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UNREGULATED & UNSAFE: THE USE OF EMERGENCY INTAKE SITES TO DETAIN IMMIGRANT CHILDREN

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**National Center
for Youth Law**

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The National Center for Youth Law (NCYL) is a non-profit law firm that has fought to protect the rights of children and youth for over fifty years. Headquartered in Oakland, California, NCYL leads high impact campaigns that weave together litigation, research, policy development, and technical assistance.

NCYL and its co-counsel, the Center for Human Rights and Constitutional Law, and Children's Rights, represent the class of thousands of immigrant children in federal custody and are responsible for monitoring the government's compliance with the *Flores* Settlement Agreement. The *Flores* Settlement guarantees basic protections for all children in federal immigration custody and authorizes *Flores* attorneys to visit and interview immigrant children in federal custody. NCYL also collaborates with public agencies to develop policies and practices to better support immigrant children and families. For further information on the full range of NCYL's campaigns and initiatives, please visit www.youthlaw.org.

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DATA METHODOLOGY

The information in this resource draws heavily from interviews with unaccompanied immigrant children detained at Emergency Intake Sites in 2021. Since March 2021, *Flores* attorneys conducted a total of 16 site visits to 12 Emergency Intake Sites and interviewed over 170 children currently or formerly placed at EISs. The dates of *Flores* site visits are listed on each facility page and the facility descriptions are based on children's experiences at the time of those visits.

Data visualizations provided in this resource were created with public data provided by U.S. Customs and Border Protection and the monthly *Flores* data reports provided by the U.S. Department of Justice between December 2017 and April 2022. The monthly *Flores* data reports provide certain information for each class member in the government's custody as of a specific date each month, providing a "snapshot" of the total census of children in federal immigration custody.

This resource utilizes the monthly *Flores* data reports to chart the total numbers of children and their "Days in Placement" at each Emergency Intake Site. To determine each class member's "Days in Placement" at an Emergency Intake Site, our team calculated the number of days between each class member's "Date Admitted" to the EIS and the "snapshot" date of the monthly data report. For example, a class member admitted to the Fort Bliss EIS on May 16, 2021 and listed in the monthly data report as of July 12, 2021, was calculated as having spent 57 days in placement at the Fort Bliss EIS. This method was chosen to avoid overcounting days spent in custody, as the monthly statistical reports do not list the exact time that class members arrive at each placement.

This data is limited in that it does not present a full picture of children's overall length of stay in federal immigration custody or in a particular facility, as some children may have remained in custody after one monthly "snapshot" date but may have been released before the next monthly "snapshot" date. An Emergency Intake Site's total population and longest length of stay may have been higher or lower on a different date not measured by a monthly data report.

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Closed Facilities (in order of opening date)

Midland EIS **27**

Dallas Convention Center EIS **28**

San Diego EIS **30**

Freeman Coliseum EIS **32**

Houston EIS **33**

Dimmit EIS **35**

Delphi EIS **37**

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INTRODUCTION

In March 2021, the Office of Refugee Resettlement (ORR) began placing thousands of unaccompanied children—immigrant children who entered the United States without their parents or legal guardians—in new Emergency Intake Sites (EISs). EISs were designed as a short-term emergency response to an increase in the number of unaccompanied children seeking refuge in the United States. **Yet thousands of children languished in these makeshift facilities for over a month, with some children detained in EISs for approximately three months.**¹ ORR operated EISs for well over a year before transitioning the remaining EISs into “Influx Care Facilities.”

ORR’s use of EISs was unprecedented and placed children’s safety and welfare at risk. The creation of these sites was in no way ill-intentioned; in fact, the government’s goal was to mitigate dangerous overcrowding within U.S. Customs & Border Protection (CBP) facilities. Hundreds of federal government employees volunteered for the challenging task of serving children in these facilities. But intention and impact are not the same. And the harm that these EISs caused must be acknowledged.

Unlike ordinary ORR shelters, EISs did not have a state license to care for children and did not follow the minimum child welfare standards required by the *Flores* Settlement Agreement. In the past, ORR opened Influx Care Facilities when it lacked sufficient state-licensed placements to hold children. These influx facilities, such as the Homestead detention center in Florida, did not hold state licenses to care for children and raised serious child welfare concerns in 2018 and 2019.² EISs represented a step backward even from influx facilities—they had lower standards of care than influx facilities and in 2021 accepted especially vulnerable children, including children as young as 4 years old.

EISs were also enormously expensive to operate. **Between March 2021 and March 2022, the U.S. government awarded at least \$4.79 billion in federal contracts to support the operation of EISs.**³ This federal contract money was awarded to various private and non-profit vendors to run EISs, provide direct care to detained unaccompanied children, and provide other basic services.

From March 2021 through October 2021, attorneys from the National Center for Youth Law, the Center for Human Rights and Constitutional Law, and Children’s Rights visited twelve EISs and interviewed over 170 children placed at EISs as part of our work monitoring compliance with the *Flores* Settlement Agreement. This briefing describes children’s experiences in EISs at the time of those site visits and outlines recommendations to ensure children are never again subjected to prolonged detention in these unacceptable conditions.

Part I of this briefing describes legal requirements for the care of immigrant children under federal law and the *Flores* Settlement Agreement. **Part II** describes the context leading up to the introduction of EISs. **Part III** provides an overview of EISs. **Part IV** summarizes conditions at each EIS. **Part V** provides recommendations moving forward.

As of the time of this writing, the government has moved to transition the remaining EISs into Influx Care Facilities. While this is a welcome development, it does not go far enough. **The human impact of warehousing children, especially those with complex trauma, in large-scale facilities is profound.** While the government has decreased the length of time that children spend in these facilities and has increased the basic services and conditions, the inescapable fact remains that these facilities are inherently inappropriate for children.

We have a powerful and well-resourced government that can and must do better by children seeking safety at our borders. A commitment to eliminating reliance on these large-scale unlicensed facilities is long overdue. While it may not be possible to eradicate their use immediately, acquiescing to the narrative that we must rely on them indefinitely is complicity with the status quo. And the status quo is unacceptable.

SUMMARY OF RECOMMENDATIONS

1. Commit to never again opening any type of facility that falls below the standards of Influx Care Facilities.

2. Decrease reliance on Influx Care Facilities.

3. Increase ORR's use of state-licensed beds, specifically beds in family like settings.

- Expand ORR's network of state-licensed care providers to ensure sufficient capacity to accommodate arriving children.
- Identify and address barriers to full utilization of existing licensed beds.

4. Expedite the safe release of children from ORR custody.

- Adopt expedited vetting procedures to allow children who enter the country with trusted caregivers to be released to those caregivers without entering ORR custody.
- Expand and make permanent policies expediting release of children to close family.
- End blanket fingerprinting requirements for sponsors and household members who pass public background checks and raise no red flags.

5. Promptly place children without sponsors into Long Term Foster Care (LTFC) or the Unaccompanied Refugee Minors (URM) Program.

- Expand the number of licensed family foster care placements in the LTFC and URM programs.
- Ensure sufficient foster family placements for children with higher behavioral and/or mental health needs and increase support to providers to meet the needs of children with more complex needs.



PART I: LEGAL REQUIREMENTS

FEDERAL LAW

Under the Trafficking Victims Protection Reauthorization Act (TVPRA), unaccompanied children detained by U.S. Customs & Border Protection (CBP) must be transferred to the Department of Health & Human Services (HHS) within 72 hours in general.⁴ HHS is then required to place children “in the least restrictive setting that is in the best interest of the child.”⁵ A child cannot legally be placed in a “secure facility” unless the child has been charged with a crime or is determined to pose a danger to themselves or others.⁶ The Office of Refugee Resettlement (ORR) is the HHS agency charged with the custody of unaccompanied children.⁷

FLORES SETTLEMENT PROTECTIONS

The *Flores* lawsuit was filed in 1985 to address the mistreatment of immigrant children in federal custody.⁸ The case settled in 1997 and remains under the supervision of U.S. District Judge Dolly M. Gee in the Central District of California. The *Flores* Settlement Agreement sets national standards for the placement, treatment, and release of all minors in the custody of the federal government and guarantees children’s rights to:

Prompt Release

The Settlement requires that children be released “without unnecessary delay” to a sponsor, in order of preference to a parent or legal guardian, immediate relative, an individual or entity designated by the parent, a licensed program willing to accept custody, or another responsible adult.⁹ The government is further obligated to “make and record the prompt and continuous efforts on its part toward family reunification and the release of the minor.”¹⁰

Licensed Placement

Within three days of a child entering immigration custody, the government must ordinarily transfer a child to a placement with a state license to care for dependent, as opposed to delinquent, children.¹¹ In the case of an “emergency or influx,” children must be placed in licensed facilities “as expeditiously as possible.”¹² In the context of family detention, the district court charged with enforcing the Settlement previously held that 20 days in an unlicensed facility “may fall within the parameters of” the Settlement if it “is as fast as [the government], in good faith and in the exercise of due diligence, can possibly go in screening family members”¹³

Licensed facilities must “comply with all applicable state child welfare laws and regulations” and abide by minimum standards set out in the Settlement.¹⁴ State licensing is critical to protecting children’s wellbeing because it ensures shelters are subject to regular independent oversight and comprehensive child welfare standards. Although state licensing cannot fully prevent the abuse and neglect of children in government custody, licensed facilities are subject to reporting requirements and accountability mechanisms that are absent in EISs and Influx Care Facilities.

Safe and Sanitary Placement Appropriate for Children

Children always have a right to placement “in the least restrictive setting appropriate to the minor’s age and special needs.”¹⁵ Even when licensed placements are not immediately available, conditions at unlicensed facilities must be “safe and sanitary” and consistent with the government’s “concern for the particular vulnerability of minors.”¹⁶



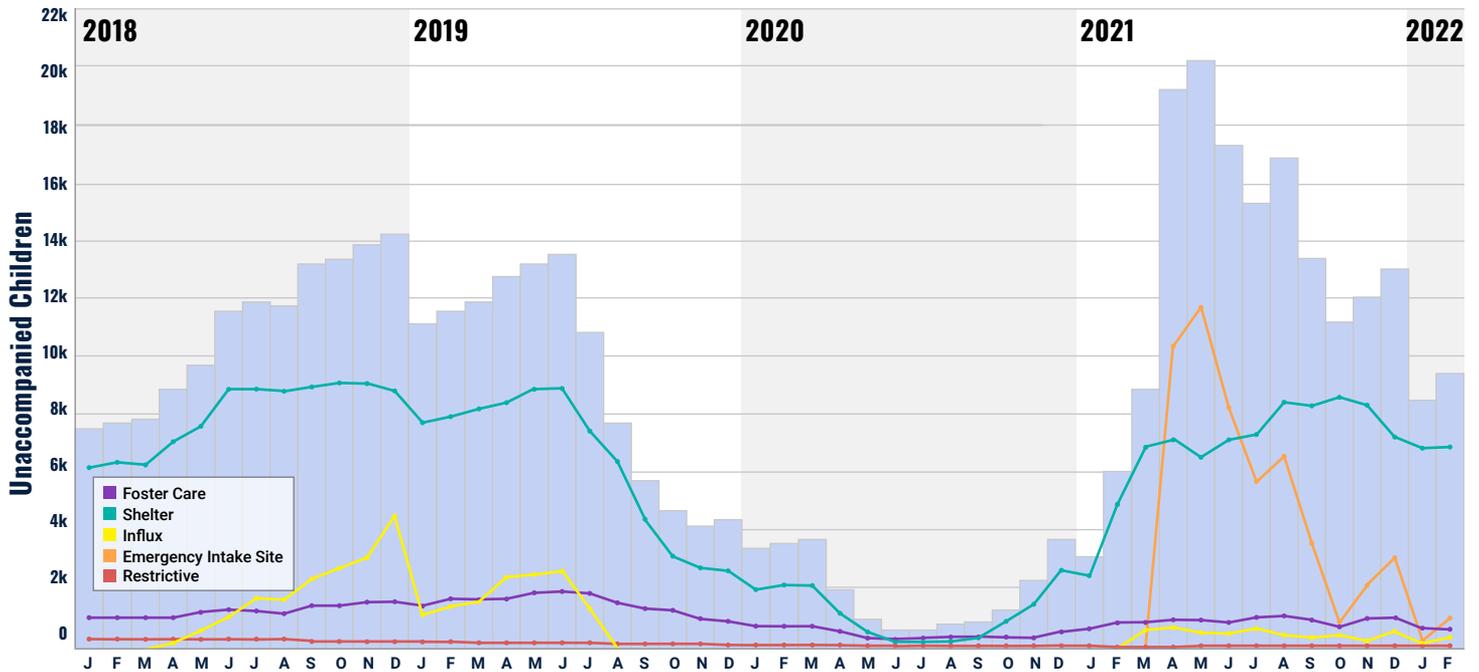
PART II: BACKGROUND

The number of unaccompanied children in ORR custody continues to rise and fall, often in response to events in children’s home countries. Multiple presidential administrations have attempted to deter this migration through increasingly punitive policies. Yet even during the harshest years of the Trump administration, large numbers of unaccompanied children and families traveled to the United States. The majority of these children are fleeing for their lives.

ORR contracts with programs licensed by state child welfare authorities to care for dependent children. These include transitional and long-term foster care programs and state-licensed shelters.¹⁷ Some children are also placed in more restrictive staff-secure facilities, residential treatment centers, or secure juvenile detention facilities.¹⁸

In past years, when the number of children in ORR custody exceeded its state-licensed bed capacity, ORR opened unlicensed facilities. The agency relied heavily on Influx Care Facilities (ICFs) in 2018 and 2019. Although these facilities tend to be much larger than state-licensed shelters and are not subject to state licensing requirements, ORR developed some internal standards to limit the placement of particularly vulnerable children in influx facilities and to require certain minimum services.¹⁹ In 2021, however, the agency began opening Emergency Intake Sites that did not have to comply with even ORR’s internal influx facility standards.

Placement Type of Unaccompanied Children in ORR Custody (2018-2022)



Data Source: Flores Reports²⁰

OPENING OF INFLUX FACILITIES, 2018-2019

In 2018, the number of unaccompanied children in ORR custody increased dramatically, in large part because children remained in detention for longer periods of time. These increased lengths of stay were a result of Trump administration policies that expanded fingerprinting requirements for sponsors and their household members and shared sponsor's personal information with U.S. Immigration & Customs Enforcement (ICE).²¹ Fingerprinting backlogs led to severe delays in release.²² Many family members were also reluctant to move forward with the sponsorship process for fear of being deported.²³

In response to the increased number of children in custody, ORR opened ICFs at Homestead in Florida and Tornillo in Texas. An influx facility at Carrizo Springs, Texas, was also briefly operational.²⁴ These facilities housed thousands of children in regimented conditions and raised significant child welfare concerns.²⁵ They were not licensed by their respective states but instead followed ORR's internal standards.²⁶

Children's average length of stay declined after ORR ended fingerprint requirements for sponsor parents, certain close relative sponsors, and most non-sponsor adults.²⁷ The population of children in ORR custody rose again in the early part of 2019 as an increased number of children arrived in the United States but decreased in the second half of 2019.

TITLE 42 EXPULSIONS, 2020-ONGOING

In March 2020, the Trump administration began summarily expelling unaccompanied children, immigrant families, and other adults. These expulsions occurred pursuant to an order of the Centers for Disease Control & Prevention (CDC). But the CDC order was issued following political pressure from White House advisor Stephen Miller and was implemented over the objections of senior CDC scientists, who argued there was no public health basis for the policy.²⁸ The pretextual order relied on the CDC's purported authority under Title 42 of the U.S. Code.

