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UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
WESTERN DIVISION

JENNY LISETTE FLORES, *et al.*,

Plaintiffs,

v.

MERRICK GARLAND, Attorney General
the United States, *et al.*,

Defendants.

No. CV 85-4544-DMG-AGR_x

PLAINTIFFS' RESPONSE TO ORR JUVENILE
COORDINATOR'S JUNE 4, 2021 INTERIM
REPORT

Status Conference: June 25, 2021

Time: 11:00 AM

Hon. Dolly M. Gee

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TABLE OF CONTENTS

I. INTRODUCTION..... 1

II. RESPONSE TO JUVENILE COORDINATOR REPORT4

 A. Children are detained for months in unlicensed EISs that are incapable of meeting their needs.....4

 B. Inadequate case management at EISs unnecessarily delays release and harms children.5

 C. Children are not expeditiously transferred to licensed facilities.8

 D. ORR is not fully utilizing its licensed bed capacity.9

III. CONCLUSION 11

1
2
3
4
5
6
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14
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1 I. INTRODUCTION

2 On June 4, 2021, the ORR Juvenile Coordinator filed an interim report
3 pursuant to the Court’s orders. *See* ORR Juvenile Coordinator Interim Report, June
4 4, 2021 [Doc. # 1124-2] (“June Juvenile Coordinator Report”). On June 8, 2021,
5 Plaintiffs requested that the Parties meet and confer to attempt to resolve Plaintiffs’
6 concerns regarding the ORR Juvenile Coordinator’s report. *See* Ex. A, Emails from
7 Carlos Holguín. On June 11, 2021, Plaintiffs also requested that the Parties
8 continue their discussions regarding Plaintiffs’ broader concerns about Defendants’
9 use of Emergency Intake Sites (EISs). *Id.* On June 16, 2021, the parties and the
10 Independent Monitor met and conferred but were unable to resolve the concerns
11 and requests raised by Plaintiffs.

12 Since March 2021, Plaintiffs’ counsel have conducted site visits and
13 interviewed children at the majority of ORR’s EISs, including the Delphi EIS,
14 Dimmit EIS, Freeman Expo Center EIS, Fort Bliss EIS, Kay Bailey Hutchinson
15 Convention Center EIS, Lackland Air Force Base EIS, Long Beach Convention
16 Center EIS, Midland EIS, Pecos EIS, and Starr Commonwealth EIS, as well as the
17 Carrizo Springs Temporary Influx Shelter. During these visits, Plaintiffs’ counsel
18 also interviewed children whom ORR had previously detained at the NACC
19 Houston EIS and the Pennsylvania International Academy EIS, both of which are
20 now closed. In addition, Plaintiffs have evaluated the June Juvenile Coordinator
21 Report in light of class member population reports ORR supplies pursuant to
22 paragraph 29 of the Settlement, as well as nominally internal “Operation Artemis”
23 reports appearing in the public record.¹

24 Plaintiffs are increasingly concerned about the prolonged detention of

25 _____
26 ¹ *See* Operation Artemis Senior Leader Brief, May 13, 2021, cited in Camilo
27 Montoya-Galvez, *Migrant children describe poor conditions at makeshift U.S.*
28 *shelters in interviews with attorneys*, CBS News, May 19, 2021,
<https://www.cbsnews.com/news/immigration-border-migrant-children-poor-conditions-shelters/>.

1 thousands of children in unlicensed, standardless EIS facilities, which are, at best,
2 suitable for short-term emergency care and are inherently incapable of caring for
3 children as the Settlement requires. According to the Juvenile Coordinator Report,
4 nearly half of all children in ORR custody are now detained in EISs. June Juvenile
5 Coordinator Report at 3. Because ORR has yet to implement binding standards for
6 EISs, the conditions and treatment children experience in such facilities vary
7 greatly.

8 In the largest EISs—most notably, the Fort Bliss EIS near El Paso, Texas—
9 children are confined in immense, communal tents, in which 300-600 children
10 spend nearly all day in exceedingly close quarters. Children report —

- 11 • being permitted to leave the massive tents for outdoor recreation for
12 as little as one hour daily;
- 13 • having virtually no personal privacy for weeks on end;
- 14 • receiving no education apart from at most an hour and a half of
15 instruction in English as a second language;
- 16 • receiving no consistent mental health services;
- 17 • sleeping during the day due to extreme boredom and hopelessness;
- 18 • being allowed no visitation with their families;
- 19 • being permitted to telephone parents and relatives for only ten minutes
20 twice weekly;
- 21 • receiving no legal assistance apart from a generalized “know your
22 rights” presentation.

23 Compounding the foregoing hardships, many children report being kept in
24 the dark about how long they will be detained, what has been done to reunify them
25 with their parents or other sponsors, or why other children have been released
26 promptly while they endure seemingly indefinite detention.

27 Obviously, these conditions and treatment fall far below the standards of a
28 properly licensed placement, which the Settlement requires ORR to afford children

1 “as expeditiously as possible.” Exs. in Support of Motion to Enforce Settlement,
2 February 3, 2015 [Doc. #101], Ex. 1 (“Settlement”), ¶ 12.A.3.

3 Of course, the reasons ORR has resorted to EISs are not in dispute.
4 Nonetheless, the increase in unaccompanied children arriving at the U.S.-Mexico
5 border began nearly six months ago, plateaued in March, and has been falling
6 sharply ever since.² It may be that the immensely powerful U.S. Government still
7 cannot do better by children than it is, but that assumption is becoming
8 increasingly shop-worn as months go by and the number of children entering ORR
9 custody continues to fall.³

11 ² See *Southwest Land Border Encounters*, [www.cbp.gov/newsroom/stats/southwest-](http://www.cbp.gov/newsroom/stats/southwest-land-border-encounters)
12 [land-border-encounters](http://www.cbp.gov/newsroom/stats/southwest-land-border-encounters) (last visited June 18, 2021) (May 2021 CBP “encounters”
with unaccompanied minors down 25 percent from March 2021 encounters).

13 ³ Indeed, according to the June Juvenile Coordinator Report, as of May 31, ORR
14 had 17,418 children in custody. June Juvenile Coordinator Report at 3. This
15 amounts to approximately 4,200 more children than ORR had in custody in June
2019 (13,179), the apex of the last UC influx. Compare June Juvenile Coordinator
16 Report at 3 with Ex. B, Declaration of Carlos Holguín, ¶¶ 3-4, June 21, 2021
17 (“Holguín June 21 Dec.”). Why the agency is still—despite having had nearly six
18 months to open additional licensed beds—housing 8,368 children in EISs and
19 another 571 in the Carrizo Springs influx facility, cannot be explained
mathematically or as a rational response to the pandemic. See June Juvenile
Coordinator Report at 3.

20 Children at EISs are routinely packed into industrial-scale, congregate settings that
21 cannot possibly offer them any greater protection against contagion than they would
22 receive at licensed facilities operating at their full, pre-pandemic capacity. In any
23 event, the “CDC has recently directed ORR to relax its guidelines and to
24 accommodate children at full capacity.” See William A. Kandel, *Increasing*
Numbers of Unaccompanied Alien Children at the Southwest Border,
25 Congressional Research Service, April 9, 2021, 2,
<https://crsreports.congress.gov/product/pdf/IN/IN11638/2>.

26 In June 2019, ORR had 2,407 children—or 18.3 percent of all children in its
27 custody—in unlicensed “influx” placement. Holguín June 21 Dec., ¶ 4. Even
28 assuming, arguendo, ORR were justified in placing all 4,200 children it now has

1 Given the foregoing, the June Juvenile Coordinator Report fails to shed
2 adequate light on whether ORR is discharging its duty under the Settlement to
3 place children in properly licensed facilities “as expeditiously as possible.” The
4 report fails to adequately respond to the Court’s May 12, 2021 Order and offers
5 scant evidence and inadequate assurance that Defendants are providing adequate
6 case management, making diligent efforts to expeditiously transfer children from
7 EISs to licensed facilities, or even fully utilizing their existing licensed capacity.

8 II. RESPONSE TO JUVENILE COORDINATOR REPORT

9 **A. Children are detained for months in unlicensed EISs that are**
10 **incapable of meeting their needs.**

11 The Court ordered the Juvenile Coordinator to provide “a census of minors
12 in an EIS for more than 20 days and those minors’ length of stay.” Order re May 7,
13 2021 Status Conference at 3, May 12, 2021 [Doc. #1122] (“May 12, 2021 Order”).
14 The Juvenile Coordinator reports that, as of May 31, 2021, over 2,100 children had
15 spent 41 days or longer in an EIS and over 2,600 children had spent between 21
16 and 40 days in an EIS. June Juvenile Coordinator Report at 7. Additionally,
17 hundreds of children have spent 60 days or longer in EISs, including at least 122
18 children at the Fort Bliss EIS and 70 children at the Pecos EIS. *See* Ex. C,
19 Declaration of Melissa Adamson, Ex. 1 Emergency Intake Site and Influx Care
20 Facility Data Summary (“Data Summary”) at 2, June 11, 2021; *see also* Ex. D,
21 Declaration of F.P.P. ¶ 8, June 9, 2021 (“F.P.P. Dec.”); Ex. E, Declaration of
22 K.L.M. ¶ 8, June 4, 2021 (“K.L.M. Dec.”).

23 EIS facilities are not designed to provide long-term care to unaccompanied
24 children and it is fundamentally inappropriate for children to spend weeks or
25 months in these facilities. *See* June Juvenile Coordinator Report at 4 (noting that

26 _____
27 over and above its June 2019 population, that would at most excuse 6,600 of ORR’s
28 current emergency placements, but not 8,939, which now accounts for *51.3 percent*
of ORR’s entire detainee population. *See* June Juvenile Coordinator Report at 3.

1 EISs “are intended to be short-term/temporary facilities” and “are designed for
2 mass care and offer basic standards of care for minors”). For example, children at
3 the Fort Bliss EIS sleep in rows of bunk cots in giant tents with hundreds of other
4 children, enjoy no privacy, receive almost no structured education, have little to do
5 during the day, and lack adequate mental health care to address children’s severe
6 anxiety and distress surrounding their prolonged detention.⁴ *See* Ex. G, Declaration
7 of Carlos Holguín ¶¶ 13, 26-30, June 10, 2021 (“Holguín June 10 Dec.”); *see also*
8 Ex. F, Declaration of E.A.M.R. ¶¶ 9-11, 15, 17, 19, 24, 30-31, June 4, 2021
9 (“E.A.M.R. Dec.”); Ex. H, Declaration of E.Y.O.G. ¶¶ 29, 31, April 29, 2021
10 (“E.Y.O.G. Dec.”); K.L.M. Dec. ¶¶ 8-14, 16-19, 29, 34; Ex. I, Declaration of
11 D.L.M.E., ¶¶ 7-16, 23, May 3, 2021 (“D.L.M.E. Dec.”); Ex. J, Declaration of
12 E.M.E.O., ¶¶ 8-14, 17-19, May 3, 2021 (“E.M.E.O. Dec.”); Ex. K, Declaration of
13 K.M.T., ¶¶ 11-16, 22-27, 30-33, April 28, 2021 (“K.M.T. Dec.”); Ex. L,
14 Declaration of G.M.Z.S., ¶¶ 9-15, April 20, 2021 (“G.M.Z.S. Dec.”).

15 **B. Inadequate case management at EISs unnecessarily delays release**
16 **and harms children.**

17 The Court ordered the Juvenile Coordinator to report on “case management
18 services at *each facility*.” May 12, 2021 Order at 2 (emphasis added). The Court
19 further ordered the Juvenile Coordinator to provide “updates on ORR’s plans to
20 improve case management and expedite release of minors.” *Id.* at 3. The Juvenile
21 Coordinator Report fails to adequately respond to either inquiry.

22 The Juvenile Coordinator Report offers no detail on case management
23 services at individual ORR facilities and provides no information from which it

24 ⁴ Plaintiffs’ mental health expert, Dr. Ryan Matlow, visited Fort Bliss with
25 Plaintiffs’ counsel on June 3 and 4, 2021 and he shared his concerns and
26 recommendations with Defendants during the parties’ June 16, 2021 meet and
27 confer. *See also* Julie Watson, Amy Taxin, and Adriana Gomez Licon, *Panic*
28 *attacks highlight stress at shelters for migrant kids*, AP NEWS, June 14, 2021,
<https://apnews.com/article/government-and-politics-politics-stress-immigration-health-0801f0a93bf74a51e405562cb3c1c55c>.

1 may reasonably be concluded that adequate case management is being supplied at
2 any given facility. June Juvenile Coordinator Report at 8-9. Instead, the report
3 states generally that, “Currently, all EIS facilities have case management services in
4 place. Some EIS facilities have developed robust Case Management Services while
5 others continue to ramp up their services.” *Id.* at 9. The report offers no definition
6 of “robust Case Management”, nor does it mention where “robust Case
7 Management” is available and where it is not. Moreover, the report offers no
8 indication of a timeline by which all EISs will have “robust Case Management.” *Id.*

9 That case management services are technically available at a facility does not
10 mean that every child is receiving case management. Children detained at EISs
11 continue to report serious delays and interruptions in case management, including
12 (i) not meeting with a case manager for weeks or even months; (ii) having no ability
13 to request a meeting with their case manager; (iii) hearing nothing from their case
14 manager for extended periods; (iv) having case managers removed or replaced
15 without notice or explanation, interrupting their release process; and (v) remaining
16 in EIS detention much longer than other children because of disparities in case
17 management. *See* Ex. M, Declaration of M.E.L.A. ¶¶ 4, 6-7, June 9, 2021
18 (“M.E.L.A. Dec.”) (has never met case manager after approximately 62 days in
19 detention at an EIS and would like to talk to a case manager); Ex. N, Declaration of
20 A.S.B.A. ¶¶ 6-7, June 8, 2021 (“A.S.B.A. Dec.”) (waited approximately one month
21 to meet with a case manager about release to her mother); Ex. O, Declaration of
22 E.S.G.V. ¶¶ 12, 15-16, April 20, 2021 (“E.S.G.V. Dec.”) (had not yet met with case
23 manager after 22 days in detention at an EIS); E.A.M.R. Dec. ¶¶ 28-29 (interruption
24 in case management); F.P.P. Dec. ¶¶ 6-9 (sponsor sent paperwork 4 weeks ago and
25 heard nothing back; hasn’t spoken to case manager after 62 days of detention and
26 other kids have left more quickly); Ex. P, Declaration of W.P.L. ¶¶ 9, 11, May 12,
27 2021 (“W.P.L. Dec.”) (had not received any information on sponsorship process
28

1 despite being detained one month); Ex. Q, Declaration of Y.A.A.V. ¶ 22, March 29,
2 2021 (“Y.A.A.V. Dec.”) (“There is no one here I can talk to about my case.”).

3 As to the Court’s inquiry regarding plans to improve case management and
4 expedite release, the report includes information about ORR’s plans to expedite the
5 release of children but does not report on any plans to improve case management.
6 See June Juvenile Coordinator Report at 7-8. While Plaintiffs welcome ORR’s
7 efforts to expedite releases, such policy changes are not a substitute for case
8 management. Without case management, even children eligible for expedited
9 release to their parents have spent weeks at EISs without any progress toward
10 release. See E.Y.O.G. Dec. ¶¶ 14-15, 25-26 (child spent 15 days at one EIS and 12
11 days at another EIS and mother had not yet been contacted to begin release
12 process); Ex. R, Declaration of M.A.L. ¶ 4, 8-10, April 28, 2021 (“M.A.L. Dec.”)
13 (had not spoken to a case manager about release to her mother after 23 days at EIS).

14 The continued shortfalls and seeming chaos in case management at EISs
15 unnecessarily delays children’s release and violates Defendants’ obligation to
16 “make and record the prompt and continuous efforts on [their] parts toward family
17 reunification and the release of the minor.” Settlement ¶¶ 14, 18. Inadequate case
18 management also delays transfers to licensed shelters for children who cannot be
19 quickly released to a sponsor. See Settlement ¶ 12.A. Without prompt case
20 management, ORR cannot timely determine whether a child is likely to face a
21 prolonged length of stay because of additional steps in their release process, such
22 as the need for a home study. See, e.g., A.S.B.A. Dec. ¶¶ 4, 7. Finally, the lack of
23 consistent case management and clear communication about the status of their
24 cases causes children severe anxiety and distress. E.S.G.V. Dec. ¶¶ 15, 28; K.L.M.
25 Dec. ¶¶ 8, 17-19, 29, 34; F.P.P. Dec. ¶¶ 8-9, 12, 16; Ex. S, Declaration of E.C.O.
26 ¶¶ 18, 20, April 19, 2021 (“E.C.O. Dec.”).

1 **C. Children are not expeditiously transferred to licensed facilities.**

2 The Court ordered the Juvenile Coordinator to provide “updates on ORR’s
3 plans, if any, with respect to long-term use of EISes and processes to transfer
4 minors from EISes into licensed facilities, if release to a sponsor is not feasible.”
5 May 12, 2021 Order at 3. The Settlement requires that a child be placed in “a
6 ‘licensed program’ within three days of their arrest—or, in the case of an
7 ‘emergency or influx,’ ‘as expeditiously as possible.’” Order re Pls.’ Mot. To
8 Enforce Settlement as to “Title 42” Class Members at 12, Sept. 4, 2020 [Doc.
9 # 976] (“Sept. 4, 2020 Order”) (citing Settlement at ¶¶ 12, 19).

10 Although ORR has now been operating EISs for over three months and some
11 children have been detained in EISs for over two months, the Juvenile Coordinator
12 Report offers no details on processes or criteria ORR uses to determine which
13 children are transferred to licensed facilities and when those transfers occur. *See*
14 June Juvenile Coordinator Report at 7-8; *see also* Interim Report and
15 Recommendations by Independent Monitor and Special Expert Dr. Paul H. Wise at
16 16, April 2, 2021 [Doc. # 1103] (Midland EIS opened on March 14, 2021 and Kay
17 Bailey Hutchinson Convention Center EIS opened on March 17, 2021). The report
18 notes only that ORR is “shifting focus to addressing minors with lengthy LOS at
19 EIS and licensed facilities” and that efforts include “transfer of minors to licensed
20 facilities when release is not imminent.” June Juvenile Coordinator Report at 8.

