

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**SOUTHWEST KEY PROGRAMS
DID NOT ALWAYS COMPLY WITH
HEALTH AND SAFETY REQUIREMENTS
FOR THE UNACCOMPANIED ALIEN
CHILDREN PROGRAM**

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



**Joanne Chiedi
Acting Inspector General**

**August 2019
A-06-17-07005**

Office of Inspector General

<https://oig.hhs.gov>

The mission of the Office of Inspector General (OIG), as mandated by Public Law 95-452, as amended, is to protect the integrity of the Department of Health and Human Services (HHS) programs, as well as the health and welfare of beneficiaries served by those programs. This statutory mission is carried out through a nation-wide network of audits, investigations, and inspections conducted by the following operating components:

Office of Audit Services

The Office of Audit Services (OAS) provides auditing services for HHS, either by conducting audits with its own audit resources or by overseeing audit work done by others. Audits examine the performance of HHS programs and/or its grantees and contractors in carrying out their respective responsibilities and are intended to provide independent assessments of HHS programs and operations. These assessments help reduce waste, abuse, and mismanagement and promote economy and efficiency throughout HHS.

Office of Evaluation and Inspections

The Office of Evaluation and Inspections (OEI) conducts national evaluations to provide HHS, Congress, and the public with timely, useful, and reliable information on significant issues. These evaluations focus on preventing fraud, waste, or abuse and promoting economy, efficiency, and effectiveness of departmental programs. To promote impact, OEI reports also present practical recommendations for improving program operations.

Office of Investigations

The Office of Investigations (OI) conducts criminal, civil, and administrative investigations of fraud and misconduct related to HHS programs, operations, and beneficiaries. With investigators working in all 50 States and the District of Columbia, OI utilizes its resources by actively coordinating with the Department of Justice and other Federal, State, and local law enforcement authorities. The investigative efforts of OI often lead to criminal convictions, administrative sanctions, and/or civil monetary penalties.

Office of Counsel to the Inspector General

The Office of Counsel to the Inspector General (OCIG) provides general legal services to OIG, rendering advice and opinions on HHS programs and operations and providing all legal support for OIG's internal operations. OCIG represents OIG in all civil and administrative fraud and abuse cases involving HHS programs, including False Claims Act, program exclusion, and civil monetary penalty cases. In connection with these cases, OCIG also negotiates and monitors corporate integrity agreements. OCIG renders advisory opinions, issues compliance program guidance, publishes fraud alerts, and provides other guidance to the healthcare industry concerning the anti-kickback statute and other OIG enforcement authorities.

Notices

THIS REPORT IS AVAILABLE TO THE PUBLIC
at <https://oig.hhs.gov>

Section 8M of the Inspector General Act, 5 U.S.C. App., requires that OIG post its publicly available reports on the OIG website.

OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

Report in Brief

Date: August 2019

Report No. A-06-17-07005

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



Why OIG 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. We initiated a series of reviews of UAC Program grantees because, beginning in fiscal year (FY) 2012, there were significant increases in both the number of children served by the UAC Program and program funding, as well as multiple changes to ORR policies beginning in FY 2014.

We selected Southwest Key Programs (Southwest Key), a UAC Program grantee, for review because it is one of the largest providers of services to UAC in the United States. We conducted this audit in conjunction with our review of Southwest Key's financial management of Federal funds received to operate the UAC Program (A-06-17-07004).

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

How OIG Did This Review

We reviewed policies, procedures, and the organizational structure. From July through November 2017, we inspected Southwest Key shelter care facilities in Arizona, California, and Texas. We also reviewed a nonstatistical sample of personnel records and a statistical sample of case files for those children who had been released to a sponsor during FY 2016.

Southwest Key Programs Did Not Always Comply With Health and Safety Requirements for the Unaccompanied Alien Children Program

What OIG Found

Southwest Key did not meet or properly document that it met certain safety standards for the care or release of some children in its custody. Additionally, Southwest Key documentation did not support the number of reunifications reported to ORR for FY 2016. Based on our UAC case file sample review results, we estimated that Southwest Key did not properly document the care or release of approximately 8,323 children released to sponsors in FY 2016 (38 percent of discharged children). Without adequate documentation in the UAC case files, ORR could not be assured that Southwest Key had followed ORR policies regarding sponsor background checks, prompt care, or notification to the Department of Homeland Security (DHS) of the child's release to a sponsor. Finally, we determined that some Southwest Key employee and volunteer files were missing evidence of required background checks.

What OIG Recommends and Southwest Key Comments

We recommend that Southwest Key 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, (4) discharge notifications to DHS and other stakeholders, and (5) safety and well-being followup calls. In addition, we recommend that Southwest Key comply with State regulations pertaining to (1) minimum bedroom space, (2) health and safety standards for shelters, and (3) employee background investigations. We also recommend that Southwest Key ensure that information reported to ORR is accurate and comply with other procedural recommendations in accordance with Federal and State requirements.

In written comments on our draft report, Southwest Key generally concurred with most of our findings and recommendations, provided what it believed was important context to some findings, and outlined corrective actions it had taken to address the findings. Southwest Key disagreed with our findings related to background checks for sponsors and adult household members and initial intake assessments. We maintain that our findings and recommendations are valid and commend Southwest Key for taking corrective action to address the findings. We also recognize Southwest Key's efforts to ensure program compliance while supporting an extraordinary number of children under difficult operational circumstances.

TABLE OF CONTENTS

INTRODUCTION	1
WHY WE DID THIS REVIEW	1
OBJECTIVE	2
BACKGROUND	2
Care Process	3
Family Reunification Process	4
Southwest Key Programs	4
HOW WE CONDUCTED THIS REVIEW	5
FINDINGS	5
Some Southwest Key Facilities Were Not in Compliance With One or More State Health and Safety or Other Minimum Standards Requirements	6
Southwest Key Did Not Have Adequate Video Monitoring Equipment in All Common Areas	6
Southwest Key Facilities Had Cleanliness Issues and Conditions that Presented a Safety Risk	7
Southwest Key Facilities Had Unsecured Hazardous Materials Accessible to Children	8
Two Southwest Key Facilities Had Expired Medication	8
Southwest Key Was Not Always in Compliance With Staffing Ratios	9
Southwest Key Did Not Always Maintain All Fire Extinguishers	9
Not All Southwest Key Facilities Had the Required Carbon Monoxide Detectors	9
Southwest Key First Aid Kits Did Not Always Contain Required Items	10
Southwest Key Facilities Did Not Always Conduct Required Safety Drills	10
Southwest Key Shelters Did Not Always Meet Space Requirements for Children	11
Southwest Key Was Unable To Support the Number of Reunifications Reported to the Office of Refugee Resettlement for Fiscal Year 2016	11
Some Documents Were Missing From Southwest Key Case Files	12
Some Southwest Key Case Files Lacked Evidence of Required Background Checks on Sponsors or Adult Household Members	12
Southwest Key Did Not Conduct Adequate Sexual Offender Registry Checks on Sponsors and Adult Household Members or Adult Caregivers	13
Vulnerability in the Background Check Investigation Process	14

Some Southwest Key Case Files Had Other Documentation Errors	14
Southwest Key Did Not Always Comply With Background Check Requirements for Employees and Volunteers.....	16
RECOMMENDATIONS	18
SOUTHWEST KEY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE.....	20
Southwest Key Comments	20
Office of Inspector General Response	21
APPENDICES	
A: Audit Scope and Methodology	22
B: Federal and State Requirements	24
C: Selected Requirements for Office of Refugee Resettlement Provider Care Facilities During Our Audit Period	36
D: Statistical Sampling Methodologies	37
E: Sample Results and Estimates—Unaccompanied Alien Children Case Files	39
F: Definitions	40
G: Photographs Taken at Southwest Key Facilities.....	42
H: List of Facilities Reviewed.....	50
I: Related Office of Inspector General Reports.....	51
J: Southwest Key Comments.....	52

INTRODUCTION

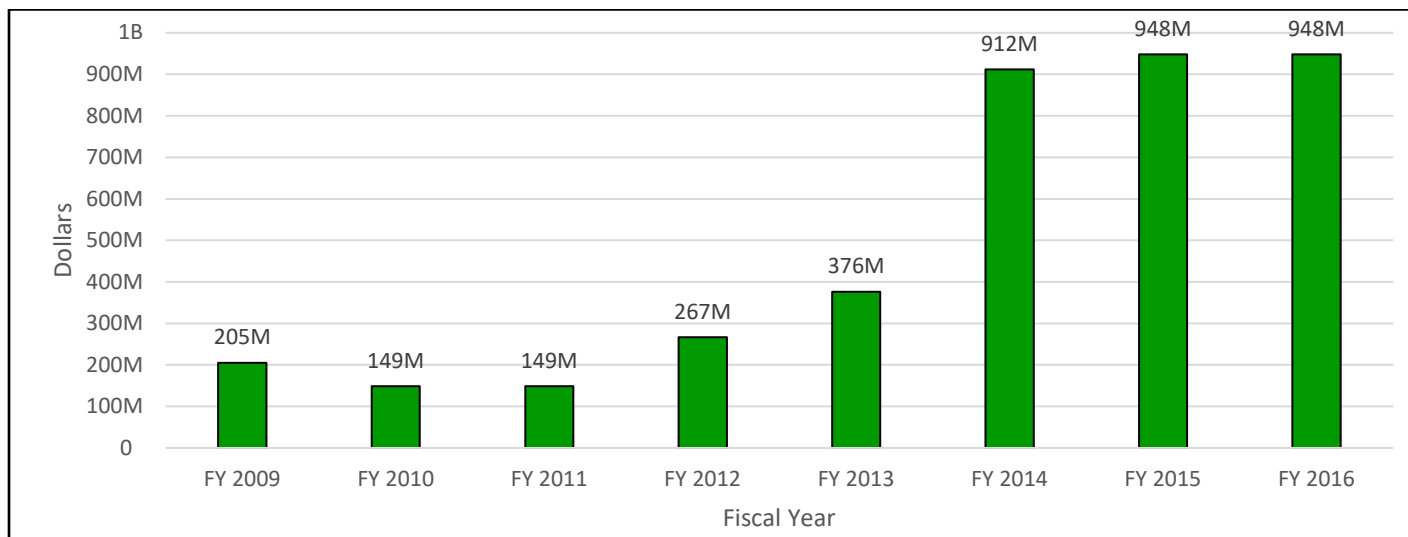
WHY WE DID THIS REVIEW

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. Because of the increase in the number of vulnerable children who entered ORR care, significant increases in program funding, and multiple changes to ORR policies during Federal fiscal year (FY) 2014, we have been conducting a series of reviews of ORR care providers across the Nation.¹

The UAC Program served between 7,000 and 8,000 children annually from FYs 2005 through 2011. In FY 2012, however, the number of children entering the program began to increase, and by the end of FY 2012, the UAC Program served 13,625 children. In FY 2013, the program served 24,668 children, in FY 2014, ORR served 57,496 children, and in FY 2015, ORR served 33,726 children. In FY 2016, ORR served 59,170 children.

From FY 2009 through FY 2016, ORR's funding for its UAC Program totaled more than \$3.9 billion, of which \$2.8 billion (71 percent) was for FYs 2014, 2015, and 2016 (Figure 1).