Under the Title 42 order, immigrants—including children traveling alone—were expelled without the chance to request asylum and without any due process protections. By September 2020, the Department of Homeland Security (DHS) had used the Title 42 order to expel over 159,000 people, including approximately 8,800 unaccompanied children and 7,600 accompanied children and their family members.²⁹ The government used this policy to expel even very young children. In one case, DHS expelled a 10-year-old child to Honduras alone without notifying his family, while his mother was stranded in Mexico.³⁰

“ This is the third time that I have tried to come to the United States . . . In March 2020, I traveled to the border with my father, but we were not allowed to cross the border. The border agents said that we were not allowed to enter because of COVID. ”

— 16-YEAR-OLD CHILD, DETAINED AT THE FREEMAN EIS

The Title 42 order artificially reduced the population of children in ORR custody, as DHS expelled most children instead of transferring them to ORR custody. Yet this order did nothing to change the underlying conditions that drove children to seek refuge in the first place. Instead, children were returned to the very dangers they had fled. Many immediately re-embarked on the dangerous journey to the United States, often risking their lives in the process.

In November 2020, a federal judge blocked the government from expelling unaccompanied children under Title 42 after concluding that Title 42 expulsions were likely illegal, that children were likely to suffer irreparable harm if they were expelled, and that the government’s public health justifications were unpersuasive.³¹ Although the federal Court of Appeals for the D.C. Circuit later paused this order pending an appeal, the Biden administration declined to resume expelling unaccompanied children.

The Biden administration nonetheless continued to expel adults and families under Title 42, forcing vulnerable immigrants into dangerous and unsanitary conditions in Mexico.³² By September 2021, the Biden administration had conducted over 700,000 Title 42 expulsions, increasing the total number of expulsions since March 2020 to over one million.³³ Over 130,000 of these expulsions involved families and children.³⁴ On March 4, 2022, the Court of Appeals for the D.C. Circuit held that the government must stop using Title 42 to expel individuals to places where they will be persecuted or tortured.³⁵ The court noted that for those “who have already been forced to walk the plank into those places, the record is replete with stomach-churning evidence of death, torture, and rape.”³⁶

Public health experts continue to criticize the Title 42 expulsion policy as unnecessary and inconsistent with public health imperatives.³⁷ Human Rights First reported at least 6,356 violent attacks against individuals blocked at the border or expelled to Mexico during the Biden administration, including kidnappings, rapes, and other violent crimes.³⁸ The Title 42 policy has been condemned by the UN High Commission for Refugees as a violation of international refugee law.³⁹

In April 2022, the CDC finally announced that its Title 42 order is not necessary to combat the spread of COVID-19 and committed to ending the policy in May 2022.⁴⁰ Republican state attorneys general challenged this decision, however, and the Title 42 expulsion policy remains in effect pending the result of this lawsuit.⁴¹

“Due to the Title 42 policy, a Honduran woman remains separated from her 13-year-old daughter, who she felt she had no choice but to send alone across the border to protect her from further violence in Mexico. The woman told Human Rights First that her daughter had attempted suicide after being raped in southern Mexico in May 2021.”

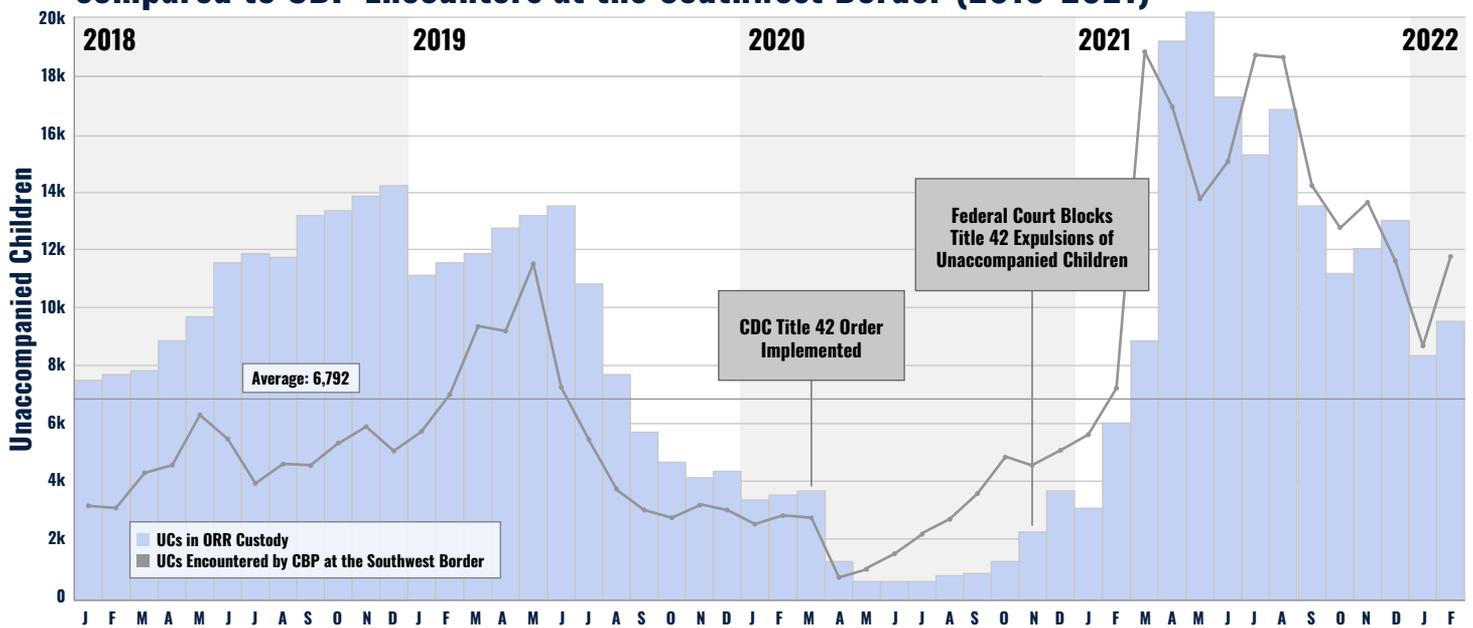
— REPORT BY HUMAN RIGHTS FIRST, AUGUST 2021⁴²

CBP OVERCROWDING AND OPENING OF EMERGENCY INTAKE SITES, 2021

In early 2021, a perfect storm of factors led to the arrival of a record number of unaccompanied children at the southwest border. In addition to continued violence and economic devastation exacerbated by the COVID-19 pandemic, Central America was hit by two powerful hurricanes in November 2020, affecting millions of people.⁴³

Additionally, thousands of children who were denied the right to seek protection in 2020 because of the Title 42 expulsion policy returned to the border in 2021.⁴⁴ Many expelled families made the excruciating decision to send their children across the border alone to protect them from life-threatening conditions in Mexico.⁴⁵ Other children were forced to enter the U.S. alone after their parent was kidnapped or disappeared in Mexico. Over 12,000 children expelled under the Title 42 policy later reentered the country without their families in fiscal year 2021.⁴⁶

Unaccompanied Children in ORR Custody compared to CBP Encounters at the Southwest Border (2018-2021)



Data Source: Flores Reports⁵², U.S. Customs & Border Protection⁵³

“I am here with my sister [] who is 10 years old . . . Our whole family left together at first but my parents weren’t allowed to enter the U.S. They are stuck in Mexico. My mom asked for asylum at the border but the border patrol agent said we aren’t receiving anyone.”

— 16-YEAR-OLD CHILD, DETAINED AT THE DONNA TEMPORARY PROCESSING CENTER

By February 2021, CBP stations were severely overcrowded, and ORR had insufficient licensed beds. Although the Trafficking Victims Protection Reauthorization Act mandates that children must generally be transferred to ORR custody within 72 hours of entering CBP custody, over 27,200 children spent longer than 3 days in CBP custody between December 2020 and April 2021.⁴⁷ More than 180 children spent 20 or more days in CBP custody and over 7,400 children spent 10 or more days in CBP custody.⁴⁸

On February 22, 2021, ORR opened the Carrizo Springs Influx Care Facility in Carrizo Springs, Texas.⁴⁹ This facility, though unlicensed and therefore not subject to state licensing requirements and monitoring, followed ORR’s influx care standards and provided services similar to those of a licensed facility, including classroom education and mental health counseling.

In March 2021, ORR introduced a new category of facility—Emergency Intake Sites. ORR asserted that it had to open these sites because of a “severe shortage of standard state-licensed facilities and influx care facilities.”⁵⁰ EISs are not required to meet the standards of even unlicensed Influx Care Facilities and, according to ORR, “are designed as short-term, stop-gap facilities opened for a limited period of time.”⁵¹

The first Emergency Intake Site opened at an oil worker “man camp” at Midland, Texas, on March 14, 2021. Over the following weeks and months, ORR opened an additional 13 EISs. Although the opening of these facilities mitigated overcrowding in CBP facilities, many EISs were unable to ensure that children received even minimally adequate care.

“I spent 20 days in a Border Patrol facility . . . Nobody at the facility told me how long I would be there and I was not able to speak to my family the entire time I was in Border Patrol custody.”

— 13-YEAR-OLD CHILD, DETAINED AT THE FORT BLISS EIS

“I was in CBP for 10 days . . . We were all going crazy because we wanted to leave, one child has been there for two weeks and would beg to leave. He would bang his head against steel bar.”

— 13-YEAR-OLD CHILD, DETAINED AT THE FORT BLISS EIS



**PART III:
OVERVIEW OF EMERGENCY
INTAKE SITES**

OVERVIEW

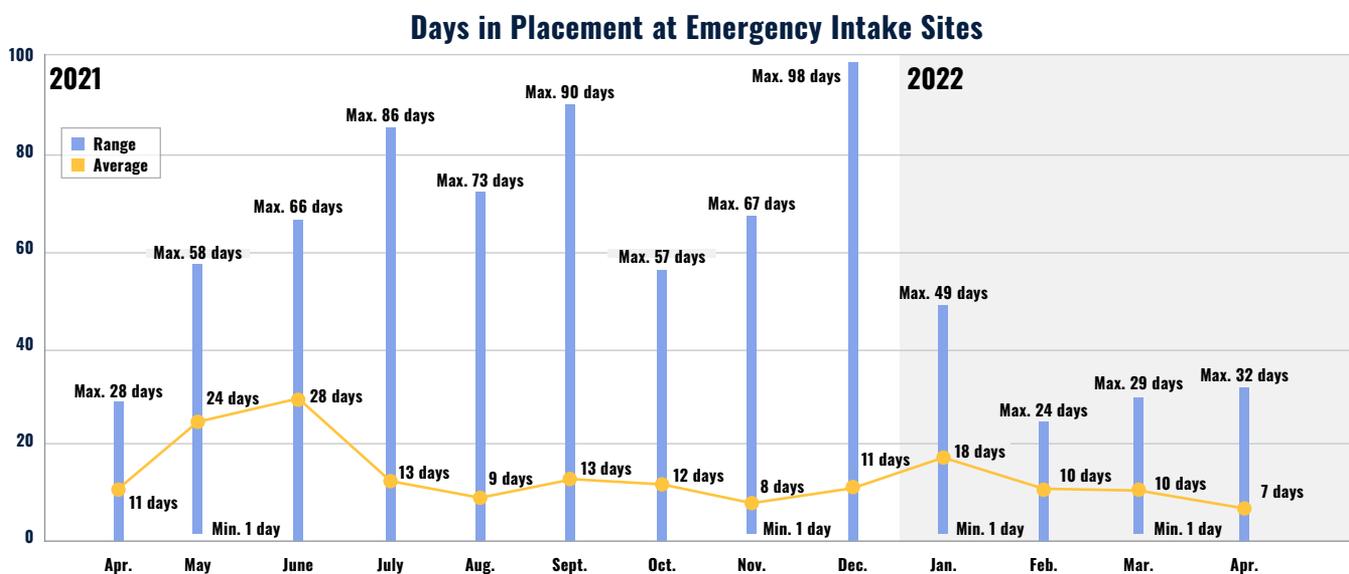
Between March 2021 and May 2021, ORR opened 14 Emergency Intake Sites (EISs).⁵⁴ ORR contracted with widely varying physical facilities, ranging from massive tent structures on military bases to large convention halls to oil worker “man camps.” As it attempted to rapidly set up these facilities, ORR requested volunteers from across the federal government to fill roles ranging from direct supervision of children to case management to mental health services.⁵⁵ EISs differed significantly in the type and quality of services provided to children. The unifying feature of EISs was their lack of mandatory child welfare standards or independent oversight.

The minimal standards that ORR established for EISs were largely aspirational and were lower than the standards ORR previously developed for unlicensed Influx Care Facilities (ICFs). For example, unlike ICFs, EISs were not required to provide children access to daily outdoor activity, school, regular mental health services, an individualized needs assessment, or a reasonable right to privacy.⁵⁶ ORR’s field guidance explained that EISs are not “intended to provide the full range of services available at traditional ORR care provider facilities or even Influx Care Facilities.”⁵⁷ Yet ORR had no maximum length of stay at EISs and thousands of children were subjected to prolonged detention at these facilities.

Despite variation among EISs, the accounts of children across EISs reveal numerous alarming trends:

Inconsistent and Chaotic Case Management

In the first few months of EIS operation, children at EISs consistently expressed severe distress related to their prolonged detention and confusion about their release process. Some children spent over a month at an EIS before their potential sponsors received any information about how to begin the release process. Other children experienced long gaps in case management with no updates on their cases. EISs were not required to have case management services in place when they first opened and, even after months of operation, some children continued to report that they were receiving little, if any, information about the status of their release.



Data Source: Flores Reports⁵⁸

Unacceptable Living Conditions

Children at several EISs, including the Fort Bliss EIS, slept in rows of cots in massive tents or convention halls with hundreds of other children, no social distancing, and no privacy. The large scale of EISs is inherently inappropriate for children and resulted in failures to meet children's most basic needs. Children at some EISs reported a lack of clean clothes and underwear. At the Pecos EIS, for example, children were required to clean their own living spaces but not provided with cleaning supplies. Children at multiple EISs also reported being hungry and being served undercooked or inedible food.

“I have not spoken with a case manager the entire time that I have been here . . . I feel sad because it seems like the staff don't want me to leave. I have been here for a long time – it's been 62 days now.”

– 16-YEAR-OLD CHILD, DETAINED AT THE PECOS EIS

Lack of Education and Activities

Because EISs were not required to provide education or other structured activities upon opening, children at many EISs spent most of their days on their cots with little adult interaction and almost nothing to do. With few exceptions, EISs did not offer regular classroom education. At some EISs, including the Dallas Convention Center EIS and the Houston EIS, children were not even allowed outside. Dr. Ryan Matlow, a child clinical psychologist at Stanford University who visited the Fort Bliss EIS, observed that the lack of activities and recreational opportunities resulted in children experiencing “extreme boredom, lethargy, low motivation, hopelessness, and helplessness, all of which are symptoms and contributors to depression and psychological stress.”⁵⁹ Notably, in the rare EISs that did provide daily school, children generally reported enjoying their classes and feeling less anxious during the day because they had something to do.

“[L]arge-scale congregate care facilities such as Fort Bliss are inappropriate for housing unaccompanied immigrant children for extended periods of time (i.e., beyond a few days or 1-2 weeks), due to the risk of causing clinically significant psychological harm.”

– DR. RYAN MATLOW, PSYCHOLOGICAL EVALUATION OF CHILDREN AND CONDITIONS AT THE FORT BLISS EIS⁶⁰

Unmet Mental Health Needs

Detention of any form is traumatic for children, but children at EISs were at especially high risk of mental health challenges because of their harsh living conditions and, in many cases, a lack of information about their path to release. Children at EISs experienced panic attacks, self-harm, suicidal ideation, and other serious mental health concerns. Despite these heightened mental health needs, EISs were not required to provide the same mental health services as ORR’s licensed shelters or even unlicensed ICFs.