21 Given the alarming number of children who have spent months in EIS
22 facilities, these vague statements are insufficient to show that ORR is fulfilling its
23 obligations under the Settlement to make good faith and diligent efforts to transfer
24 children to licensed facilities as expeditiously as possible. *See* Sept. 4, 2020 Order
25 at 12; *see also Flores v. Lynch*, 212 F. Supp. 3d 907, 914 (C.D. Cal. 2015) (noting
26 that 20 days “may fall within the parameters of Paragraph 12A” if it “is as fast as
27 Defendants, in good faith and in the exercise of due diligence, can possibly go in
28 screening family members for reasonable or credible fear”). Moreover, the report

1 offers no indication as to what criteria, if any, ORR uses to determine which
2 children are afforded licensed placement and which children are relegated to
3 prolonged EIS detention. *See* Order re. Defs. Ex Parte Application to Stay at 4,
4 Sept. 21, 2020 [Doc. # 990] (“The *Flores* Agreement does not sanction such
5 arbitrary discrimination between its Class Members.”).

6 While Plaintiffs understand that ORR’s efforts must be “flexible and
7 dynamic,” June Juvenile Coordinator Report at 8, such flexibility must be
8 accompanied by policies and procedures to ensure that children do not fall through
9 the cracks and are expeditiously transferred to licensed facilities if they cannot be
10 promptly released to sponsors.

11 **D. ORR is not fully utilizing its licensed bed capacity.**

12 The Court ordered the Juvenile Coordinator to provide “updates on ORR’s
13 plans, if any, to expand capacity, particularly of licensed shelter beds.” May 12,
14 2021 Order at 3. The Juvenile Coordinator’s Report offers few details on ORR’s
15 plan to increase its licensed capacity and ORR has not significantly increased its
16 licensed bed capacity over the last several months. ORR has added 279 licensed
17 beds in shelters, 31 licensed temporary foster care beds, and 3 licensed long term
18 foster care beds. *Compare* ORR Juvenile Coordinator Interim Report at 3, April 9,
19 2021 [Doc. # 1104-2] *with* June Juvenile Coordinator Report at 3.

20 Of particular concern is that the Juvenile Coordinator’s Report indicates that
21 hundreds of ORR’s current licensed beds are left unused. *See* June Juvenile
22 Coordinator Report at 3-5. The Juvenile Coordinator reports that 473 of 1,408
23 transitional foster care beds were unoccupied as of May 31, 2021. June Juvenile
24 Coordinator Report at 3. In addition, ORR had 596 unoccupied shelter beds and
25 199 empty long-term foster care beds. *Id.*⁵ Clearly children are not being transferred

26 ⁵ The report also states that ORR has over 240 unused beds at Influx Care Facilities,
27 representing 30 percent of total influx capacity. June Juvenile Coordinator Report at
28 3. Although these beds are not licensed, Influx Care Facilities are preferable to EISs

1 to licensed placements “as expeditiously as possible” when children remain in
2 unlicensed EIS facilities for prolonged periods of time while licensed beds sit
3 unused. *See* Settlement ¶ 12.A.

4 The Juvenile Coordinator Report does not adequately explain why ORR is
5 not fully utilizing its existing licensed beds. The report offers no explanation at all
6 for the hundreds of unused shelter beds. *See* June Juvenile Coordinator Report at 3.
7 As for the 34% of transitional foster care beds and 43% of long-term foster care
8 beds sitting empty, the report states that some “families and/or foster care programs
9 have declined to accept minors directly from the border” and that “a foster care
10 home may have specifications for the demographics able to reside with them (i.e.
11 parenting teens, tender aged children, and special needs).” June Juvenile
12 Coordinator Report at 3.⁶

13 Yet over 250 tender age children have spent 20 days or longer at EIS
14 facilities, including 5- and 6-year-old children held at EISs for over a month and 8-
15 and 9-year old children held in EISs for 40 days. *See* Data Summary at 3-4; *see also*
16 Ex. T, Declaration of Y.F.A.G.G. ¶¶ 3, 5, 8-9, May 12, 2021 (“Y.F.A.G.G. Dec.”).
17 ORR, meanwhile, has over 470 empty transitional foster care beds. *See* June
18 Juvenile Coordinator Report at 3. There is no apparent reason why these tender age
19 children could not be quarantined, tested for Covid, and placed in transitional foster
20 homes in well under 20 days. Pregnant teenagers have also been placed at EISs for

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22 because they are subject to higher standards and provide children with a greater
23 array of services than EISs. *See* ORR Policy Guide 7: Policies for Influx Care
24 Facilities, [https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-](https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-7#7.1)
25 [states-unaccompanied-section-7#7.1](https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-7#7.1) (last visited June 18, 2021); *see also*
26 Declaration of Leecia Welch ¶¶ 14-20, April 9, 2021 [Doc. # 1109-1].

27 ⁶ *See also* ORR Policy Guide 1.2.2: Children with Special Needs,
28 [https://www.acf.hhs.gov/orr/report/children-entering-united-states-unaccompanied-](https://www.acf.hhs.gov/orr/report/children-entering-united-states-unaccompanied-section-1#1.2)
29 [section-1#1.2](https://www.acf.hhs.gov/orr/report/children-entering-united-states-unaccompanied-section-1#1.2) (last visited June 18, 2021) (giving priority for transitional foster care
30 placements to children under 13 years of age, sibling groups with one sibling under
31 13 years of age, teens who are pregnant or are parenting, and children or youth with
32 special needs).

1 prolonged periods of time, despite also having priority for transitional foster care
2 under ORR Policy. *See* Ex. U, Declaration of K.E.V.V. ¶¶ 6-9, May 26, 2021
3 (“K.E.V.V. Dec.”).⁷

4 III. CONCLUSION

5 Plaintiffs respectfully request that the Court order the Juvenile Coordinator
6 to provide an updated report on:

- 7 (1) Findings from the Juvenile Coordinator’s site visits to Texas EISs in
8 June 2021, including a summary of conditions at these facilities. *See* June
9 Juvenile Coordinator Report at 2.
- 10 (2) A census of minors in an EIS for more than 20 days, more than 40 days,
11 and more than 60 days, and those minors’ length of stay.
- 12 (3) An update on the status of case management at each facility, including
13 the name of the contractor providing case management at each facility,
14 the ratio of case managers to children at each facility, how frequently
15 children meet with case managers at each facility, and how many
16 children at each facility have not yet met with a case manager and their
17 lengths of stay.
- 18 (4) A specific explanation of ORR’s processes to expeditiously transfer
19 children to licensed facilities and the policy or procedure, if any, by
20 which ORR decides which children are placed in a licensed facility,
21 which at an Influx Care Facility (ICF), and which at an EIS.
- 22 (5) A specific explanation for why existing licensed beds and ICF beds are
23 unoccupied, why tender age children remain at EISs instead of
24 transitional foster care placements, ORR’s specific plans to expeditiously
25 transfer children to empty licensed beds, and ORR’s efforts to expand
26 capacity at licensed shelters.

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⁷ *See also* ORR Policy Guide 1.2.2, *supra*, fn. 6.

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Dated: June 21, 2021

CENTER FOR HUMAN RIGHTS AND
CONSTITUTIONAL LAW
Carlos R. Holguín

NATIONAL CENTER FOR YOUTH LAW
Leecia Welch
Neha Desai
Melissa Adamson
Mishan Wroe
Diane de Gramont

/s/ Leecia Welch
Leecia Welch
One of the Attorneys for Plaintiffs

EXHIBIT A



From: Carlos Holguín crholguin@centerforhumanrights.email
Subject: Request to meet/confer re ORR Juvenile Coordinator report
Date: June 8, 2021 at 11:25 AM
To: Fabian, Sarah B (CIV) Sarah.B.Fabian@usdoj.gov
Cc: Peter Schey pschey@centerforhumanrights.org, Andrea Sheridan Ordin aordin@strumwooch.com, Leecia Welch lwelch@youthlaw.org, Neha Desai ndesai@youthlaw.org, Melissa Adamson madamson@youthlaw.org, Batool, Fizza (CIV) Fizza.Batool2@usdoj.gov, Paul H. Wise pwise@stanford.edu, Alex Harten aharten@strumwooch.com
Bcc:

Dear Sarah,

As we discussed earlier today, here are our concerns regarding the June 4 report:

1) Length of stay at EISs; transfers to licensed facilities.

The report states there are 2,177 children at EISs whose LOS is 41 days or higher and 2,622 children in EISs whose LOS is between 21 and 40 days, with the highest LOS being 66 days. The report offers no specifics on plans to minimize length of stay in EISs beyond reciting that ORR is "shifting focus" to addressing lengthy stays at EISs and that these efforts will include transfer to licensed facilities.

The report also fails to explain the criteria ORR uses to place or continue class members in EISs in lieu of placement or transfer to a licensed facility or ICF.

2) Under-utilization of licensed beds; expansion of licensed capacity.

The report indicates that 473 TFC beds are unoccupied out of 1,408 TFC beds total, meaning that over one-third of TFC beds are unoccupied. In addition, the report states that 596 shelter beds are unoccupied, representing 8 percent of the 7,820 total shelter beds. There are also 199 empty LTFC beds, representing 43 percent of total LTFC capacity.

The report also states that ORR has over 240 unused beds at Carrizo Springs, representing 30 percent of that facility's capacity. Although beds at Carrizo Springs are not licensed, they are much better than any of the EISs Plaintiffs have visited.

The report's explanation for these unused beds—i.e., that foster programs are reserved for certain demographics such as parenting teens or tender age children and that some families do not want to take kids directly from the border—does not adequately explain why so many licensed or ICF beds remain empty or why many tender age children are staying in EISs for weeks.

Nor does the report provide specific information regarding how long ORR intends to continue detaining class members in unlicensed EISs or its plans to expand licensed bed capacity.

3) Case management; quality control.

The Court's order requires the report to supply "updates on ORR's plans to improve case management and expedite release of minors," Doc. # 1122 at 3, yet this section of the report focuses only on expediting release and does not address plans to improve case management.

During interviews at multiple EISs, class members with prolonged periods in EIS placement repeatedly report (a) never meeting with a case manager and/or having no ability to request a meeting with their case manager; (b) hearing nothing from their case managers for extended periods; (c) having had their case managers removed and replaced without notice or explanation, which seemingly causes or contributes to delay in their release; and (d) remaining in EIS detention while other children with more distant relatives and shorter LOSs are promptly released.

The report states: "Currently, all EIS facilities have case management services in place. Some EIS facilities have developed robust Case Management Services while others continue to ramp up their services." The description of case management services at each facility offers no information from which it may reasonably be concluded that adequate case management is being supplied at any given facility.

Please advise as to the earliest date Defendants can be available to discuss the foregoing.

Thank you,

—
Carlos Holguín

Carlos Holguin
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On Jun 7, 2021, at 4:18 PM, Fabian, Sarah B (CIV) <Sarah.B.Fabian@usdoj.gov> wrote:

I understand why we might want to discuss an extension of the deadlines related to the EISs and relatedly the ORR JC Report, and I think that's worth discussing. I will discuss with my clients and see if we have a suggestion, or happy to consider any proposals.

I do not think there is any basis to discuss extensions for any responses to the CBP or ICE reports which are currently due this Friday. If there is a reason to do so please let me know so that I can discuss with my clients.

Sarah B. Fabian
Senior Litigation Counsel
Office of Immigration Litigation – District Court Section
(202) 532-4824

From: Peter Schey <pschey@centerforhumanrights.org>
Sent: Monday, June 07, 2021 7:03 PM
To: Andrea Sheridan Ordin <aordin@strumwooch.com>
Cc: Fabian, Sarah B (CIV) <Sarah.B.Fabian@usdoj.gov>; Carlos Holguín <crholguin@centerforhumanrights.email>; Leecia Welch <lwelch@youthlaw.org>; Neha Desai <ndesai@youthlaw.org>; Melissa Adamson <madamson@youthlaw.org>; Batool, Fizza (CIV) <Fizza.Batool2@usdoj.gov>; Paul H. Wise <pwise@stanford.edu>; Alex Harten <aharten@strumwooch.com>
Subject: Re: Flores - Recent TX Order

Agree some adjustment of schedule for responses to all juv coord reports makes sense if Govt agrees.

Peter A. Schey
President
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On Mon, Jun 7, 2021 at 3:24 PM Andrea Sheridan Ordin <aordin@strumwooch.com> wrote:

The date is good for me and I agree that Aurora and her team are critical to the EIS/Ft. Bliss discussion. The availability of the ORR team and the recent ongoing informal meet and confers between and among Plaintiffs, Defendants, Amici and the Independent Monitor and Dr. Wise have been helpful and I look forward to that continuing.

Waiting until June 16 to meet with Aurora and her team therefore makes sense, but I don't see how all the parties can fulfill the current deadlines set by the Court on May 12. As you remember, the Order contemplates that after the Juvenile Coordinator Reports are filed on June 4 (which they were) the responses are due June 11, 2021, but only after meeting and conferring and attempting to achieve resolution. Similarly the Order requires that the Special Master and Expert shall file their next interim report on June 11, if any, if they first deliver a draft to the parties by June 4 (which they haven't). Although I don't know if plaintiffs or amici intend to file responses to the Juvenile Coordinator reports, but assuming they do, it is difficult to see how meaningful meet and confers could be held by June 11 among the parties. The Special Master and Expert do expect to file an interim report and will have a draft to the defendants soon, but it also appears that some of the essential parties to comment will not be available until June 16.

We could agree on a new schedule and ask the Court to adjust deadlines, while trying to hold to the June 25 hearing. Thoughts, suggestions?

Best!

Andrea

From: Fabian, Sarah B (CIV) <Sarah.B.Fabian@usdoj.gov>
Sent: Monday, June 7, 2021 2:13 PM

To: Andrea Sheridan Ordin <aordin@strumwooch.com>; Carlos Holguín <crholguin@centerforhumanrights.email>
Cc: Peter Schey <pschey@centerforhumanrights.org>; Leecia Welch <lwelch@youthlaw.org>; Neha Desai <ndesai@youthlaw.org>; Melissa Adamson <madamson@youthlaw.org>; Batool, Fizza (CIV) <Fizza.Batool2@usdoj.gov>; Paul H. Wise <pwise@stanford.edu>; Alex Harten <aharten@strumwooch.com>
Subject: RE: Flores - Recent TX Order

Thanks.

Also, we had discussed setting up a time to follow up re the EIS/Ft. Bliss discussions. Given that Aurora and her team are there this week, and she is then out for a couple of days, we are tentatively looking at some time in the afternoon of Wednesday 6/16. I will send proposed times shortly, but if that day won't work please let me know what days would be better for Plaintiffs and the Monitors.

Sarah B. Fabian
Senior Litigation Counsel
Office of Immigration Litigation – District Court Section
(202) 532-4824

From: Andrea Sheridan Ordin <aordin@strumwooch.com>
Sent: Monday, June 07, 2021 5:04 PM
To: Carlos Holguín <crholguin@centerforhumanrights.email>; Fabian, Sarah B (CIV) <Sarah.B.Fabian@usdoj.gov>
Cc: Peter Schey <pschey@centerforhumanrights.org>; Leecia Welch <lwelch@youthlaw.org>; Neha Desai <ndesai@youthlaw.org>; Melissa Adamson <madamson@youthlaw.org>; Batool, Fizza (CIV) <Fizza.Batool2@usdoj.gov>; Paul H. Wise <pwise@stanford.edu>; Alex Harten <aharten@strumwooch.com>
Subject: RE: Flores - Recent TX Order

And for us.

From: Carlos Holguín <crholguin@centerforhumanrights.email>
Sent: Monday, June 7, 2021 1:53 PM
To: Fabian, Sarah B (CIV) <Sarah.B.Fabian@usdoj.gov>
Cc: Peter Schey <pschey@centerforhumanrights.org>; Andrea Sheridan Ordin <aordin@strumwooch.com>; Leecia Welch <lwelch@youthlaw.org>; Neha Desai <ndesai@youthlaw.org>; Melissa Adamson <madamson@youthlaw.org>; Batool, Fizza (CIV) <Fizza.Batool2@usdoj.gov>
Subject: Re: Flores - Recent TX Order

That time works for Plaintiffs.

Thanks,

Carlos.

—
Carlos Holguín
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On Jun 7, 2021, at 10:13 AM, Fabian, Sarah B (CIV)
<Sarah.B.Fabian@usdoj.gov> wrote:

Sorry I miscalculated the time differences. I mean 10am PT/1pm ET?
Thank you.

Sarah B. Fabian
Senior Litigation Counsel
Office of Immigration Litigation – District Court Section
(202) 532-4824

From: Fabian, Sarah B (CIV)
Sent: Monday, June 07, 2021 12:24 PM
To: crholguin@centerforhumanrights.org
Cc: Schey Peter <pschey@centerforhumanrights.org>; aordin@strumwooch.com; Leecia Welch <lwelch@youthlaw.org>; Neha Desai <ndesai@youthlaw.org>; Melissa Adamson <madamson@youthlaw.org>; Batool, Fizza (CIV) <Fizza.Batool2@usdoj.gov>
Subject: RE: Flores - Recent TX Order

Carlos – how about 9am PT tomorrow (Tuesday) morning?

Sarah B. Fabian
Senior Litigation Counsel
Office of Immigration Litigation – District Court Section
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(202) 552-4824

From: Carlos Holguín <crholguin@centerforhumanrights.org>
Sent: Thursday, June 03, 2021 1:43 PM
To: Fabian, Sarah B (CIV) <Sarah.B.Fabian@usdoj.gov>
Cc: Schey Peter <pschey@centerforhumanrights.org>;
aordin@strumwooch.com; Leecia Welch <lwelch@youthlaw.org>; Neha Desai <ndesai@youthlaw.org>; Melissa Adamson <madamson@youthlaw.org>; Batool, Fizza (CIV) <Fizza.Batool2@usdoj.gov>
Subject: Re: Flores - Recent TX Order

Sarah,

A number of us are working at Fort Bliss through Friday, so it would be difficult to organize a call this week. We could try for Monday afternoon, but Tuesday morning would be easier.

