations and Statement of Concurrence/Non-Concurrence:

Install video monitoring equipment in the intake common area of the shelter to help ensure oversight of UAC during the intake process.

BCFS HHS Statement of Concurrence/Non-Concurrence:

BCFS HHS is in concurrence with this recommendation. Of our five shelter locations, one location did not have a camera in a temporary location.

The UAC intake area, temporarily relocated to an area due to construction inside the gymnasium, has transitioned. Construction is complete, and the permanent intake area established. The new intake area is complete, with cameras.

2. OIG Recommendations and Statement of Concurrence/Non-Concurrence:

Develop procedures to ensure that staff are aware of fire inspection and fire safety equipment requirements, and monitor those requirements on a regular basis to ensure compliance with Texas Minimum Standards.

BCFS HHS Statement of Concurrence/Non-Concurrence:

BCFS HHS is in concurrence with this recommendation. BCFS HHS currently has protocols that address ongoing safety maintenance. Fire inspections, and fire-safety equipment requirements, for campus programs are current. During the OIG site visit, one shelter program did not have a have inspection within a 12-month period. Three of four classrooms did not have a current tag on the fire extinguishers. OIG recommends a monitoring system to ensure tasks are completed within identified timelines. The BCFS System has invested in the Grant Governance Platform – G2P. This purpose of this platform is to ensure a documented, proactive approach to risk management. This system will prompt for completion of quarterly safety assessments and action plans, uploaded and maintained for review.

3. OIG Recommendations and Statement of Concurrence/Non-Concurrence:

Develop procedures to ensure that staff are aware of the requirements for the contents of first aid kits and periodically check the kits to ensure compliance with Texas Minimum Standards

BCFS HHS Statement of Concurrence/Non-Concurrence:

BCFS HHS is in concurrence with this recommendation. While BCFS HHS has a robust Medical team and clinic onsite at each of its shelter program locations, BCFS HHS also keeps first aid kits available as a precaution. Of the eight program locations, 9 of 26 first aid kits were missing items such as tweezers, scissors, thermometers and first aid guides. Texas Residential Child Care Licensing (RCCL) standards requires those items to be in each first aid kit. To ensure current and ongoing compliance the medical clinic provides routine and systematic evaluation of each first aid kit. When necessary each kit is replenished and replaced items are documented for the record.

4. OIG Recommendations and Statement of Concurrence/Non-Concurrence:

Review bedrooms to ensure they meet the minimum space requirements for facilities in Texas and realign any bedrooms that don't meet the requirements.

BCFS HHS Statement of Concurrence/Non-Concurrence:

BCFS HHS is in concurrence with this recommendation. One of BCFS HHS' five shelter programs modified its bed space at the request of ORR. This request, considered a short-term variance from regular programming, was not by Texas' Residential Child Care Licensing (RCCL). RCCL completes an annual review of programs, including the review of floor plans and physical space. Additionally, the current floor plan is on file with RCCL. All programs are compliant. Any programmatic changes, which result in amended floor plans, will only occur upon written approval from RCCL.

5. OIG Recommendations and Statement of Concurrence/Non-Concurrence:

Strengthen oversight of foster care homes to ensure foster parents are aware of, and are complying with, Texas DFPS Minimum Standards for Child-Placing Agencies Condensed Version for Foster Parents for health and safety.

BCFS HHS Statement of Concurrence/Non-Concurrence:

BCFS HHS is in concurrence with this recommendation. During the OIG visit, two foster homes had identified concerns. To validate ongoing compliance, and an understanding of safety issues, each foster parent continues to receive the foster parent handbook, which outlines each minimum standards related to caring for a minor in their home, to include providing a safe outdoor space. Additionally, foster parents, trained on safety, receive this training prior to, and after, licensure.

BCFS HHS Family Resource Workers (FSW) complete an inspection in each licensed foster home at least once per month. Clinicians are also in the home at least monthly. Each team, tasked with a documented safety review, including outside areas, ensures safety on an ongoing basis. Should a safety issue be identified, the FSW will work with the foster family to complete a plan of action and will review for compliance.

6. OIG Recommendations and Statement of Concurrence/Non-Concurrence:

Strengthen existing procedures to ensure all background checks are completed with screening sponsors and other household members, and ensure proper documentation is maintained in the case file.