Unqualified Contractors and Inadequate Oversight

The rapid creation of EISs without adequate standards and oversight placed children at grave risk. Many contractors entrusted to operate these facilities lacked any relevant childcare experience and were ill-equipped to care for vulnerable children. The Houston EIS, for example, detained hundreds of teenage girls in a converted warehouse with no access to fresh air, unsanitary conditions, insufficient and inedible food, and serious safety threats. Similarly, multiple whistleblowers at the Fort Bliss EIS recounted dangerous conditions created by lax oversight of inexperienced contractor and volunteer staff.⁶¹

“ [Federal employee volunteers at Fort Bliss] witnessed significant waste, fraud and abuse. When they attempted to express their concerns to federal managers they were told—time and again—it was the contractors that were in charge and government employees needed to be responsive to the contractors’ needs. The contractors ignored or rejected most detailee concerns.”

— WHISTLEBLOWER REPORT ON THE FORT BLISS EIS, GOVERNMENT ACCOUNTABILITY PROJECT⁶²

Particularly Vulnerable Children

EISs are unsuitable environments for any child but are particularly inappropriate for especially vulnerable children, including children under 13 years old (tender age children), children with heightened medical and mental health needs, pregnant teenagers, and children who do not speak English or Spanish as their preferred language. Under ORR’s own policies, these children are generally ineligible for placement in an unlicensed ICF.⁶³ Yet these categories of children were regularly placed in EISs, despite their lower standards.⁶⁴ Tender age children experienced prolonged stays in EISs, including a five-year-old child who spent 72 days at the San Diego EIS and a six-year-old child who spent 62 days at the Long Beach EIS.⁶⁵

Some of the conditions referenced above improved after extensive press coverage of substandard conditions and litigation filed in the *Flores* case addressing these issues. The fact that conditions and services generally improved over time, however, does not ameliorate the inherent dangers of holding hundreds or thousands of children in unregulated facilities not designed for children. Children should be in placements that meet full state child welfare licensing requirements, which EISs categorically do not.



**PART IV:
EMERGENCY INTAKE SITE
FACILITY PROFILES**

FORT BLISS

Date Opened: 3/30/2021⁶⁶

Date Closed: transitioning to an Influx Care Facility in June 2022

Flores Site Visits:

4/28-4/29/2021

6/3-6/4/2021

8/30-8/31/2021

Location: El Paso, TX

Max. Capacity: 10,000

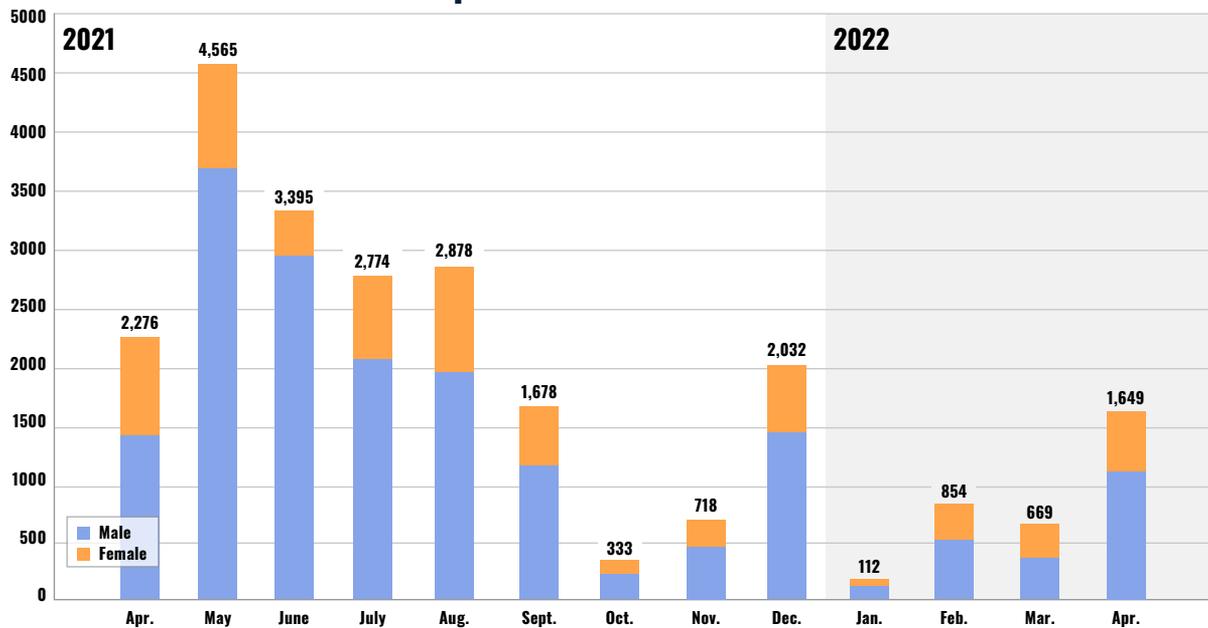
Demographics: teenagers

ORR's Fort Bliss facility is a large-scale tent facility located on a military base in El Paso, Texas.⁶⁷ The government contracted with a disaster-relief company, Rapid Deployment, Inc. (RDI), to establish and operate the facility and paid RDI over \$1.8 billion between March 2021 and February 2022.⁶⁸ In total, the government has awarded at least \$1.82 billion in contracts to operate the Fort Bliss EIS.⁶⁹ The Fort Bliss EIS was the largest EIS and housed children in mass conditions. Even if Fort Bliss begins to offer the services required at an Influx Care Facility, it remains a fundamentally unsuitable placement for children.

Living Conditions

- Children sleep in large windowless tents in closely spaced cots. At times, there were up to 1,000 children per tent.
- At the time of the *Flores* site visits, children had no privacy and experienced difficulties sleeping due to the lights in the tents and noise from other children.
- During the first few months of operation, children slept in double bunk cots that were prone to collapse. The child in the bottom cot did not have sufficient space to sit up.
- At the time of the *Flores* site visit in April 2021, the Fort Bliss EIS did not provide adequate laundry service and children often lacked clean clothes and linens.

Population at Fort Bliss EIS



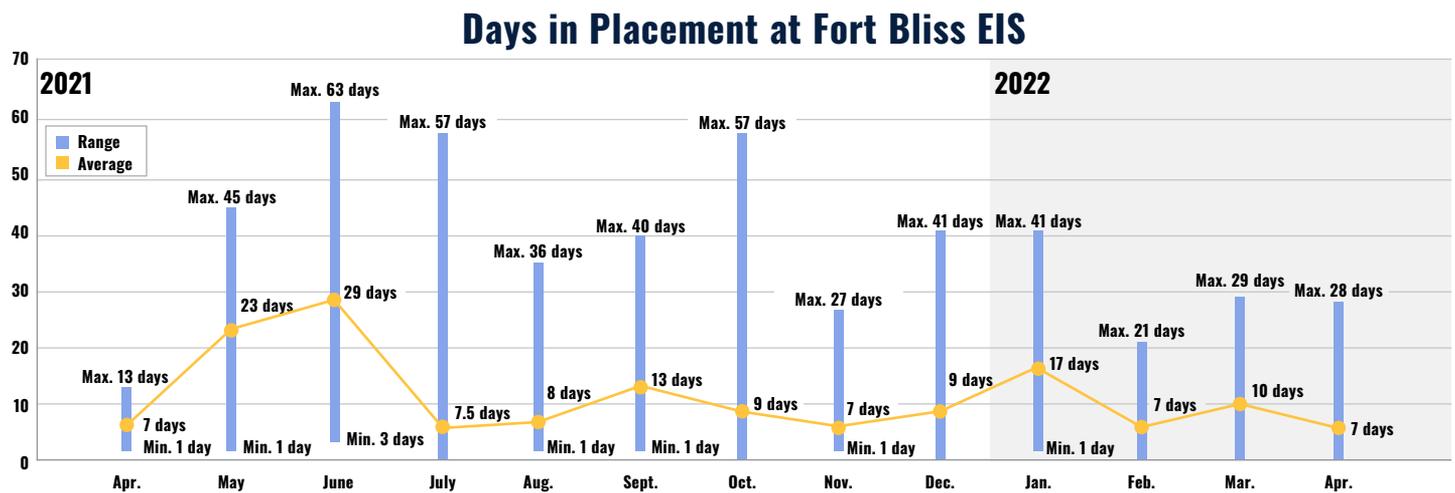
Data Source: *Flores* Reports⁷⁰

Case Management

- When the Fort Bliss EIS first opened, many children languished for weeks without any progress toward release because no case manager had begun work on their case.
- During *Flores* counsel’s visit in June 2021, children continued to report haphazard and inconsistent case management—children could not request to meet with their case manager and some children reported never having met with a case manager at all. As a result, many children were stuck at the Fort Bliss EIS for months and experienced serious distress over their prolonged detention and the lack of information about their cases.
- By August 2021, case management had improved, and most children reported having regular meetings with their case managers and the ability to ask questions at “Help Desks” within their tents. Some children, however, continued to report gaps of up to two weeks in case management and confusion about their release process.

Education

- When *Flores* counsel visited in April 2021, children at the Fort Bliss EIS received no formal education and reported only intermittent English classes offered by volunteers.
- By the summer of 2021, children had access to limited classes in their residential tents. But these classes were optional, took place at tables in the middle of crowded and noisy tents rather than in classrooms, and could not accommodate all children in the tent.



Data Source: *Flores* Reports⁷¹

“I felt anguished and hopeless . . . You spend the day in bed, surrounded by thousands of kids, with thousands of thoughts racing through your head.”

– 16-YEAR-OLD CHILD, DETAINED AT THE FORT BLISS EIS

Recreation

- The Fort Bliss EIS has two sports fields and an indoor recreation area.
- At the time of the *Flores* site visits, children had access to recreation once or twice a day for about an hour. Apart from this recreation time, many children reported spending their days sitting on their cots or sleeping.

Mental Health

- Children experienced severe mental health crises, including frequent anxiety attacks. Some children were placed on 1-1 supervision because of self-harm and suicidal ideation.
- Despite serious mental health needs, children initially had little access to mental health care and some counselors lacked minimum qualifications.⁷² The Fort Bliss EIS increased the number of counselors available over time, but as of August 2021 children were still not receiving the regular weekly counseling sessions required in ORR's licensed facilities. Children instead received counseling only upon request or referral.

Investigations & Whistleblower Reports

- Numerous whistleblowers reported alarming conditions at the Fort Bliss EIS, including unsafe conditions, a lack of access to qualified medical and mental health care, and delegation of most functions to contractors lacking any relevant childcare experience.⁷³
- The U.S. Department of Health and Human Services Office of Inspector General is investigating the Fort Bliss EIS.⁷⁴
- The Fort Bliss EIS is also the subject of multiple allegations of sexual misconduct.⁷⁵

“I wish we had more time for recreation, because it sometimes takes a long time to walk to the recreation area and then we only have about 15 minutes before we have to leave again. Some girls don't want to go to recreation because it takes such a long time to walk to the recreation area in the hot weather and then we don't have enough time.”

— 16-YEAR-OLD CHILD, DETAINED AT THE FORT BLISS EIS FOR OVER ONE MONTH

“Because I've been here so long, I've been getting a lot of anxiety, and my blood pressure has gone up . . . I used to be able to cope with my anxiety and breathe through it, but now I feel like I've given up. I feel like I'll never get out of here.”

— 17-YEAR-OLD CHILD, DETAINED AT THE FORT BLISS EIS FOR OVER 60 DAYS

PECOS CHILDREN'S CENTER

Date Opened: 4/5/2021⁷⁶

Date Closed: transitioning to an Influx Care Facility in June 2022

Flores Site Visits:

6/8-6/9/2021

7/27-7/28/2021

10/4/2021

Location: Pecos, TX

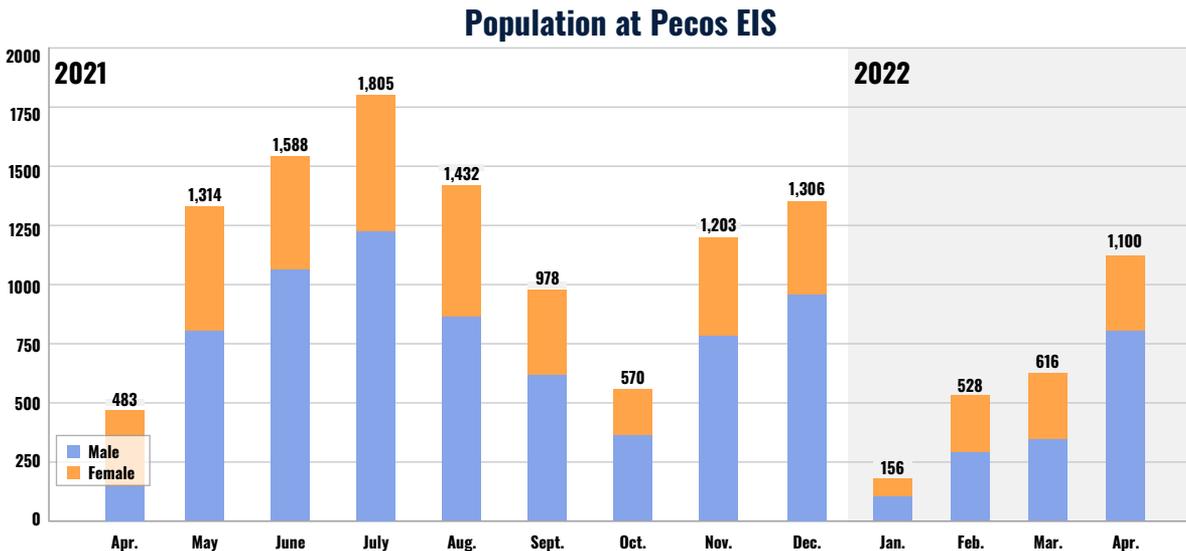
Max. Capacity: 2,000

Demographics: teenagers

The Pecos Children's Center is a converted oil worker "man camp" in Pecos, Texas. Family Endeavors Inc., a disaster-relief agency, operates the facility under a \$512.5 million no-bid government contract while Target Hospitality Inc. owns the facility.⁷⁷ Although conditions at Pecos have improved over time and Pecos is transitioning to an ICF, the facility's size, remote location, and physical setup make it an inherently inappropriate placement for children.

Living Conditions

- Children sleep in dormitories, ranging anywhere from 16 to 84 children. Most dormitories have a long hallway with rooms but no common areas. Within the dormitories, the individual rooms house two or three children.
- Children are separated by gender. Family members in different dorms reported limited opportunities to see or visit each other.
- In July 2021, children reported unsanitary conditions because of a lack of cleaning supplies and shortages of clean clothes.



Data Source: Flores Reports⁷⁸

Case Management

- Children reported extreme stress related to their release process, including delays in beginning the release process, long gaps in case management, and a lack of information about the release process.
- At the time of *Flores* counsel’s visit in June 2021, some children detained for over two months reported that they had never spoken to their case manager.
- In July 2021, children continued to report confusion about their cases, in part because they did not have regular meetings with the case manager assigned to their case. Children instead met with “case aides” who were not assigned to their individual cases and did not always have updated or accurate information. Case management appeared to have improved by October 2021.
- As of June 2021, some children approved for release by ORR remained at the Pecos EIS for over a week because of delays by ORR’s transportation contractor, MVM, Inc. Transportation improved somewhat by October 2021, but children continued to experience transportation-related delays in release and reported significant distress because of a lack of information about when they could leave.