Figure 1: Unaccompanied Alien Children Program Funding Was Substantially Higher in FYs 2014, 2015, and 2016



We selected Southwest Key Programs (Southwest Key) for review because it is one of the largest providers of services to UAC in the United States. Our audit period was October 2015 through September 2016 (FY 2016). We conducted this audit in conjunction with our review of

¹ See Appendix I for a list of previously issued reports.

Southwest Key's financial management of Federal funds received during FY 2016 to operate the UAC Program.

OBJECTIVE

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

BACKGROUND

The UAC Program funds temporary shelter care² and other related services for UAC in ORR custody. For project periods³ with services beginning during FYs 2014 and 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 each unaccompanied alien child, 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 nation-wide 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)).

Under the Homeland Security Act of 2002, Congress transferred the care and custody of UAC to HHS from the former Immigration and Naturalization Service 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 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 2015 through September 2016 (FY 2016), ORR policies and procedures were found in the *ORR Guide: Children Entering the United States Unaccompanied* (Policy Guide) and in the *ORR Operations Guide: Children Entering the United States Unaccompanied*. ORR updates the Policy Guide on an ad hoc basis and now records the most current effective date next to each policy provision.

We identified the relevant policies in effect during our audit period and applied them to determine whether Southwest Key complied with ORR requirements. For findings stemming

² Shelter care is provided in a residential care provider facility where all the program components are administered onsite in the least restrictive environment.

³ A project period for the UAC Program is a 36-month project with three 12-month budget periods.

from our site visits from July through November 2017, we cite the applicable criteria effective during that period. We also reviewed State licensing requirements for care providers and applied the State regulations as in effect during our audit period. See Appendix B for relevant Federal and State requirements.

Federal regulations (45 CFR part 75) establish uniform administrative requirements, cost principles, and audit requirements for Federal awards to non-Federal entities.

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.

Federal field specialists (FFSs) are ORR employees who serve as local ORR liaisons to one or more facilities within a region. They are responsible for providing guidance and technical assistance to facilities and approving or denying children's transfer and release. An FFS's authority includes approving or denying all child transfer and release decisions, overseeing care provider facilities, implementing policies and procedures, and serving as a liaison to local stakeholders. FFSs also provide guidance, direction, and technical assistance to care provider facilities.

Care provider facilities employ case managers, whose responsibilities include:

- coordinating child assessments and completing individual service plans;
- assessing potential child sponsors;
- making transfer and release recommendations;
- coordinating the release of a child to a sponsor; and
- ensuring that all services are documented in the children's case file.

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 (see next page for a description of this process). After reviewing the case managers' decisions, case coordinators make the 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 on the sponsor. 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 a UAC 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 UAC 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 an 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.

Southwest Key Programs

Southwest Key is a nonprofit organization based in Austin, Texas. For nearly 20 years, Southwest Key has participated in the UAC Program. In FY 2016, ORR awarded Southwest Key approximately \$236 million in Federal funds for the care and placement of approximately 25,000 children.

During FY 2016, Southwest Key discharged approximately 24,800 children.⁴ Of these children:

- 62 percent were boys, and 38 percent were girls,
- 86 percent were between the ages of 13 and 17, and
- 46 percent were released to a parent or legal guardian (Category 1 sponsors).

HOW WE CONDUCTED THIS REVIEW

To determine whether Southwest Key met applicable safety standards, we (1) conducted inspections from July through November 2017 of 26 facilities⁵ that provided shelter care; (2) reviewed Southwest Key's licensing documents and inspection results for FY 2016 through the period of our onsite inspections, as applicable; (3) reviewed a nonstatistical sample of Southwest Key's personnel records for FY 2016; and (4) reviewed a statistical sample of case files for those children who had been released to a sponsor during FY 2016. Our review covered 22,109 UAC released directly to sponsors in FY 2016, as well as 5,505 full- and part-time Southwest Key staff and 132 volunteers. We discussed health and safety issues identified during the review with Southwest Key program officials during the site visit.

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

Southwest Key did not meet or properly document that it met certain safety standards for the care and release of children in its custody. Specifically, we determined that:

⁴ 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 (DHS).

⁵ Of the facilities reviewed, 14 were in Texas, 9 were in Arizona, and 3 were in California. We applied the applicable State regulations for each facility. See Appendix H for a list of facilities.

- Some Southwest Key facilities that we reviewed did not fully comply with health and safety or other minimum standards requirements.⁶
- Southwest Key documentation did not support the number of reunifications it reported to ORR for FY 2016.
- Some sampled UAC case files were missing evidence of sponsor background checks and other required documentation.
- Some Southwest Key employee and volunteer files that we reviewed were missing evidence of required background checks.

These issues occurred because not all of Southwest Key's policies and procedures were adequate for ensuring that staff were aware of and complied with requirements, and Southwest Key did not always monitor program operations to ensure compliance.

In addition, not all of Southwest Key's policies and procedures were adequate for ensuring that it maintained adequate documentation and that information reported to ORR or entered in the UAC Portal⁷ was accurate. On the basis of our sample results, we estimated that Southwest Key did not properly document the care or release of approximately 8,323 children (38 percent) released to sponsors during our audit period. Without adequate documentation in the UAC case files, ORR could not be assured that Southwest Key had followed ORR policies on sponsor background checks, prompt care, or notification to DHS of the child's release to a sponsor.

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

Southwest Key Did Not Have Adequate Video Monitoring Equipment in All Common Areas

ORR policy requires video monitoring in all common and living areas, the exterior of the building, and surrounding premises (Policy Guide, § 3.3.4).

We found that not all 26 Southwest Key facilities had a fully implemented video monitoring system, because the necessary monitoring equipment (e.g., video cameras) was not always present in the common areas (i.e., hallways, intake areas, or activity areas) to assist the facility staff with monitoring all of the interactions occurring between children and between staff and children. Southwest Key officials at some of the programs agreed that their video monitoring equipment was not adequate. The officials explained that, for some of the facilities, the budget

⁶ We discussed health and safety issues identified during the review with Southwest Key program officials during the site visit.

⁷ The UAC Portal is a web-based system that allows personnel from ACF and programs that house UAC to enter and retrieve information about the UAC.

did not allow for additional cameras, or requests for additional cameras were submitted as a budget amendment. In these cases, the budget amendment was not approved or Southwest Key officials decided not to submit a request to ORR for additional cameras. Regardless, Southwest Key still has the responsibility to comply with the ORR policy on video monitoring. Without video monitoring equipment in all common areas to assist with observing the children, Southwest Key may not be able to further ensure the children's health and safety.

Southwest Key Facilities Had Cleanliness Issues and Conditions That Presented a Safety Risk

In Texas, State regulations for facilities housing children require building exteriors, interiors, grounds, equipment, and furniture to be structurally sound, clean, free of hazards, in good repair, and safe for children.⁸ In Arizona, State regulations for facilities housing children require the facilities' premises and equipment to be free from a condition or situation that may cause a resident or other individual to suffer physical injury.⁹ In California, State regulations for facilities housing children require the facility to be clean, safe, sanitary, and in good repair at all times for the safety and well-being of clients, employees, and visitors.¹⁰

At 17 of the 26 Southwest Key facilities, we identified one or more issues pertaining to cleanliness and safety. Seven facilities had unclean bathrooms (Appendix G, Figures 2–5), two facilities had unclean ventilation systems (Appendix G, Figure 6), and four facilities had discolored ceiling tiles (Appendix G, Figures 7 and 8). Additional unsafe conditions included used syringes and needles in an open trashcan in the medical office (Appendix G, Figure 9), protruding nails (Appendix G, Figure 10), and unlocked areas (e.g., unlocked walk-in freezer) that put children at risk (Appendix G, Figure 11). Two facilities had unlocked areas that allowed children access to maintenance equipment, including lawn mowers, a pressure washer, a weed eater, and a gas container (Appendix G, Figure 12). Another facility had a wooden canopy that had a broken support beam with pieces of deteriorating wood on the surrounding ground. In addition, at two facilities, children had access to vehicle keys. At one facility, employee keys were accessible in the intake area. At the other facility, children had access to the employee command center where keys to company vehicles were held.

Southwest Key failed to ensure compliance with State requirements, and for some of these conditions, Southwest Key staff did not adequately monitor its facilities during the monthly facility safety check¹¹ to ensure that the facilities were clean and free from unsafe or harmful

⁸ Texas DFPS, Licensing Division, Minimum Standards for General Residential Operations § 748.3301.

⁹ Arizona Administrative Code, § R9-10-721.

¹⁰ California Manual of Policies and Procedures, Community Care Licensing Division, General Licensing Requirements, Title 22, Division 6, Chapter 1, 80087.

¹¹ Southwest Key uses a monthly facility safety checklist to monitor its facilities for health and safety risks.

conditions. The failure to follow health and safety requirements placed the health and safety of children at risk.

Southwest Key Facilities Had Unsecured Hazardous Materials Accessible to Children

In Texas, State regulations require that poisonous or flammable materials must be stored in original, labeled containers and inaccessible to children, unless caregivers have evaluated a child as capable and likely to use such items responsibly.¹² In Arizona, State regulations require facilities to store poisonous, toxic, combustible, or flammable liquids and hazardous materials in the original labeled containers or safety containers in a locked area.¹³ In California, State regulations require hazardous materials to be stored where inaccessible to clients and storage areas to be locked.¹⁴

Fourteen of the 26 Southwest Key facilities had unsecured hazardous materials (e.g., cleaning supplies, lice treatment, paint, primer, pool chemicals, and laundry detergent) that were easily accessible to children (Appendix G, Figures 13 and 14). Southwest Key failed to ensure compliance with State requirements to store hazardous materials in a secure location. The failure to follow health and safety requirements placed the health and safety of children at risk.

Two Southwest Key Facilities Had Expired Medication

In Texas, State regulations require that discontinued medication, expired medication, and medication left at the operation must be inventoried and stored separately from current medications as directed by the administrator, and that excess medication is destroyed in accordance with State and Federal law, and in a way that ensures that children do not have access to it.¹⁵

Two Southwest Key facilities in Texas had expired over-the-counter medication in their inventory.¹⁶ The facilities failed to check the medication expiration date and remove expired medication when conducting an inventory of over-the-counter medication. Having expired medication in the medical department placed the health and safety of children at risk.

¹² Texas DFPS, Licensing Division, Minimum Standards for General Residential Operations § 748.3421.

¹³ Arizona Administrative Code, § R9-10-721.

¹⁴ California Manual of Policies and Procedures, Community Care Licensing Division, General Licensing Requirements, Title 22, Division 6, Chapter 1, 80087.

¹⁵ Texas DFPS, Licensing Division, Minimum Standards for General Residential Operations § 748.2103.

¹⁶ We made a subsequent visit to one of the facilities and verified that the expired medication had been removed.

Southwest Key Was Not Always in Compliance With Staffing Ratios

ORR requires care providers to maintain a staff-to-child ratio of at least 1 case manager for every 8 UAC and 1 clinician for every 12 UAC.