Please let us know your preference.

Carlos.

---- On Wed, 02 Jun 2021 14:34:02 -0700 **Fabian, Sarah B (CIV)** <Sarah.B.Fabian@usdoj.gov> wrote ----

Carlos (and team):

As you may be aware, this week Gov. Abbott issued a Declaration that would, among other things, require the Texas Health and Human Services Commission to take all necessary steps to discontinue state licensure of any child care facility under a contract with the federal government that shelters or detains unaccompanied children. HHS's top priority is the health and safety of the children in our care. HHS is assessing the situation and evaluating its options, and does not intend to close any facilities as a result of the order. We would like to speak with you about the impact of the order on HHS, and particularly the potential impact of the order on the agency's ability to comply with the *Flores* Settlement Agreement. I know you are traveling this week, but if you are able to set time for a call sooner rather than later we would appreciate it. If this week proves impossible, please let me know your availability at the beginning of next week.

Please be assured that in the coming days, ORR will continue its humanitarian mission and advance our shared goals of family unification in Texas and throughout the U.S.

Best,
Sarah

Sarah B. Fabian
Senior Litigation Counsel
Office of Immigration Litigation – District Court Section
Department of Justice
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(202) 532-4824

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From: Carlos Holguín crholguin@centerforhumanrights.email  
Subject: Follow up to May 27 meet/confer
Date: June 11, 2021 at 5:22 PM
To: Fabian, Sarah B (CIV) Sarah.B.Fabian@usdoj.gov
Cc: Andrea Sheridan Ordin aordin@strumwooch.com, Alex Harten aharten@strumwooch.com, Paul H. Wise pwise@stanford.edu, Leecia Welch lwelch@youthlaw.org, Mishan Wroe mwroe@youthlaw.org, Melissa Adamson madamson@youthlaw.org, Ryan Matlow rmatlow@stanford.edu, Batool, Fizza (CIV) Fizza.Batool2@usdoj.gov, Peter Schey pschey@centerforhumanrights.org
Bcc: flores@youthlaw.org

Dear Sarah,

We remain very concerned about the lengths of stay children are subjected to at EISs and the conditions of their detention. Our recent visit to Ft. Bliss only exacerbated our concerns. We understand the government is working to remedy these issues, but children are spending too long in large, unlicensed facilities that are inherently inappropriate for them.

We are hopeful the parties will come to agreement on concrete solutions to avoid the need for litigation. As briefly explained on Tuesday's call, the points Plaintiffs propose to discuss are the following:

- Whether HHS will agree not to oppose Plaintiffs' intervening in any litigation it may file challenging Gov. Abbott's executive order re licensing ("Abbott EO").
- Whether HHS will agree to keep Plaintiffs advised re the status of the Abbott EO, litigation involving the Abbott EO, and the status of ORR's Texas facilities' licensing.
- Whether HHS will agree not to move to terminate the *Flores* settlement, if at all, unless and until the Abbott EO is set aside.
- Whether ORR will adopt a policy re placements to and transfers from EISs that would minimize EIS placements for particularly vulnerable youth.
- Whether ORR will agree to review the adequacy of case management services to class members who spend more than 20 days at EISs and take necessary steps (such as increasing staffing) to improve case management at facilities where children routinely spend longer than 20 days.
- Whether ORR is willing to refer class members who spend more than 20 days at EISs to NGOs willing to assist proposed custodians in completing reunification procedures.
- Whether ORR is willing to increase its use of licensed beds and beds at the Carrizo Springs ICF, such that no more than perhaps five percent of such beds are unused.
- Whether ORR is willing to prioritize placement at Long Beach and other smaller EISs and reserve placement at Fort Bliss as a last resort.
- Whether ORR is willing to agree to limit the number of days a child can spend at an EIS (unless movement to a licensed shelter would delay reunification).
- Whether HHS is willing to work with Plaintiffs to establish an independent team of reputable child welfare experts from NGOs who will inspect facilities Texas refuses to license or inspect for compliance with Texas licensing standards.
- Whether ORR is willing to only place Cat 1 and 2 children in EISs and move Cat 3 and 4 children to licensed facilities within 5 days of determining they are Cat 3 or 4.

Plaintiffs attach to this email is a zip file containing a sample of declarations we have collected across several site visits so the government may have the benefit of children's own descriptions of the treatment and conditions they have experienced in EISs. The password for the zip file will follow by separate email.

In addition, Plaintiffs propose that Dr. Ryan Matlow present his findings regarding children's mental health at Fort Bliss and recommendations for improving mental health outcomes.

Please advise as to the specific time on June 16, 2021, Defendants will be prepared to meet and confer regarding the foregoing.

Thank you,

Carlos Holguín
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EIS_Decs4Govt.
zip

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From: Fabian, Sarah B (CIV) Sarah.B.Fabian@usdoj.gov
Subject: RE: [Not Virus Scanned] [Not Virus Scanned] Re: Texas's 6/11 Reply to HHS
Date: June 16, 2021 at 3:46 PM
To: Carlos Holguín crholguin@centerforhumanrights.email
Cc: Andrea Sheridan Ordin aordin@strumwooch.com, Batool, Fizza (CIV) Fizza.Batool2@usdoj.gov

Thank you. We will take a look at these but I cannot promise a response by Monday.

Best,
Sarah

Sarah B. Fabian
Senior Litigation Counsel
Office of Immigration Litigation – District Court Section
(202) 532-4824

From: Carlos Holguín <crholguin@centerforhumanrights.email>
Sent: Wednesday, June 16, 2021 6:36 PM
To: Fabian, Sarah B (CIV) <Sarah.B.Fabian@usdoj.gov>
Cc: Andrea Sheridan Ordin <aordin@strumwooch.com>; Batool, Fizza (CIV) <Fizza.Batool2@usdoj.gov>
Subject: [Not Virus Scanned] [Not Virus Scanned] Re: Texas's 6/11 Reply to HHS

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Thank you.

As discussed, I'm forwarding a protected zip file containing several additional declarations recounting poor case management, delays in release having no obvious explanation, and placement of especially vulnerable youth at EISs.

We ask that the Juvenile Coordinator look into these accounts, as well as those sent last week, and inform us of her findings by Monday morning of next week.

A password for the zip file will follow via separate email.

Thank you.

—
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On Jun 16, 2021, at 12:46 PM, Fabian, Sarah B (CIV)

<Sarah.B.Fabian@usdoj.gov> wrote:

As discussed, attached is Texas's 6/11 response to HHS's letter regarding the May 31st Proclamation. HHS requests that counsel and the Monitor keep this document confidential as agreed on our call today.

Thank you,
Sarah

<O-BecerraXavier202106111940.pdf>

EXHIBIT B

DECLARATION OF CARLOS HOLGUIN

I, Carlos Holguín, declare and say as follows:

1. I am one of the attorneys for Plaintiffs in the within action. I am a resident of the State of California, and I am over the age of 18. I execute this declaration based on my personal knowledge, except as to those matters based on information and belief, which I believe to be true. If called to testify in this case, I would testify competently about these facts.

2. Pursuant to ¶¶ 28 and 29 of the settlement approved in this action in 1997, the Office of Refugee Resettlement (“ORR”) provides Plaintiffs’ counsel with statistical reports on all juveniles in its custody. Among other things, these reports identify class members, indicate in the name and type of facility in which they are detained, and provide the date on which each juvenile came into ORR custody.

3. ORR’s statistical report for May 2019 provides a snapshot census of all children in ORR custody as of June 17, 2019. I have compared the June 17, 2019 snapshot against ORR reports provided for months both before and after, and thereby determined that the June 17, 2019 reports reflects the greatest number children in ORR custody during the mid-2019 influx.

4. The June 17, 2019 report indicates that ORR then had 13,179 children in custody. It further indicates that 2,407, or approximately 18.3 percent, of these children were then being detained at the Homestead, Florida, influx facility, an unlicensed, emergency installation ORR established to house children it could not or would not place in its existing network of state-licensed dependent care facilities. The report indicates that Homestead was the sole unlicensed influx facility ORR used at the time.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this 21st day of June, 2021, at Santa Clarita, California.



Carlos Holguín

EXHIBIT C

1 CENTER FOR HUMAN RIGHTS & CONSTITUTIONAL LAW
2 Carlos R. Holguín (90754)
3 256 South Occidental Boulevard
4 Los Angeles, CA 90057
5 Telephone: (213) 388-8693
6 Email: crholguin@centerforhumanrights.org

7 NATIONAL CENTER FOR YOUTH LAW
8 Leecia Welch (Cal. Bar No. 208741)
9 Neha Desai (Cal. RLSA No. 803161)
10 Mishan Wroe (Cal. Bar No. 299296)
11 Melissa Adamson (Cal. Bar No. 319201)
12 Diane de Gramont (Cal. Bar No. 324360)
13 1212 Broadway, Suite 600 Oakland, CA 94612
14 Telephone: (510) 835-8098
15 Email: lwelch@youthlaw.org

16
17 UNITED STATES DISTRICT COURT
18 CENTRAL DISTRICT OF CALIFORNIA
19 WESTERN DIVISION
20

21 JENNY LISETTE FLORES, *et al.*,
22 Plaintiffs,
23 v.
24 MERRICK GARLAND, Attorney General
25 the United States, *et al.*,
26 Defendants.

Case No. CV 85-4544-DMG-AGR_x
DECLARATION OF MELISSA ADAMSON IN
SUPPORT OF PLAINTIFFS' RESPONSE TO
ORR JUVENILE COORDINATOR'S JUNE 4,
2021 INTERIM REPORT
Hearing: June 25, 2021
Time: 11:00 am
Hon. Dolly M. Gee

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**DECLARATION OF MELISSA ADAMSON
IN SUPPORT OF PLAINTIFFS’ RESPONSE TO ORR JUVENILE COORDINATOR’S
JUNE 4, 2021 INTERIM REPORT**

I, Melissa Adamson, declare as follows:

1. I am counsel of record for Plaintiffs in the above-captioned case. I execute this declaration in support of Plaintiffs’ Response to ORR Juvenile Coordinator’s June 4, 2021 Interim Report.

2. This declaration is based on my personal knowledge, except as to those matters based on information and belief, which I believe to be true. If called to testify in this case, I would testify competently about these facts.

3. Attached hereto is a true and correct copy of Exhibit 1 (“Emergency Intake Site and Influx Care Facility Data Summary”). I authored Exhibit 1, which includes a description of the total numbers of children and lengths of stay at ORR emergency intake sites and influx care facility, as well as a description of the numbers and lengths of stay of tender age children held at ORR emergency intake sites and influx care facility.

4. In preparing the Emergency Intake Site and Influx Care Facility Data Summary, I reviewed the monthly statistical data report produced by the Department of Health and Human Services (“HHS”) pursuant to ¶¶ 28 and 29 of the *Flores* Settlement Agreement for the month of April 2020 (“April HHS data report”).

5. The census tab of the April HHS data report provides the following information for each class member in custody as of May 14, 2021 at 8:00 AM: “ALIEN_NO,” “FIRST_NAME,” “LAST_NAME,” “DOB,” “COB,” “ORR_PLACEMENT_DATE,” “GENDER,” “DATE_ADMITTED,” “PROGRAM_NAME,” and “PROGRAM_TYPE.”

6. In preparing the Emergency Intake Site and Influx Care Facility Data Summary, I also reviewed three census data reports produced by Defendants prior to *Flores*

1 counsel monitoring site visits: (1) “Long Beach EIS” census provided by Defendants
2 on May 24, 2021, prior to *Flores* counsel’s site visit to the Long Beach EIS conducted
3 on May 25-26, 2021; (2) “UAC placed at Ft. Bliss as of 2021-06-02” census provided
4 by Defendants on June 2, 2021, prior to *Flores* counsel’s site visit to the Fort Bliss
5 EIS conducted on June 3-4, 2021; and (3) “UAC placed at Pecos EIS as of 2021-06-
6 07” census provided by Defendants on June 7, 2021, prior to *Flores* counsel’s site
7 visit to the Pecos EIS conducted on June 8-9, 2021.

8 7. The April HHS data report is a snapshot of ORR data as of May 14, 2021 at
9 8:00 AM. The “Long Beach EIS” census is a snapshot of children placed at Long
10 Beach EIS as of May 24, 2021. The “UAC placed at Ft. Bliss as of 2021-06-02”
11 census is a snapshot of children placed at Fort Bliss EIS as of June 2, 2021. The
12 “UAC placed at Pecos EIS as of 2021-06-07” census is a snapshot of children placed
13 at Pecos EIS as of June 7, 2021.

14 8. I used the methodology described in ¶¶ 9-11 to calculate the information
15 presented in the Emergency Intake Site and Influx Care Facility Data Summary.

16 9. To determine each child’s “length of stay” I calculated the number of days
17 between each class member’s “DATE_ADMITTED” to their current EIS placement
18 and the snapshot date of the particular data file, as listed in ¶ 7. For example, in the
19 analysis of the April HHS data report (snapshot date May 14, 2021), a class member
20 that was admitted to an EIS on May 1, 2021 was calculated as having spent 13 days at
21 that EIS. This method was chosen to avoid overcounting days spent in custody, as the
22 monthly data reports do not list the exact time that class members arrive at each
23 placement.

24 10. For the purposes of this Data Summary, the “length of stay” calculated in each
25 table reflects the children’s time held in their current EIS placement. It does not
26 include time that children may have been held in a prior Emergency Intake Site or
27 time that children were held in Customs and Border Protection.
28

1 11. To determine each child’s age, and therefore which children were “tender age
2 children,” I calculated the difference between each class member’s listed date of birth
3 and the snapshot date of the particular data file, as listed in ¶ 7.

4 12. The information contained in Exhibit 1 is true and correct to the best of my
5 knowledge and belief.

6 13. I declare under penalty of perjury that the foregoing is true and correct.
7 Executed this 11th day of June, 2021 at Princeville, Hawaii.

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Melissa Adamson

EXHIBIT 1

**EMERGENCY INTAKE SITE AND INFLUX CARE FACILITY
DATA SUMMARY**

I. Length of Stay at ORR Emergency Intake Sites and Influx Care Facility

Figure 1: Length of Stay at ORR Emergency Intake Sites and Influx Care Facility Operational as of May 14, 2021¹

Facility Name	Number of children at the facility	Days in Operation (as of 5/14/21)²	Range of children’s length of stay (at the facility)
Carrizo Springs ICF	672	81	0 – 66 days ³
Delphi EIS	1,314	38	3 – 38 days
Dimmit EIS	339	39	3 – 39 days
Fort Bliss EIS	4,565	45	1 – 45 days
Kay Bailey Hutchison Convention Center EIS	512	56 ⁴	19 – 58 days ⁵
Lackland EIS	370	27	3 – 27 days
Long Beach EIS	672	22 ⁶	2 – 23 days
Midland EIS	322	61	2 – 31 days
Pecos EIS	1,314	39	1 – 39 days
Pomona EIS	452	13	3 – 13 days
San Diego EIS	1,104	48	3 – 48 days
Starr Commonwealth EIS	98	33	12 – 32 days

¹ “HHS Flores Data-April 2021,” provided by Defendants on May 19, 2021.

² See Dep’t Health & Human Servs., *Long Beach Emergency Intake Site for Unaccompanied Children Opens Today*, April 22, 2021, <https://www.hhs.gov/about/news/2021/04/22/long-beach-emergency-intake-site-unaccompanied-children-opens-today.html> (listing opening dates for each emergency intake site).

³ Six children had a length of stay of 52 days or more at Carrizo Springs ICF as of May 14, 2021.

⁴ Kay Bailey Hutchinson Convention Center EIS was opened on March 19, 2021, however the April *Flores* Data Report shows that 23 children were admitted to Kay Bailey Hutchinson Convention Center EIS on March 17, 2021. See Dep’t Health & Human Servs., *Long Beach Emergency Intake Site for Unaccompanied Children Opens Today*, April 22, 2021, <https://www.hhs.gov/about/news/2021/04/22/long-beach-emergency-intake-site-unaccompanied-children-opens-today.html> (“With the assistance of FEMA, on March 19, HHS opened an Emergency Intake Site (EIS) in Dallas, Texas, with the potential capacity of 2,300 beds.”).

⁵ 324 children had a length of stay of 50 days or more at Kay Bailey Hutchison Convention Center EIS as of May 14, 2021.

⁶ Long Beach EIS was opened on April 22, 2021, however the April *Flores* Data Report shows that one child was admitted to Long Beach EIS on April 21, 2021. See Dep’t Health & Human Servs., *Long Beach Emergency Intake Site for Unaccompanied Children Opens Today*, April 22, 2021, <https://www.hhs.gov/about/news/2021/04/22/long-beach-emergency-intake-site-unaccompanied-children-opens-today.html>.

Figure 2: Length of Stay at Fort Bliss EIS as of June 2, 2021⁷

Facility Name	Days in Operation (as of 6/2/21)	Range of children’s length of stay at Fort Bliss EIS	Number of children with length of stay at Fort Bliss EIS of 50-59 days	Number of children with length of stay at Fort Bliss EIS of 60 days or more	Number of children at Fort Bliss EIS
Fort Bliss EIS	64	4 – 64 days	297	122	3,151

Figure 3: Length of Stay at Pecos EIS as of June 7, 2021⁸

Facility Name	Days in Operation (as of 6/7/21)	Range of children’s length of stay at Pecos EIS	Number of children with length of stay at Pecos EIS of 50-59 days	Number of children with length of stay at Pecos EIS of 60 days or more	Number of children at Pecos EIS
Pecos EIS	63	0 – 63 days	145	70	1,598

⁷ “UAC placed at Ft. Bliss as of 2021-06-02” census provided by Defendants on June 2, 2021, prior to Flores Counsel’s site visit to the Fort Bliss EIS conducted on June 3-4, 2021.

⁸ “UAC placed at Pecos EIS as of 2021-06-07” census provided by Defendants on June 7, 2021, prior to Flores Counsel’s site visit to the Pecos EIS conducted on June 8-9, 2021.

II. Length of Stay of Tender Age Children⁹ at ORR Emergency Intake Sites and Influx Care Facility

A total of 819 tender age children were held at 8 different ORR emergency intakes sites or influx care facility as of May 14, 2021.