Education & Recreation

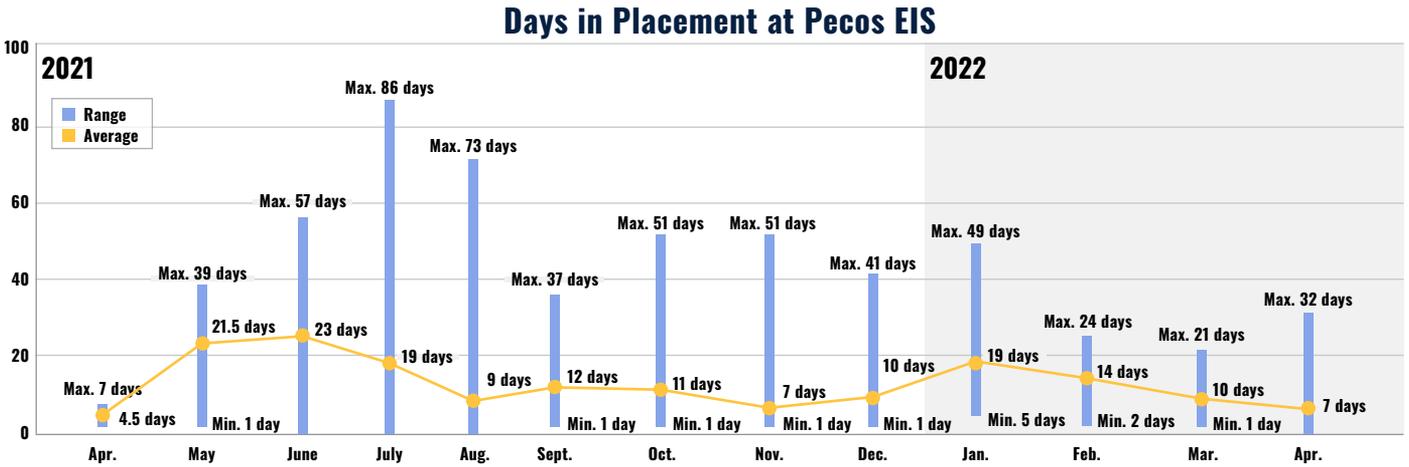
- At the time of the three *Flores* site visits, children reported having some English classes but no other education. Classes were offered in a large tent and some children reported difficulty hearing and understanding teachers. English classes were offered daily by October 2021.
- Children reported playing soccer and other sports outside for about one hour each day and attending some other activities in large tents. Children otherwise spent much of their time in their dormitory rooms playing games, watching movies, reading, or drawing. Children expressed feeling cooped up in their rooms and wanting more time outside their dorms.
- In June and July 2021, the recreation areas had no shade despite temperatures sometimes rising above 100 degrees. By the time of the *Flores* site visit in October 2021, metal canopies provided some shade.

“Last Thursday, the staff told me that I have been assigned a case manager, but I have never met the case manager . . . I don’t know if I am allowed to speak with my case manager. If I could speak with the case manager, I would ask them, ‘When will I be able to leave?’”

— 14-YEAR-OLD CHILD, DETAINED AT THE PECOS EIS FOR OVER TWO MONTHS

Mental Health

- Children frequently reported feeling sad and desperate because they did not know when they would be able to leave Pecos.
- At the time of the *Flores* site visits, children reported that counselors were available but not all children were receiving weekly individual counseling as required in ORR’s licensed facilities.



Data Source: *Flores* Reports⁷⁹

“Most of the day we spend in our dorms watching television. We can read the Bible or practice English. We don’t really have many games or books to read. We can play outside every day for fifty minutes.”

— 17-YEAR-OLD CHILD, DETAINED AT THE PECOS EIS FOR ABOUT TWO MONTHS

MIDLAND EIS

Date Opened: 3/14/2021⁸⁰

Date Closed: 6/30/2021⁸¹

Flores Site Visit: 3/30/2021

Location: Midland, TX

Max. Capacity: 601⁸²

Demographics: tender-age children and teenagers⁸³

The Midland Emergency Intake Site (Midland EIS) was a “man camp” for temporary oil field workers that the government converted to a shelter for unaccompanied immigrant children. The Midland facility is owned by Cotton Logistics.⁸⁴ Southwest Key was awarded a \$79 million contract to provide case management and other services to children.⁸⁵ At the time of the *Flores* site visit, children at Midland received very limited services and lacked adequate case management.

Living Conditions

- Children stayed in trailers with five individual rooms. Each room typically had its own television and bathroom, although occasionally two rooms shared a bathroom.
- Trailers were grouped in pairs with a metal awning between them, creating a space for children to spend time outside.

Case Management

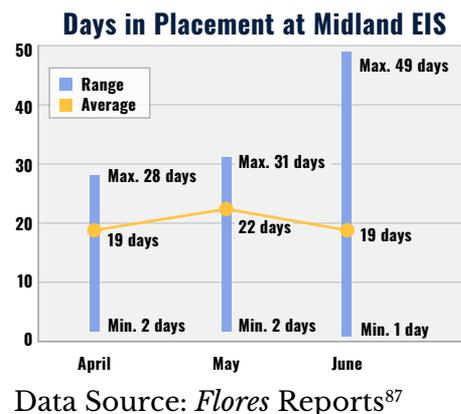
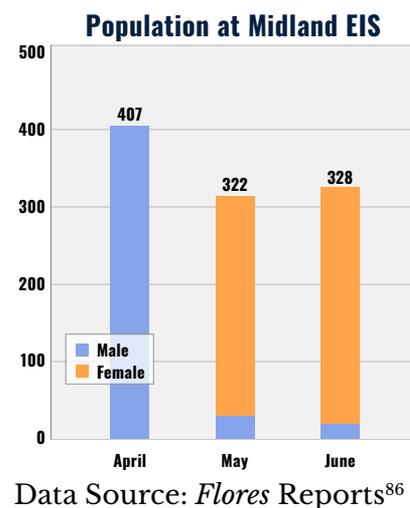
- At the time of the *Flores* site visit about two weeks after the facility opened, the majority of children interviewed reported that they had never spoken with a case manager and many said that their sponsors had received no information on how to proceed with the release process.

Education & Recreation

- When *Flores* counsel visited, the Midland EIS offered no formal education beyond limited English instruction. Children occasionally went to a large white tent for activities and to complete worksheets, but there were no classrooms.
- Children played soccer on a few dirt and paved parking lots. Some children said they had been able to play soccer for 30 minutes each day or every other day, while others reported getting less time.
- Many children expressed that there was not much to do during the day and they wished they could have more time to play.

Mental Health

- At the time of the *Flores* site visit in March 2021, children did not have access to mental health counselors.



“When we want to go outside and do activities, the staff tell us that we can’t . . . when the Red Cross left, the activities stopped.”

— 17-YEAR-OLD CHILD, DETAINED AT THE MIDLAND EIS FOR 15 DAYS

DALLAS CONVENTION CENTER EIS

Date Opened: 3/17/2021⁸⁸
Date Closed: 6/2/2021⁸⁹
Flores Site Visit: 3/29/2021
Location: Dallas, TX
Max. Capacity: 2,300⁹⁰
Demographics: teenage boys⁹¹

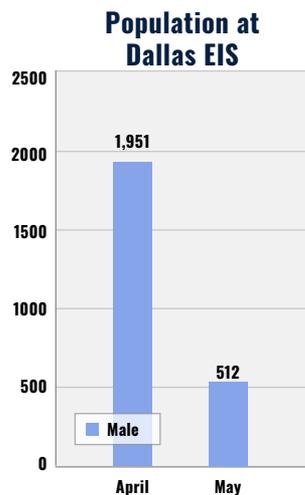
The Dallas Convention Center was used as an Emergency Intake Site to hold unaccompanied teenage boys (Dallas EIS). ORR contracted with multiple private companies, including Culmen International and American Canyon Services, to provide services at the Dallas EIS.⁹² In total, the government awarded at least \$130.3 million in contracts to operate the Dallas EIS.⁹³ Children at the Dallas EIS received very limited services and lacked any access to outdoor recreation.

Living Conditions

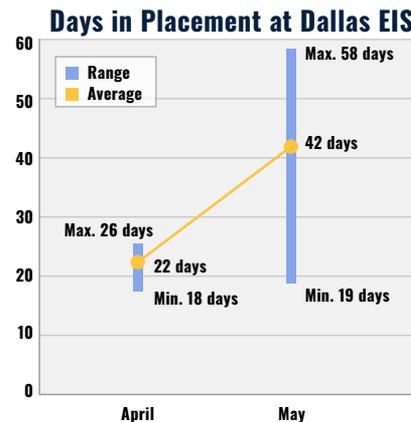
- When *Flores* counsel visited, over 2,000 children slept in rows of cots in one of the convention center’s giant conference rooms. Children had no personal privacy.
- The lights were dimmed at night but never turned off completely.
- At least one interviewed child spoke an indigenous language and could not communicate in Spanish.

Case Management

- As of the *Flores* site visit in late March 2021, children consistently reported that they had not met with case managers, did not understand the sponsorship process, and were confused and worried about when they would be released.
- In early May 2021, government documents indicated that the facility still lacked adequate case management and was unable to handle complex cases.⁹⁶



Data Source: *Flores* Reports⁹⁴



Data Source: *Flores* Reports⁹⁵

“I don’t like sleeping in a room with so many people . . . I feel asphyxiated having so many people around me.”

— 17-YEAR-OLD CHILD, DETAINED AT THE DALLAS EIS FOR 9 DAYS

Education & Recreation

- The Dallas EIS did not offer formal schooling, although volunteers provided classes for about 20 minutes a day focused on English words and phrases.
- Children at the Dallas EIS were not permitted outside except to access the shower area.
- At the time of the *Flores* site visit, children spent most of their days sitting on their cots. There were a few tables in the children’s sleeping area where children could do arts and crafts or watch movies. There were also a few basketball hoops and a small indoor soccer “field” marked out in tape on the carpet, though children reported very limited access to the basketball and soccer areas.

Mental Health

- Many children were transferred to the Dallas EIS after enduring prolonged detention in overcrowded CBP facilities, with little to no contact with their families or access to the outdoors. These children arrived with their mental health already compromised from their traumatic experience in CBP.
- Children at the Dallas EIS experienced depression and other mental health challenges, especially as they spent multiple weeks at the facility without fresh air.⁹⁷ Fights reportedly broke out between boys as their stays lengthened into a second month.⁹⁸
- Children interviewed by *Flores* counsel said that there was no one to speak with when they were upset and no counselors available. Government documents from May 2021 revealed a total lack of mental health clinicians at the Dallas EIS despite an urgent need for mental health care.⁹⁹

“Everyone here sleeps in a really big area. We have cots. I am a little worried because it is a big room and it can be easy for kids to get sick.”

– 17-YEAR-OLD CHILD, DETAINED AT THE DALLAS EIS FOR 13 DAYS

“We cannot go outside here. They have said it is dangerous to go outside because we can escape. It would be good to be able to go outside instead of being stuck inside all day.”

– 17-YEAR-OLD CHILD, DETAINED AT THE DALLAS EIS FOR 13 DAYS

“When I’m feeling sad or scared or confused, there is no one I can talk to. I wish there was someone I could talk to.”

– 15-YEAR-OLD CHILD, DETAINED AT THE DALLAS EIS FOR 12 DAYS

SAN DIEGO EIS

Date Opened: 3/27/2021¹⁰⁰

Date Closed: 7/15/2021¹⁰¹

Flores Site Visit: 6/23-6/24/2021

Location: Dallas, TX

Max. Capacity: 1,450¹⁰²

Demographics: tender-age boys and teenage girls¹⁰³

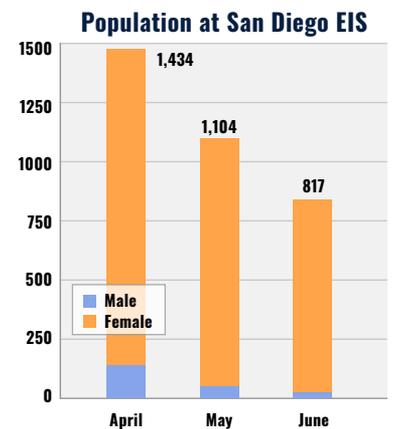
The San Diego Convention Center was used as an Emergency Intake Site to hold immigrant children (San Diego EIS). ORR entered into a \$25 million contract with the San Diego Convention Center and paid contractors over \$100 million total to operate the facility.¹⁰⁴ Rady Children’s Hospital in San Diego provided medical care.¹⁰⁵ South Bay Community Services (SBCS) San Diego provided case management and other services¹⁰⁶ and Southwest Key Programs provided “mentors” for the SBCS case managers. San Diego provided classes and activities, but children lacked regular access to outdoor recreation despite sometimes remaining in the facility for over two months.

Living Conditions

- Children slept on single cots in an enormous, windowless conference room on the first floor of the convention center. The room was divided by curtains into pods.
- These pods were comprised of 50 children each when the facility was at peak capacity but dwindled to smaller groups of 15 to 20 children as the total population shrank.

Case Management

- Some case managers worked on site and U.S. Citizenship & Immigration Services provided virtual case management for children seeking reunification with parents and other close relatives.
- At the time of the *Flores* site visit in June 2021, children at the San Diego EIS generally reported knowing their case managers’ names and meeting with them regularly.
- Children whose sponsors required fingerprinting or home studies faced delays in release.



Data Source: *Flores* Reports¹⁰⁷

“We don’t really get to go outside at all . . . Sometimes they ask me if I want to go outside to the terrace, but I feel sad when I go outside, so I say no. When we are on the terrace, we can see families with their kids, and I wish I could have that, so it makes me sad to see them.”

— 13-YEAR-OLD CHILD, DETAINED AT THE SAN DIEGO EIS FOR OVER 50 DAYS

Education

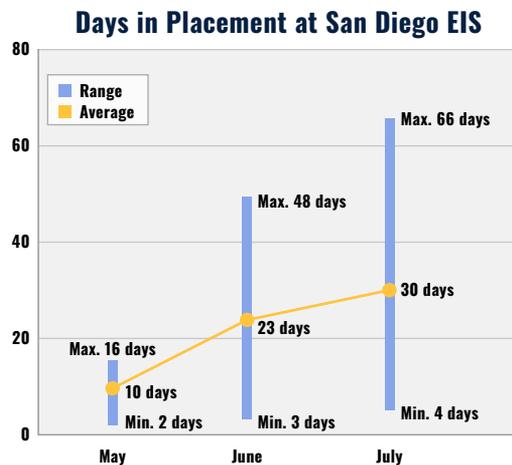
- When there were high numbers of children at the San Diego EIS, children attended school twice a week. As numbers decreased in June 2021, children began attending school twice each day for about an hour.
- Children focused primarily on English and limited math and used Chromebooks to access an online program.

Recreation

- The San Diego EIS offered indoor activities for children but no regular outdoor recreation. Children were allowed on an outdoor terrace once or twice a week for about an hour each time and had occasional field trips.
- The children’s sleeping area had an indoor area to play soccer, ping pong, and foosball. Children also did arts and crafts and had an altar for bible study.
- There was a stage in the San Diego EIS where children watched occasional performances, including dance performances. The facility also hosted visits from therapy dogs.

Mental Health

- San Ysidro Health provided individual mental health counseling by request.
- Group sessions were offered every day and some children reported attending group counseling.



Data Source: *Flores Reports*¹⁰⁸

“I have not been doing very well here. I get anxiety. I am not used to being locked up like this, so it’s been affecting me.”

– 12-YEAR-OLD CHILD, DETAINED AT THE SAN DIEGO EIS FOR OVER 50 DAYS

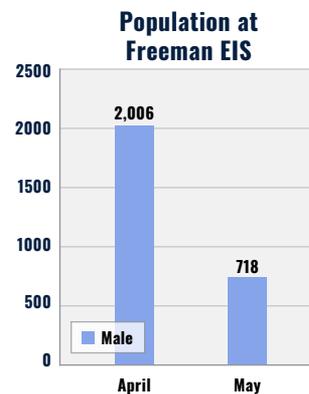
FREEMAN COLISEUM EIS

Date Opened: 3/29/2021¹⁰⁹
Date Closed: 5/25/2021¹¹⁰
Flores Site Visit: 4/19-4/20/2021
Location: San Antonio, TX
Max. Capacity: 2,400
Demographics: teenage boys

The Freeman Coliseum is a 32,000 square-foot sports and concert venue that was used as an Emergency Intake Site to hold unaccompanied immigrant children in San Antonio, Texas (Freeman EIS).¹¹¹ The government awarded a \$15.5 million contract to rent the venue along with additional contracts to other service providers, totaling at least \$18.6 million.¹¹²

Living Conditions, Education, & Recreation

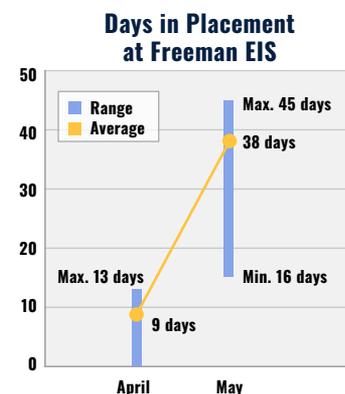
- At the time of *Flores* counsel's visit in April 2021, thousands of children slept in rows of cots in two giant areas in the venue.
- Children received limited English instruction but as of April 2021 there was no consistency in the content, frequency, or duration of classes.
- Children had access to an outdoor recreation area where they could play soccer, basketball, and other activities. Although some children were able to go outside every day, others reported inconsistent access to outdoor recreation.
- Few other structured activities were offered, and some children reported sleeping during the day out of boredom.