Southwest Key officials at 8 of 26 facilities told us they were out of compliance with staffing ratios during our visit or had been out of compliance in the past. We reviewed the caseloads for case managers and clinicians at three facilities from October 27 through November 30, 2017. All three facilities were out of compliance with the case-manager-to-child staffing ratio at some point during this time. At one facility, five of the seven case managers maintained an average caseload over the 1:8 staffing ratio for the month of November. Two of the three facilities were out of compliance with the clinician-to-child staffing ratio at some point during this time. At one facility, three of the nine clinicians maintained a caseload over the 1:12 staffing ratio for the month of November. Southwest Key officials stated that at times case managers and clinicians will be above the allowed ratio owing to fluctuations in the number of children in the program, staff leaving, and the time it takes to train new staff. Having case managers and clinicians with caseloads that exceed the required ratio places the children at risk of not receiving necessary case management and clinician services.

Southwest Key Did Not Always Maintain All Fire Extinguishers

In Texas, State regulations require that all fire extinguishers must be inspected at least annually.¹⁷ Three Texas facilities had four fire extinguishers with expired inspection tags (Appendix G, Figure 15). At the time of our visits, the fire extinguishers were approximately 5 months overdue for inspection. Southwest Key staff did not adequately monitor fire extinguishers during the monthly facility safety check to ensure compliance with State-required annual fire extinguisher inspections.¹⁸ The failure to ensure that all fire extinguishers were inspected timely placed the health and safety of children at risk.

Not All Southwest Key Facilities Had the Required Carbon Monoxide Detectors

In Texas, State regulations require facilities to have an operable carbon monoxide detection system if the operation has gas appliances.¹⁹ In Arizona, State regulations require facilities with fuel-burning appliances be equipped with carbon monoxide alarms.²⁰

¹⁷ Texas DFPS, Licensing Division, Minimum Standards for General Residential Operations § 748.3117.

¹⁸ Subsequently, Southwest Key officials indicated that all expired fire extinguishers had been inspected; however, we did not verify.

¹⁹ Texas DFPS, Licensing Division, Minimum Standards for General Residential Operations § 748.3191.

²⁰ Arizona Administrative Code, § R4-36-201, incorporating 2012 International Fire Code 908.7.

Three facilities (two in Arizona and one in Texas) with gas appliances did not have carbon monoxide detectors.²¹ The failure to install carbon monoxide detectors in areas where gas appliances are located placed the health and safety of children at risk.

Southwest Key First Aid Kits Did Not Always Contain Required Items

In Texas, State regulations require facilities to maintain first aid kits containing a minimum of 10 specific items.²² We determined that 25 of the 33 sampled first aid kits were incomplete. Missing items included thermometers (14 kits), scissors (13 kits), cotton balls (10 kits), and tweezers (9 kits). State officials authorized Southwest Key El Paso facilities to remove scissors and tweezers from their first aid kits because of concerns about children harming themselves. However, these first aid kits were missing other items besides scissors and tweezers. Southwest Key failed to monitor compliance with State health and safety requirements related to first aid kits. The failure to follow health and safety requirements may have placed the health and safety of the children at risk.

Southwest Key Facilities Did Not Always Conduct Required Safety Drills

In Texas, State regulations require facilities to practice a severe weather drill at least once every 6 months from the date of the last severe weather drill and to document the drills, including the date of the drill, time of the drill, type of drill, and length of time for the evacuation or relocation to take place.²³ In Arizona, State regulations require facilities to conduct a disaster drill for employees, on each shift, at least every 3 months and document these drills.²⁴ In California, State regulations require facilities to conduct and document disaster drills at least every 6 months and maintained the documentation for at least 1 year²⁵.

Southwest Key did not conduct severe weather drills at 10 facilities in Texas and did not conduct disaster drills at 8 facilities in Arizona and 3 facilities in California. Southwest Key's lack of oversight resulted in noncompliance with health and safety requirements regarding severe weather drills. In addition, for disaster drills, Southwest Key officials were not familiar with disaster drill requirements and stated they would reach out to licensing to clarify the

²¹ Subsequently, Southwest Key officials indicated that carbon monoxide detectors were in place; however, we did not verify.

²² Texas DFPS, Licensing Division, Minimum Standards for General Residential Operations § 748.3273.

²³ Texas DFPS, Licensing Division, Minimum Standards for General Residential Operations § 748.3239.

²⁴ Arizona Administrative Code, § R9-10-720.B.4.

²⁵ California Manual of Policies and Procedures, Community Care Licensing Division, General Licensing Requirements, Title 22, Division 6, Chapter 1, 80023.

differences between disaster drills and evacuation drills.²⁶ The failure to conduct safety drills placed the health and safety of children at risk.

Southwest Key Shelters Did Not Always Meet Space Requirements for Children

In Texas, State regulations require bedrooms with at least 60 square feet of space for each occupant with no more than four occupants per bedroom.²⁷ In Arizona, State regulations require shared bedrooms to contain at least 60 square feet for each individual occupying the room and no more than eight residents per bedroom.²⁸

We determined that 3 of the 26 facilities (2 facilities in Texas and 1 facility in Arizona) had 1 bedroom that ranged from 15 to 32 square feet below the minimum space requirements.²⁹ At one facility in Texas, a Southwest Key official stated that the extra bed was inadvertently placed in the room. The failure to provide the minimum space requirements may result in children having inadequate space for comfortable sleeping arrangements and personal items.

SOUTHWEST KEY WAS UNABLE TO SUPPORT THE NUMBER OF REUNIFICATIONS REPORTED TO THE OFFICE OF REFUGEE RESETTLEMENT FOR FISCAL YEAR 2016

Award recipients are responsible for managing and monitoring each project, program, subaward, function, or activity supported by the award (45 CFR 75.342). ORR requires care providers to submit quarterly and annual performance and financial status reports and comply with other measures to ensure program integrity and accountability (ORR Guide § 5.6). Southwest Key was unable to support the number of reunifications reported to ORR for FY 2016.

We were unable to reconcile the number of UAC that Southwest Key reported as reunified with a sponsor in all of the 26 Annual Performance Reports we reviewed. The reunification status of each child is entered in Southwest Key's efforts-to-outcome (ETO)³⁰ system and the UAC Portal. In the data provided from Southwest Key's ETO system, we identified alien identification numbers associated with more than one child, duplicate records for the same child with different outcomes (reunified vs. runaway), and different release dates. According to

²⁶ Subsequently, Southwest Key officials indicated that they would implement procedures to meet licensing standards; however, we did not verify.

²⁷ Texas DFPS, Licensing Division, Minimum Standards for General Residential Operations § 748.3357.

²⁸ Arizona Administrative Code, § R9-10-722.B.8.g.

²⁹ Subsequently, Southwest Key officials indicated that the three bedrooms had been realigned to meet minimum space requirements; however, we did not verify.

³⁰ ETO is a comprehensive outcomes and case management software tool.

Southwest Key program officials, these records were recorded in error. The Annual Performance Report is prepared by the program director and, according to Southwest Key officials, is based on a quarterly report exported from the ETO system. Some program officials would cross-compare the exported ETO report to the headcount³¹ reports and make adjustments to the Annual Performance Report if an error was identified.

In efforts to reconcile data, Southwest Key obtained discharge data from the UAC Portal. We identified discrepancies in the reunification status for children between the ETO data and the reunification status reported in the UAC Portal. Southwest Key did not conduct a reconciliation of data between the ETO system and the UAC Portal because, according to Southwest Key officials, the UAC Portal does not allow grantees to download reports that would allow them to reconcile and verify data that are entered into the UAC Portal and the ETO system. ORR cannot be assured that the data in the UAC Portal are accurate.

SOME DOCUMENTS WERE MISSING FROM SOUTHWEST KEY CASE FILES

We estimated that Southwest Key did not properly document the care or release of 38 percent of the 22,109 children³² released to sponsors in FY 2016. As a result, we estimated that of the 22,109 children that were reunified, 2,581 (12 percent) of the children's case files lacked evidence of required background checks on sponsors and adult household members, and 6,795 (31 percent) of the children's case files had other documentation errors.³³

Some Southwest Key Case Files Lacked Evidence of Required Background Checks on Sponsors or Adult Household Members

All potential sponsors must undergo background checks (Policy Guide § 2.5.1). As of January 17, 2016, ORR policy required all non-sponsor adult household members identified in a sponsor care plan to undergo a public records check and a sex offender registry check (Policy Guide § 2.5.1). However, Southwest Key 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 170 children, 5 files did not contain documentation to indicate that Southwest Key had conducted all required background checks on sponsors and other household members (Table 1). The five files accounted for nine instances of missing background check documentation. Specifically, one case file, for a child released to a Category 2 sponsor, contained no evidence that a public records check (PRC) was conducted on the sponsor. Two case files, for children released to Category 2 sponsors, were

³¹ The headcount record is an internal document maintained at the facilities to track the arrival and departure of each child in care at the facilities.

³² Southwest Key cared for approximately 25,000 children during FY 2016. Our review covered only those children who had been released directly to a sponsor.

³³ Some case files had both background-check-related errors and "other" documentation errors.

missing evidence that a Federal Bureau of Investigation (FBI) criminal history check and immigration status check were conducted on the sponsor. A fourth case file, for a child released to a Category 3 sponsor, was missing evidence that an FBI criminal history check and an immigration status check were conducted on the sponsor. A fifth case file, for a child released to a Category 1 sponsor, was missing evidence that a PRC and sexual offender registry check (SORC) were conducted on three of the four household members.³⁴

Table 1: Missing Background Checks

	Sponsors	Adult Household Members
Internet criminal PRC	1	1*
National (FBI) criminal history check	3	0
Immigration status check	3	0
SORC	0	1 [‡]

* UAC case file was missing the PRC for three of the four adult household members.

‡ UAC case file was missing the SORC for three of the four adult household members.

Without documentation in the case file to demonstrate that Southwest Key conducted background checks, Southwest Key was potentially releasing children to sponsors who had not been properly vetted or to households in which an adult household member had not been properly vetted, and as a result, the children's health and safety could have been at risk.

Southwest Key Did Not Conduct Adequate Sexual Offender Registry Checks on Sponsors and Adult Household Members or Adult Caregivers

As of January 17, 2016, all potential sponsors and non-sponsor adult household members and adult caregivers identified in a sponsor care plan³⁵ (adult caregivers) require a SORC conducted through the United States Department of Justice (DOJ) National Sex Offender Public Website (NSOPW) (Policy Guide § 2.5.1).

Southwest Key did not always conduct the SORCs for sponsors and adult household members or adult caregivers through the DOJ NSOPW. For 10 files, the SORC was not completed through the DOJ NSOPW as required.³⁶ The 10 files accounted for the 20 instances of the SORC not being completed through the DOJ NSOPW. Additionally, for six files associated with children in our statistical sample, the SORC was limited to the sponsor or adult household member or adult

³⁴ This error occurred after January 17, 2016.

³⁵ A sponsor care plan identifies the individual that will assume care of an unaccompanied alien child if the sponsor becomes unable to care for the child and will abide by the terms of the sponsor care agreement.

³⁶ The 10 errors that occurred were subsequent to January 17, 2016.

caregiver's current State of residence. The six files accounted for nine instances of the SORC being completed in the current state of residence only (Table 2).

Table 2: Sexual Offender Registry Check Not Completed Nationally or Through Department of Justice National Sex Offender Public Website

	Sponsors	Adult Household Members or Adult Caregivers
DOJ NSOPW completed in current State of residence only	5	4
SORC not completed through DOJ NSOPW	10	10

According to Southwest Key officials, some of these errors were the result of case manager oversight and failure to follow standard operating procedure, which was to conduct the SORC at the national level rather than at the State level. By not conducting national SORCs, Southwest Key potentially released children to sponsors, adult household members, or adult caregivers who had not been properly vetted; as a result, the children's health and safety could have been at risk.