Figure 4: Length of Stay of Tender Age Children at ORR Emergency Intake Sites and Influx Care Facility Operational as of May 14, 2021¹⁰

Facility Name	Number of tender age children held at the facility	Range of tender age children’s length of stay at the facility	Number of tender age children with length of stay (at the facility) of 20-29 days	Number of tender age children with length of stay (at the facility) of 30 days or more
Carrizo Springs ICF	58	2 – 34 days	0	14
Delphi EIS	1	9 days	0	0
Fort Bliss EIS	1	22 days	1	0
Long Beach EIS	347	2 – 22 days	92	0
Midland EIS	57	2 – 29 days	32	0
Pomona EIS	191	3 – 13 days	0	0
San Diego EIS	92	13 – 40 days	1	67
Starr Commonwealth EIS	72	12 – 32 days	10	40

For example, as of May 14, 2021:

- 8-year-old J.O.O. ([REDACTED]) had been held at the San Diego EIS for 40 days.
- 9-year-old L.A.L.G. ([REDACTED]) and 11-year-old J.M.L.G. ([REDACTED]), likely siblings or cousins, had been held at the San Diego EIS for 40 days.
- 7-year-old D.S.L. ([REDACTED]) had been held at the San Diego EIS for 38 days.
- 7-year-old R.E.G.U. ([REDACTED]) and 9-year-old J.J.G.U. ([REDACTED]), likely siblings or cousins, had been held at Starr Commonwealth for 32 days.
- 8-year-old E.M.Z. ([REDACTED]) had been held at Starr Commonwealth for 32 days.
- 5-year-old P.V.A.G.G. ([REDACTED]) and 9-year-old Y.F.A.G.G. ([REDACTED]), likely siblings or cousins, had been held at Starr Commonwealth for 32 days.

⁹ ORR defines “tender age children” as 0-12 years old. See Dep’t Health & Human Servs., *Latest UAC Data – FY 2021*, <https://www.hhs.gov/programs/social-services/unaccompanied-children/latest-uc-data-fy2021/index.html> (“Tender Age (0-12) UC”).

¹⁰ “HHS Flores Data-April 2021,” provided by Defendants on May 19, 2021.

Figure 5: Length of Stay of Tender Age Children at Long Beach EIS as of May 24, 2021¹¹

Facility Name	Number of tender age children held at Long Beach EIS	Range of tender age children’s length of stay at Long Beach EIS	Number of tender age children with length of stay at Long Beach EIS of 20-29 days	Number of tender age children with length of stay at Long Beach EIS of 30 days or more
Long Beach EIS	89	2 – 32 days	37	22

For example, as of May 24, 2021:

- 6-year-old C.M.J. ([REDACTED]), had been held at Long Beach EIS for 32 days.
- 5-year-old E.C.B. ([REDACTED]) and 7-year-old J.C.B. ([REDACTED]), likely siblings or cousins, had been held at Long Beach EIS for 32 days.
- 6-year-old D.S.P.I. ([REDACTED]) and 9-year-old E.F.R.I. ([REDACTED]), likely siblings or cousins, had been held at Long Beach EIS for 32 days.
- 10-year-old L.Z.F. ([REDACTED]), had been held at Long Beach EIS for 28 days.
- 8-year-old J.M.B. ([REDACTED]), had been held at Long Beach EIS for 27 days.

¹¹ “Long Beach EIS” census provided by Defendants on May 24, 2021, prior to Flores Counsel’s site visit to the Long Beach EIS conducted on May 25-26, 2021.

EXHIBIT D

1 I, [REDACTED], declare as follows:

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3 1. This declaration is based on my personal knowledge. If called to testify in this
4 case, I would testify competently about these facts.

5 2. I am 16 years old. I am from Guatemala.

6
7 Pecos Emergency Intake Site

8 3. I have been at the Pecos Emergency Intake Site in Pecos, TX since about April 8,
9 2021.

10 4. When I arrived here, I was taken to be with other boys in a dorm.

11 5. My uncle is applying to be my sponsor. He lives in Maryland. After he moved to
12 the United States, we kept in touch over the phone or video chat. We have a good
13 relationship.

14 6. My uncle told me that he filled out paperwork and that he sent the paperwork back
15 about four weeks ago. No staff have called my uncle since they told him about the
16 paperwork. My uncle has tried to call the staff using the phone number that they used to
17 call him, but no one has picked up when he has called. He hasn't spoken to any staff for
18 the past four weeks.

19 7. I have not spoken with a case manager the entire time that I have been here. I have
20 asked to speak with a case manager, but the staff have not given me the name of my case
21 manager. It is as if the staff don't want me to speak with anyone about my case.

22 8. I've seen other kids who have been here for less time leave before me. I feel sad
23 because it seems like the staff don't want me to leave. I have been here for a long time –
24 it's been 62 days now.

25 9. Every day, I want to cry because I see that there are other kids who have been here
26 less time, some 15 days, some 20 days, and they get to leave. There are some other kids
27 who have been here for about the same time as me, and there is just a lot of sadness
28 among us.

1 10. I am allowed to call my family every four to six days. I speak with my uncle for
2 five minutes. And I call my brother in Guatemala for five minutes.

3 11. I don't like the food here. It is the same food every day. It's all the same.

4 12. Every day, we go outside. When we are outside, I see other kids having fun. But I
5 don't have the desire to join them. Every day, I don't have the desire to eat. I just want
6 to lie down all the time. In Guatemala, I played soccer every week on a field. It was my
7 favorite sport.

8 13. I did not receive a list of free legal service providers, and I have not spoken with an
9 attorney.

10 14. I have English class in the tent – the class lasts for about 30 minutes. That is the
11 only school here.

12 15. I have not wanted to talk to anyone about how I am feeling. I don't want to.
13 When I have tried to speak with someone to ask about my case and talk to a case
14 manager, they offer to call my uncle so that I can feel better. It helps to be able to talk to
15 him.

16 16. Every day, I feel really sad. I keep seeing other kids leave. I feel like the staff
17 don't want me to get out of here.

18 17. I look forward to living with my uncle in Maryland. What I would like more than
19 anything is to learn English and to study. I would also like to work and make money.

20 18. My uncle spends time with other family members. They like to play soccer in
21 their free time. I look forward to playing soccer with them too.

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1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this
2 9th day of June, 2021, at Pecos, TX.

3 [Redacted Signature]
4 [Redacted Signature]
5 [Redacted Signature]

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10 CERTIFICATE OF TRANSLATION

11 My name is Joraya Morales Nunez and I swear that I am
12 fluent in both the English and Spanish languages and I translated the foregoing
13 declaration from English to Spanish to the best of my abilities.

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15 Dated: June 9, 2021 Joraya Morales Nunez
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EXHIBIT E

1 I, [REDACTED], declare as follows:

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3 1. This declaration is based on my personal knowledge. If called to testify in this
4 case, I would testify competently about these facts.

5 2. I am 17 years old. I am from Guatemala.

6 3. I arrived in the United States on or around March 24. I was alone.

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8 CBP Custody

9 4. I was in immigration detention for 11 days. While I was there, I wasn't able to
10 sleep because there were so many girls in a small tent. The girls who were there longer
11 said that because I was new, I had to sleep sitting on a bench, not lying down, so I could
12 only sleep sitting up the whole time. The silver blankets didn't keep us warm. It was
13 also hard to get enough to eat because sometimes the food was spoiled. I was only able
14 to shower once, after 8 days. While I was there, I was never able to go outside. Some
15 other girls told me that they had gone out to a field, but I never went out.

16 5. During those 11 days, I was only able to call my uncle in Maryland once for about
17 four minutes to let him know I was safe.

18 6. After 11 days in a CBP facility, I was moved to this facility in El Paso.

19 7. To get here, I traveled on a bus, then a plane, and then another a bus. They didn't
20 tell us where we were going or why. I thought I was going to go and see my family, so I
21 was really confused when I got here. When I arrived, they told me that I was at a shelter
22 in El Paso, but nothing else.

23

24 Fort Bliss Emergency Intake Site

25 8. I have been here in El Paso for 60 days, since April 4. Because I've been here so
26 long, I've been getting a lot of anxiety, and my blood pressure has gone up. I've never
27 had that problem before. My blood pressure makes me dizzy and gives me a headache.
28 One time about a month ago I fainted because of my anxiety.

1 9. I sleep in a tent with about 300 other girls. There are fewer girls now, but before
2 there were about 900. We sleep on bunks. I used to be sleeping on the top but now I'm
3 on the bottom because of my anxiety. I was afraid I was going to fall off. The bunks are
4 pretty low. I can't sit up on my bunk without hitting my head.

5 10. The bright lights make it hard to sleep because I sleep near the bathroom. They
6 only turn the lights out in the middle of the tent, but they leave lights on near the
7 bathroom.

8 11. We move around the facility in a group with all of the girls in our tent in a single
9 file line. They scan my bracelet whenever I enter or exit anywhere. I'm never allowed to
10 go anywhere in the facility by myself. I always have to be with a worker in a yellow
11 shirt.

12 12. There is nowhere here that I can be alone or have any privacy. That's really
13 difficult after two months.

14 13. I go to English classes here about three times a week. They last about 20 to 30
15 minutes, and sometimes longer. They only teach basic things like letters, colors, and
16 days of the week. It's the same class for everyone. There aren't any classes other than
17 English.

18 14. We go to recreation about two times a day, sometimes out to a field and sometimes
19 to a tent where there are Zumba classes. I don't like to go because it takes longer to walk
20 there than the actual recreation time. We're only there for about 20 minutes.

21 15. We heard that in the boys' tent there's a TV and music, but the girls only have
22 music sometimes. We only have stuff to make bracelets. Sometimes they play movies
23 on the ceiling of the tent for us but we can't really see it.

24 16. I spend most of my time here laying down in my bunk, and sometimes crying. I
25 only get up to go to meals or go to the bathroom. I've been here a long time. On June
26 10th, it will be three months since I've left home.

27 17. There are counselors here. Sometimes they are helpful, and sometimes they aren't.
28 It's a different person every time.

1 18. Sometimes when I ask to go to the counselor, I wait about 15 or 20 minutes and
2 then I can go. But sometimes they say they'll call for me to go and see a counselor soon,
3 and then they never do. That has happened to me many times. It seems like they don't
4 call until they see you're really upset, even if you've asked to see a counselor.

5 Sometimes, they send the counselors over to the tent to see us, but I don't like that
6 because it's not private.

7 19. I don't think that talking to the counselors really helps because they don't know
8 what I'm going through. I won't be fine until I leave here.

9 20. Compared to immigration, the food here is a little bit better, but it's the same thing
10 every day and I'm getting tired of it. There is enough food and water here, but
11 sometimes I don't have enough time to eat because we only get 15 minutes. Before, we
12 were using a different cafeteria and only got 10 minutes to eat. Also, sometimes the
13 chicken is raw.

14 21. I can shower here any time I want to. Sometimes we only get 10 minutes, when
15 there are a lot of girls waiting.

16 22. I have enough clean clothes and bed linens. Sometimes it takes a while to get
17 laundry back, but there is a place where we can get clean clothes.

18 23. When I was staying in a different tent, there were some girls who would bully me
19 for being from Guatemala. They were really hurtful and it made me feel bad, but I didn't
20 want to report them because it would be worse for them and wouldn't be any better for
21 me. I understand that they were under a lot of stress being here, but it still hurt me.

22 24. I have not received a list of free legal service providers. I have not talked to an
23 attorney since I have been here. I have been to a presentation by KIND.

24 25. I am tested for COVID here every three days. I can get a clean mask if mine is
25 dirty or broken. There are enough places to wash my hands. The staff are good at telling
26 people to keep their masks on. I'm still scared of getting COVID because I'm scared it
27 will make my case take longer.

28 26. My uncle is applying to be my sponsor.

1 27. My case worker said that my uncle submitted his fingerprints on May 26th, but it
2 will take seven to ten days to get the fingerprints processed so I can leave. This is
3 confusing because I've seen other girls get released two to four days after the fingerprints
4 come in, and I don't know why that isn't happening for me. I don't know of any other
5 steps that need to happen before I can be released.

6 28. I'm scared because I've heard that the girls who are here two months are taken
7 somewhere else and I'm scared I'll have to start over. I'm scared that they lied to me
8 about how long the fingerprints will take so that I would be here for two months so they
9 could transfer me somewhere else.

10 29. When I think about that, I get anxiety, and it's hard to sleep. Three days ago, a
11 doctor gave me medication to help me sleep because I hadn't slept for three days. The
12 first pill they gave me didn't really work, but they gave me a new one last night that did
13 work. The medication makes me feel really tired and dizzy. I'd prefer not to take it
14 because I don't want to get too used to it.

15 30. The doctor also gave me medication for my headaches, and that helped. But I'm
16 only able to get medicine for my headaches when they take me to the doctor, not anytime
17 I need it.

18 31. Since I've been here, I have only met with a case manager two times. My last
19 meeting was about six days ago and only lasted three or four minutes because, even
20 though the workers had said she wanted to see me, she wasn't expecting me. The
21 previous time was about 20 days before. At the first meeting, the case manager told me
22 she'd do her best to get me out as quickly as possible, but I'm still here. I understand that
23 there are a lot of kids and not a lot of case workers, but I don't understand why there are
24 kids who have been here less time than me and they have left and I'm still here.

25 32. I can only meet with a case manager if they call for me. I can't ask to see someone
26 on my own.

27 33. I am only allowed to call my mom two times a week for 10 minutes each time.
28 That's not enough for me. Every time I talk to my mom, I go to my bed and cry because

1 it's such a short amount of time. Not having enough time to talk to my mom is the
2 hardest thing for me.

3 34. I used to be able to cope with my anxiety and breathe through it, but now I feel like
4 I've given up. I feel like I'll never get out of here.

5 35. When I get out of here I want to study. I'd like to be a teacher.

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1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this
2 4th day of June, 2021, at El Paso, Texas.



9 CERTIFICATE OF TRANSLATION

10 My name is Ana Avendano and I swear that I am
11 fluent in both the English and Spanish languages and I translated the foregoing
12 declaration from English to Spanish to the best of my abilities.

14 Dated: 6/4/2021

15 
A handwritten signature in black ink, appearing to be 'Ana Avendano', written over a horizontal line.

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EXHIBIT F

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1. This declaration is based on my personal knowledge. If called to testify in this case, I would testify competently about these facts.
2. I am 13 years old. I am from Honduras.
3. I arrived in the United States on or around February 25. I traveled from Honduras with my father. We separated at the river and I crossed with a friend and another young man. The current was very strong. I don't know where my father is now.
4. After I crossed the river, I walked for about 30 or 60 minutes to reach the immigration checkpoint. Then I was transferred to immigration custody.

CBP Custody

5. I was kept in immigration custody for four days. I was held in a big white tent with nylon walls. The tent was so cold that everyone called it a freezer ("*hielera*"). We were given silver blankets but it was still really cold. At first I thought the silver blankets were made of the kind of foil that you use to bake cookies, but it was a different material. We slept on very thin mattresses on the floor. It was very hard to sleep at night because the lights were never turned off, the cleaning people would come in and clean, and the officials would call out roll call every few hours.
6. After four days in the cold tent, I was moved to another building for 24 hours. It was like a trailer room, and there were many girls crammed into the room together. I started crying when I saw that place because it was so bad. We didn't have any privacy when we went to the bathroom. I met other girls who had already been in that building for 15 days and was really scared.
7. After 24 hours in that room, the officials called my name and I was put on a bus. The officials told me that I was being sent to a home with food, a television, a bed, and good meals, but instead I was taken here to El Paso. The bus ride here took about 14

1 hours. There was food available to eat on the bus but I didn't eat anything because I get
2 nauseous if I eat on moving vehicles.

3
4 Fort Bliss Emergency Intake Site

5 8. I have been at the Fort Bliss Emergency Intake Site in El Paso for about 58 days.
6 On June 6 I will have been here for two months.

7 9. I am in Tent 11. A couple weeks ago, there were about 1,015 girls in my tent. Now
8 there are about 200 to 300 girls in my tent. I don't know where the other girls went but I
9 think that they went to another shelter or were released to sponsors. There are girls that
10 arrived after me that have already left. From the group of girls that arrived with me on
11 April 6, there are only two of us left. There are girls from the groups that arrived on April
12 9 and 14 that have already left.

13 10. I sleep in Tent 11 with hundreds of other girls. We sleep on double cots. I was
14 given a very thin mattresses when I arrived, but I got a thicker mattress yesterday.

15 11. It is really hard for me to sleep because my cot is right next to a light that stays on
16 all night. I sleep on the top bunk cot and it is very bright. I used to wear my face mask
17 over my eyes, but I was scared that it would slide down while I was sleeping and I
18 wouldn't be able to breathe. For the past week or so I have only been sleeping during the
19 day. Some girls have sleeping masks, but I haven't received one even though I asked a
20 staff member if I could have one. I have asked for sleeping pills to be able to go to sleep,
21 but the doctor told me that I am too young to receive sleeping medication.

22 12. The staff here wear different color shirts. The yellow shirts watch and take care of
23 us, the green shirts supervise the yellow shirts, and the blue shirts supervise the green
24 shirts. The dark blue shirts are social workers or attorneys. The orange shirts escort us
25 when we leave the tent. The red shirts take us outside to play soccer and volleyball. The
26 black shirts are the ones that coordinate all the other color shirts.

27 13. The yellow shirts watch us all the time. If someone tries to commit suicide and kill
28 themselves, then they have to be followed everywhere by a yellow shirt for ten days. It's

1 called getting a “1:1” if a yellow shirt has to follow you everywhere. I was on the 1:1
2 suicide watch list and followed by a yellow shirt for ten days. It was a little strange
3 because the worker would always be right next to me – when I was showering, talking to
4 friends, going to the bathroom, painting, everything. When I was put on the 1:1 suicide
5 watch list, the worker took away all my pens and pencils and looked through all my
6 belongings to make sure I didn’t have any objects that I could hurt myself with.

7 14. There used to be 28 people on the 1:1 suicide watch list, but now there are only 8
8 people on the list. I’m no longer on the list.