Data Source: *Flores* Reports¹¹³

Case Management

- During the *Flores* site visit in April 2021, the Freeman EIS had 142 case managers working in three shifts and planned to begin virtual case management.
- Some children reported that they had spoken to two or three different people about their case but that their families had yet to receive any sponsorship paperwork. One child spent 22 days at the Freeman EIS without a single meeting with a case manager.



Data Source: *Flores* Reports¹¹⁴

Mental Health

- When *Flores* counsel visited the Freeman EIS in May 2021, there were about 30 mental health counselors on site serving almost 2,000 youth in the facility. Some children did not know that there were counselors available.

“I am feeling very desperate because I don't know if anyone here is following my case. When I talk to my sister, she says that no one has called her to tell her what to do or what paperwork to fill out.”

— 16-YEAR-OLD CHILD, DETAINED AT THE FREEMAN EIS FOR OVER 20 DAYS

HOUSTON EIS

Date Opened: 4/1/2021¹¹⁵

Date Closed: 4/17/2021¹¹⁶

Flores Site Visit: N/A

Location: Houston, TX

Max. Capacity: 500¹¹⁷

Demographics: teenage girls¹¹⁸

The Houston Emergency Intake Site (Houston EIS) was a 114,400 square-foot warehouse converted to hold unaccompanied immigrant girls.¹¹⁹ The National Association of Christian Churches (NACC) owned and operated the Houston EIS under a \$4 million no-bid government contract.¹²⁰ The total cost of operating the facility was at least \$10 million.¹²¹ The facility was abruptly closed after just over two weeks due to deplorable conditions.¹²²

As of April 12, 2021, the Houston EIS held 473 teenage girls, except for one 7-year-old child.¹²³ Days in placement varied from 4 to 10 days with an average of 8 days in placement.¹²⁴ *Flores* counsel attempted to visit this site during its brief time in operation but the facility was closed a few days before the scheduled visit. *Flores* attorneys interviewed numerous children who were transferred out of the Houston EIS to other facilities.

Living Conditions

- Children slept in rows of cots in a large warehouse. The rows of cots were divided into separate sections with cardboard boxes.
- Children had to eat their meals on their cots because there was no separate dining area. Children reported receiving insufficient and undercooked food and witnessing other girls fainting because of stress and a lack of adequate food and water.
- Children had limited access to showers and bathrooms.¹²⁵ Some children reported not being allowed to shower for four to seven days.
- Staff often denied children access to bathrooms at night. One child reported that she was only allowed to use the bathroom twice each day.

Case Management

- Some girls, including girls with a parent in the United States, never spoke to a case manager while at the Houston EIS and made no progress toward release. Others reported meeting with their case manager just once.
- Children were confused about the status of their cases and reported receiving vague answers from staff when they asked about their reunification process.

“When we asked to use the bathroom, they would yell at us; they would say after 10pm, we couldn’t use the bathroom until the next day.”

– 16-YEAR-OLD CHILD, DETAINED AT THE HOUSTON EIS FOR 15 DAYS

Education & Recreation

- There was no education at the Houston EIS.
- The children had no access to the outdoors and no structured activities.
- Children reported spending most of the day on their cots with nothing to do, often sleeping to pass the time.

Mental Health

- There were no mental health counselors at the Houston EIS.

Safety Concerns

- Multiple children reported feeling unsafe at the Houston EIS because they witnessed what they believed was an attempted kidnapping. The head of the National Association of Christian Churches, Jose Ortega, told one reporter that the alleged kidnapping was staged by “an overzealous HHS employee who conducted several impromptu security checks by trying to see if kids could be lured out of the facility.”¹²⁶
- Children also reported hearing a very loud explosion one night and being told by staff that there was a bomb.

“I spent all day on my cot because there was nothing to do . . . I was very happy to leave Houston because it had been 16 days since I had seen outside – 16 days since I had seen the sky or the sun.”

– 17-YEAR-OLD CHILD, DETAINED AT THE HOUSTON EIS

“Being at Houston was really hard. I felt very desperate. Other girls told me that they thought it would be better to be dead than to be there and that they were having suicidal thoughts.”

– 17-YEAR-OLD CHILD, DETAINED AT THE HOUSTON EIS FOR ABOUT 15 DAYS

DIMMIT EIS

Date Opened: 4/5/2021¹²⁷

Date Closed: 7/19/2021¹²⁸

Flores Site Visit: 5/4/2021

Location: Donna, TX

Max. Capacity: 440

Demographics: teenagers¹²⁹

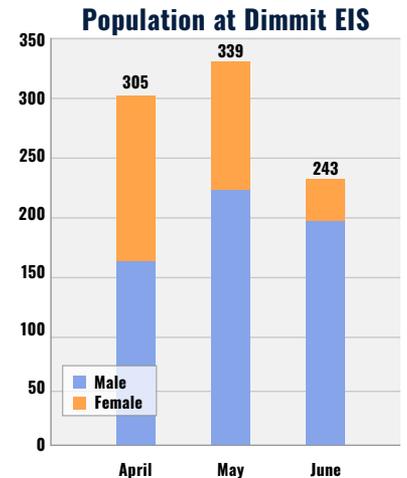
The Dimmit Emergency Intake Site (Dimmit EIS), located in Carrizo Springs, Texas, was operated by Deployed Services under a \$73.8 million government contract.¹³⁰ The Dimmit EIS housed children in cabins and provided formal education and other activities.

Living Conditions

- Children lived in cabins, with twelve rooms per cabin. Each room had four children sleeping on bunk beds. Each cabin was painted with bright colors and had a basketball hoop and large porch area with picnic tables for children to use.
- The facility was surrounded by a fence and security guards were present at all times.
- Some children reported negative experiences with staff. Children with siblings at the Dimmit EIS reported inconsistent access to visitation with siblings in another cabin.

Case Management

- At the time of the *Flores* site visit in May 2021, arriving children generally met with a case manager within 24 to 48 hours upon arrival. Some children reported meeting with their case manager every week and others reported meeting every other week.
- Numerous children remained at Dimmit over 20 days, including children seeking release to a parent.
- At the time of the *Flores* visit, children in COVID-19 isolation were not able to speak with a case manager.



Data Source: *Flores* Reports¹³¹

“It’s been about two weeks since I’ve seen my brother. He is in a different cabin than me. When I ask to see my brother, the staff tell me that I can’t see him because then everyone will want to see their siblings too.”

— 14-YEAR-OLD CHILD, DETAINED AT THE DIMMIT EIS FOR ABOUT ONE MONTH

Education

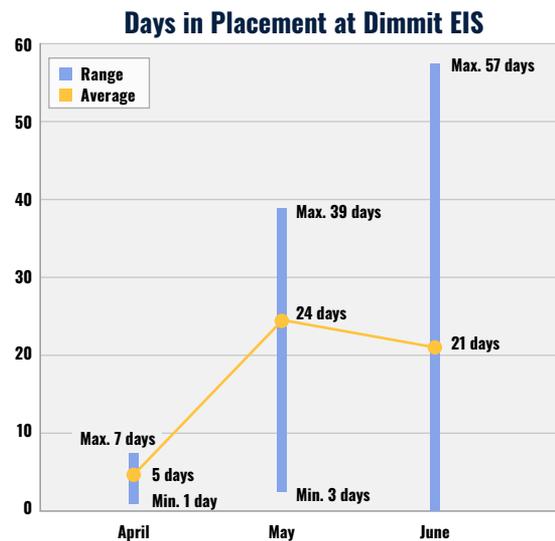
- By May 2021, children attended school every weekday from about 9:30 AM to 4:30 PM.
- Classes included literature, science, social studies, math, English, health, and art. Each class was about 60 to 90 minutes and children took four classes a day.
- Children consistently reported enjoying their classes and their teachers.

Recreation

- Except for reports from one cabin, children were generally allowed to play outside and hang out on the porch area. Children were able to play soccer for 30 minutes per day on weekdays and 30 minutes to an hour on weekends.
- Children reported having activities such as reading and coloring.

Mental Health

- The Dimmit EIS employed counselors. Although some children had weekly appointments with their counselors, other children reported difficulties accessing a counselor.



Data Source: *Flores Reports*¹³²

“I worry about my case and when I will be released, because I have been here for almost a month and I don’t know when I will get to leave. During the day it’s not as hard because I have activities like school that keep me distracted.”

— 15-YEAR-OLD CHILD, DETAINED AT THE DIMMIT EIS

DELPHI EIS

Date Opened: 4/6/2021
Date Closed: 7/19/2021
Flores Site Visit: 6/17-6/18/2021
Location: Donna, TX
Max. Capacity: 1,500
Demographics: teenage boys

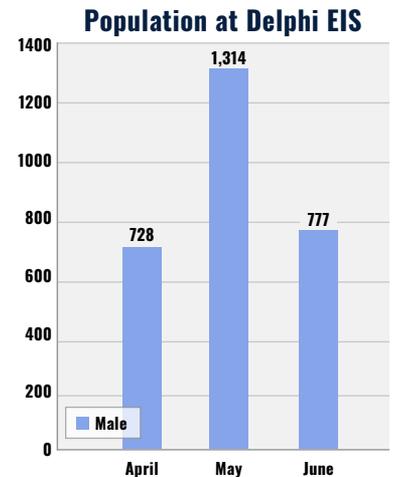
The Delphi Emergency Intake Site (Delphi EIS) was a tent facility located in Donna, Texas, adjacent to the CBP Donna Centralized Processing Center. Deployed Resources, LLC, a logistical support company, operated the facility under a \$273.7 million government contract.¹³³ The Delphi EIS provided children with daily classroom education but struggled to release children to their sponsors in a timely manner.

Living Conditions

- Children slept on bunk beds in large tents that were divided into separate sleeping areas with plastic dividers. Each sleeping area contained up to 48 bunk beds, couches, and a television. There was substantially more room between beds and fewer children per residential tent area than at other tent facilities such as Fort Bliss.
- According to facility staff, boys in the 13- to 15-year-old age range were separated from those in the 16- to 17-year-old age range, with some exceptions for siblings or cousins.
- Some children reported feeling unsafe in the soft-sided tents during thunderstorms.

Case Management

- Many children experienced excessively prolonged stays at the Delphi EIS. As of June 16, 2021, over 200 children had been detained for two months or more.
- Children reported confusion about their release process, significant delays in scheduling fingerprint appointments and receiving fingerprint results, and high turnover rates among case managers.



Data Source: *Flores Reports*¹³⁴

“[S]ince I have been here, I have had six different case managers . . . Every time I switched case managers, it felt like my case slowed down and I had to start over. I think that the case managers were confused. Each case manager would ask for the same information from me and my uncle.”

— 15-YEAR-OLD CHILD, DETAINED AT THE DELPHI EIS FOR OVER 2 MONTHS

Education

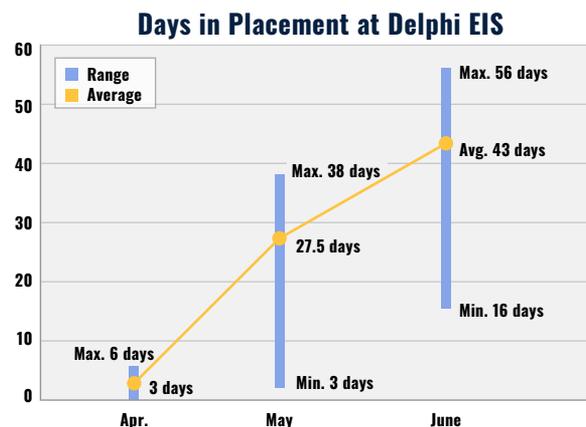
- The Donna Independent School District (DISD) provided education services to children at the Delphi EIS and children attended class most of the day. Classes included English, Math, and other subjects.
- The Delphi EIS had classrooms equipped with white boards, monitors, and about 30 – 40 desks in each classroom.
- DISD developed a curriculum specifically for the Delphi EIS and each child was supposed to leave the program with an educational assessment.

Recreation

- There was an outdoor recreation area at the Delphi EIS with a soccer field and basketball court. Each day children received one hour of physical education class and one hour of outdoor recreation.

Mental Health

- At its opening, the Delphi EIS had a few mental health clinicians and a behavioral health specialist. Children were referred for mental health services only if staff deemed it necessary and some children were sent to the hospital after experiencing panic attacks.
- Facility staff reported that additional mental health clinicians arrived in mid-June 2021.



Data Source: *Flores Reports*¹³⁵

“I am feeling desperate that I am still here and I feel like I will never be able to leave. I was feeling really bad so I started to behave badly and they gave me reports. My case manager told me that my case would take longer to get approval because of my behavior and my reports.”

– 15-YEAR-OLD CHILD, DETAINED AT THE DELPHI EIS FOR OVER 70 DAYS

MICHIGAN STARR COMMONWEALTH EIS

Date Opened: 4/11/2021¹³⁶

Date Closed: 1/5/2022

Flores Site Visit: 5/12-5/13/2021

Location: Albion, MI

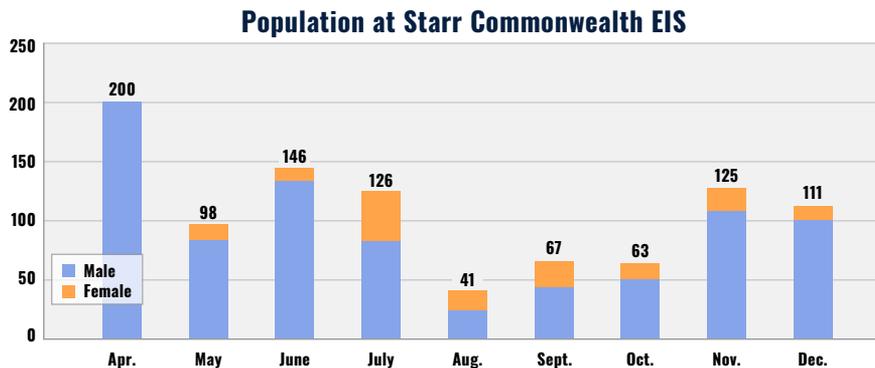
Max. Capacity: 240¹³⁷

Demographics: tender-age children and teenagers

The Michigan Starr Commonwealth Emergency Intake Site (Starr Commonwealth EIS) was located on the Starr Commonwealth nonprofit organization's 350-acre campus in Albion, Michigan.¹³⁸ The facility opened in early April 2021 and used Starr Commonwealth's pre-existing residential facilities for children.¹³⁹ The Starr Commonwealth EIS was initially run primarily by federal government volunteers. ORR later entered into a \$26.2 million contract with PAE Applied Technologies to operate the facility.¹⁴⁰ In total, the government awarded at least \$60 million in contracts to operate the Starr Commonwealth EIS.¹⁴¹ Between September 2021 and January 2022, this EIS exclusively housed Afghan children.

Living Conditions

- Children resided in cottages with shared rooms, a bathroom, kitchen, dining room, and common area. Cottages housed up to 14 children, and within the cottages, the children slept in rooms with 2 to 3 children per room.
- At the time of the *Flores* site visit in May 2021, children as young as five years old were housed alongside older teenagers. Siblings were not always kept together in the same room or cottage.
- In May 2021, children reported that they had trouble communicating with staff in the cottages because many staff members did not speak Spanish.