Vulnerability in the Background Check Investigation Process

ORR requires a PRC for all sponsors and adult household members and adult caregivers identified in a sponsor care plan. The check identifies arrests or convictions of sponsors, adult household members, or adult caregivers (Policy Guide § 2.5.1). The PRC results are used to evaluate the sponsor's ability to provide for a child's physical and mental well-being. During our review of the 170 sampled children's case files, we noted a vulnerability in ORR's policy related to PRCs. In some cases, the PRC was completed only in the sponsor's State of residence. Not requiring the PRC to be conducted nationally puts the safety of the child at risk. ORR policy does not specify that the PRC should be conducted nationally. However, if the PRC is not conducted nationally, ORR could be releasing children to sponsors and adult household members not properly vetted.

Some Southwest Key Case Files Had Other Documentation Errors

Of the 170 children's case files in our sample, 47 files had other documentation errors, and 7 of these had more than 1 error. As a result, there is no assurance that Southwest Key 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.³⁷

³⁷ For documentation issues related to the Initial Intakes Assessment, medical exam, and UAC Assessment, there were additional files that did not contain the child's time of arrival or the time of the assessment or exam, which

Southwest Key Did Not Always Complete the Initial Intakes Assessment, Initial Medical Exam, and UAC Assessment 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 (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. The assessment is used to identify the child’s immediate needs or issues. For 5 of 170 sampled children, Southwest Key completed the “Initial Intakes Assessment” form up to 1 day late.

Additionally, ORR requires that an initial medical exam be conducted within 48 business hours of admission (Policy Guide § 3.4.2). For 1 of the 170 sample children, Southwest Key did not ensure that an initial medical exam was completed timely. The child arrived on a Sunday, and the medical exam was not completed until Wednesday.

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 (Policy Guide § 3.3.1). For 6 of 170 sample children, the UAC Assessment was not completed timely. The UAC Assessment forms for these six children were completed 1 to 5 days late. All of the Initial Intakes Assessments that were not completed timely were from one facility. Southwest Key officials stated that this facility has Internet connectivity issues, which may have impacted entering these assessments into the UAC Portal timely. Southwest Key officials were unable to provide a reason for not completing the initial medical exam or the UAC Assessments timely. For one UAC Assessment, Southwest Key officials indicated that the assessment was updated, which changed the completion date of the assessment. However, according to ORR officials, the date-completed field in the UAC Portal does not change after the initial save of the UAC Assessment. Failure to complete the required Initial Intakes Assessment, initial medical exam, and UAC Assessment information timely may delay Southwest Key’s ability to properly plan for the children in its care. The timely completion of the assessments is critical because they help identify vital information about family members, immediate medical or mental concerns, (i.e., transmittable diseases or psychological trauma), current medications, and any concerns about personal safety that the child may have at the time.

Southwest Key Was Unable To Support That Discharge Notification Forms Were Sent to the Department of Homeland Security

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

would have been needed to make a determination whether the assessment or exam was completed within the required time.

stakeholders (Policy Guide § 2.8.3). For 25 of 170 sample children, Southwest Key did not provide documentation that it notified DHS of the release of a child to a sponsor. Southwest Key officials did not maintain copies of the email notifications sent to DHS in the case files but were sometimes able to retrieve the emails. However, Southwest Key officials were unable to locate the email record for some case files because they were unable to access prior employees' email records. As a result, ORR could not be assured that DHS and stakeholders were aware of the location of the children once they were discharged from ORR care.

Southwest Key Was Unable To Support That Safety and Well-Being Followup Calls Were Made and Did Not Ensure That Followup Calls Were Made Timely

ORR policy requires care providers to conduct a safety and well-being followup call with a child and his or her sponsor 30 days after the release date (Policy Guide § 2.8.4). The care provider must document the outcome of the followup call in the child's case file, including if the care provider is unable to contact the child or sponsor after reasonable efforts have been exhausted. For 8 of 170 sample children, Southwest Key was unable to support that the required safety and well-being followup call was completed. For nine additional files, Southwest Key did not make the safety and well-being followup call timely. In one instance, Southwest Key attempted the followup call 363 days after the child was discharged from the facility, but the phone number provided had been disabled. Southwest Key officials were unable to explain why the safety and well-being followup calls were not made timely or not at all. As a result, ORR did not have any assurance of the safety and well-being of the children once they were discharged from ORR care.

SOUTHWEST KEY DID NOT ALWAYS COMPLY WITH BACKGROUND CHECK REQUIREMENTS FOR EMPLOYEES AND VOLUNTEERS

ORR policy requires care provider facilities to complete background investigations on all staff, contractors, and volunteers with direct access to children prior to hire. Background checks must be completed in accordance with ORR's minimum standards and State licensing requirements (Policy Guide § 4.3.2). ORR requires an FBI fingerprint check of national and State criminal history repositories and a child protective services (CPS) check for the State(s) of United States residence for the past 5 years. In addition to ORR requirements, Texas regulations require a name-based criminal history check³⁸ and a renewal background check no later than 2 years from the date of the most recent initial or renewal background check.³⁹

Vulnerability in Child Protective Services Checks on Arizona Employees and Volunteers

Southwest Key used a third-party vendor to conduct the CPS check in Arizona. According to ORR officials, the CPS check should be conducted by the State through the central registry.

³⁸ Texas DFPS, Licensing Division, Background Check Rules § 745.615.

³⁹ Texas DFPS, Licensing Division, Background Check Rules § 745.625(b).

Southwest Key officials were not aware that the check conducted by the third-party vendor was not sufficient to meet ORR requirements. After we brought this issue to the attention of Southwest Key officials, they attempted to get the State to conduct the CPS check. However, because Southwest Key is licensed as a behavioral health facility, and under Arizona law this type of facility does not require CPS checks of employees, the State was unwilling to conduct the CPS checks. As a result, Southwest Key requested a waiver of the CPS check requirement from ORR. On December 7, 2017, ORR approved Southwest Key's request to waive the CPS check requirement for employees in Arizona.⁴⁰ Going forward, ORR is requiring Southwest Key only to obtain certification from the employee that they have a clean child abuse and neglect history and maintain the certification in the employee's personnel file. Reliance on employee self-certifications creates a vulnerability to the health and safety of children.

Some Southwest Key Employee and Volunteer Files Lacked Evidence of Required Background Checks

Southwest Key could not provide documentation showing that it conducted all required background checks when screening employees and volunteers.⁴¹ Files associated with 15 of the 30 employees and 11 of the 21 volunteers we judgmentally sampled did not contain documentation to indicate that all required background checks had been conducted (some files contained more than 1 error). See Table 3 on the next page for documentation discrepancies.

Table 3: Missing or Late Employee and Volunteer Background Checks

	Full-Time Employees		Volunteers	
	Missing	Late	Missing	Late
Initial FBI fingerprint check	0	7	3	5
Initial CPS check	11 [*]	0	8 [‡]	2
Initial name-based criminal history check (Texas only)	0	1	0	2
Followup FBI fingerprint criminal history check	1	0	0	0
Followup name-based criminal history check (Texas only)	1	0	0	0

^{*} Ten of the eleven missing initial CPS checks were employees from Arizona.

[‡] All of the missing initial CPS checks were volunteers from Arizona.

⁴⁰ OIG concerns regarding these waivers will be addressed in an upcoming report.

⁴¹ Subsequent to our onsite review, the State of Arizona conducted a review of Southwest Key facilities in Arizona, based on complaints received. The review identified multiple violations related to individuals' compliance with fingerprint requirements, citing a direct risk to the health and safety of children. As a result, Southwest Key entered into a settlement agreement with the State of Arizona that resulted in the closing of two facilities and a civil money penalty of \$73,000.

For the seven employee and five volunteer FBI fingerprint check results that were late, results were received 3 to 138 days after the employee's date of hire or volunteer's start date. For the two volunteers' CPS check results that were late, results were received 35 to 401 days after the volunteer's start date. For the one employee and two volunteer initial name-based criminal history checks in Texas that were late, results were received 2 to 137 days after the employee's date of hire or the volunteer's start date. Southwest Key officials were unable to provide a reason for the various background checks that were either missing or late.

Southwest Key Did Not Always Conduct Child Protective Services Checks for Staff's Prior States of Residence

ORR policy requires care provider facilities to complete a CPS check with the staff's State(s) of United States residence for the last 5 years (Policy Guide § 4.3.2). Southwest Key was not always conducting out-of-State CPS checks for staff who lived in other States during the previous 5 years. One Southwest Key official stated that he believed that the CPS check for prior States of residence was conducted with the FBI check. Another Southwest Key official stated that the prior States of residence were checked as a part of the current State check. However, out-of-State CPS checks are not conducted as part of the FBI check or current State check. The failure of Southwest Key to ensure completion of CPS checks in compliance with Federal requirements may have placed the health and safety of children at risk.

RECOMMENDATIONS

We recommend that Southwest Key:

Health and Safety

- review facilities' video monitoring and identify potential areas for improvement and work with ORR, if needed, to obtain the necessary video monitoring equipment;
- educate staff on identifying potentially unsafe or harmful conditions, and reassess the Monthly Facility Safety Check to ensure that the check provides adequate coverage for identifying unsafe or harmful conditions;
- inspect facilities to ensure that all hazardous materials are maintained in a secure location, and educate staff on the importance of keeping hazardous materials secured;
- develop and implement a quality assurance procedure to ensure that expired medications are removed from inventory each month;
- comply with ORR staffing ratios to ensure that children receive the necessary case manager and clinician services;

- strengthen procedures to ensure that all fire extinguishers at the facility are inspected during the annual inspection;
- ensure that all facilities with gas appliances have carbon monoxide detectors installed;
- strengthen 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;
- strengthen procedures to ensure severe weather drills are conducted in Texas, develop and enact a plan to for conducting disaster drills at facilities in California and Arizona, and monitor these requirements on a regular basis to ensure compliance with State laws;
- review bedrooms in Texas and Arizona facilities to ensure that they meet the minimum space requirements and realign any bedrooms that do not meet the requirements;
- develop policies and procedures to ensure consistency in the data used to compile the Annual Performance Report, and strengthen quality control procedures to ensure that the data in the UAC Portal and the effort-to-outcomes system are accurate and match;

Sponsor Background Checks

- strengthen existing procedures to ensure that all required background checks are completed when screening sponsors, adult household members, and adult caregivers, and ensure proper documentation is maintained in the case file;
- ensure that all required SORC are conducted nationally through the DOJ NSOPW when screening sponsors, adult household members, and adult caregivers;

Children Case Files

- strengthen existing procedures to ensure that all Initial Intakes Assessments, initial medical exams, and UAC Assessments are completed in a timely manner;
- maintain documentation to support that discharge notifications were emailed to DHS and other stakeholders;
- maintain documentation to support that safety and well-being followup calls are completed timely;

Employee Background Checks

- ensure that out-of-State CPS checks are completed for employees in Arizona who resided in State(s) outside of Arizona in the past 5 years, because these checks are not conducted by the State of Arizona and should not be covered under the waiver;
- complete all required background checks on employees and volunteers, with results received and reviewed prior to hire, and complete all followup background checks timely; and
- review current staff and complete CPS checks for those staff that lived outside of their current State of residence in the past 5 years, and develop policies and procedures to ensure CPS checks are conducted for potential employees in State(s) of residence for the past 5 years.