9 15. The counselors create the list of children that have to be watched for suicide risk.
10 When I was first here, I talked to a counselor a few times and it was helpful. But when I
11 didn’t want to see the counselor any longer, they put me on the list and made me have a
12 1:1 worker to monitor for suicide risk. Now that I’m off the list, I am obligated to go to
13 counseling meetings. I have individual meetings with a counselor, I don’t have group
14 counseling like some of the other girls.

15 16. The yellow shirts used to monitor us to make sure we wouldn’t escape, but now
16 there are a lot of security guards and they watch us to make sure we don’t escape. The
17 guards scan our identification bracelets when we go in and out of the tent.

18 17. Some of the girls have plastic identification cards on a lanyard around their neck,
19 but I can’t have one of those because I was on the 1:1 suicide watch list. Some girls were
20 using the plastic identification cards to cut themselves, and the staff was worried about
21 the security risk from the lanyard, so I was given an identification bracelet instead. I
22 would prefer to have a card and lanyard because it doesn’t get lost as easily. Recently,
23 because the staff was worried about the safety risk, they took away everyone’s
24 identification cards and lanyards, but I know that some girls haven’t turned theirs in.

25 18. During the Know-Your-Rights presentation, I asked what would happen to us if
26 someone tried to escape. I was told that if I tried to escape that I would have to spend a
27 longer time in detention. Staff told us that if we try to escape we will be caught.

28

1 19. There are some English classes here, but I don't go to them because they are very
2 crowded with a lot of girls. When I was on the 1:1 suicide watch list, I got to have
3 English lessons with one other girl, and that was nice because I could actually learn.

4 20. During the day, I spend some of my time making bracelets. I like to make
5 bracelets, especially with beads that have letters on them.

6 21. We are allowed to go outside twice a day, once at 11 am and once at 4 pm. There
7 are different recreational facilities for girls and boys. There is a soccer field that we can
8 play on, and there is also a recreation tent with some games and sometimes Zumba
9 classes. Most of the time the boys are on the field. Girls and boys aren't allowed to see
10 each other, otherwise we get in trouble, so usually we have our recreation time in the tent
11 and not out on the field.

12 22. The food here is horrible. Yesterday we were given hamburgers but I couldn't eat
13 it because there was a foul odor coming from the bread. The salad was soggy and covered
14 in condiments, so I couldn't eat that either. The rice is usually very hard. Many times I
15 have been given chicken that was bloody and raw. I remember that during one meal, my
16 friend was given chicken that still had feathers in it and she had to pull out the feathers. I
17 really only eat popsicles and juice because that is the only food that I can trust. We get
18 popsicles at dinner, so usually I give up sitting with my friends so that I can walk through
19 the dinner line three times to get a couple of popsicles and juice boxes to eat.

20 23. We are allowed to shower whenever we want to. When there were more girls in the
21 tent, we could only shower once every two days and we were only allowed to shower for
22 five minutes. If we weren't done with the shower in five minutes, the worker would open
23 the shower door and everyone could see you. One time my friend was showering and the
24 worker opened the door on her. Now that we are allowed to take longer showers, it's my
25 favorite part of the day. It's the only time that I'm alone and have privacy.

26 24. The laundry service sometimes loses our clothes. I put a pair of my jeans in the
27 laundry bag to be cleaned, but they lost my jeans and sent back a pair that was too big. I
28

1 haven't sent my current pants to be washed because I don't want them to get lost. They're
2 the only pair that fit me and keep me protected from scrapes.

3 25. I have not talked to an attorney since I have been here. Someone told me that a list
4 of lawyers would be sent to my uncle, but he hasn't received a list yet.

5 26. My uncle is applying to be my sponsor and he lives in New Mexico. When I lived
6 in Honduras, he lived next to me in my grandma's house. He has taken care of me before.

7 27. My uncle told me that he has already completed his paperwork, attended his
8 biometrics appointment, and submitted his fingerprints.

9 28. I have had four different social workers at Fort Bliss. Since I've been here, I have
10 talked to one of the social workers almost every week. My first social worker told me that
11 I would be approved for release about a month ago, but a month came and went and I
12 wasn't released. Then I learned that that social worker stopped working on my case, and I
13 was assigned a new social worker.

14 29. I last met with my new social worker three or four days ago, and they told me that
15 they would give me a case update today or tomorrow. During our last meeting, the social
16 worker told me that my case is almost done and that they're just waiting on my case to be
17 approved in order for me to leave.

18 30. I have been allowed to use the phone about two times per week. My counselor told
19 me that any calls I make are being recorded and monitored by counselors and social
20 workers.

21 31. I have been here for a really long time. I really want to leave. It's sad because all
22 my friends are waiting for the staff to call my name to be released because I have been
23 here for such a long time. Today, my friend that I crossed the river with was transferred
24 out of here. I think she was transferred to another shelter because she was Category 3. I
25 have seen other girls get transferred as well.

26 32. When I grow up I want to be many different things. I think I'd like to be a
27 businesswoman during the week and teach English on the weekends.

28

1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this
2 4 day of June, 2021, at El Paso, Texas.

3
4 [REDACTED]
5 [REDACTED]
6

7
8
9 CERTIFICATE OF TRANSLATION

10 My name is VICTORIA NEVAREZ and I swear that I am
11 fluent in both the English and Spanish languages and I translated the foregoing
12 declaration from English to Spanish to the best of my abilities.

13
14 Dated:

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JUNE 4th, 2021

EXHIBIT G

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Attorneys for Plaintiff State of California

IN THE UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA
WESTERN DIVISION

STATE OF CALIFORNIA, et al.,

Plaintiffs,

v.

**ALEJANDRO MAYORKAS, in his official
capacity as Secretary of Homeland
Security, et al.,**

Defendants.

2:19-cv-07390-DMG (AGRx)

**DECLARATION OF CARLOS
HOLGUIN IN SUPPORT OF
MOTION FOR PRELIMINARY
INJUNCTION**

Date: July 23, 2021
Time: 10:00 a.m.
Courtroom: 8C
Judge: Dolly M. Gee
Trial Date: N/A
Action Filed: August 26, 2019

1 DECLARATION OF CARLOS HOLGUÍN

2 I, Carlos Holguín, declare as follows:

3 1. I am a resident of the State of California and I am over the age of 18. I
4 execute this declaration based on my personal knowledge, except as to those
5 matters based on information and belief, which I believe to be true. If called to
6 testify in this case, I would testify competently about these facts.

7 2. I am General Counsel at the Center for Human Rights & Constitutional
8 Law and one of the attorneys for the plaintiff class in *Flores v. Garland*, No. 2:85-
9 cv-04544-DMG-AGR (C.D. Cal.). I was class counsel in *Flores* when a settlement
10 was approved in 1997, and have continued to represent the class members the
11 settlement protects to this day. As part of monitoring compliance with the
12 settlement, I have frequently visited various facilities in which the Office of
13 Refugee Resettlement (ORR) detains class members and have interviewed dozens
14 of children regarding the treatment and conditions they experience during
15 immigration-related detention.

16 3. On March 30, 2021, *Flores* co-counsel and I toured and interviewed
17 class members detained at ORR’s “emergency intake site” (EIS) in Midland, Texas.
18 On June 3 and 4, 2021, co-counsel and I, along with Plaintiffs’ mental health expert
19 toured and interviewed *Flores* class members detained at ORR’s Fort Bliss EIS
20 near El Paso, Texas. *Flores* co-counsel have also conducted monitoring visits and
21 interviewed over one hundred children detained at EISs, including the Dimmit EIS
22 in Carrizo Springs, Texas, the Freeman Expo Center EIS in San Antonio, Texas, the
23 Kay Bailey Hutchinson Convention Center EIS in Dallas, Texas, the Lackland Air
24 Force Base EIS in Lackland, Texas, the Long Beach Convention Center EIS in
25 Long Beach, California, the Pecos EIS in Pecos, Texas, and the Starr
26 Commonwealth EIS in Albion, Michigan. *Flores* class counsel has also visited and
27 interviewed children at the Carrizo Springs Temporary Influx Shelter in Carrizo
28 Springs, Texas.

1 **Background**

2 4. On information and belief, in 2020, the Trump administration adopted
3 a policy of summarily expelling asylum seekers, including unaccompanied children
4 pursuant to Title 42 of the United States Code, ostensibly to protect public health
5 during the COVID-19 pandemic. This policy led to a dramatic decline in the
6 population of children in ORR custody. Many of these children were returned to the
7 same dangerous conditions in their home countries that led them to flee to the
8 United States in the first place. Others waited in dangerous conditions in Mexico
9 hoping for a chance to enter the United States.

10 5. In November 2020, a federal judge enjoined the summary expulsion of
11 unaccompanied children under Title 42 of the United States Code. *See P.J.E.S. v.*
12 *Wolf*, No. 20-cv-2245, 2020 WL 6770508 (D.D.C. Nov. 18, 2020), stayed pending
13 appeal, *P.J.E.S. v. Pekoske*, No. 20-5357 (D.C. Cir. Jan. 29, 2021). On information
14 and belief, as a result, a pool of unaccompanied children who had previously been
15 denied refuge in the United States were able to seek asylum at the U.S.-Mexico
16 border, whereupon they were transferred to ORR custody, as the Trafficking
17 Victims Protection Reauthorization Act of 2008 directs, pending adjudication of
18 their asylum claims.

19 6. In November 2020, the so-called “Northern Triangle” of Central
20 America—comprising El Salvador, Honduras, and Guatemala—suffered two
21 devastating hurricanes, Hurricane Eta and Hurricane Iota, which, on information
22 and belief, further impoverished a region already reeling from the COVID-19
23 pandemic and endemic violence. In addition, the number of children entering the
24 United States historically increases in the spring when travel across the desert of
25 northern Mexico is less arduous. The foregoing “push factors” combined with this
26 seasonal variation to increase the numbers of children placed in ORR custody
27 pending adjudication of their claims for refuge in the United States.
28

1 under ORR policy, ICFs must provide children with an individualized needs
2 assessment, educational services in a structured classroom setting Monday through
3 Friday, daily outdoor activity, structured leisure time activities, regular individual
4 and group counseling, access to religious services, and a reasonable right to
5 privacy. *See* Ex. C, ORR Policy Guide 7.5.1. Licensed facilities, of course, must
6 meet state requirements for care of dependent children, which are typically much
7 more exacting than ORR’s ICF guidelines. EISs, by contrast, merely aspire to “seek
8 to provide” some of these services “to the extent practicable.” Ex. A, ORR EIS
9 Instructions and Standards at 3.

10 11. During site visits by *Flores* counsel to EISs, children nearly uniformly
11 report that such facilities provide them little, if any, education or outdoor recreation,
12 leaving children with little to do except sit on their cots all day for weeks at a time.
13 During my visit to the Fort Bliss EIS—ORR’s largest EIS—children reported
14 receiving minimal instruction in English as a second language only, and that what
15 instruction they do receive takes place in immense and noisy tents housing
16 approximately 300 to 600 other children. Some EIS facilities, including the Kay
17 Bailey Hutchinson Convention Center, did not provide children *any* access to
18 outdoor recreation. *See* Ex. D, Declaration of Leecia Welch ¶ 38. According to U.S.
19 Government census data provided to *Flores* counsel, ORR detained over 300
20 children at the Kay Bailey Hutchinson Convention Center for 50 days or longer.

21 12. Several EISs have the capacity to detain thousands of children at a
22 time. For example, when I visited Ft. Bliss there were over 3,100 children detained
23 at the facility. Although ORR aspires to have a 1:15 youth care worker to child
24 ratio at EIS facilities, Ex. A, at 5 (ORR EIS Instructions and Standards), children I
25 interviewed at Ft. Bliss reported feeling isolated.

26 13. I have also observed that children at EIS facilities often lack minimal
27 privacy. At Fort Bliss, I observed approximately 300 to 600 children living in a
28 single tent. The children sleep in tightly spaced bunk cots. There is not enough

1 room for the child in the bottom bunk to sit up. Similarly, at the Dallas Convention
2 Center, *Flores* counsel observed that thousands of children slept on cots in one
3 large conference room. See Ex. D, Declaration of Leecia Welch ¶ 26.

4 14. Children at some EIS facilities, the Fort Bliss EIS for example, have
5 also reported to me receiving undercooked food, being permitted to speak with their
6 family members only twice weekly for ten minutes per session, having no
7 opportunity to visit with their parents or other family members, and no access to
8 legal services apart from a generalized “know your rights” presentation.

9 15. As best as *Flores* counsel are able to determine, ORR places some
10 children directly in licensed facilities, while others are sent to EISs, according to no
11 discernable criteria. Some children sent to EISs report experiencing serious and, as
12 best *Flores* counsel is able to determine, needless, arbitrary delays in being reunited
13 with their families.

14 16. In my opinion, part of the explanation for some children experiencing
15 protracted detention in EISs is that ORR does not require that an EIS have case
16 management services in place when it opens, or by any time certain after it begins
17 receiving children. Ex. A, ORR Instructions and Standards at 4. ORR has recently
18 reported that case management services are now in place in every EIS, but admits
19 that some such facilities are still in the process of ramping up case management.
20 Ex. B, ORR Juvenile Coordinator Report at 9, *Flores v. Garland*, No. 2:85-cv-
21 04544-DMG-AGR (C.D. Cal. June 4, 2021) [Doc. #1124-2]. During site visits,
22 some children at EIS facilities repeatedly report having spent weeks and sometimes
23 over a month before meeting with a case manager. Children’s parents and other
24 prospective custodians have also reported to me not having been contacted by a
25 case manager for extended periods and that they are bewildered as to why their
26 children have not been released.

27 //

28 //

Emergency Intake Sites – Population Data

17. Pursuant to Paragraphs 28 and 29 of the *Flores* settlement, ORR provides *Flores* class counsel with statistical reports on all children in its custody. Among other things, these reports identify class members, indicate the name and type of facility in which they are detained, and provide the date on which each child came into ORR custody.

18. According to the reports to *Flores* class counsel that ORR makes pursuant to Paragraphs 28 and 29 of the *Flores* settlement, as of May 14, 2021, there were 20,321 children in ORR custody. Of these, 11,780, or 58 percent, were in EISs. An additional 3 percent were held in the Carrizo Springs ICF.

19. As of May 14, 2021, 12 EISs and the Carrizo Springs ICF held the following numbers of *Flores* class members:

Facility	Population Total
Carrizo Springs – ICF	672
Delphi – EIS	1,314
Dimmit – EIS	339
Freeman Expo Center – EIS	718
Ft. Bliss – EIS	4,565
Kay Bailey Hutchinson Convention Center – EIS	512
Lackland Air Force Base – EIS	370
Long Beach Convention Center – EIS	672
Midland – EIS	322
Pecos Children’s Center – EIS	1,314
Pomona Fairplex – EIS	452
San Diego Convention Center – EIS	1,104
Starr Commonwealth – EIS	98

1 20. According to HHS reports, ORR also operated EISs at NACC Houston
2 in Houston, Texas, and the Pennsylvania International Academy in Erie,
3 Pennsylvania, but NACC Houston closed on April 17, 2021 and Pennsylvania
4 International Academy closed on April 23, 2021. Ex. E, Administration for
5 Children and Families, Pomona Emergency Intake Site, May 1, 2021. At or around
6 the closure of NACC Houston, according to *Flores* data reports, 40 children were
7 released, nine children aged out of custody, and 432 children were transferred out
8 of this facility. At or around the closure of Pennsylvania International Academy
9 according to *Flores* data reports, one child was released and 145 were transferred to
10 other locations. The ORR Juvenile Coordinator’s report indicates that the Kay
11 Bailey Hutchinson Convention Center EIS and the Freeman Expo Center EIS have
12 also since closed.

13 21. On June 4, 2021, ORR’s Juvenile Coordinator reported that as of May
14 31, 2021, there were 8,368 children in EISs and 571 children in ICFs out of a total
15 of 17,418 children in ORR custody. According to this report, the population of
16 children in EISs accounts for 48 percent of ORR’s total detainee population.

17 **Tender Age Children in EIS Placement**

18 22. As of May 14, 2021, children held at EIS facilities ranged in age from
19 four to 18 years old. Tender-age children, defined by ORR as children under 13
20 years of age, have been placed at the Long Beach Convention Center EIS, the
21 Midland EIS, the Pomona Fairplex EIS, the San Diego Convention Center EIS, the
22 Starr Commonwealth EIS, and the Pennsylvania International Academy EIS. On
23 May 1, 2021, ORR announced that the Pomona Fairplex EIS, with a potential
24 capacity of 2,500, would hold children as young as two years old. Ex. E.

25 23. *Flores* counsel conducted a site visit at the Long Beach Convention
26 Center EIS on May 25 and 26, 2021. Immediately prior to this visit, the U.S.
27 Government provided *Flores* counsel a census of children then placed at this
28 facility. Children at the facility ranged in age from five to 17 years old. As of May

1 24, 2021, of the 221 children placed at this EIS, 177 had been there for 20 days or
2 longer, among them, five- and six-year-olds who appear to have each spent over a
3 month at this EIS.

4 24. *Flores* counsel also visited the Starr Commonwealth EIS on May 12
5 and 13, 2021. Prior to the visit, the U.S. Government provided *Flores* counsel a
6 census of children placed at this facility, which reported 128 children placed at this
7 facility, ranging in age from five to 17 years. As of May 11, 2021, 80 children had
8 spent 29 days at Starr Commonwealth, including children as young as five years
9 old. Children at Starr Commonwealth reported to *Flores* counsel that they
10 sometimes have difficulty communicating with staff because some staff do not
11 speak Spanish. Additionally, children reported incidents of fighting and observing
12 bullying of younger children.

13 **Fort Bliss Emergency Intake Site**

14 25. On June 3 and 4, 2021, I visited the Fort Bliss EIS in El Paso, Texas.
15 Prior to this visit, the U.S. Government provided *Flores* counsel a census of
16 children placed at Fort Bliss. According to this census, 3,151 children were placed
17 at Fort Bliss as of June 2, 2021. These children ranged from 13 to 17 years of age.
18 Of these, 122 had been detained at Fort Bliss for 60 or more days, and 16 children
19 had been at Fort Bliss since the EIS opened on March 30, 2021.