Data Source: *Flores* Reports¹⁴²

“I got a report once because I got into a fight with someone who was trying to hurt my [5-year-old] brother. A staff member told me that if a child gets too many reports, they have to stay here for longer.”

— 9-YEAR-OLD CHILD, DETAINED AT THE STARR COMMONWEALTH EIS FOR OVER ONE MONTH

Case Management

- At the time of the *Flores* site visit in May 2021, case management was largely staffed by federal government volunteers, many of whom did not speak Spanish.
- Children reported inconsistency and uncertainty related to their release process, including some children who remained at the facility for a month before being assigned a case manager. Children expressed distress because of a lack of communication regarding their cases.
- By January 2021, many Afghan children had spent over three months at the Starr Commonwealth EIS awaiting release to a sponsor or a foster care placement.

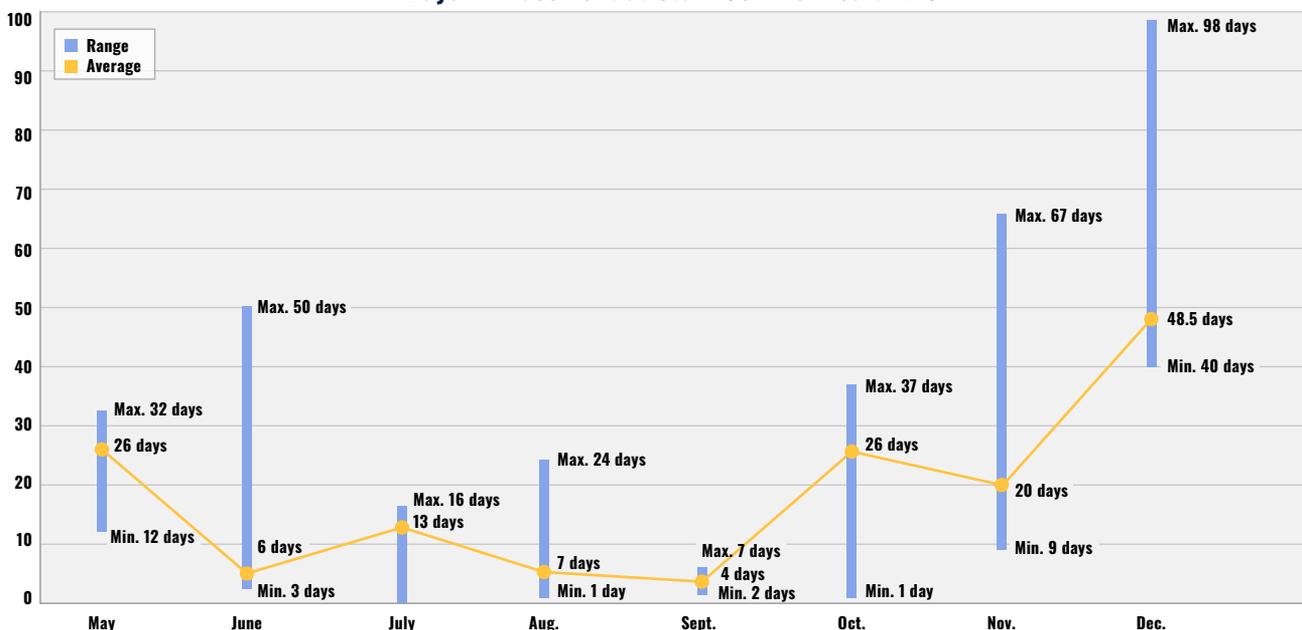
Education & Recreation

- In May 2021, the Starr Commonwealth EIS did not provide structured education to children and children reported only intermittent English classes taught by staff. The facility later put in place more regular classroom education.
- The facility had extensive green space and children were able to play basketball and soccer outside.
- When they were in their cottages, children could play games or watch television.

Mental Health

- At the time of *Flores* counsel's site visit in May 2021, there were no regular mental health services available to children, but clinicians were in the process of being hired.
- After the transition to serving Afghan youth, the immigration legal service provider at the facility expressed concern that the facility was unable to provide Afghan children with the culturally and linguistically appropriate mental health services they needed, particularly given the acute and extreme trauma they had recently experienced.¹⁴³
- As lengths of stay increased, Afghan children's mental health deteriorated. According to media reports, the local sheriff's office received multiple calls regarding suicidal behavior, fights, runaways, and allegations of abuse by staff at the Starr Commonwealth EIS.¹⁴⁴

Days in Placement at Starr Commonwealth EIS



Data Source: *Flores* Reports¹⁴⁵

PENNSYLVANIA INTERNATIONAL ACADEMY EIS

Date Opened: 4/13/2021¹⁴⁶

Date Closed: 4/23/2021

Flores Site Visit: N/A

Location: Erie, PA

Max. Capacity: 418¹⁴⁷

Demographics: tender-age and teenage girls

The Pennsylvania International Academy is a dormitory in Erie, Pennsylvania that was used as an Emergency Intake Site to hold unaccompanied immigrant children (Pennsylvania EIS).¹⁴⁸ ORR entered into a \$1 million contract with the Pennsylvania Academy Corporation to use the facility.¹⁴⁹

The Pennsylvania EIS housed very young children and was open for less than two weeks before abruptly closing. Due to its brief time in operation, the population at the Pennsylvania EIS was not captured in the monthly *Flores* HHS census data. *Flores* counsel were unable to visit the facility before it closed but interviewed children who were transferred from the Pennsylvania EIS to the Starr Commonwealth EIS.

Living Conditions, Education, & Recreation

- Children slept on bunk beds in small rooms inside a dormitory building. One child reported that staff sat in the hallways to watch children in their rooms.
- No education was provided.
- Children were allowed some time to go outside and play but most children reported not having much to do besides making bracelets or sleeping.

Case Management

- Although some children met with a case manager while at the Pennsylvania EIS and began the sponsorship process, other children never met with or spoke to a case manager about their case.

“I did not talk to anyone about my case or when I would be released while I was in Pennsylvania. Other girls had interviews, but several of us didn't.”

– 12-YEAR-OLD CHILD, DETAINED AT THE PENNSYLVANIA EIS FOR 12 DAYS

“We did not have classes or school [in Pennsylvania]. We just made bracelets every day. There was not anything else to do there except sleep.”

– 10-YEAR-OLD CHILD, DETAINED AT THE PENNSYLVANIA EIS

LACKLAND EIS

Date Opened: 4/17/2021¹⁵⁰

Date Closed: 6/30/2021¹⁵¹

Flores Site Visit: 5/18-5/19/21

Location: San Antonio, TX

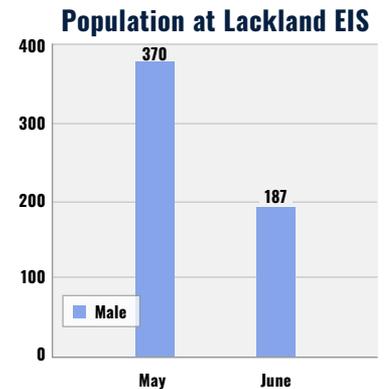
Max. Capacity: 372

Demographics: teenage boys

The Lackland Emergency Intake Site (Lackland EIS) was located on the U.S. Air Force base in San Antonio, Texas. The primary contractor, Asset Protection and Security Services, operated the Lackland EIS under a contract worth over \$47 million.¹⁵² The facility was made up of tents, trailers, and barracks where the children slept.

Living Conditions

- Children slept in shared rooms in barracks. Each floor of the three-story barracks housed a different age range of children. Space in the barracks was very tight and four or five children slept in bunk beds in each room.
- Apart from the barracks, the other structures on the site were tents or portable trailers.
- The Lackland EIS was surrounded by tall fencing with security guards monitoring the perimeter.



Data Source: *Flores Reports*¹⁵³

Case Management

- At the time of the *Flores* site visit, there were 32 case managers onsite at the Lackland EIS. Additionally, U.S. Citizenship & Immigration Services staff and case managers from other ORR facilities provided virtual case management.
- Children interviewed by *Flores* counsel generally reported that they did not speak with a case manager until at least a week after arriving at the Lackland EIS. Some children had multiple case managers, which led to confusion and delays.
- Facility staff reported that issues with the transportation contractor MVM, Inc. caused significant delays in releasing children.

“My father has been living in the United States since 2019, and he is applying to be my sponsor. I’m frustrated because I have been here for over a month, and a month and two days is too long to be here. I really miss my family.”

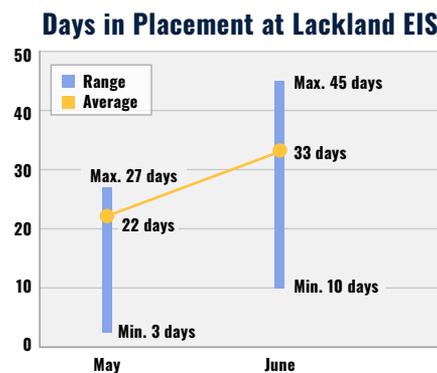
— 16-YEAR-OLD CHILD, DETAINED AT THE LACKLAND EIS FOR OVER ONE MONTH

Education & Recreation

- At the time of the *Flores* site visit, children did not attend classes.
- Children received about two hours of outdoor recreation each day, which was replaced with indoor recreation on hot days. While outside, children usually played soccer.
- The indoor recreation space had foosball tables and a few televisions.

Mental Health

- The Lackland EIS had limited mental health services available, though at the time of the *Flores* site visit in May 2021 not all mental health staff spoke Spanish.
- Children with significant mental health needs were sometimes taken offsite to receive additional mental health care.



Data Source: *Flores* Reports¹⁵⁴

“We are not in school here. The caretakers may do activities with us or have conversations with us. Sometimes they give us worksheets to learn English, but there are no teachers here.”

– 16-YEAR-OLD CHILD, DETAINED AT THE LACKLAND EIS FOR OVER ONE MONTH

“I haven’t talked to a therapist since I have been here. I’m not sure if it would be helpful. I suppose it might be helpful if I could really express myself and share how I feel, but honestly the only thing that is going to really make me feel better is just to get out of here.”

– 13-YEAR-OLD CHILD, DETAINED AT THE LACKLAND EIS FOR OVER ONE MONTH

LONG BEACH CONVENTION CENTER EIS

Date Opened: 4/22/2021¹⁵⁵

Date Closed: 7/23/2021¹⁵⁶

Flores Site Visit: 5/25-5/26/21

Location: Long Beach, CA

Max. Capacity: 1,000

Demographics: tender-age children and teenagers, including pregnant teenagers

The Long Beach Convention Center was used as an Emergency Intake Site to hold unaccompanied immigrant children in Long Beach, CA (Long Beach EIS).¹⁵⁷ ORR entered into a \$37.7 million contract with SMG Holdings, LLC.¹⁵⁸ The federal government also entered into a contract with the City of Long Beach. This contract was set to expire in August 2021, but the facility closed early on July 23, 2021.¹⁵⁹ Although local authorities were involved in monitoring standards and services at the Long Beach EIS,¹⁶⁰ children still received only limited education and mental health services. The facility held pregnant teenagers and very young children, including children under 5 years old.

Living Conditions

- Children slept in residential pods within the convention center. The pods were decorated with large butterflies on the walls and included a library area in the same room where children slept.
- Some children reported it was difficult to sleep because of the overhead lighting in the convention center.

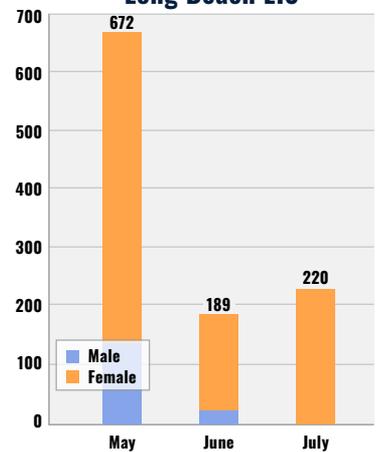
Case Management

- In May 2021, over 20 children had been at the Long Beach EIS for more than thirty days, including children as young as 6 years old.
- Children reported inconsistent experiences related to their release process, including delays related to fingerprinting requirements and overall uncertainty about the status of their cases.

Education & Recreation

- Children had some English classes.
- Children reported spending most of their days watching television, playing outside, coloring, and doing arts and crafts.
- The Long Beach EIS hosted some special events, such as live concerts, and comfort dogs visited twice a week.

Population at Long Beach EIS



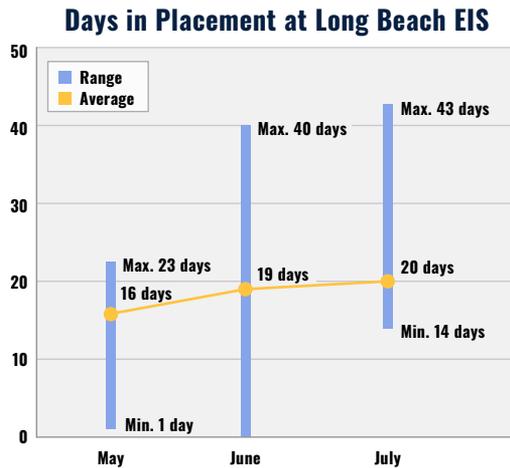
Data Source: *Flores Reports*¹⁶¹

“We have English class two days a week; I wish we had it more often. We don’t have other classes.”

— 9-YEAR-OLD CHILD, DETAINED AT THE LONG BEACH EIS FOR OVER ONE MONTH

Health Care

- The UCLA Medical Center provided medical services onsite, including prenatal care for pregnant teenagers.
- At the time of the *Flores* site visit in May 2021, there were no regular mental health counseling sessions provided to children. Some children experienced panic attacks and a few children were transferred to the hospital because of their mental health needs.



Data Source: *Flores* Reports¹⁶²

“My [9-year-old] brother gets sad because he wants to go with my aunt and because there’s a girl who hits him. She is a bigger girl. The girl hits him, and he cries . . . I get sad when my brother cries. When he cries then I cry. There is no one here to talk to when you’re feeling sad.”

— 6-YEAR-OLD CHILD, DETAINED AT THE LONG BEACH EIS

“There are 27 other kids in the area where I sleep. Sometimes I have trouble sleeping because I’m thinking about things and sometimes it’s hard to sleep because of the light . . . I am really sad being here. It is hard being here while I’m pregnant.”

— 17-YEAR-OLD CHILD, DETAINED AT THE LONG BEACH EIS FOR ABOUT ONE MONTH

POMONA FAIRPLEX EIS

Date Opened: 5/1/2021¹⁶³

Date Closed: 11/19/2021¹⁶⁴

Location: Pomona, CA

Max. Capacity: 2,500¹⁶⁵

Demographics: tender-age children and teenagers¹⁶⁶

The Pomona Fairplex (Pomona EIS) is an event facility that ORR began using in early May 2021 as an Emergency Intake Site to house unaccompanied children, including large numbers of tender-age children.¹⁶⁷ Cherokee Nation Management & Consulting LLC received a \$706.9 million government contract to operate the Pomona EIS.¹⁶⁸ Cherokee Nation worked with at least four subcontractors to provide services at the site.¹⁶⁹ In total, the government awarded contracts totaling at least \$805 million to operate the Pomona EIS.¹⁷⁰ The Pomona EIS benefited from local government oversight and support.¹⁷¹

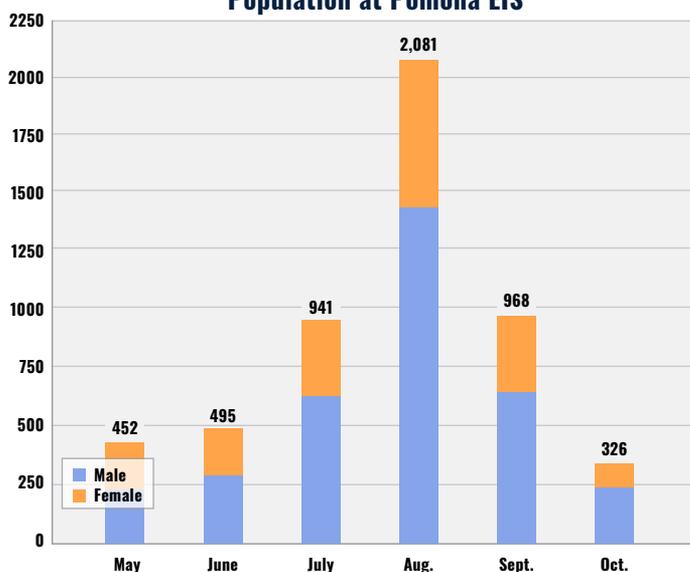
Living Conditions

- Children slept in large conference halls divided into separate pods by black curtains, with 5 to 35 kids per pod. The lights could be dimmed at night but could not be turned off completely.