SOUTHWEST KEY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE

In its written comments on our draft report, Southwest Key generally concurred with most of our findings and recommendations, provided what it believed was important context to some findings, and outlined corrective actions it had taken to address the findings, including in areas such as video monitoring, cleanliness, carbon monoxide detectors, and first aid kits. We commend Southwest Key for taking corrective action to address our findings, although we note that we have not formally reviewed those actions. We also recognize Southwest Key's efforts to ensure compliance with ORR and State licensing requirements while supporting an extraordinary number of children under difficult operational circumstances. Southwest Key disagreed with our findings related to background checks for sponsors and adult household members and initial intake assessments. We maintain that our findings and recommendations are valid. Southwest Key's comments are included in their entirety as Appendix J.

Southwest Key Comments

Southwest Key stated it is updating its quality assurance (QA) policies and procedures to add additional routine oversight and is embedding dedicated QA oversight staff at each of its program sites to conduct daily oversight inspections. Southwest Key stated it is also implementing a new software system with safeguard controls to mitigate the creation of duplicate identification numbers for children in their care. Additionally, Southwest Key mentioned it is establishing regional talent acquisition teams that are responsible for initiating, completing, and documenting all national and State background checks for each employee prior to hire.

Southwest Key disagreed with our findings related to background checks for sponsors and adult household members and initial intake assessments. For the background check finding, Southwest Key strongly disagreed with any implication that it put a child at risk or improperly released a child to a sponsor. Southwest Key stated that it identified sponsor documentation

present in file A7901, file notes for all five files in question stating the background checks were at some point confirmed, and case coordinator notes for all five files reflecting case coordinator concurrence with the release recommendation, in many cases confirming that the various background checks were completed. Southwest Key officials recognized that their hard-copy files should contain the missing documentation. However, the officials wanted to highlight that the error was a filing and document retention issue as opposed to a matter of improper release of a child.

For the initial intake assessment finding, Southwest Key officials highlighted that the assessments were not completed 1 day late; rather, the assessments were completed between 53 minutes and 4.05 hours late. Southwest Key officials felt this finding was unwarranted and requested its removal from the final report. In their conclusion, Southwest Key officials also requested either removal or substantial revision of the findings related to staffing ratios and background checks for sponsor and adult household members.

Office of Inspector General Response

After reviewing Southwest Key's comments about the background checks for sponsors and adult household members, we maintain this finding is valid. ORR requires background checks for all potential sponsors and, if applicable, adult household members. Although we agree that there is mention of background checks being completed in the five files in question, the files did not contain documentation from a third-party source confirming the checks were performed. In addition, for file A7901, the third-party documentation in the file for the immigration check was for a different UAC and sponsor. Without the proper documentation to support that the required background checks were completed on sponsors and adult household members, Southwest Key cannot assure that it did not put a child at risk or improperly release a child to a sponsor.

For the initial intake assessment, we maintain that our finding is valid. The ORR guide published January 30, 2015, explicitly states that "within 24 hours of admission, a trained staff member with the care provider must use an initial intake assessment form to interview the child upon arrival at the facility to identify any immediate needs or issues." The five instances presented in the draft report were not within the 24 hours mandated by ORR. The timely completion of the initial assessment is critical because it identifies vital information about family members, immediate medical or mental health concerns, (i.e., transmittable diseases or psychological trauma), current medications, and any concerns about personal safety that the child may have at the time.

With respect to the staffing ratios, we maintain that our finding is valid. Southwest Key officials did not disagree with the facts in the draft report and noted that ORR officials were aware of the challenges that Southwest Key faced to maintain the required staff-to-child ratios.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

We reviewed Southwest Key's health and safety controls to verify that the care provider met applicable safety standards for the care of children in its custody.

We performed our fieldwork at Southwest Key in Arizona, California, and Texas from July through November 2017.

Our objective did not require an understanding of all of Southwest Key's internal controls. We limited our assessment to Southwest Key'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 Southwest Key;
- interviewed Southwest Key officials and ORR's FFSs assigned to selected Southwest Key facilities;
- toured the Southwest Key shelter facilities;
- conducted a review of compliance with selected health and safety requirements at the sites and noted any deficiencies;
- selected a statistical sample of UAC released to sponsors during FY 2016 (Appendix D);
- reviewed the sampled UAC case files and documented any deficiencies;
- selected a judgmental sample of employee and volunteer files for review and documented any deficiencies;
- reviewed Southwest Key's Federal grant reports—financial and programmatic—for the audit period;
- reviewed caseload distribution for case managers and clinicians at select facilities;
- estimated results of a statistical sample, as applicable (Appendix E); and

- discussed our findings with Southwest Key officials and provided details by facility.

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 75.342 Monitoring and reporting program performance.

- a) The non-Federal entity is responsible for oversight of the operations of the Federal award supported activities. The non-Federal entity must monitor its activities under Federal awards to assure compliance with applicable Federal requirements and performance expectations are being achieved. Monitoring by the non-Federal entity must cover each program, function or activity.
- b) The HHS awarding agency must use standard, OMB-approved data elements for collection of performance information including performance progress reports, Research Performance Progress Report, or such future collections as may be approved by OMB and listed on the OMB Web site.

OFFICE OF REFUGEE RESETTLEMENT REQUIREMENTS

Background Checks for Sponsors

Policy Guide § 2.5.1 (1/27/2015)	Policy Guide § 2.5.1 (1/17/2016)
Public Records Check <ul style="list-style-type: none">• All sponsors in Categories 1–3• Other household members in any case where a special concern is identified	Public Records Check <ul style="list-style-type: none">• Potential sponsors in Categories 1–3 in all cases• Non-sponsor adult household members and adult care givers identified in a sponsor care plan in all cases
	Sex Offender Registry Check <ul style="list-style-type: none">• Potential sponsors in Categories 1–3 in all cases• Non-sponsor adult household members and adult care givers identified in a sponsor care plan in all cases

Policy Guide § 2.5.1 (1/27/2015)	Policy Guide § 2.5.1 (1/17/2016)
<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 sponsors in Categories 2 and 3 • 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>Immigration Status Check</p> <ul style="list-style-type: none"> • Potential sponsors in Category 1 where there is a documented risk to the safety of the unaccompanied alien child, the child is especially vulnerable, and/or the case is being referred for a home study • Potential sponsors in Categories 2 and 3 in all cases • Non-sponsor adult household members and adult care givers identified in a sponsor care plan where a public records check reveals possible disqualifying factors under 2.7.4; or where there is a documented risk to the safety of the unaccompanied alien child, the child is especially vulnerable, and/or the case is being referred for a home study
<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 sponsors in Categories 2 and 3 • 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"> • Potential sponsors in Category 1 where there is a documented risk to the safety of the unaccompanied alien child, the child is especially vulnerable, and/or the case is being referred for a home study. • Potential sponsors in Categories 2 and 3 in all cases • Non-sponsor adult household members and adult care givers identified in a sponsor care plan where a public records check reveals possible disqualifying factors under 2.7.4; or where there is a documented risk to the safety of the unaccompanied alien child, the child is especially vulnerable, and/or the case is being referred for a home study

Policy Guide § 2.5.1 (3/23/2015)	
<p>Child Abuse and Neglect (CA/N) Check</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 • Other household members in any case where a special concern is identified 	

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.

Closing the Case File (DHS Notification)

Policy Guide § 2.8.3 (1/27/2015)

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.

Safety and Well Being Follow Up Call

Policy Guide § 2.8.4 (8/17/2015)

Care providers must conduct a Safety and Well Being Follow Up Call with a UAC and his or her sponsor 30 days after the release date. The care provider must document the outcome of the follow up call in the child's case file, including if the care provider is unable to contact the sponsor or child after reasonable efforts have been exhausted.

Initial Intakes Assessment

Policy Guide § 3.2.1 (1/28/2015)

A trained staff member must use an *Initial Intakes Assessment* to interview the child within 24 hours of admission.

UAC Assessment

Policy Guide § 3.3.1 (1/28/2015)

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 UC Assessment).

Safety Planning (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.

Initial Medical Exam

Policy Guide § 3.4.2 (5/11/2015)

Each unaccompanied alien child must receive an initial medical exam within 48 business hours of admission.

Employee Background Investigations and Hiring Decisions

Policy Guide § 4.3.2 (2/22/15)

Care provider facilities must complete background investigations on all staff, contractors, and volunteers prior to hire to ensure the candidate is suitable for employment to work with minors in a residential setting. Background checks must be completed in accordance with ORR's minimum standards and State licensing requirements. Because State licensing requirements may differ from State to State, ORR has established minimum standards for the scope of background checks.

The scope of background investigations must comply with State licensing requirements and ORR minimum standards, which include:

- An FBI fingerprint check of national and state criminal history repositories;
- A child protective services check with the staff's State(s) of U.S. residence for the last five (5) years; and
- Background Investigation updates at a minimum of every five (5) years of the staff/contractor/volunteer's start date or the last background investigation update. Care provider facilities may require the updated background investigation more frequently as necessary.

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.

Case File Management

Policy Guide § 5.6.2 (7/27/2015)

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 unaccompanied child's case file must, minimally, include the following:

UAC Information

- Name and Alien Number
- Birth Certificate
- Photograph

Admission Documents

- 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)
- Acknowledgment 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 neglect, and emergency and evacuation procedures
- 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

Legal Information

- Acknowledgment 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)

Medical Records

- 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

Assessments

- UAC Assessments
- UAC Case Review and updates
- Sponsor Addendum(s) (If Applicable)
- Individual Service Plan (ISP) and updates

Educational Services

- Summary of Educational Assessments
- Education Plan

Case Management Records

- Case Worker Progress Notes
- Recreation/Activity log
- Telephone Log
- Religious Services Log
- Stipend log (if stipends are mandated by State licensing)

Clinical Services

- Progress notes from individual counseling
- Group counseling notes or records

Incident Reports

- Significant Incident Reports
- Documentation of the facility's Internal Incidents or reports
- Grievances/Grievance Reports

Discharge/Exit Information

- Family Reunification Packet
- Verification of Release form
- Transfer Request and Tracking Form
- For transfers only, notice of transfer to U.S. Immigration and Customs Enforcement Chief Counsel (Change of Address/Change of Venue information)
- Log/checklist including all documents provided to the UAC 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

STATE REQUIREMENTS⁴²

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 Department of Family and Protective Services (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 Department of Public Safety (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.

⁴² The State requirements were in effect during our audit period or applicable during our site visits.

(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);

§ 748.2103. What are the requirements for discontinued or expired medication?

- (a) Discontinued medication, expired medication, and medication left at your operation must be inventoried and stored separately from current medications as directed by the administrator.

§ 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) An 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.

§ 748.3191. Must I have a carbon monoxide detector system?

You must have an operable carbon monoxide detector-system if your operation has gas appliances. This may be:

- (1) An electric carbon monoxide detector-system; or
- (2) Individual electric or battery-operated carbon monoxide detectors.

§ 748.3239. How often must I practice my emergency evacuation and relocation plans?

- (b) You must practice a severe weather drill at least once every six months from the date of the last severe weather drill.

§ 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.