20 26. The Fort Bliss EIS comprises numerous large tents set up on a military
21 base. I observed the intake tent, the medical tent, the case management tent, the
22 residential tents, and the cafeteria tent. Hundreds of children are housed in the
23 residential tents, where they sleep on closely spaced bunk cots. Children have little
24 or no privacy in these communal tents. The tents are separated by gender; LGBTQ
25 minors are commingled into the general detainee population.

26 27. Children are generally prohibited from leaving their assigned tents.
27 When they are allowed to leave their tents, they do so in long, single file lines.
28 Children report being taken outdoors for recreation for about an hour daily, and

1 receiving instruction in English as a second language for perhaps an hour and a half
2 on weekdays, but having have little else to do during the day.

3 28. Children reported being allowed to telephone their families twice
4 weekly, for ten minutes each time they are permitted to use the telephone. They
5 further report having to make calls from their assigned tents, where facility
6 personnel bring in a number of telephones on the tent's assigned telephone days. As
7 a result, children have little or no privacy during these brief calls to their family.

8 29. Children reported having little or no access to legal services apart from
9 attending a "know your rights" presentation. As best I recall, no child reported
10 having received a list of free legal services or having spoken directly to a lawyer
11 prior to the *Flores* monitoring visit.

12 30. The stressor children most frequently reported at Fort Bliss was not
13 knowing how long they would remain separated from loved ones. The children I
14 spoke to appeared visibly distressed when recounting how they felt seeing more and
15 more of the children with whom they had arrived at Fort Bliss released, leaving
16 them to wonder whether they had simply fallen through the cracks and been
17 forgotten. Some children reported having sought out counseling to help them cope
18 with detention-triggered "tristeza," or sadness, but that such counseling afforded
19 them only marginal relief.

20 **Midland Emergency Intake Site**

21 31. On March 30, 2021, I and co-counsel visited the Midland Emergency
22 Intake Site in Midland, Texas. Prior to this visit, the U.S. Government provided
23 *Flores* counsel a census of children placed at Midland. At the time of the visit, there
24 were approximately 590 children at this facility. All were boys between the ages of
25 14 and 17 years old.

26 32. We were provided a tour of the facility. The Midland site was
27 previously used as a "man camp" for temporary oil field workers. The children are
28 housed in trailers that are divided into individual rooms and bathrooms, with a

1 common wooden deck area. Children ate their meals in their individual trailers. The
2 facility also had a large white tent for activities. Although we were told by staff that
3 children receive regular classroom instruction and activities, children reported no or
4 very limited educational instruction and inconsistent access to recreation. Children
5 at Midland did report having adequate privacy and access to the outdoors.

6 33. As was the case at Fort Bliss, however, no child at Midland reported to
7 me having received a list of free legal services or having spoken to a lawyer prior to
8 speaking with me.

9 34. As at Fort Bliss, the children I interviewed at the Midland EIS were
10 generally uncertain as to how long they would remain detained. Some reported
11 having been told that they would be reunited with family within 10 days, but that
12 they had been detained longer than that with no end in sight. Many had not yet met
13 with a case manager despite being at Midland for over two weeks.

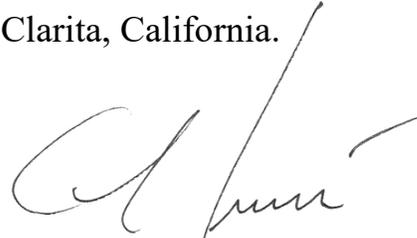
14 35. Children detained at Midland reported limited and inconsistent access
15 to phone calls, with some children reporting two ten-minute phone calls over the
16 course of two weeks, and others reporting only one ten-minute call. Some also
17 reported having been permitted to telephone their family members for the first time
18 only the day prior to our monitoring visit.

19 **Summary**

20 36. Based on nearly 24 years of observing the treatment and conditions
21 children experience during immigration-related custody, it is my opinion that
22 extended detention in “industrial”-scale detention facilities such as Fort Bliss is
23 inherently inimical to children’s well-being. The absence of mandatory standards
24 prescribing the minimum conditions and treatment of children in such facilities—
25 and the absence of periodic and structured inspections by state child welfare
26 agencies to verify compliance with those standards—commits children’s treatment
27 to the luck of the draw: those placed at smaller EISs or who draw competent case
28 managers stand good odds of being promptly reunited with their parents or other

1 family. Those consigned to large, impersonal detention camps such as Fort Bliss or
2 who draw indifferent or overworked case managers must endure prolonged
3 detention without education, recreation, structure, contact with family, legal
4 assistance, or emotional support.

5
6 I declare under penalty of perjury that the foregoing is true and correct. Executed
7 on this 10th day of June, 2021 at Santa Clarita, California.

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11 _____
12 Carlos Holguín
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EXHIBIT A



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of Refugee Resettlement | 330 C Street, S.W., Washington, DC 20201
www.acf.hhs.gov/programs/orr

FIELD GUIDANCE – April 30, 2021

RE: ORR Field Guidance #13, Emergency Intake Sites (EIS) Instructions and Standards

GUIDANCE

ORR is issuing this field guidance to clarify the applicable standards for ORR Emergency Intake Sites (EIS), due to their emergency and temporary nature. This Field Guidance supersedes Field Guidance #12, published on April 9, 2021, and any previous guidance related to EIS standards.

1. Overview

In the event of a severe shortage of standard state-licensed facilities and influx care facilities, ORR may open non-state licensed Emergency Intake Sites (EIS).

A severe shortage occurs when ORR is unable to accept referrals of children for placement in state-licensed facilities and influx care facilities that result or would result in unaccompanied children remaining in DHS custody for over 72-hours without a placement designation due to shortages of available non-EIS ORR bed capacity. In such instances, ORR may place children in EIS facilities.

EIS facilities are designed for mass care with basic standards to meet immediate sheltering needs of unaccompanied children. HHS implements the standards of care used for children in an emergency response setting. EIS are not designed or intended to provide the full range of services available at traditional ORR care provider facilities or even Influx Care Facilities.

EIS are 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. EIS may have site-specific requirements and services available may vary by site. A facility may transition from an EIS to an Influx Care Facility upon designation by ORR, provided services and sufficient staffing are available. See [ORR Policy 7.1 Overview](#).

2. Placement in an Emergency Intake Site

To the extent feasible, ORR endeavors to follow placement criteria required of Influx Care Facilities, see [ORR Policy 7.2.1 Criteria for Placement](#). Generally, placement in an EIS is reserved for direct border placements, or transfers from other EIS facilities or Influx Care Facilities. The ability to distinguish the criteria in [ORR Policy 7.2.1 Criteria for Placement](#) may be impracticable or impossible, as information regarding the child may be incomplete or

unknown by DHS. However, medically fragile children (e.g., children with acute needs that cannot be met at an EIS) or children who otherwise require close supervision (i.e., those eligible for placement in a staff-secure, secure, or RTC facility) are not eligible for placement in an EIS.

3. Placement of Tender Age Children in an Emergency Intake Site

ORR may place tender age children in EIS facilities, on a site by site basis, upon a determination by the Assistant Secretary for the Administration for Children and Families, based on a recommendation by ORR that placing tender age children in such a facility is safe and in the best interest of the children.

To account for the vulnerability and special needs of young children, EIS facilities accepting tender age children must meet the following standards:

- Make concerted efforts to ramp up services to meet minimum standards of an influx care facility, either in part or in whole, whenever practicable. See [ORR Policy 7.5.1 Influx Care Facility Minimum Services](#) and [7.5.2 Influx Care Facility Medical Services](#).
- Maintain the tender age staffing ratios outlined in paragraph 5 of this guidance.
- Maintain age appropriate services and boundaries between tender age children and older youth.

In addition, ORR will make efforts to expedite release of tender age children from EIS facilities.

4. Services

EIS meet basic standards of care as outlined in this section, but should, to the extent practicable, ramp up services to meet minimum standards of an influx care facility. See [ORR Policy 7.5.1 Influx Care Facility Minimum Services](#) and [7.5.2 Influx Care Facility Medical Services](#).

a. Basic Standards for Emergency Intake Sites

EIS must take the following actions in order to provide basic standards of care:

- Maintain facilities that are safe and sanitary;
- Provide access to toilets, sinks, and showers;
- Provide drinking water and food;
- Maintain adequate temperature control and ventilation;
- Provide adequate supervision (see paragraph 5 below);
- Provide same gender supervision for any area where unaccompanied children regularly undress, including restrooms and showers;

- Provide unaccompanied children with appropriate clothing and personal grooming items;
- Separate unaccompanied children who are subsequently found to have past criminal/juvenile history and/or who exhibit behavior that presents a danger to themselves or to others from other unaccompanied children;
- Adhere to a zero tolerance policy towards sexual abuse, sexual harassment, and inappropriate sexual behavior;
- Establish reporting on significant incident and sexual abuse allegations and follow-up procedures consistent with ORR's policies and reporting guidance;
- Allow reasonable access to legal services providers, unaccompanied children's attorneys of record, and child advocates that have provided proper documentation, subject to time, place, and public health restrictions;
- Provide legal services information, including the availability of free legal assistance, the right to be represented by counsel at no expense to the government, the right to a removal hearing before an immigration judge, the right to apply for asylum or to request voluntary departure in lieu of deportation. (see [Legal Resource Guide for Unaccompanied Children](#));
- Allow access to religious services, if available;
- Provide access to emergency clinical services;
- Comply with reporting requirements as specified by ORR in consultation with providers;
- Provide children the right to be free from discrimination on the basis of gender, race, religion, national origin, or sexual orientation; and
- Keep children free from any cruel, harsh, unnecessary, demeaning, or humiliating punishment.

As soon as possible and to the extent practicable, EIS should seek to provide the following services:

- Case management services for safe and timely release;
- A reasonable access to privacy, which includes the opportunity for all children to: wear their own clothes, as appropriate; retain a space for storage of personal belongings; talk privately on the phone, as appropriate; visit privately with guests, as appropriate; and receive and send uncensored mail unless there is a reasonable belief that the mail contains contraband;
- An in-person Know Your Rights presentation by a legal service provider (see [sub-paragraph \(d\) below](#));
- Educational services; and

- Daily Recreational/Leisure time that includes one hour of large muscle activity and one hour of structured leisure time activities.

b. Medical Services

EIS facilities provide access to emergency health care. Additional health services are site specific and may include a limited initial medical exam (IME) (see [ORR Policy 3.4.2 Initial Medical Examination](#)), although such exams may not take place within 2 business days; they will take place as soon as arrangements can be made. For those children who receive limited initial medical exams, which may vary depending on the sites, the child will either receive a comprehensive IME at a later point, at a facility capable of providing the exam, or after release to their sponsor.¹

To the extent feasible, ORR ensures there are staff who can render first aid; assess whether a child requires immediate medical attention due to acute medical distress; clear obstructed airways; administer ephedrine pens if needed. Children determined to have a communicable disease are segregated from other children as appropriate.

c. Case Management

Case management services are established either at the time of an EIS stand-up or as soon as reasonable under the circumstances. Case management services at EIS facilities are primarily focused on family reunification services in order to release a child without unnecessary delay to a sponsor (following the policies identified in [ORR Policy Guide Section 2](#)) and may be conducted to the extent feasible remotely. Additionally, case management services include processing children placed at an EIS for transfer to an ORR facility with more comprehensive services (either an influx care facility or traditional state-licensed program) capable of providing for the child's individual needs. Case management at EIS may be conducted by volunteers.

d. Legal Service Information

ORR provides legal service information to unaccompanied children placed at an EIS.

ORR provides children access to attorneys and may to the extent practicable fund legal service providers to deliver know your rights (KYR) presentations and screen children for potential legal immigration relief. Although private meeting space may be restricted by the physical plant of

¹ The child's sponsor is provided information regarding the health services the child received at the EIS, and as a condition of release is required to ensure a comprehensive IME is performed with a community provider, if such an exam was not completed in ORR custody.

the EIS, to the extent feasible, ORR makes available space for children to meet privately with attorneys.

If a child is not able to receive a KYR and/or legal screening while placed at an EIS, ORR may notify a legal service provider after the child's release, to provide post-release legal services.

5. Staffing

EIS may be staffed by volunteers from NGOs, federal staff, ORR contractors, and grantees (including staff from other ORR care providers or non-care providers).

a. Staffing Ratios

EIS are subject to the following minimum staffing ratios:

- **Youth Care Workers:** Minimum of 1 youth care worker to every 15 children aged 13 years and over (1:15); a minimum of 1 youth care worker to every 8 tender age children aged 6-12 years old (1:8), and a minimum of 1 youth care worker to every 4 tender age children aged 0-5 years old (1:4).

The following additional staff and staffing ratios for those positions should be maintained at any EIS operating longer than 20 days. Additionally, case managers and mental health clinicians may provide services remotely or on site:

- **Childcare Team Lead:** Minimum of 1 childcare team lead to every 60 children (1:60). EIS should make efforts to staff up to a minimum of 1 childcare team lead to every 30 children as resources allow (1:30).
- **Childcare Shift Supervisor:** Minimum of 1 supervisor to 5 childcare team workers per shift (1:5).
- **Child Welfare Program Leads/Coordinators:** Minimum of 2 child welfare program leads/coordinators per site, including at least 1 per shift at all times, to implement guidance for their EIS site.
- **Case Managers:** Minimum of 1 case manager to every 8 children (1:8).
- **Mental Health Clinicians:** Minimum of 1 mental health clinician to every 50 children (1:50).

Please note that the above staffing ratios are only minimum staffing ratios and that EIS should staff up to higher than the minimum ratios if resources and hiring allow for higher levels of supervision (for example, staffing up to ratios at Influx Care Facilities as outlined by [ORR Policy 7.7 Influx Care Facility Staffing Levels](#)).

These minimum standards may be modified on an exceptional basis and for short periods of time, within the first 20 days of EIS operations or in the event of a sudden increase in referrals, as directed by ORR. Approval for a decrease in staffing-to-child ratios are made in consultation

with ORR personnel at EIS sites, and with consideration for ages and of the children and the physical layout of the site. Staffing ratios may be adjusted to meet the unique physical layout of an EIS on a case by case basis.

b. Background Checks for Staff

Only EIS federal personnel, or personnel who have been cleared through a fingerprint-based, federal background check, are permitted to supervise direct care staff. Staff and volunteers who provide direct care must pass public record criminal background checks for deployment at EIS. ORR will ensure receipt of background checks required of influx care facilities for EIS staff within 30 days of an EIS opening. Staff and volunteers who provide direct care may not have unsupervised contact with unaccompanied children until all background checks have been completed. ORR may waive or modify background check requirements on a facility to facility basis.

c. Incident Commander

During the operation of an EIS while children are on site, ORR will have staffed an incident commander who is a federal employee to oversee operation of the facility. The incident commander is responsible for the facility, operations, and custodial care of the children.

If you have any questions regarding these policies, please contact UCPolicy@acf.hhs.gov.

EXHIBIT B

JUNE 4, 2021
ORR JUVENILE
COORDINATOR REPORT

ORR JUVENILE COORDINATOR INTERIM REPORT

June 4, 2021

Aurora Miranda-Maese, ORR Juvenile Coordinator

Introduction

In accordance with the April 24, 2020 Order, issued by The Honorable Dolly M. Gee of The United States District Court for the Central District of California, the undersigned ORR Juvenile Coordinator, Aurora Miranda-Maese, has filed monthly reports during the pendency of the national health emergency related to the COVID-19 pandemic. The reports addressed the six Court ordered topics and additional requirements as directed by the Court. At the May 7, 2021 status hearing, the Court issued a new order, which modified the ORR Juvenile Coordinator's report to include topics detailed by the Court below. This report, which covers the period from April 8, 2021 to May 31, 2021, provides details on the following topics as ordered by the Court:

- Whether the Juvenile Coordinator has adequate personnel or other capacity to provide detailed monitoring of new or expanded facilities.
- The census of minors in each of the agency's facilities.
- Updates on ORR's plans, if any, to expand capacity, particularly of licensed shelter beds.
- The average length of stay for minors in the agency's facilities.
- Census of minors in an EIS for more than 20 days and those minors' length of stay.
- Updates on ORR's plans to improve case management and expedite release of minors.
- Updates on ORR's plans, if any, with respect to long-term use of EIS' and processes to transfer minors from EIS' into licensed facilities, if release to a sponsor is not feasible.
- Case management services at each facility.
- Minors' access to counsel in general, and to the Legal Services Providers Amici Curiae in particular.
- The number of minors currently testing positive for COVID-19.
- Updates on ORR policies regarding the use of EIS', including policies and procedures to address COVID-19.

Whether the Juvenile Coordinator has adequate personnel or other capacity to provide detailed monitoring of new or expanded facilities.

Information for this report is derived from a cross-section of personnel in the ORR Unaccompanied Children Program. The Juvenile Coordinator consulted with and participated in daily coordination meetings with several ORR teams including: Division for Planning and Logistics, Division of Health for Unaccompanied Children, Division for Unaccompanied Children Operations, Division of Policy and

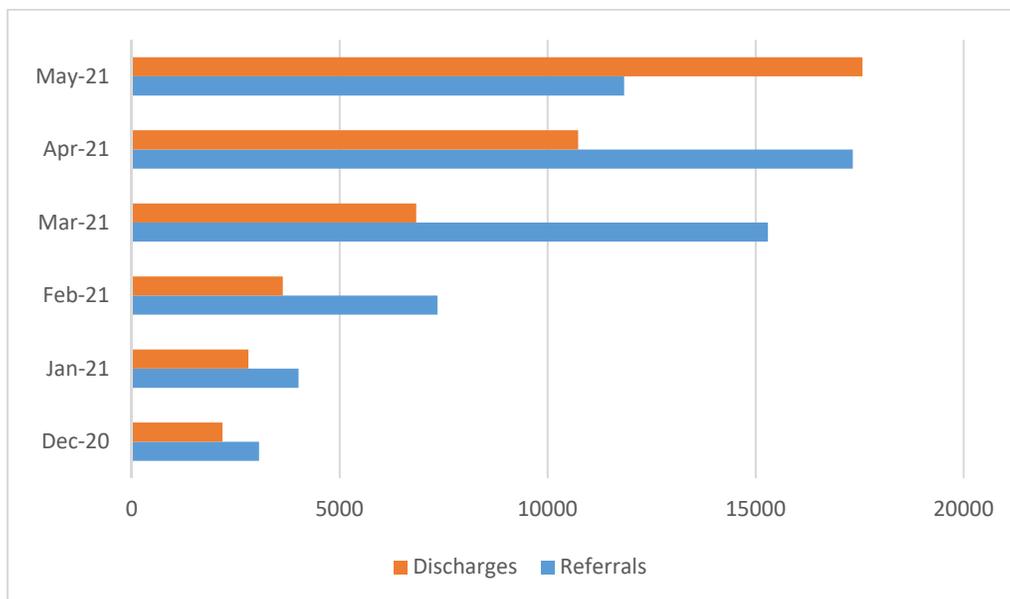
Procedures, Compliance and Monitoring Team, and the Data and Systems Team. Additionally, the Juvenile Coordinator met with ORR Federal Field Staff and various points of contacts overseeing operations at licensed shelters, Emergency Intake Sites, and an Influx Care Facility to provide the Court with the requested information noted above. The Juvenile Coordinator also arranged for site visits to every operational EIS in Texas, which will occur from June 1 to June 11, 2021.