Case Management

- The Pomona EIS had both on-site and remote case managers. Children who received remote case management through U.S. Citizenship & Immigration Services generally reported more delays than children with on-site case managers.
- Facility staff reported that fingerprinting caused substantial delays in release during the facility's first month of operation.

Population at Pomona EIS



Data Source: *Flores Report*¹⁷²

“I think I have been here at the Pomona Fairplex Emergency Intake Site for about a month. My mom is applying to be my sponsor . . . I really wanted to be with my mom on her birthday which was three days ago. We called her on her birthday, and she was very sad that we weren't with her.”

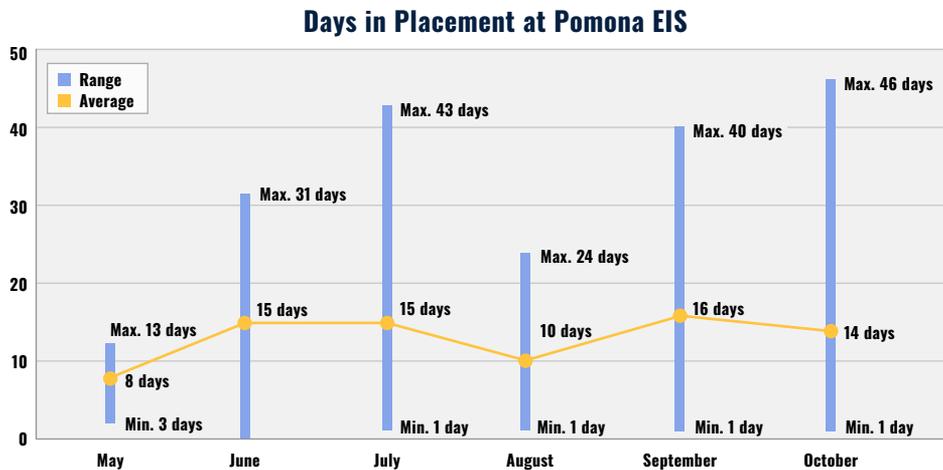
— 8-YEAR-OLD CHILD, DETAINED AT THE POMONA EIS WITH HER SISTER

Education & Recreation

- Children received structured classroom education, but at the time of the *Flores* site visit these classes totaled only a few hours each week.
- Teachers from Pomona Unified School District taught children 45 minutes of English and 45 minutes of Social Emotional Learning (SEL) two times a week.
- In July 2021, children had at least one hour of recreation and usually got more time to play. There were multiple outdoor soccer fields and an indoor, air-conditioned facility with a soccer field, basketball court, ping pong, foosball, corn hole, and a library.
- There were also play structures outdoors for younger children.

Mental Health

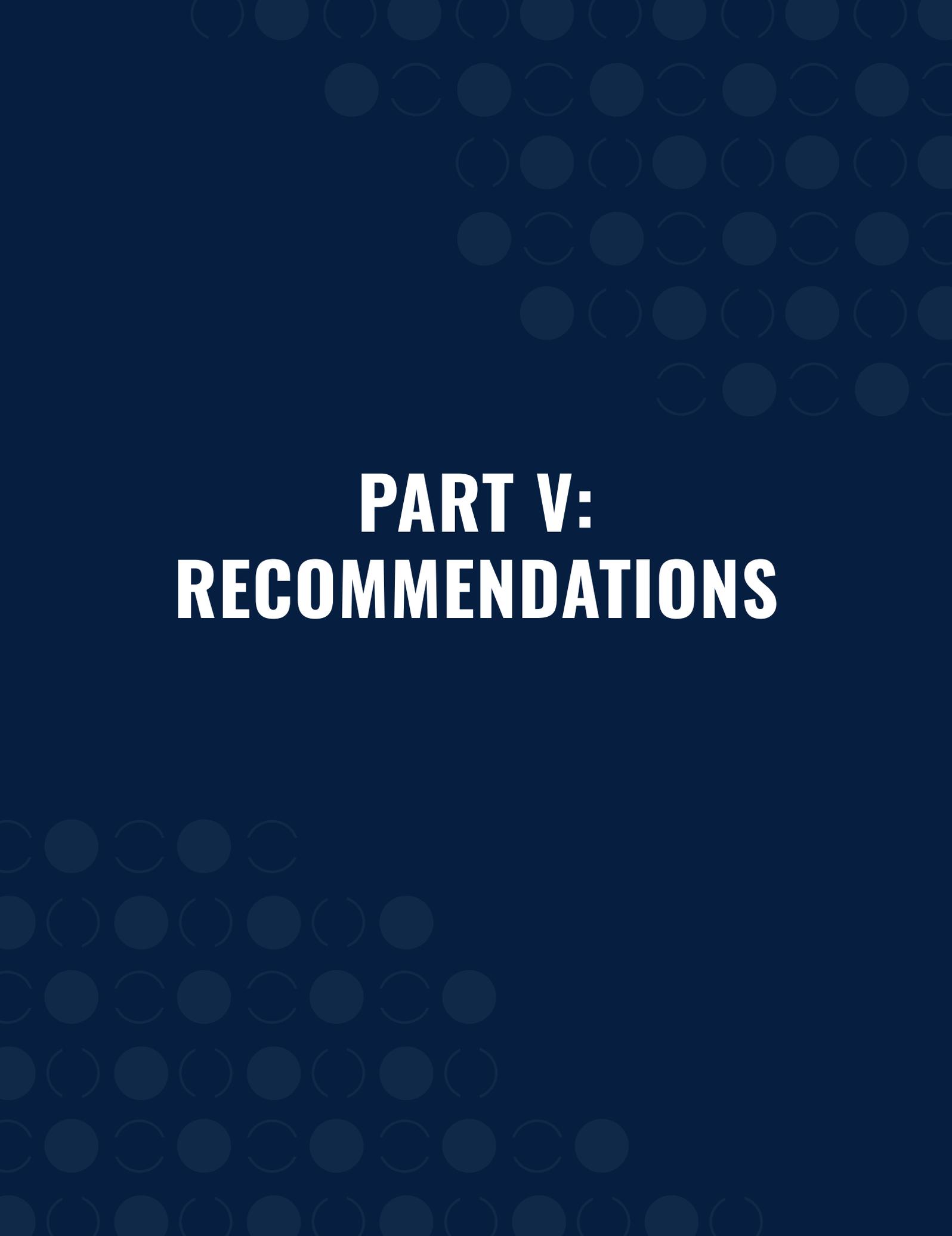
- During the *Flores* site visit in July 2021, children received mental health care only by referral or request.



Data Source: *Flores* Reports¹⁷³

“We take classes here two times per week . . . Aside from playing soccer, there are no other activities or things to do for fun here. There are books to read, and I make bracelets inside. I feel very bored here.”

– 17-YEAR-OLD CHILD, DETAINED AT THE POMONA EIS FOR OVER ONE MONTH



PART V: RECOMMENDATIONS

Largescale congregate care settings are fundamentally inappropriate placements for children. The federal government must take proactive steps to avoid their future use by expanding state-licensed placements, specifically smaller, home-like placements, and expeditiously releasing children to families.

1. Commit to never again opening any type of facility that falls below the standards of Influx Care Facilities.

ORR's field guidance explains that EISs were "designed as short-term, stop-gap facilities opened for a limited period of time (generally under 6 months) to decompress dangerous overcrowding at DHS-run facilities."¹⁷⁴ Despite this intention, ORR used EISs for well over a year, even as the number of children in ORR custody dropped substantially. It is long past time to commit to sending children to state-licensed placements that meet child welfare standards. To the extent ORR needs some reserve capacity for future emergency situations, it must ensure that any facility housing children meets at least the minimum standards of an ICF.¹⁷⁵

2. Decrease reliance on Influx Care Facilities.

ORR has moved to convert the Fort Bliss EIS and the Pecos EIS into Influx Care Facilities and solicited proposals for multiple additional ICFs.¹⁸⁴ Although ICFs are preferable to EISs, they should be used rarely and only in response to a truly unexpected increase in the number of unaccompanied children entering the United States. Relying on unlicensed facilities year-round—even after any emergency has passed—is unacceptable. ORR must prioritize the expansion of its network of state-licensed placements rather than prioritizing the opening of additional ICFs.

3. Increase ORR's use of state-licensed beds, specifically beds in family like settings.

Expand ORR's network of state-licensed care providers to ensure sufficient capacity to accommodate arriving children.

State-licensed shelter and foster care placements are more appropriate places for children than EISs and are significantly less expensive to operate than emergency sites.¹⁷⁶ ORR must substantially expand its licensed bed capacity, with a particular focus on increasing the number of placements with foster families.

Although ORR issued a Notice of Funding Opportunity for new shelter and transitional foster care providers in December 2021, it is not clear how many new licensed placements will become available or in what timeframe.¹⁷⁷ Notably, ORR has not yet issued a Notice of Funding Opportunity for long-term foster care providers, despite an urgent need for more long-term foster care placements for children without sponsors in the United States.

Identify and address barriers to full utilization of existing licensed beds.

Despite its reliance on EISs, ORR has consistently maintained hundreds of empty licensed beds. For example, ORR continued to place hundreds of children at EISs in January 2022 despite having over 1,400 unoccupied shelter beds as of January 19, 2022.¹⁷⁸ By April 5, 2022, the number of empty shelter beds increased to over 1,900.¹⁷⁹ As shelter beds went unused, the number of children in EISs rose to over 2,300 as of April 5, 2022.¹⁸⁰

Moreover, over one third—and in some months, over one half—of transitional foster care beds have regularly gone unused.¹⁸¹ Concerningly, the total number of available transitional foster care beds fell from over 2,000 beds in January 2022 to less than 900 beds in April 2022 because of compliance issues.¹⁸² Transitional foster care placements generally serve especially vulnerable groups, including children under 13 years of age and pregnant and parenting children.¹⁸³ Any compliance concerns must be swiftly addressed and remedied to ensure that the most vulnerable children have access to foster care placements.

While ORR may need to reserve a small number of licensed beds for particularly vulnerable children, licensed beds have gone unused even as very young children and other particularly vulnerable children were placed at EISs. ORR must investigate the reasons behind this persistent under-utilization of licensed beds and take immediate steps to remedy any barriers to licensed placement, including recruiting foster care providers who are prepared to take in older children or sibling groups. To the extent that some licensed placements are not available for direct border placement or require medical clearance, ORR must develop a transparent plan to medically clear children and transfer them to licensed placements as soon as possible.

4. Expedite the safe release of children from ORR custody.

Adopt expedited vetting procedures to allow children who enter the country with trusted caregivers to be released to those caregivers without entering ORR custody.

Under current practice, a child who enters the United States with their grandmother, adult sibling, or another trusted caregiver who is not their parent or legal guardian is separated from that caregiver and placed in ORR custody as an unaccompanied minor. These separations are often deeply traumatic for the child and can lead to unnecessary placements in ORR custody. ORR recently adopted procedures to expeditiously screen and release arriving Afghan children to their accompanying adult caregivers.¹⁸⁵ ORR should develop similar procedures to permit expedited vetting of caregivers at the Southern border.

Expand and make permanent policies expediting release of children to close family.

The Biden administration made several policy changes to expedite the safe release of children to their family members, which helped reduce children's average overall length of stay in ORR custody. These steps included ending the Trump administration's practice of sharing potential sponsors' personal information with ICE and streamlining the sponsor vetting process for certain children with parents or close relatives in the United States.¹⁸⁶ This streamlined sponsor vetting has helped children leave EISs and reunite with their families more quickly. It should be expanded and made permanent.

End blanket fingerprinting requirements for sponsors and household members who pass public background checks and raise no red flags.

Despite progress in expediting vetting, some children continue to face lengthy release processes. ORR previously eliminated blanket fingerprinting requirements for non-sponsor adult household members and sponsor parents, legal guardians, siblings, and grandparents after finding that fingerprinting delayed release without providing any new information that affected the safety of release.¹⁸⁷ In addition to logistical delays, fingerprinting has deterred family members from coming forward to sponsor a child because they, or their household members, fear their fingerprints will be shared with immigration authorities and used to deport them.¹⁸⁸

Yet ORR continues to require other close relatives such as aunts, uncles, and cousins to submit their fingerprints before sponsoring a child, even if these sponsors pass public background checks and raise no red flags.¹⁸⁹ ORR also imposes onerous fingerprinting requirements on every sponsor and household member of a child with a disability, even when the child is seeking release to their parent.¹⁹⁰ Fingerprinting should be required only when ORR has a specific child welfare concern based on the child's individual circumstances.

5. Promptly place children without sponsors into Long Term Foster Care (LTFC) or the Unaccompanied Refugee Minors (URM) Program.

Expand the number of licensed family foster care placements in the LTFC and URM programs.

Although most unaccompanied children can be safely and expeditiously released to a sponsor, hundreds of children in ORR custody lack a family member or other sponsor in the United States and need a foster care placement. Unfortunately, there are insufficient foster care placements in ORR's long-term foster care program and the URM program to serve all the children in need. As a result, many children languish for months or even years in shelters that are not designed for long-term care and cannot provide children the individualized care and community integration they need to thrive. Expanding long-term foster care and URM placements serves the dual goals of allowing children to leave shelters to live with families and opening licensed shelter beds for children who might otherwise be sent to an unlicensed facility.

Ensure sufficient foster family placements for children with higher behavioral and/or mental health needs and increase support to providers to meet the needs of children with more complex needs.

Unaccompanied children generally come to the United States fleeing deeply traumatic events and frequently arrive with mental health needs. Children's mental health often deteriorates significantly as they spend more time in ORR congregate care facilities, especially when children without sponsors do not know what will happen to them next or if they will ever be released to live in the community.¹⁹¹ As the HHS Office of Inspector General reported, these challenges can result in increasing feelings of frustration, hopelessness, self-harm, and behaviors that are perceived as defiance.¹⁹²

Children whose mental health is deteriorating in shelters urgently need to be released to foster families where they can receive the support they need and finally find some stability and hope for the future. Yet these children are regularly rejected from foster programs because they are perceived as too challenging. The government must take steps to ensure that long-term foster care and URM placements are available for children with higher needs, including offering higher reimbursement rates and other support for foster families. Therapeutic foster care programs have been successful in state child welfare systems and should be prioritized by the federal government. Without a commitment to ensuring that community placements can accommodate *all* children, including those with high mental and/or behavioral health needs, these children will languish indefinitely in government custody.