§ 748.3301. What general physical site requirements must my operation meet?

- (a) Buildings, including exterior and interior surfaces (such as walls, floors, and ceilings), must be structurally sound, clean, and in good repair. Paints used at the operation after January 2007, must be lead-free.
- (f) The grounds of the operation must be well maintained and free of hazards
- (g) The grounds of the operation must be free of accumulation of garbage and debris and maintained in a sanitary manner.
- (i) Equipment and furniture must be safe for children and must be kept clean and in good repair.

§ 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.

§ 748.3421. What are the requirements for protecting children from poisonous or flammable material?

You must ensure that poisonous or flammable materials are:

- (1) Stored in their original, labeled containers;
- (3) Inaccessible to children, unless caregivers have evaluated a child as capable and likely to use such items responsibly.

ARIZONA STATE LEGISLATURE, TITLE 36, CHAPTER 4, ARTICLE 2

§ 36-425.03

- a) Except as provided in subsection B and C of this section, children's behavioral health program personnel including volunteers, shall submit the form prescribed in subsection D of this section to the employer and shall have a valid fingerprint clearance card issued pursuant to title 41, chapter 12, article 3, 1 or, within seven working days after employment or beginning volunteer work, shall apply for a fingerprint clearance card.
- b) Applicants and employees who are fingerprinted pursuant to section 15-512 or 15-534 are exempt from the fingerprinting requirements of subsection A of this section.

ARIZONA ADMINISTRATIVE CODE, TITLE 4. PROFESSIONS AND OCCUPATIONS, CHAPTER 36. DEPARTMENT OF FIRE, BUILDING AND LIFE SAFETY

§ R4-36-201. Incorporation by Reference of the International Fire Code

Unless otherwise provided by law, any person residing, doing business, or who is physically present within the state of Arizona shall comply with the provisions of the International Fire Code (2012 Edition)

ARIZONA ADMINISTRATIVE CODE, TITLE 9. HEALTH SERVICES, CHAPTER 10. DEPARTMENT OF HEALTH SERVICES-HEALTH CARE INSTITUTIONS: LICENSING (Supplement Release Quarter: 16-3)

§ R9-10-720 Emergency and Safety Standards

- (B)(4) Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that a disaster drill for employees conducted on each shift at least every three months and documented.

§ R9-10-721 Environmental Standards

- (A)(1) The premises and equipment are:
 - (c) free from a condition or situation that may cause a resident or other individual to suffer physical injury.

(A)(14) Poisonous or toxic materials stored by the behavioral health residential facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents.

(A)(15) Combustible or flammable liquids and hazardous materials stored by a behavioral health residential facility are stored in the original labeled containers or safety containers in a locked area inaccessible to residents.

§ R9-10-722 Physical Plant Standards

(8)(g) Is a:

(i) Private bedroom that contains at least 60 square feet of floor space, not including the closet; or

(ii) shared bedroom that:

(1) Is shared by no more than eight residents;

(2) Except as provided in subsection (c), contains at least 60 square feet of floor space, not including a closet, for each individual occupying the shared bedroom.

**CALIFORNIA MANUAL OF POLICIES AND PROCEDURES, TITLE 22, DIVISION 6, CHAPTER 1,
GENERAL LICENSING REQUIREMENTS**

§ 80019 Criminal Record Clearance

(a) The Department shall conduct a criminal record review of all individuals specified in Health and Safety Code Section 1522(b) and shall have the authority to approve or deny a facility license, or employment, residence, or presence in the facility, based upon the results of such review.

(d) All individuals subject to criminal record review shall be fingerprinted and sign a Criminal Record Statement (LIC 508 [Rev. 1/03]) under penalty of perjury.

(e) All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1522 shall prior to working, residing or volunteering in a licensed facility:

(1) Obtain a California clearance or a criminal record exemption as required by the department.

§ 80020 Fire Clearance

(h) Emergency fire and earthquake drills shall be conducted on each shift in accordance with existing licensing requirements and shall include all facility staff providing resident care and supervision on each shift.

§ 80023 Disaster and Mass Casualty Plan

(d) Disaster drills shall be conducted at least every six months.

(1) Completion of such drills shall not require travel away from the facility grounds or contact with local disaster agencies.

(2) The drills shall be documented and the documentation maintained in the facility for at least one year.

§ 80087 Buildings and Grounds

- (a) The facility shall be clean, safe, sanitary, and in good repair at all times for the safety and well-being of clients, employees, and visitor.
- (g) Hazardous materials shall be stored where inaccessible to clients.
 - (1) Storage areas shall be locked.

2012 INTERNATIONAL FIRE CODE

908.7 Carbon monoxide alarms.

Group I or R occupancies located in a building containing a fuel-burning appliance or in a building which has an attached garage shall be equipped with single-station carbon monoxide alarms.

**APPENDIX C: SELECTED REQUIREMENTS FOR OFFICE OF REFUGEE RESETTLEMENT
PROVIDER CARE FACILITIES DURING OUR AUDIT PERIOD⁴³**

Care/Service	Requirement
Initial Intakes Assessment	Within 24 hours of receiving a child, facility staff conducts 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 provides 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.
Admission Assessment (UAC Assessment)	Within 7 days of admission, trained staff conducts an assessment that covers biographic, family, legal/immigration, medical, substance abuse, and mental health history.
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.
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 is required to identify sponsors and evaluate the suitability of the sponsor.

⁴³ Policy Guide §§ 2 and 3.

APPENDIX D: STATISTICAL SAMPLING METHODOLOGIES

TARGET POPULATION

The population consisted of all children, including U.S.-born babies of unaccompanied teens, whom Southwest Key released to sponsors during FY 2016.

SAMPLING FRAME

We received an Excel file from Southwest Key that listed 24,813 children whom Southwest Key discharged during FY 2016. From this list, we removed children who had been transferred, voluntarily departed, ran away, were redetermined to be an adult, were an age-out, or were released to another program or the Department of Homeland Security. The remaining 22,109 children, whom Southwest Key directly released to a sponsor, comprised our sampling frame.

SAMPLE UNIT

The sample unit was a child whom Southwest Key released to a sponsor during FY 2016.

SAMPLE DESIGN AND SAMPLE SIZE

We used a stratified random sample of 170 children. The sampling frame was divided into five strata based on geographic regions. The sample sizes for the five strata are listed in the table below.

Table 4: Sample Sizes

Stratum	Number of Children in Stratum	Sample Size
1	9,868	50
2	7,132	30
3	2,400	30
4	1,978	30
5	731	30
Total	22,109	170

SOURCE OF RANDOM NUMBERS

We used the Office of Inspector General (OIG), Office of Audit Services (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

We used the OIG/OAS statistical software to estimate the number and percentage of children whom Southwest Key released to sponsors during FY 2016 without following ORR policies and procedures. We also used this program to estimate the number and percentage of case files associated with Category 1 sponsors and the number and percentage of case files associated with sponsors unlawfully present in the United States. We used a two-sided 90-percent confidence interval to calculate the precision of each estimate.

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

Table 5: Sample Results

Stratum	Number of Children in Stratum	Sample Size	Inadequate Background Investigation	Documentation Errors
1	9,868	50	10	22
2	7,132	30	0	5
3	2,400	30	1	5
4	1,978	30	8	12
5	731	30	0	3
Totals	22,109	170	19	47

Table 6: Statistical Estimates
(Limits Calculated at the 90-Percent Confidence Level)

Estimate Description	Number			Percent		
	Lower Limit	Point Estimate	Upper Limit	Lower Limit	Point Estimate	Upper Limit
Case files with any errors	6,854	8,323	9,792	31	38	44
Case files with background check errors	1,610	2,581	3,552	7	12	16
Case files with other documentation errors	5,332	6,795	8,257	24	31	37
Case files associated with Category 1 sponsors	9,923	11,531	13,161	40	46	53
Case files associated with sponsors unlawfully present in the United States	18,752	20,142	21,326	76	81	86

APPENDIX F: DEFINITIONS⁴⁴

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 the 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 the 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.

⁴⁴ 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 SOUTHWEST KEY FACILITIES

Figure 2: Dirty Shower in UAC Living Space



Figure 3: Dirty Bathtub in UAC Living Space



Figure 4: Dirty Bathroom in UAC Living Space



Figure 5: Dirty Bathroom in UAC Living Space



Figure 6: Dirty Bathroom Door Vent in UAC Bedroom



Figure 7: Discolored Ceiling Tiles in Facility Hallway



Figure 8: Discolored Ceiling Tiles in Facility



Figure 9: Uncovered Syringe Disposal in Medical Department



Figure 10: Protruding Nail on Exterior Bench in Recreation Area

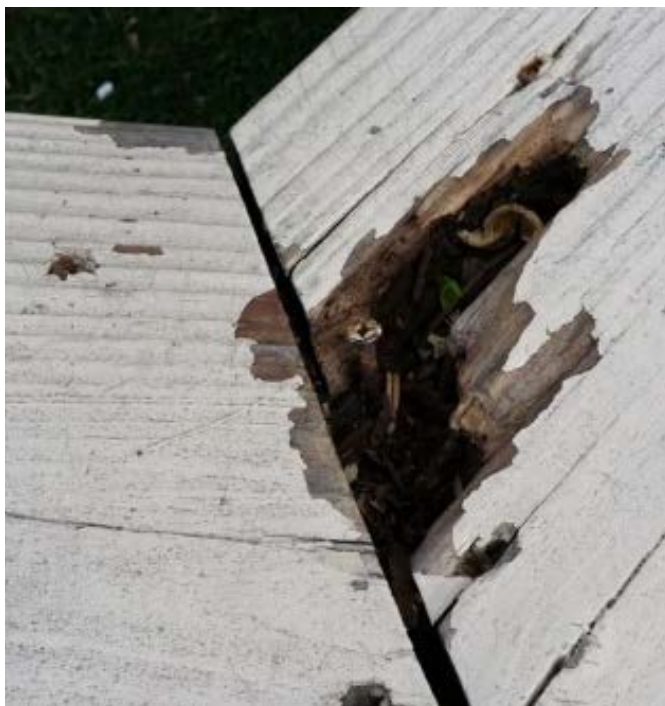


Figure 11: Unlocked Walk-In Freezer Near Recreation Area Accessible to Children



Figure 12: Lawn Mower and Tools in Unlocked Area Accessible to Children



Figure 13: Unsecure Cleaning Materials Located in the Intake Restroom



Figure 14: Unsecure Cleaning Materials in Classroom



Figure 15: Fire Extinguisher With Expired Inspection Tag Located in Hallway of UAC Living Space (Photo Taken in September 2017)



Figure 16: Damaged Wall in UAC Living Space



Figure 17: Dirty Potable Water Dispenser in Hallway



APPENDIX H: LIST OF FACILITIES REVIEWED

Arizona (9)

Campbell
Casa Phoenix*
Estrella Del Norte
Glendale 1
Glendale 2
Hacienda Del Sol*
Kokopelli
Las Palmas
Lighthouse

California (3)

Pleasant Hill
San Diego 1
San Diego 2

Texas (14)

Canutillo
Casa Antigua
Casa Blanca
Casa Franklin
Casa Rio Grande
Casita Del Valle
Combes
Conroe
El Presidente
Houston Reliant
La Esperanza
Montezuma
Nueva Esperanza
Quetzal

* As a result of the settlement agreement with the State of Arizona, this facility was closed.