ORR Capacity

As of May 31, 2021, ORR has 17,424 minors in custody, which demonstrates a significant decrease from the height of over 23,000 minors in care during the course of the current reporting period. During the current reporting period, ORR received referrals for approximately 24,112 minors and discharged approximately 26,255 minors.

Figure 1 below provides information regarding the increase in ORR referrals and discharges for the last six months, beginning December 1, 2020 to May 31, 2021.

Figure 1: ORR Referrals and Discharges from December 1, 2020 to May 31, 2021



The census of minors in each of the agency’s facilities.

Figure 2 below summarizes ORR’s bed capacity as of May 31, 2021. This information is dynamic as ORR is aggressively pursuing efforts to increase bed capacity. Therefore, it is likely that the information depicted in the figure below changed very soon after it was produced.

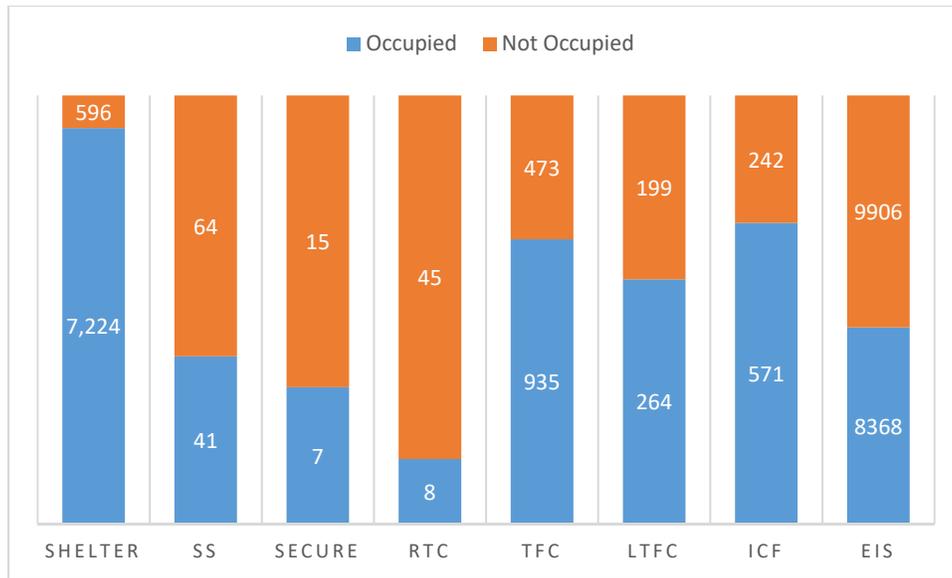
Figure 2: ORR Bed Occupancy by Residence Type as of May 31, 2021¹

ORR Program Type	Total Beds	# of Beds Occupied	# of Beds Not Occupied
Shelter	7,820	7,224 92%	596 8%
Staff Secure	105	41 39%	64 61%
Secure	22	7 32%	15 68%
RTC	53	8 15%	45 85%
TFC	1408	935 66%	473 34%
LTFC	463	264 57%	199 43%
Influx Care Facility	813	571 70%	242 30%
Emergency Intake Site	18274	8368 46%	9906 54%
TOTAL	28,958	17,418 60%	11,540 40%

Figure 3 below provides a depiction of capacity by facility type. A larger proportion of more restrictive facilities (i.e. secure, staff secure, and RTC) are not occupied as most minors do not meet the criteria for placement at those facilities. Regarding TFC and LTFC, ORR strives to place minors with families that are willing to accept them from the border. Where families and/or foster care programs have declined to accept minors directly from the border, ORR attempts to free border placement beds by transferring longer residing minors to those foster care placements as appropriate. In some cases, a foster care home may have specifications for the demographics able to reside with them (i.e. parenting teens, tender aged children, and special needs).

¹The census for minors in ORR custody constantly fluctuate as children are admitted, transferred, and discharged at all times of each day. Therefore, the census reflected in Figure 2 and Figure 3 is a snapshot of the capacity at the exact time that the review was conducted. Furthermore, ORR is constantly reassessing bed capacity as circumstances regarding the COVID-19 pandemic and increasing number of minors requiring quarantine or medical isolation are referred to ORR. This chart reflects ORR’s reassessed capacity on the morning of May 31, 2021.

Figure 3: ORR Bed Occupancy by Residence Type as of May 31, 2021¹



Updates on ORR’s plans, if any, to expand capacity, particularly of licensed shelter beds.

ORR’s current permanent licensed capacity is constrained by the unprecedented increase of minors referred to ORR. Recognizing that most of these licensed facilities are near full capacity, ORR is reviewing new proposals offering additional licensed programs. In addition, current programs are exploring additional licensed facilities within their companies. Despite these assertive and ongoing efforts to increase licensed bed capacity, the current influx levels have necessitated the need for ORR to open non-state licensed Influx Care Facilities (ICF) and continue implementing Emergency Intake Site (EIS) facilities.

The EIS facilities are part of a multi-pronged approach to absorb the current surge. EIS facilities are intended to be short-term/temporary facilities (generally, under a 6-month period). EIS facilities are designed for mass care and offer basic standards of care for minors such as providing clean and comfortable sleeping quarters, meals, toiletries, laundry, and access to medical services. A COVID-19 health screening protocol for all minors is implemented to follow CDC guidelines for preventing and controlling communicable diseases. For minors diagnosed with COVID-19, EIS facilities either have established medical isolation areas or are designated for only minors that test negative for COVID-19. In addition to medical and mental health services, case management and legal services are available for all sites that were opened. Furthermore, many of these sites have either implemented or are in the process of implementing educational and recreational services as well. Figure 4 below provides details on capacity and placements at EIS and ICF.

Figure 4: ORR Emergency Intake Sites and Influx Care Facility Operational as of May 31, 2021²

Facility Name (Location)	Total Beds	Beds Occupied	Beds Not Occupied
[REDACTED] TX)	813	571	242
[REDACTED] TX)	1430	780	650
[REDACTED] TX)	440	258	182
[REDACTED] TX)	10000	3495	6505
[REDACTED] TX)	372	187	185
[REDACTED] CA)	772	206	566
[REDACTED] TX)	607	328	279
[REDACTED] TX)	1957	1617	340
[REDACTED] CA)	1100	534	566
[REDACTED] CA)	1450	817	633
[REDACTED] MI)	146	146	0
Totals	18,274	8,368	9,906

In addition, ORR is working to safely increase capacity in its permanent/licensed network by implementing CDC COVID-19 guidance and using ICF with the same standards of care as ORR’s permanent/licensed network. Simultaneously, ORR is continuing to aggressively move toward the long-term goal of acquiring enough state-licensed beds in our care provider network to reduce the need in the future for ICF or EIS.

Care provider programs continue implementing prudent staffing models in adherence with guidance from the CDC, state and local authorities and their own organizational policies in order to limit exposure risk for their employees. As a result, programs are not able to meet ORR and state-licensing mandated staffing supervision, which further reduces the maximum capacity each program can accommodate.

Some of ORR facilities are struggling with staffing shortages and are having a hard time filling positions. Programs are reporting difficulties with hiring staff due to a decreased response to job postings and in finding qualified applicants for positions posted. Also, some potential candidates are not continuing with the hiring process, citing fears of contracting COVID-19.

In addition, ORR facilities are experiencing difficulties with staff retention. Programs have reported challenges with an inability to hire and retain employees who are often faced with caretaker responsibilities within their own homes and concerns that potential employees may have working in a congregate setting, which may put them at risk for exposure. Other reasons cited include: low morale, the inability to telework, working additional hours due to coverage needs, delays with State licensing to complete the clearance process, and concerns regarding travel during the pandemic. ORR has been working with programs to identify strategies to mitigate staffing challenges where possible.

To offset staffing shortages, several federal staff from diverse areas of the federal government have volunteered to assist in ORR’s effort to serve minors. Currently, volunteers include personnel from U.S.

²The information reflected in Figure 4 represents ORR’s EIS facilities that are operational as of May 31, 2021. Omitted from this chart are the four EIS that closed during the reporting period. The closed EIS are: Freeman Expo Center (San Antonio, TX), Kay Bailey Hutchinson Convention Center (Dallas, TX), NACC Houston (Houston, TX), and PIA (Erie, PA).

Public Health Service, various programs in Health and Human Services, and the Department of Homeland Security. A solicitation for volunteers was also recently sent to the Department of Justice.

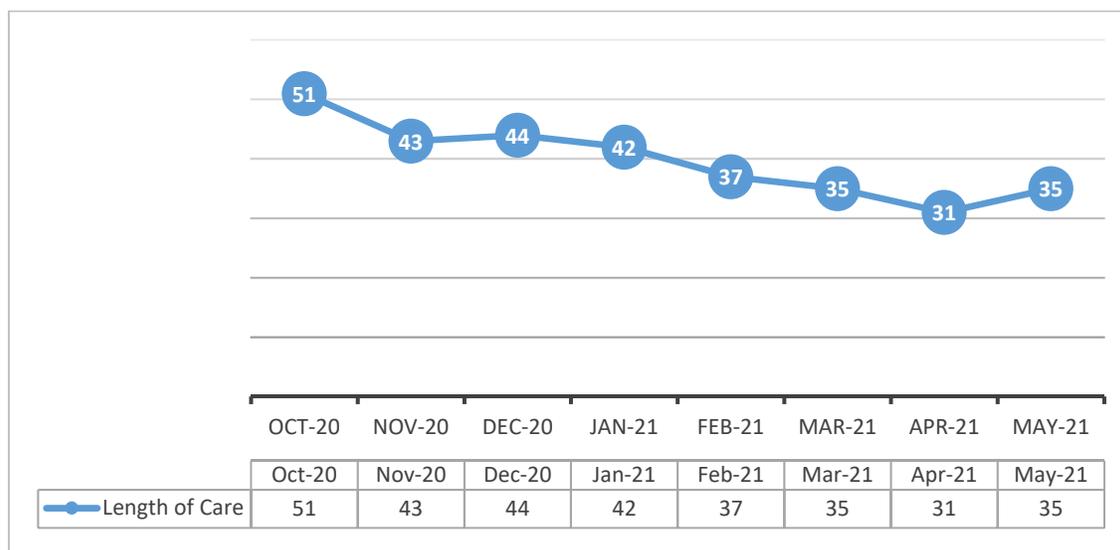
Placement & Release of Minors in ORR Custody

As depicted in Figures 1 to 3 above, ORR has experienced an insurmountable number of minors arriving at the border. Their arrival in historically high numbers coincide with the nation’s efforts to control the spread of COVID-19, which is also a priority for ORR facilities. From March 2020 until March 2021, ORR and its care provider network operated with a reduced bed capacity in accordance with social distancing guidelines from the CDC, and public health officials. On March 5, 2021, ORR issued guidelines in consultation with CDC, which urged facilities to expand bed capacity as much as possible and provided additional instructions for safeguarding against COVID-19. However, increasing bed capacity at a sufficient speed to match the extremely high numbers of minors arriving at the border remains a challenge. ORR received 17,335 referrals in April, and 11,840 referrals in May. Despite ORR’s aggressive efforts to timely place the minors in ORR facilities, the number of children arriving at the border is outpacing the speed at which ORR can secure additional beds and staff. However, ORR’s efforts has significantly reduced the delays in transferring minors from CBP to ORR custody, with placement now occurring within 72 hours of apprehension by CBP.

The average length of stay for minors in the agency’s facilities

Over the past six months (December 2020 to May 2021), ORR’s assertive efforts to release minors has resulted in a steady decline in the average amount of time that minors remain in ORR custody. This measure of time that a minor remains in ORR custody is known as the length of care. As detailed in Figure 6 below, ORR’s efforts have maintained the steady decline in average length of care despite the significant increase in the number of minors in ORR custody.

Figure 5: Average Length of Care for Minors in ORR Custody



Census of minors in an EIS for more than 20 days and those minors’ length of stay.

As of May 31, 2021, ORR had a cumulative total of 4,799 minors in EIS with length of stay (LOS) of over 20 days. This includes 2,622 whose LOS is between 21 and 40 days. It also includes 2,177 minors whose LOS is 41 days or higher, with the highest LOS being 66 days. Figure 6 below provides a breakdown of LOS for each EIS.

Figure 6: Census and length of stay of minors in an EIS for more than 20 days as of May 31, 2021

EIS Program Name	# of Minors with LOS of 21-40 days	# of Minors with LOS of 41 days or more
[REDACTED]	67	649
[REDACTED]	61	56
[REDACTED]	1,401	762
[REDACTED]	53	97
[REDACTED]	75	0
[REDACTED]	58	70
[REDACTED]	343	344
[REDACTED]	189	0
[REDACTED]	373	195
[REDACTED]	2	4

Updates on ORR’s plans to improve case management and expedite release of minors.

On March 22, 2021, ORR issued guidance for the expedited release of eligible Category 1 cases (see attached ORR Field Guidance #10, Expedited Release for Eligible Category One Cases). ORR has prepared this field guidance to best serve minors in ORR custody who have parents or other potential Category 1 sponsors in the United States. Based on this guidance, a minor may be released on an expedited basis to their sponsor provided that the following conditions are met:

- If the child is screened and determined not to be especially vulnerable;
- If the child is not subject to a mandatory TVPRA home study; and
- If there are no other red flags present in the case (i.e. abuse or neglect)

In cases where expedited release is appropriate, ORR authorizes care providers to pay for the sponsor’s travel to the ORR care provider facility to pick up the minor and complete paperwork at the facility (if allowed). Travel arrangements should be made as soon as it appears that the minor’s release is viable.

Additionally, ORR issued further guidance on May 14, 2021 for the expedited release of eligible minors (see attached ORR Field Guidance #15, Release of Eligible Non-Sibling, Closely Related Children to a Category 1 or Category 2A Sponsor). ORR prioritizes the placement of minors with parents, legal guardians, and close relatives who are available to provide custody in the United States. To that end, ORR instituted a revised policy for groups of closely related minors, which allows for the following:

- Expedited Release Procedures for Eligible Category 1 Cases to apply to a related child for whom the same sponsor serves as a Category 2 sponsor; and
- Category 2A background check requirements to apply to a related child for whom the same sponsor serves as a Category 2B sponsor

Under this policy, certain minors will be released to their parents or legal guardians (or Category 2A sponsors) using specialized procedures that modify standard release requirements under the ORR Policy Guide. In recognition of operational flexibilities that may require additional follow up, this Field Guidance may be further modified by ORR.

Updates on ORR's plans, if any, with respect to long-term use of EIS' and processes to transfer minors from EIS' into licensed facilities, if release to a sponsor is not feasible.

In response to the influx of minors arriving at the border, ORR dedicated its immediate focus to addressing the placement delays from CBP custody to ORR custody. Now that placement delays are reduced, ORR is shifting focus to addressing minors with lengthy LOS at EIS and licensed facilities. These efforts include continuing assessments of methods of expediting release, transfer of minors to licensed facilities when release is not imminent and encouraging the expansion of licensed care facilities. ORR's efforts are flexible and dynamic as the situation requires readjustments in real time as new concerns emerge and issues change.

In addition, ORR is working with other agencies, establishing collaborative relationships with Customs and Border Patrol (CBP) and the Federal Emergency Management Agency (FEMA) to ensure that unaccompanied migrant minors are safe and unified with family members or other suitable sponsors as quickly and safely as possible. ORR is working closely with FEMA and other federal partners to establish EIS facilities and engage service providers. Services will be provided by a combination of the American Red Cross, Federal staff, including teams from the HHS Office of the Assistant Secretary for Preparedness and Response and the U.S. Public Health Service Commissioned Corps, and various contractors.

Case Management & Access to Counsel at EIS

Case management services at each facility

ORR submitted Standard Operating Procedures (SOP) to delineate the documentation and implementation of onsite and virtual case management procedures to execute the safe and timely discharge or transfer of minors from ORR EIS facilities.

In response to the current shortage of available beds in the ORR network of Licensed Care Providers for minors, EIS facilities have been established to ensure minors are not in a Border Patrol station for more than 72 hours. EIS Case Management teams, including onsite and/or virtual roles, are being built to help ORR meet its mission to safely release minors to a vetted Sponsor or safely transfer minors without unnecessary delay.

In situations where virtual and onsite Case Managers are working collaboratively on unification cases, every effort should be made to allow the virtual and the onsite Case Manager to work directly with each

other to best coordinate Case Management services to minors and Sponsors. Case Management teams should possess experience in all aspects of Case Management services for minors, as well as Child Welfare experience.

The Juvenile Coordinator met remotely with all the EIS facility site leads to ensure case management services are being provided to the minors in care. Currently, all EIS facilities have case management services in place. Some EIS facilities have developed robust Case Management Services while others continue to ramp up their services.