BCFS HHS Statement of Concurrence/Non-Concurrence:

BCFS HHS is in concurrence with this recommendation. Of 190 files reviewed, four hard copy files did not contain all of the documented background information. To ensure programs consistently receive background information from ORR, ORR recognizing gaps

and/or weaknesses in the background check process conducted by the ORR vendor, PSC, is working diligently to strengthen those gaps. ORR, working closely with PSC, ensures fingerprint information is uploaded assessment summary in the UC Portal, where PSC documents sponsor background results. This information must be in UC Portal prior to release of any child to his or her sponsor.

7. OIG Recommendations and Statement of Concurrence/Non-Concurrence:

Strengthen existing procedures to ensure all initial intakes assessments, initial medical exams and UAC assessments are completed in a timely manner; that adequate documentation is maintained, and that the completed dates for the UAC assessments are captured in the case file.

BCFS HHS Statement of Concurrence/Non-Concurrence:

BCFS HHS is in concurrence with this recommendation 190 cases reviewed 25 files had 1 documentation error and 3 files more than 1 error. With the UC Portal's historical limited capacity for storage and inability to meet state standards for documentation, BCFS HHS has to keep two files, one electronic (UC Portal) and one hard copy. The agency utilizes the Emergency Medical Records System to capture and store medical information on our clients and it serves as a backup to the information uploaded into portal. Efforts to Outcomes (ETO), utilized to capture information required by both state and federal standards and serves as a backup to the information uploaded into portal.

Through support of ORR, BCFS HHS has created a robust Quality Assurance Team whose primary focus is to ensure compliance with federal and state standards. This includes the creation of digital archive capacity. The Quality Assurance digital archive team, in place October 2018, will work to merge files electronically, with all file information located in one place.

The Quality Assurance team will work closely with program staff and leadership to provide access to real-time data necessary for training, support, and management of program staff responsible for meeting the evolving timelines established by ORR.

8. OIG Recommendations and Statement of Concurrence/Non-Concurrence:

Maintain documentation to support the discharge notification was emailed to DHS and other stakeholders.

BCFS HHS Statement of Concurrence/Non-Concurrence:

BCFS HHS is in concurrence with this recommendation. In 2014, BCFS HHS' maximum inbox size was 2 gigabytes. Emails, including discharge notifications, were not retained indefinitely. As such, during 2016, BCFS HHS was unable to recall emails sent to ICE. In 2017, the BCFS System has implemented Office 365. With this implementation comes the ability to maintain all internal and external email communication for up to ten years. This will allow recall of discharge notification emails sent to ICE, if necessary. Additionally, case managers, tasked with uploading a PDF copy of each discharge notification to the appropriate minor's, files in the UC Portal.

9. OIG Recommendations and Statement of Concurrence/Non-Concurrence:

Implement quality control procedures to ensure the discharge information in the case file matches data entered into the ORR UAC Portal.

BCFS HHS Statement of Concurrence/Non-Concurrence:

BCFS HHS is in concurrence with this recommendation. Of the 190 sampled files, 5 children had incorrect discharge classification. The UC Portal uses a drop down menu for discharge type, which can result in user error. Unfortunately, the UC Portal does not have a report mechanism, which would allow program to reconcile by discharge type, to ensure accuracy. To rectify this gap, BCFS HHS will audit the discharge type to ensure consistency. Any deviations will be reported to the UAC Helpdesk for resolution.

10. OIG Recommendations and Statement of Concurrence/Non-Concurrence:

Ensure that all employee background investigation requirements are completed, with results received and reviewed prior to hiring, and that renewal background investigations are completed timely.

BCFS HHS Statement of Concurrence/Non-Concurrence:

BCFS HHS is in concurrence with this recommendation. Of the 48 employee files reviewed, it was noted that 1 full-time employee and 2 temporary contract employees did not have a complete initial FBI background check. Additionally, background check renewals completed post 24-months are considered late. RRCL has since provided clarification on two items: 1) background checks run through their system that reside under the same governing body will not need to have subsequent background checks completed for each site where an employee – temporary or permanent – may work; and 2) 24-month background checks will no longer be required. Currently and ongoing, BCFS HHS ensures RCCL required background checks completed for each temporary and permanent employee upon hire, and maintains that information in the HR files for review.

11. OIG Recommendations and Statement of Concurrence/Non-Concurrence:

Ensure that reunification information reported to ORR is accurate and can be supported.

BCFS HHS Statement of Concurrence/Non-Concurrence:

BCFS HHS is in concurrence with this recommendation. Since the UC Portal does not have a report mechanism which would allow reconciliation by discharge type, programs must reconcile using a manual process. The departure date and type, recorded by BCFS HHS for each minor, will be reconciled against the UC portal for consistency. Any discrepancies will be submitted to the UC Portal helpdesk for reconciliation.