ENDNOTES

1. ORR Juvenile Coordinator Report at p. 7. (2021, June 4). [Doc. # 1124-2] (“June 2021 Juvenile Coordinator Report”); Declaration of Melissa Adamson, Ex. 1 Data Summary at p. 1, August 6, 2021 [Doc. # 1161-5].
2. Burnett, J. (2019, February 13). *Inside the largest and most controversial shelter for migrant children in the U.S.* NPR. <https://www.npr.org/2019/02/13/694138106/inside-the-largest-and-most-controversial-shelter-for-migrant-children-in-the-u->. (Burnett, 2019).
3. This number was calculated by totaling the number of federal contract awards identified on GovTribe. Relevant federal contract awards were identified by searching “Federal Contract Awards,” filtering the results to the “Awarding Agency” of “Administration for Children and Families (HHS),” and using the following search criteria: “Emergency Intake Site,” “Emergency,” “EIS,” “Fort Bliss,” “Ft Bliss,” “Rapid Deployment Inc.,” “Pecos,” “Midland,” “Kay Bailey Hutchison,” “Dallas,” “San Diego,” “Freeman,” “San Antonio,” “Houston,” “Dimmit,” “Donna,” “Starr Commonwealth,” “Albion,” “Michigan,” “Pennsylvania,” “Lackland,” “Long Beach,” and “Pomona.” The federal contract awards included funds awarded to contractors aiding in the general operation of EISs as well as funds awarded to contractors operating individual EISs. It is quite possible that there are more federal contract awards related to funding either the general operation of EISs or individual EISs that were not identified by the search criteria. (Purchase Order 75ACF121P00004, <https://govtribe.com/award/federal-contract-award/purchase-order-75acfl21p00004>; Definitive Contract 75ACF121C00016, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00016>; Definitive Contract 75ACF121C00018, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00018>; Definitive Contract 75ACF121C00025, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00025>; Definitive Contract 75ACF121C00017, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00017>; Definitive Contract 75ACF121C00021, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00021>; Definitive Contract 75ACF121C00023, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00023>; Definitive Contract 75ACF121C00038, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00038>; Purchase Order 75ACF121P00025, <https://govtribe.com/award/federal-contract-award/purchase-order-75acfl21p00025>; Definitive Contract 75ACF121C00054, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00054>; Purchase Order 75ACF121P00028, <https://govtribe.com/award/federal-contract-award/purchase-order-75acfl21p00028>; Definitive Contract 75ACF121C00060, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00060>; Definitive Contract 75ACF121C00020, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00020>; Definitive Contract 75ACF121C00066, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00066>; Definitive Contract 75ACF121C00069, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00069>; Definitive Contract 75ACF121C00097, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00097>; Purchase Order 75ACF121P00005, <https://govtribe.com/award/federal-contract-award/purchase-order-75acfl21p00005>; Definitive Contract 75ACF121C00027, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00027>; Purchase Order 75ACF121P00009, <https://govtribe.com/award/federal-contract-award/purchase-order-75acfl21p00009>; Purchase Order 75ACF121P00011, <https://govtribe.com/award/federal-contract-award/purchase-order-75acfl21p00011>; Definitive Contract 75ACF121C00009, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00009>; Purchase Order 75ACF121P00012, <https://govtribe.com/award/federal-contract-award/purchase-order-75acfl21p00012>; Definitive

Contract 75ACF121C00045, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00045>; Purchase Order 75ACF121P00013, <https://govtribe.com/award/federal-contract-award/purchase-order-75acfl21p00013>; Purchase Order 75ACF121P00015, <https://govtribe.com/award/federal-contract-award/purchase-order-75acfl21p00015>; Definitive Contract 75ACF121C00029, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00029>; Purchase Order 75ACF121P00016, <https://govtribe.com/award/federal-contract-award/purchase-order-75acfl21p00016>; Definitive Contract 75ACF121C00040, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00040>; Definitive Contract 75ACF121C00022, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00022>; Definitive Contract 75ACF121C00044, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00044>; Definitive Contract 75ACF121C00039, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00039>; Definitive Contract 75ACF121C00043, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00043>; Definitive Contract 75ACF121C00046, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00046>; Definitive Contract 75ACF121C00042, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00042>; Definitive Contract 75ACF121C00048, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00048>; Definitive Contract 75ACF121C00047, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00047>; Definitive Contract 75ACF121C00068, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00068>; Definitive Contract 75ACF121C00070, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00070>; Purchase Order 75ACF121P00014, <https://govtribe.com/award/federal-contract-award/purchase-order-75acfl21p00014>; Definitive Contract 75ACF121C00034, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00034>; Definitive Contract 75ACF121C00055, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00055>; Definitive Contract 75ACF121C00056, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00056>; Purchase Order 75ACF121P00007, <https://govtribe.com/award/federal-contract-award/purchase-order-75acfl21p00007>; Purchase Order 75ACF121P00006, <https://govtribe.com/award/federal-contract-award/purchase-order-75acfl21p00006>; Definitive Contract 75ACF121C00032, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00032>; Definitive Contract 75ACF121C00058, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00058>; Definitive Contract 75ACF121C00063, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00063>; Definitive Contract 75ACF121C00056, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00056>; Definitive Contract 75ACF121C00033, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00033>; Definitive Contract 75ACF121C00030, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00030>; Purchase Order 75ACF121P00031, <https://govtribe.com/award/federal-contract-award/purchase-order-75acfl21p00031>; Purchase Order 75ACF121P00029, <https://govtribe.com/award/federal-contract-award/purchase-order-75acfl21p00029>; Definitive Contract 75ACF121C00062, <https://govtribe.com/award/federal-contract-award/definitive-contract-75acfl21c00062>; Delivery Order NNG15SC07B-75ACF121F80015, <https://govtribe.com/award/federal-contract-award/delivery-order-nng15sc07b-75acfl21f80015>.

4. 8 U.S.C. § 1232(b)(3).

5. 8 U.S.C. § 1232(c)(2)(A).

6. 8 U.S.C. § 1232(c)(2)(A).

7. 6 U.S.C. § 279(a).

8. For background on the case and relevant court documents, see <https://youthlaw.org/cases/flores-v-reno>.

9. *Flores v. Reno*. (1997). Stipulated Settlement Agreement ¶ 14. https://youthlaw.org/sites/default/files/wp_attachments/Flores_Settlement-Final011797.pdf [*"Flores Settlement Agreement"*].

10. *Flores* Settlement Agreement ¶ 18
11. *Flores* Settlement Agreement ¶¶ 12.A, 19, Exhibit 1.
12. *Flores* Settlement Agreement ¶ 12.A
13. *Flores v. Lynch*, 212 F. Supp. 3d 907, 914 (C.D. Cal. 2015).
14. *Flores* Settlement Agreement ¶¶ 12.A, 19, Exhibit 1.
15. *Flores* Settlement Agreement ¶ 11.
16. *Flores* Settlement Agreement ¶ 12.A.
17. “Transitional Foster Care” is an initial community-based placement option for unaccompanied children, with preference given to children under 13, sibling groups with one sibling under 13, pregnant or parenting teens, and children with special needs. “Long Term Foster Care” is a community-based foster care placement for unaccompanied children for whom “a determination is made that the child will be in ORR custody for an extended period of time.” Shelter placements range from large congregate care facilities holding hundreds of children at a time to smaller facilities with a dozen or fewer children. (*Children entering the United States unaccompanied: Section 1.2.2.* (2021, July 14). Office of Refugee Resettlement. <https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-1> (“ORR Policy Guide Section 1”); *Children entering the United States unaccompanied: Guide to terms.* (2016, March 21). Office of Refugee Resettlement. <https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-guide-terms>. (“ORR Guide to Terms”).
18. “Restrictive” placements comprise secure facilities, staff-secure facilities, and residential treatment centers. Secure facilities are the most restrictive placement type and are equivalent to juvenile detention facilities. (ORR Policy Guide Section 1; ORR Guide to Terms.)
19. *Children entering the United States unaccompanied: Section 7.* (2019, September 18). Office of Refugee Resettlement. <https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-7> (“ORR Policy Guide Section 7”).
20. This chart is based on the monthly *Flores* data reports, which provide a “snapshot” of the ORR network on a particular date each month. The monthly *Flores* data reports used in this briefing were collected on the following dates: Jan. 16, 2018; Feb. 16, 2018; Mar. 14, 2018; Apr. 16, 2018; May 15, 2018; June 15, 2018; July 19, 2018; Aug. 15, 2018; Sept. 13, 2018; Oct. 15, 2018; Nov. 20, 2018; Dec. 13, 2018; Jan. 15, 2019; Feb. 19, 2019; Mar. 15, 2019; Apr. 15, 2019; May 15, 2019; June 17, 2019; July 15, 2019; Aug. 15, 2019; Sept. 16, 2019; Oct. 15, 2019; Nov. 8, 2019; Dec. 16, 2019; Jan. 14, 2020; Feb. 11, 2020; Mar. 13, 2020; Apr. 10, 2020; May 11, 2020; June 10, 2020; July 10, 2020; Aug. 10, 2020; Sept. 9, 2020; Oct. 9, 2020; Nov. 16, 2020; Dec. 10, 2020; Jan. 13, 2021; Feb. 10, 2021; Mar. 12, 2021; Apr. 12, 2021; May 14, 2021; June 1, 2021; July 12, 2021; Aug. 13, 2021; Sept. 13, 2021; Oct. 13, 2021; Nov. 12, 2021; Dec. 13, 2021; Jan. 11, 2022; Feb. 10, 2022; Mar. 8, 2022; Apr. 8, 2022.
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[immigration/2019/07/25/last-group-of-migrant-children-to-leave-carrizo-springs-facility-today-less-than-1-month-after-it-opened/](#).

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26. ORR Policy Guide Section 7.
27. HHS OIG Mental Health Needs of Children in HHS Custody at p. 13.
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52. This chart is based on the monthly Flores data reports, which provide a “snapshot” of the ORR network on a particular date each month. The monthly Flores data reports used in this briefing were collected on the following dates: Jan. 16, 2018; Feb. 16, 2018; Mar. 14, 2018; Apr. 16, 2018; May 15, 2018; June 15, 2018; July 19, 2018; Aug. 15, 2018; Sept. 13, 2018; Oct. 15, 2018; Nov. 20, 2018; Dec. 13, 2018; Jan. 15, 2019; Feb. 19, 2019; Mar. 15, 2019; Apr. 15, 2019; May 15, 2019; June 17, 2019; July 15, 2019; Aug. 15, 2019; Sept. 16, 2019; Oct. 15, 2019; Nov. 8, 2019; Dec. 16, 2019; Jan. 14, 2020; Feb. 11, 2020; Mar. 13, 2020; Apr. 10, 2020; May 11, 2020; June 10, 2020; July 10, 2020; Aug. 10, 2020; Sept. 9, 2020; Oct. 9, 2020; Nov. 16, 2020; Dec. 10, 2020; Jan. 13, 2021; Feb. 10, 2021; Mar. 12, 2021; Apr. 12, 2021; May 14, 2021; June 1, 2021; July 12, 2021; Aug. 13, 2021; Sept. 13, 2021; Oct. 13, 2021; Nov. 12, 2021; Dec. 13, 2021; Jan. 11, 2022; Feb. 10, 2022; Mar. 8, 2022; Apr. 8, 2022.
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63. ORR Policy Guide Section 7.

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176. For example, the El Paso Times quotes U.S. Rep. Henry Cuellar as stating that “HHS is paying about \$775 per night per child at ‘emergency intake’ sites, versus about \$260 per night per child at permanent shelters.” (Villagran, 2021).

177. ORR Juvenile Coordinator Report at 9. (2022, April 8, 2022). [Doc. # 1240-3]. (“April 2022 Juvenile Coordinator Report”).

178. ORR Juvenile Coordinator Report at 3. (2022, January 21). [Doc. # 1220-1]. (“January 2022 Juvenile Coordinator Report”).

179. April 2022 Juvenile Coordinator Report at 3.

180. April 2022 Juvenile Coordinator Report at 3.

181. January 2022 Juvenile Coordinator Report at 3 (70% of TFC beds unoccupied); ORR Juvenile Coordinator Report at 3. (2021, October 29) (“October 2021 Juvenile Coordinator Report) (58% of TFC beds unoccupied); June 2021 Juvenile Coordinator Report (34% of TFC beds unoccupied).

182. April 2022 Juvenile Coordinator Report at 3; January 2022 Juvenile Coordinator Report at 3.

183. ORR Policy Guide Section 1.

184. Montaya-Galvez, C. (2022, May 3). *U.S. preparing 19,000 beds for migrant children in case of spike in border arrivals, officials say*. CBS News. <https://www.cbsnews.com/news/immigration-migrant-children-border-arrivals-xavier-becerra/>; *Expressions of interest to lease space for an unaccompanied children influx care facility in Greensboro, NC*. (2021, Dec. 22). <https://sam.gov/opp/9ad66b3fed684e99bf83e3a5d8dfc69f/view>; *Sources sought to lease space for an unaccompanied children influx care facility in Southern California*. (2022, Apr. 27). <https://sam.gov/opp/52c54790b9ea416286699528a01f129f/view>; *Sources sought to lease space for an unaccompanied children influx care facility in New York, New Jersey, and Pennsylvania*. (2022, Apr. 27). <https://sam.gov/opp/f8dcl61f2c774d5490c7546c70faee8c/view>.

185. *Field Guidance #19 – unaccompanied Afghan minor processing*. (2021, November 9). Office of Refugee Resettlement, Administration for Children and Families. <https://www.acf.hhs.gov/sites/default/files/documents/orr/fg-19-uam-processing-rev-11-9-21.pdf>.

186. *ORR Field Guidance #10, expedited release for eligible Category 1 cases*. (2021, March 22). Office of Refugee Resettlement, Administration for Children and Families. <https://www.acf.hhs.gov/sites/default/files/documents/orr/FG-10%20Expedited%20Release%20for%20Eligible%20Category%201%20Cases%202021%2003%2022.pdf>; *ORR Field Guidance #11, temporary waivers of background check requirements for Category 2 adult household members and adult caregivers*. (2021, March 31). Office of Refugee Resettlement, Administration for Children and Families. <https://www.acf.hhs.gov/sites/default/files/documents/orr/FG-11%20Temporary%20Waiver%20of%20Background%20Check%20Requirements%202021%2003%20>

31.pdf; *Field Guidance #15 – release for eligible non-sibling, closely related children to a Category 1 or Category 2A sponsor*. (2021, May 14). Office of Refugee Resettlement, Administration for Children and Families. <https://www.acf.hhs.gov/sites/default/files/documents/orr/FG-15%20Release%20for%20Eligible%20Non-Sibling%2C%20Closely%20Related%20Children%20to%20a%20Cat%201%20or%202A%20Sponsor%202021%2005%2014.pdf>. One pilot policy related to assisting sponsors in completing family reunification applications has already been incorporated into ORR’s Policy Guide. (*Children entering the United States unaccompanied: Section 2.2.3*. (2022, March 8). Office of Refugee Resettlement. <https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-2#2.2.3> (“ORR Policy Guide Section 2”)).

187. *Testimony of Jonathan Hayes before the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies*. (2019, September 18). U.S. House Committee on Appropriations. at 1:28:50- 1:31:00. <https://www.c-span.org/video/?464368-1/administration-officials-testify-migrant-children-mental-health>; *After policy reversal, hundreds of detained children could be released*. (2018, December 19). PBS. <https://www.pbs.org/newshour/show/after-policy-reversal-hundreds-of-detained-migrant-children-could-be-released>.

188. HHS OIG Mental Health Needs of Children in HHS Custody at p. 13.

189. ORR Policy Guide Section 2.

190. ORR Policy Guide Section 2.

191. HHS OIG Mental Health Needs of Children in HHS Custody at p. 12. (“Facilities reported that children with longer stays experienced more stress, anxiety, and behavioral issues, which staff had to manage. Some children who did not initially exhibit mental health or behavioral issues began reacting negatively as their stays grew longer . . . According to facility staff, longer stays resulted in higher levels of defiance, hopelessness, and frustration among children, along with more instances of self-harm and suicidal ideation.”).

192. HHS OIG Mental Health Needs of Children in HHS Custody at p. 12.

**National Center
for Youth Law**

The logo consists of a white circle that is partially obscured by the text. The top and bottom arcs of the circle are visible, framing the words "Center" and "Youth" respectively. The text "National Center for Youth Law" is written in a bold, white, sans-serif font, centered horizontally.