APPENDIX I: RELATED OFFICE OF INSPECTOR GENERAL REPORTS

Report Title	Report Number	Date Issued
<i>The Children's Village, Inc., an Administration for Children and Families Grantee, Did Not Always Comply With Applicable Federal and State Policies and Requirements</i>	A-02-16-02013	4/26/2019
<i>Lincoln Hall Boys' Haven, an Administration for Children and Families Grantee, Did Not Always Comply With Applicable Federal and State Policies and Requirements</i>	A-02-16-02007	2/11/2019
<i>BCFS Health and Human Services Did Not Always Comply With Federal and State Requirements Related to the Health and Safety of Unaccompanied Alien Children</i>	A-06-17-07007	12/6/2018
<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

APPENDIX J: SOUTHWEST KEY COMMENTS



National Headquarters
6002 Jain Lane • Austin, Texas 78721

phone: 512.462.2181 • fax: 512.462.2028 • www.swkey.org

May 3, 2019

Patricia Wheeler
Regional Inspector General
for Audit Services
U.S. Department of Health and Human Services
Office of Audit Services, Region VI
1100 Commerce Street, Room 632
Dallas, TX 75242

Subject: Comments Regarding Draft Report No. A-06-17-07005

Dear Ms. Wheeler:

Southwest Key Programs (“SWK”) appreciates the opportunity to comment on the above-referenced draft Office of Inspector General (“OIG”) report. Moreover, we thank you and your audit team for your office’s professionalism throughout the audit. SWK is committed to supporting the Office of Refugee Resettlement (“ORR”) in the complex mission of providing comprehensive residential, educational, health, and case management services to unaccompanied minors arriving daily in the United States.

We appreciate that your draft report acknowledges the challenges faced by ORR, SWK, and other care providers during the time period that was subject to audit. We believe it important to note that SWK stepped forward before, during, and after that time period to meet the urgent and ongoing need for additional beds and services for these vulnerable youth, and presently continues to do so each day. During the one-year time period under audit, SWK served 22,109 unaccompanied minors, promptly and safely reunifying them with suitable sponsors.

As SWK increased its operations rapidly to meet ORR’s need and the challenge of a substantial unexpected increase in unaccompanied minors arriving in the United States, SWK’s systems may have lagged somewhat in growth as it attended to its expansion efforts. We have worked over the past several years to undertake needed organizational changes while focusing considerable resources on meeting the day-to-day demands of the operational environment that we, ORR, and other care providers have faced.

In light of the OIG’s feedback during the course of its fieldwork, SWK has continued its efforts over the past year to improve its oversight structure, staffing and processes. In particular, SWK is currently in the process of regionalizing its quality assurance (“QA”) system to ensure dedicated QA oversight staff are embedded with its local and regional leadership and that each of its program sites has a dedicated QA representative who will conduct daily oversight. In

conjunction with this reorganization, SWK has updated its QA policies and procedures to add additional routine oversight processes that will be carried out by the newly assigned QA staff with the support and authority of senior headquarters and regional management. In total, we are increasing our QA staff by 47 people this year, with 29 already hired and another 18 expected to be hired by July.

It is against this background that we submit the following comments. While we offer what we believe is important context for many of the findings included in the draft report, we wish to emphasize that our first and foremost goal is the wellbeing of the children we serve. We welcome further dialogue and collaboration with ORR on all aspects of our program and are committed to continuing to provide (i) a safe and developmentally appropriate temporary living environment, (ii) high quality educational and health services, and (iii) prompt reunification support to the unaccompanied minors in SWK's care.

Comments on Draft Findings

Draft Findings Related to Facility Health and Safety.

1. Video Monitoring.¹

In general terms, we concur with this finding and have installed additional cameras. We do, however, believe it important to note that, at the time of the audit, SWK's video monitoring system at each of its facilities was already extremely robust, including 2,342 operational cameras across its numerous facilities, providing around-the-clock monitoring. The ORR standard for video monitoring is subject to considerable interpretation in implementation, calling generally for "[v]ideo monitoring in common and living areas." See Policy Guide § 3.3.4. As an indication that the exact application of this requirement is subject to interpretation, at one point during the OIG audit fieldwork, SWK inquired with ORR project officers about the possibility of additional funding to support the installation of additional cameras and was informed additional funding would not likely be made available for that purpose.

We look forward to working further with ORR to ensure SWK's understanding of this requirement is in accordance with ORR's and the OIG's expectations. In any event, in the past year, without additional monetary support from ORR for this purpose, SWK has installed 405 new cameras (159 with the expansion of a site and 246 to enhance coverage at existing locations), for a total of 2,747 video cameras.

2. Clean, Safe and Secure Areas.

The audit team noted that limited areas in 17 facilities (i) required cleaning of discrete areas, (ii) contained materials such as cleaning supplies that could be hazardous, or (iii) permitted direct access by unaccompanied minors to areas that should have been restricted.² SWK corrected

¹ Draft Report at 6.

² Draft Report at 7-8.

and remedied all of these items promptly, in most cases before the audit team concluded its site visit.

For context on general safety and oversight, we believe it important to note that all children in our care are subject to adult supervision 24 hours per day, seven days per week, and that each of SWK's program sites is subject to unannounced inspection and other routine, active oversight by state and local licensing authorities. In particular, this includes unannounced monitoring visits at each site at least once per year by state licensing agencies and routine oversight by city and county fire departments and health departments. Most recently, on March 29, 2019, SWK underwent its annual unannounced inspection in San Diego, California with no adverse findings.

As touched upon above, SWK is enhancing its staffing and systems by adding QA specialists in each of its sites who will, as part of their regular duties, conduct daily inspections to ensure any potentially hazardous conditions are eliminated and that any areas in need of facilities-maintenance-related attention are promptly addressed.

3. Fire Extinguishers, Carbon Monoxide Detectors, and Safety Drills.

While we take the OIG's findings on fire extinguishers, carbon monoxide detectors, and safety drills seriously, we believe context is again important to this finding.

At the time of the OIG audit fieldwork, SWK had approximately 1,051 fire extinguishers installed across its numerous program sites.³ Of these, the OIG identified four fire extinguishers in three Texas facilities with tags showing they were past due for routine inspection.⁴ SWK had local authorities re-inspect all four extinguishers immediately. Prospectively, our QA staff has added fire extinguisher monitoring to the daily safety inspection protocol, which should ensure none are overlooked during routine inspections in the future.

Similarly, at the time of the audit fieldwork, SWK's facilities had a total of 105 carbon monoxide detectors.⁵ The OIG's draft findings assert three locations missing required detectors.⁶ With respect to one (which we believe to be Hacienda del Sol), we provided proof that the audit team overlooked the detector. With respect to another (which we believe to be the kitchen at Glendale), we promptly installed one. With respect to the last, (which we believe to be Conroe) it was unclear where the audit team believed an additional detector is necessary as we already have detectors in the kitchens. While carbon monoxide safety equipment is of great importance to SWK and we appreciate the OIG's careful review, given the robust safety mechanisms in place throughout our facilities, we do not believe children were at any time in any danger.

³ Since the audit, SWK has installed additional extinguishers, bringing the organizational total to 1,113.

⁴ Draft Report at 9.

⁵ Since the audit, SWK has installed additional carbon monoxide detectors, bringing the organizational total to 142.

⁶ Draft Report at 10.

Finally, with respect to safety drills, we concur that the OIG identified certain specific types of disaster and severe weather drills⁷ that SWK should have incorporated into its safety drill processes. Prospectively, SWK has added disaster drills required in Arizona and California and severe weather drills required in Texas into existing processes. Standard template documentation has been created for each site that reflects all required drills in the particular state, and the newly added QA staff member at each site will be responsible for ensuring that all drills are carried out and documented on a site-by-site basis.

For context, we note that the state-specific drills cited by the OIG pertain specifically to disasters and certain severe weather circumstances. SWK has long carried out routine safety drills, such as monthly fire drills, for both staff and the unaccompanied minors served at our facilities.

4. First Aid Kits and Expired Medication.

The audit team found certain items, such as thermometers and cotton balls, were absent in a number of first aid kits.⁸ SWK corrected these items immediately. Moreover, our daily safety inspection protocol, carried out by our QA staff at each site, has been amended to add inspection of first aid kit contents. While it is SWK's goal to ensure all first aid kits are fully stocked at all times, it is important to note that each site has medical staff on duty seven days per week. Further, if a child encountered any sort of harm that called for use of a first aid kit, that child would also have direct and immediate access to a SWK staff member with access to ample medical supplies.

Similarly, the audit team found expired over-the-counter medication at two sites.⁹ While expired medication would not have been administered to any children by our clinical staff, SWK has instituted a weekly medicine cabinet inspection protocol to be carried out by each site's Lead Medical Coordinator in conjunction with a second staff member serving as a witness.

5. Staffing Ratios.

The audit team noted that personnel at eight of SWK's sites self-reported current or past difficulty maintaining staffing ratios, and that some sites were not currently compliant with required ORR staffing ratios.¹⁰ We do not dispute the facts reported in the draft report, but again believe they lack important context.

First, while SWK struggled, as we believe many care providers did, during the period under audit, to ensure staff-to-child ratios were met, understaffing did not impact availability of services. All children in SWK's care received all required case management, health, educational and counseling services, often by using overtime, special case management pay, and other flexible staffing techniques to accomplish needed services. ORR was aware of these challenges at the time and of SWK's efforts to meet them through flexible staffing measures.

⁷ Draft Report at 10-11.

⁸ Draft Report at 10.

⁹ Draft Report at 8-9.

¹⁰ Draft Report at 9.

As acknowledged in the draft report, ORR's staffing ratio requirements are high, requiring one case manager for every eight children and one clinician for every twelve children. Moreover, ORR qualification standards and practical staffing requirements make rapidly hiring qualified staff difficult. SWK has long utilized multiple strategies to attract and retain adequate case management and clinical staff, most notably reaching out to relevant academic programs and using talent search providers not only across the United States (including in Puerto Rico), but also internationally in Mexico and Chile. It is, simply stated, a constant challenge to find qualified individuals who are also bilingual with sufficient levels of English and Spanish proficiency to adequately serve the needs of the children and ORR.

This staffing challenge has long been an ongoing topic of discussion with ORR, both with project officers in Washington and in the context of weekly case management meetings with ORR and its contracted Case Coordinator, General Dynamics Information Technology ("GDIT"). SWK will continue to work closely with ORR on this challenge.

6. Space Requirements.

As touched upon above, SWK's facilities are operated pursuant to state licenses and under state oversight. These licenses set the number of children that may be housed in the facility at any given time as well as the number of children that may be in a particular room. SWK never had more children in any of its facilities than permitted by the facilities' licenses.

Rather, the audit team identified one bed too many in a room at each of three separate facilities.¹¹ In each case the extra bed represented no more than one misplaced bed, for instance, in a 100-bed facility. We believe these isolated instances to have been outliers resulting from the incorrect movement of beds by staff from one room to another (not increasing overall facility beds/occupancy) and have taken additional steps to avoid recurrence of this issue. Further, SWK has never been cited by a state licensing authority for an over occupancy violation.

Draft Findings Related to Reunification Support.

The draft OIG report asserts that SWK "was unable to support the number of reunifications reported to ORR for FY 2016."¹² This was due to a discrepancy comparing the numbers submitted in SWK's annual and quarterly reports in 2016 compared to the data exported from the ORR UAC Portal. It was discovered during the audit that the numbers submitted in the annual and quarterly reports in 2016 were slightly elevated compared to the ORR UAC Portal export. This stems from a discrepancy between data in SWK's efforts-to-outcome ("ETO") system and the ORR UAC Portal. Therefore, during the audit, SWK worked with the audit team to confirm that every single record was represented and accounted for in the ETO system, deleting duplicate entries. We acknowledge that our ETO system data contained discrepancies, but strongly disagree with the implication that those discrepancies call into question (i) accountability of children, (ii) the appropriateness of reunifications, or (iii) the accuracy of UAC Portal data.

¹¹ Draft Report at 11.

¹² Draft Report at 11.

First, SWK closely monitors all children in its care. Such monitoring has historically been so robust as to include the extraordinary measure of regular head counts of all children present in its care at least once every 30 minutes during daytime hours and at intervals no longer than 15 minutes at night.¹³ These head counts are reported by radio to a designated staff member (a shift leader or security monitor) who checks that head counts match the active enrollment list. Additionally, check-in and discharge procedures are robust at each site, tracking closely with processes documented directly in the UAC Portal.

Second, as touched upon above, the release to sponsor process is carefully managed not just by SWK, but also ORR (which makes all release decisions based upon data in the UAC Portal) and GDIT, ORR's contracted Case Coordinator (which makes release recommendations and weekly tracks UAC cases through the UAC Portal, including through review of documentation filed in the UAC Portal). The data in the UAC Portal is accurate, in the first instance created/documented by SWK, but reviewed, supplemented and validated on an ongoing basis by GDIT.

The issue identified by the OIG is more properly characterized as discrepancies in SWK's separate ETO system. Most of the discrepancies arose from multiple client ID numbers being created by SWK users for one child. While only one of the ID numbers was, in each instance, used to track the child's progress and populated with data, this discrepancy did lead to more SWK ETO system ID numbers than UAC Portal files. We worked with ORR to fully reconcile all duplicate ID numbers against the UAC Portal for the audit period (*i.e.*, FY 2016), eliminating all file count discrepancies.

To avoid the creation of potentially redundant and misleading data in SWK systems moving forward, we are in the process of implementing a new software system with additional safeguards against creation of duplicate ID numbers. Historically, we have been unable to obtain requested reports via the UAC Portal that would enable SWK to establish a process of regularly reconciling its systems against the Portal. Were ORR to create or authorize such functionality, we believe we could use it to establish additional controls.

In any event, in no case was the accountability of any child ever at risk. We will continue to work closely with ORR on these issues and expect our new software to prove effective in avoiding similar issues moving forward.

Draft Findings Related to Case File Documentation.

1. Background Checks for Sponsors and Adult Household Members.

The draft report asserts that five files out of the OIG's sample of 170 files were missing certain documentation of sponsor or adult household member background checks.¹⁴ Specifically,

¹³ SWK is currently considering scaling back head counts to every two hours to foster a "least restrictive setting" for residential care as encouraged by the Flores Settlement Agreement and ORR Policy Manual § 1.1.

¹⁴ Draft Report at 13.

we understand the audit team concluded that sample files A5564, A9333, and A7901 lacked documentation of the sponsor's FBI fingerprint checks and immigration status; sample file A3300 lacked documentation of the sponsor's public record check; and sample file A3657 lacked documentation of public record checks and sex offender record ("SORC") checks for three adult household members.

To the extent that this finding may imply any improper release of a child to a sponsor or any risk to a child, we strongly disagree. As touched upon above, the ORR release decision is made by ORR staff based upon (i) a review of the UAC Portal file (which contains evidence of necessary background checks), and (ii) an independent recommendation by GDIT. Moreover, ORR, GDIT and SWK personnel meet weekly to discuss open cases, addressing, among other things, issues such as those referred to in this draft finding.

We have examined our hard copy files which are the basis of these draft findings and have identified:

- Sponsor immigration status documentation was, in fact, present in file A7901;
- File notes for all five questioned files state that all background checks were, at some point, confirmed; and
- A printout of GDIT-drafted notes for all five questioned files reflect GDIT concurrence in the release recommendation, in many cases expressly confirming that the various background checks were accomplished.

While we recognize that our hard copy files should contain the documentation that the OIG identified as missing, we believe it important to emphasize that this is a documentation filing and retention issue as opposed to a matter of any improper release of a child. We have taken steps to avoid recurrence of the documentation issue. Specifically, Lead Case Managers have, for some time, been required to audit ten percent of each site's case files monthly to ensure documents are properly filed and retained. Additionally, as touched upon above, SWK's ongoing improvements include moving from its existing ETO system to a new software system that has built-in features meant to enhance document retention such as personalized dashboards, alerts, workflow notifications, and enhanced reporting. Finally, our QA staff and Service Directors continuously collaborate on early noncompliance detection through monthly case file audits.

2. Draft Finding on National DOJ System SORC Checks versus State-specific Checks.

We concur in the OIG's draft factual finding that, in a number of cases, SWK personnel conducted state-specific SORC checks as opposed to running names through the national Department of Justice ("DOJ") sex offender public website. We currently process all checks using the DOJ website.

While we concur that use of the DOJ website is an effective practice, we noted in Appendix B of the draft report that it does not appear that checks were required to be processed through that website during the period under audit. We do not have access to the 2015 and 2016 versions of the ORR Policy Manual. As it appears the OIG audit team does, we request that they review the

guidance applicable at the time and remove this finding if, in fact, use of the DOJ website was not then a requirement.

3. Draft Findings on Other Case File Documentation.

a. Initial Intake Assessments.

Again, context is important with respect to this finding. The draft finding asserts that “[f]or 5 of 170 sampled children, Southwest Key completed the ‘Initial Intakes Assessment’ form 1 day late.”¹⁵ Our review of the sample files at issue (E1273, E1263, E841, E545 and E713) shows that, of the five “late” assessments out of 170 sampled files, the latest was conducted twenty-eight hours and five minutes after the child arrived, *i.e.* four hours and five minutes late. Timing of each “late” assessment was as follows:

Sample #	Arrival	Intake Assessment	Time from Arrival
E1273	2/27/2016 (2:52 pm)	2/28/2016 (3:45 pm)	24 hrs + 53 mins
E1263	3/8/2016 (10:00 am)	3/9/2016 (12:30 pm)	24 hrs + 2:30 hrs
E841	12/29/2015 (9:55 am)	12/30/2015 (2:00 pm)	24 hrs + 4:05 hrs
E545	11/18/2015 (1:30 pm)	11/19/2015 (3:00 pm)	24 hrs + 1:30 hrs
E713	12/16/2015 (12:45 pm)	12/17/2015 (2:07 pm)	24 hrs + 1:22 hrs

We believe that any implication of adverse impact to the children related to this finding is unwarranted, and request that this finding be removed from the final report entirely.

b. UAC Assessments, Discharge Notification Forms and Well-Being Follow-Up Calls.

SWK has undertaken program-wide measures to ensure timely compliance with UAC Assessments, well-being follow-up calls, and filing of DHS Discharge Notification Forms.

For UAC Assessments, our case management team has provided UAC Assessment-specific training to all case management staff to enhance compliance. Moreover, to facilitate processing, SWK has instituted an electronic deadline tracking spreadsheet that generates a due date for all assessments.

With respect to well-being follow up calls, SWK has enrolled all staff in ORR’s “30-Day Follow-Up Phone Call” training, and made such training required for SWK’s Lead Case Manager, Assistant Lead Case Managers, Case Managers, and Case Aides. Additionally, (i) SWK’s Lead Case Manager runs a weekly report through our ETO system which is verified against SWK’s monthly discharge list to ensure calls have been completed on time and submits a separate “30-Day Follow Up” report to ORR on the 8th day of every month; (ii) case management departments have been tasked to post a monthly calendar with the number of calls due every day for the current and next month (making the information available for all department staff); and (iii) SWK QA staff and Service Directors continue to collaborate on detecting non-compliance early and sharing QA monthly case file audit findings.

¹⁵ Draft Report at 15.

Finally, as explained above, SWK is in the process of replacing its existing ETO system with new software that will facilitate more effective tracking of deadlines through dashboards and automatic notification features.

Draft Findings Related to Employee and Volunteer Background Checks.

In the past, local staff at each site conducted the site's personnel recruitment activities, including processing of initial and recurring background checks. They generally completed "backgroundchecks.com" checks and state child protective services checks ("CA/N checks"). As discussed above, to improve oversight in all areas, SWK has begun implementing a regionalized approach to QA.

As an additional measure directed at hiring and background checks, SWK is overhauling its recruitment procedures, establishing regional talent acquisition teams that are responsible for initiating, completing and documenting all national and state background checks on each employee prior to hire (FBI fingerprinting, US DOJ sex offender website checks, and state-based record checks, including CA/N record checks). These teams will also oversee each site's responsibility for ensuring employees' background checks are renewed periodically as required by ORR and certain state regulations.

SWK has implemented this new recruitment structure in Texas and Arizona, with full implementation expected in California by the end of May 2019. The teams' efforts in this area will be guided by a new SWK "Reference Guide" for each state listing all ORR and state-required steps to be followed (and documented in the employee file) for all new hires and renewals.

Finally, to the extent the OIG expresses concern over self-attestations, we acknowledge the limitations of such a process. As noted in the draft report, there have historically been limitations in Arizona. Similarly, it can be difficult to obtain information from prior states of residence of new hires when such states are other than states in which SWK maintains operations. We are unfortunately limited by what states are willing to provide but continue to stand ready to work with ORR to implement any suitable alternative measures that may be desired. In this regard, we are pleased to report that, to our understanding, in the last couple of weeks, a new Arizona law has been enacted that is likely to make CA/N checks more accessible.

Comments on Draft Recommendations

We concur generally with the draft report's recommendations that SWK continue to (i) undertake all measures necessary to maximize program site health and safety, (ii) verify children continue to be released to suitable sponsors, (iii) maintain all required documentation in children's files, and (iv) hire and properly process qualified staff and volunteers.

In this regard, we believe many of the draft findings have been addressed in full by the actions described above. To the extent the OIG concurs, we request that the draft findings and recommendations be revised to reflect adequate corrective efforts have been accomplished.

Further, with specific respect to staffing ratios, initial intake assessments, and sponsor and household member background checks, we request the OIG remove or substantially revise its findings based upon the information provided above.

Finally, we ask that the final report acknowledge the context of many of the draft findings and SWK's substantial compliance with ORR and state licensing requirements while supporting ORR's services to an extraordinary number of children under difficult operational circumstances.

Conclusion

SWK is committed to the wellbeing of the children in our care and compliance with ORR and state licensing requirements. We are happy to provide documentation relating to our comments above and to answer any questions you may have. Moreover, we look forward to working with ORR to ensure our programs continue to meet ORR's expectations in all respects.

I may be reached anytime at (512) 462-2181 or by email at the address you have on file.

Sincerely,

A handwritten signature in black ink, appearing to read "Joella Brooks". The signature is fluid and cursive, with the first name "Joella" being more prominent than the last name "Brooks".

Joella Brooks
Interim Chief Executive Officer

cc: Stephen Calvert, Chief Legal and Administrative Officer, SWK