Access to Counsel

As a general matter, minors in ORR custody have access to counsel at their request. Section 3.3.10 of the ORR Policy Guide requires that minors have unlimited telephone access to attorneys representing them. Section 3.3. of the ORR Policy Guide also requires that minors receive legal services information, including a Legal Resource Guide and list of local pro bono legal service providers upon admission to ORR programs. This requirement applies to licensed facilities, Influx Care Facilities (ICF) and Emergency Intake Sites (EIS).

ORR funds access to legal counsel for minors on their immigration related cases through three mechanisms: 1) provision of Know Your Rights (KYR) presentations; 2) a legal consultation which screens minors for immigration related remedies; and 3) either direct representation or court assistance on immigration related matters. The decision whether to proceed with representation or court assistance on immigration related matters is at the discretion of the attorney and the minor. Additionally, ORR continues funding for direct representation for some minors after their release from ORR custody.

A legal service provider is assigned to every ORR facility, including ICF and EIS, for the purpose of carrying out these duties. At the EIS, priority is given to conducting KYR presentations and assisting minors with immediate immigration related needs through legal screening and direct representation/court assistance. Some EIS also offer drop-in office hours for minors to speak with them at will. Legal service providers have space at each EIS to conduct their services on multiple days, and in some cases, every day of the week. As of May 23, 2021, ORR funded the following services at EIS:

- KYR presentations to over 14,500 minors;
- Legal screening for over 250 minors; and
- Over 1,800 hours of drop-in legal services

In addition, ORR provides minors referrals to local legal service providers upon their release from ORR custody. Minors also receive additional KYR and legal screening from ORR funded legal services providers upon their transfer within the ORR care provider network.

ORR also provides our funded legal services contractor information on all minors released from ORR custody (licensed facilities, ICF, and EIS) so that their sub-contracted legal service providers may offer KYR presentations and legal screening to minors released from ORR custody prior to receiving those services.

COVID-19 in ORR Facilities

As of May 23, 2021, there are a total of 151 minors in ORR custody in licensed shelters who have been diagnosed with COVID-19 and who are currently in medical isolation. One hundred and seventeen (117) of these minors were diagnosed with COVID-19 either prior to placement in ORR facilities or during the initial intake period (first 14 days), and thirty-four (34) minors likely acquired COVID-19 while in ORR facilities (more than 14 days after arrival). Minors who test positive for SARS-CoV-2 more than 14 days (the maximum incubation period for SARS-CoV-2) after being admitted to ORR care were likely infected while in ORR care, through contact with infected staff members or other minors, or in community settings within the facility or medical office visits. It is often not possible to determine the exact timing and source of infection because many minors are asymptomatic and because a person who has recovered from COVID-19 may continue to have a positive test result for several weeks after illness.

ORR usually places minors newly referred along the Southwest Border into shelters local to the site of referral. On March 13, 2021, ORR issued guidance (COVID-19: Interim Guidance for Shortening Quarantine Duration and Increasing Testing for ORR Facilities) that now recommends minors be quarantined for seven days. Minors are released from quarantine if they remain asymptomatic and test negative both on entry to the program and within 48 hours before the end of their quarantine period. To decrease overcrowding at CBP facilities, shortening the quarantine period to seven days with a negative test result is advised based on CDC recommendations at all ORR facilities.

According to the revised ORR guidance issued on March 13, 2021, contact tracing should begin immediately if anyone tests positive for COVID-19. Minors who test positive for COVID-19 will be isolated until they meet the criteria to discontinue isolation. Minors exposed to COVID-19 shall be quarantined for seven days and tested by the 5th, 6th or 7th day of their quarantine. Minors will be released from quarantine upon receiving a negative test result.

Minors in such quarantine are tested at least twice for COVID-19, once shortly after admission and again prior to release from quarantine. In the last year, more than 92,000 COVID-19 viral tests have been completed for the unaccompanied minors in ORR's program.

ORR does not require that staff disclose their private medical information as it relates to COVID-19; however, some staff voluntarily reported this information. Since collecting information, ORR has been notified of 1,543 (cumulative) personnel with positive COVID-19 test results as of May 20, 2021. Staff with positive COVID-19 test results are required to medically isolate for at least 10 days. Staff with suspected exposure to COVID-19 are required to quarantine for 14 days, or for the time period recommended by the local health department. Furthermore, the exposed or infected staff are not permitted to have any contact with minors or other staff at the shelters until their quarantine or medical isolation periods, respectively, have ended.

At this time, care provider program staff who are eligible for the COVID-19 vaccine based on the CDC's Advisory Committee on Immunization Practices (ACIP) recommendations and the recommendations of their state and local jurisdictions may opt to receive the vaccine, which is now more readily available to adults.

The number of minors currently testing positive for COVID-19.

The Juvenile Coordinator consulted with the Division of Health for Unaccompanied Children (DHUC) to determine the likely source of infection for minors who were diagnosed with COVID-19 and are currently in medical isolation. Figure 7 below provides the census data for these minors as of May 23, 2021.

Figure 7: Positive COVID-19 Minors in Medical Isolation as of May 23, 2021³

Program Name (Location)	Bed Capacity	Beds Occupied	Positive Minors During initial intake period	Positive Minors Likely acquired in ORR care
[REDACTED] (AZ)	15	15	3	0
[REDACTED] (TX)	119	119	3	0
[REDACTED] (TX)	56	40	2	0
[REDACTED] (TX)	286	256	1	1
[REDACTED] (TX)	33	33	2	0
[REDACTED] (TX)	74	54	0	1
[REDACTED] (MD)	29	22	1	0
[REDACTED] (TX)	77	76	2	0
[REDACTED] (NY)	15	14	1	0
[REDACTED] (TX)	60	60	7	0
[REDACTED] (TX)	39	39	1	0
[REDACTED] (TX)	327	159	6	0
[REDACTED] (TX)	185	111	3	6
[REDACTED] (TX)	455	423	6	0
[REDACTED] (TX)	104	94	2	0
[REDACTED] (TX)	57	53	2	0
[REDACTED] (CA)	100	88	1	0
[REDACTED] (TX)	69	65	2	0
[REDACTED] (FL)	46	44	2	0
[REDACTED] (IL)	107	106	0	10
[REDACTED] (PA)	40	31	0	1
[REDACTED] (PA)	36	36	0	1
[REDACTED] (TN)	66	64	2	0
[REDACTED] (FL)	27	27	2	0
[REDACTED] (IL)	21	21	2	0
[REDACTED] (OR)	3	3	1	0

³Figure 7 is a result of the data gathered by the ORR Juvenile Coordinator in consultation with DHUC as it pertains to minors diagnosed with and currently isolated for COVID-19 throughout the permanent shelter network. This information reflects the status as of May 23, 2021. In addition, the bed capacity and census for each shelter is a snapshot in time as this information is constantly changing as developments arise.

Program Name (Location)	Bed Capacity	Beds Occupied	Positive Minors During initial intake period	Positive Minors Likely acquired in ORR care
[REDACTED] (AZ)	48	48	1	1
[REDACTED] (TX)	138	110	4	0
[REDACTED] (TX)	64	47	5	0
[REDACTED] (TX)	19	19	1	0
[REDACTED] (TX)	39	37	4	1
[REDACTED] (AZ)	69	69	0	2
[REDACTED] (TX)	136	129	0	3
[REDACTED] (TX)	900	900	0	3
[REDACTED] (TX)	200	143	0	1
[REDACTED] (TX)	58	18	0	1
[REDACTED] (TX)	323	296	14	1
[REDACTED] (AZ)	175	174	2	0
[REDACTED] (AZ)	41	41	1	0
[REDACTED] (AZ)	105	90	1	0
[REDACTED] (AZ)	181	181	1	0
[REDACTED] (TX)	126	116	11	0
[REDACTED] (TX)	137	111	5	0
[REDACTED] (TX)	38	28	2	0
[REDACTED] (TX)	120	104	2	0
[REDACTED] (AZ)	105	105	3	0
[REDACTED] (AZ)	148	148	1	0
[REDACTED] (TX)	40	40	3	0
[REDACTED] (FL)	16	16	1	0
[REDACTED] (FL)	75	75	0	1
[REDACTED] (VA)	87	87	1	0
Total	-	-	117	34

A COVID-19 health screening protocol for all minors is implemented to follow CDC guidelines for preventing and controlling communicable diseases. For minors diagnosed with COVID-19, EIS facilities either have established medical isolation areas or are designated for only minors that test negative for COVID-19. In addition to medical and mental health services, case management and legal services are available for all sites that were opened. Figure 8 below provides details on minors placed in EIS with a positive COVID-19 diagnosis.

Figure 8: Positive COVID-19 Minors in Medical Isolation as of May 23, 2021⁴

ICF/EIS Name (Location)	Bed Capacity	Beds Occupied	Positive Minors
██████████ (TX)	830	622	34
██████████ (TX)	1344	1091	18
██████████ (TX)	10000	4324	79
██████████ (TX)	372	306	2
██████████ (CA)	726	221	6
██████████ (TX)	606	317	9
██████████ (TX)	1970	1541	95
██████████ (CA)	975	510	7
██████████ (CA)	1450	879	39
██████████ (MI)	189	49	0
<i>Total</i>	-	-	289

Updates on ORR policies regarding the use of EIS’, including policies and procedures to address COVID-19

The CDC and the Southwest Border Migrant Health Task Force (SWBMHTF) is providing technical support and guidance to Emergency Intake Sites (EIS) on COVID-19 and communicable disease prevention and control. The ORR Division of Health for Unaccompanied Children (DHUC) meets with SWBMHTF several times a week to discuss ongoing guidance, developments and to troubleshoot site-specific issues that arise.

SWBMHTF currently recommends the following COVID-19 testing protocol for minors at EIS facilities. Specific protocols are adapted to each EIS as necessary to work within any resource constraints. Prior to a minor being transported to an EIS they are tested for COVID-19. On day 3, and days 5, 6, and 7 minors are tested utilizing the rapid antigen test and are tested every three days thereafter. Also, a minor is immediately tested if symptoms of COVID-19 are developed.

Minors are required to quarantine for the first 7 days after admission to an EIS and can be released from quarantine on the morning of day 8 if they remained asymptomatic and had a negative COVID-19 test in the 48 hours prior. Minors that test positive for COVID-19 are required to be isolated for 10 days from the date the positive test was collected, or 10 days from the date of symptom onset if symptomatic.

⁴Figure 8 are the results of the data gathered by the ORR Juvenile Coordinator in consultation with DHUC as it pertains to minors diagnosed with and currently isolated for COVID-19 throughout ORR ICF and EIS facilities. This information reflects the status as of May 23, 2021. In addition, the bed capacity and census for each shelter is a snapshot in time as this information is constantly changing as developments arise.

EIS facilities are required to report positive and negative COVID-19 rapid antigen test results to the local health department. CDC SWBMHTF collects aggregate, non-identifiable positive COVID-19 test results for each EIS and reports them to ORR. EIS facilities are also required to complete the “Emergency Intake Site (EIS) Discharge and Transfer Record of Public Health and Medical Information” form for all minors discharged from an EIS. This form accompanies the minor to their final destination to ensure medical services are complete and not duplicated.

Medical contractors provide public health and medical care at each EIS facility. The specific contractor at each facility varies. Medical contractors are required to adhere to all of the above requirements.

ORR’s COVID-19 plans on vaccine distribution

On March 2, 2021, the President announced that he is directing all states to prioritize school staff and childcare workers for COVID-19 vaccination, and is encouraging them to get teachers, school staff, and workers in childcare programs their first shot by the end of March. The Department of Health and Human Services has determined that staff in organizations caring for minors through the Unaccompanied Refugee Minors (URM) Program and Unaccompanied Children (UC) Care Provider Organizations are eligible for vaccination through this directive as childcare workers.

On May 12, 2021, ACIP made an interim recommendation for use of the Pfizer-BioNTech COVID-19 vaccine in adolescents aged 12–15 years for the prevention of COVID-19. The Pfizer-BioNTech COVID-19 vaccine had previously been authorized for use in persons aged 16 years and older. Additionally, the Pfizer-BioNTech COVID-19 vaccine may now be co-administered with other childhood vaccines. Given the recommendation for expanded use, ORR is currently reviewing plans and guidance for administering COVID-19 vaccine to minors in care.

A small number of minors in ORR care have already been vaccinated under interim guidance (e.g., minors with high-risk conditions, Cat 3’s and 4’s with parental/sponsor consent, etc.). ORR plans to provide expanded access to COVID-19 vaccinations to eligible minors in care to the greatest extent possible, per CDC guidance. ORR is currently collaborating with interagency and state partners to finalize implementation plans in state-licensed shelters, Influx Care Facilities and Emergency Intake Sites.

Summary

The undersigned respectfully submits this report to the Court pursuant to the Court Order dated May 7, 2021. The undersigned will continue to work independently and with the Special Master and will continue to file interim reports per the Court’s directive to monitor facilities to assure compliance with CDC guidance and adherence to ORR guidelines.

EXHIBIT C

7.5.1 Influx Care Facility Minimum Services

Influx care facilities must provide the following minimum services for each UAC in their care:

1. Proper physical care and maintenance, including suitable living accommodations, food, appropriate clothing, and personal grooming items.
2. Appropriate routine medical and dental care, family planning services, including pregnancy tests and comprehensive information about and access to medical reproductive health services and emergency contraception, and emergency health care services; a complete medical examination (including screenings for infectious diseases) within 48 hours of admission, excluding weekends and holidays, unless the UAC was recently examined at another ORR care provider facility; appropriate immunizations as recommended by the Advisory Committee on Immunization Practices' Child and Adolescent Immunization Schedule and approved by HHS' Centers for Disease Control and Prevention; administration of prescribed medication and special diets; appropriate mental health interventions when necessary.
3. An individualized needs assessment, which includes the various initial intake forms, collection of essential data relating to the identification and history of the child and his or her family, identification of the UAC's special needs including any specific problems which appear to require immediate intervention, an educational assessment and plan, and an assessment of family relationships and interaction with adults, peers and authority figures; a statement of religious preference and practice; an assessment of the UAC's personal goals, strengths and weaknesses; identifying information regarding immediate family members, other relatives, godparents or friends who may be residing in the United States and may be able to assist in connecting the child with family members.
4. Educational services appropriate to the UAC's level of development and communication skills in a structured classroom setting Monday through Friday, which concentrates primarily on the development of basic academic competencies, and secondarily on English Language Training. The educational program shall include instruction and educational and other reading materials in such languages as needed. Basic academic areas should include Science, Social Studies, Math, Reading, Writing and Physical Education. The program must provide UAC with appropriate reading materials in languages other than English for use during leisure time.
5. Activities according to a recreation and leisure time plan that include daily outdoor activity – weather permitting – with at least one hour per day of large muscle activity and one hour per day of structured leisure time activities (that should not include time spent watching television). Activities should be increased to a total of three hours on days when school is not in session.
6. At least one individual counseling session per week conducted by trained social work staff with the specific objective of reviewing the child's progress, establishing new short- term objectives, and addressing both the developmental and crisis-related needs of each child.
7. Group counseling sessions at least twice a week. Sessions are usually informal and take place with all UAC present. The sessions give new children the opportunity to get acquainted with staff, other children, and the rules of the program. It is an open forum where everyone gets a chance to speak. Daily program management is discussed and decisions are made about recreational and other activities. The sessions allow staff and unaccompanied alien children to discuss whatever is on their minds and to resolve problems.
8. Acculturation and adaptation services, which include information regarding the development of social and interpersonal skills which contribute to those abilities necessary to live independently and responsibly.
9. A comprehensive orientation regarding program intent, services, rules (written and verbal), expectations, and the availability of legal assistance.

10. Whenever possible, access to religious services of the child's choice.
11. Visitation and contact with family members (regardless of their immigration status), which is structured to encourage such visitation. The staff must respect the child's privacy while reasonably preventing the unauthorized release of the UAC.
12. A reasonable right to privacy, which includes the right to wear his or her own clothes when available, retain a private space in the residential facility, group or foster home for the storage of personal belongings, talk privately on the phone and visit privately with guests, as permitted by the house rules and regulations, receive and send uncensored mail unless there is a reasonable belief that the mail contains contraband.
13. Services designed to identify relatives in the United States as well as in foreign countries and assistance in obtaining legal guardianship when necessary for the release of the unaccompanied alien child.
14. Legal services information, including the availability of free legal assistance, the right to be represented by counsel at no expense to the government, the right to a removal hearing before an immigration judge, the right to apply for asylum or to request voluntary departure in lieu of deportation. This information is included in the [Legal Resource Guide for Unaccompanied Alien Children](#).

EXHIBIT D

1 younger children, teenage girls, and sibling groups. We have since calculated that there
2 were approximately three hundred children age twelve and under at Donna at that time.

3 6. During the course of the day, I interviewed six children and Ms. Desai interviewed
4 about twelve children – including sibling groups and a fourteen-year-old mother caring
5 for her baby. The children we interviewed ranged in age from one to seventeen years old.
6 We also learned about Donna from children we subsequently interviewed at the
7 Convention Center and from some follow-up conversations with children’s families.

8 7. The children we interviewed at Donna had been there from five to eight days.
9 Children at the Dallas Convention Center and families we spoke to subsequently reported
10 longer stays at Donna – up to fifteen days for one child. Overall, the children’s accounts
11 of their time at Donna painted a grim picture of a dramatically overcrowded facility that
12 was not designed to meet the needs of children for an extended period of time –
13 especially young children.

14 8. Children told us that they had infrequent access to showers while held at Donna.
15 Some children reported having showers every four days, but one reported it was six days
16 before she was permitted to take a shower. Most reported that there was ample soap, but
17 one child noted she had to use shampoo because there wasn’t enough soap. Children
18 reported taking showers at various times of the day, with one child reporting to me that
19 he was awakened at 3 a.m. to take a shower.

20 9. The overcrowding was particularly concerning in the children’s description of their
21 sleeping arrangements. Children reported that they slept on mats on the floor, but
22 multiple children told us that there were not enough mats and children often had to sleep
23 directly on the floor. Mats were placed so close together that you could touch the child
24 next to you. Several children reported pushing the mats together and sleeping sideways
25 so that more children could share the mats rather than having to sleep on the ground.

26 10. Children reported spending all day and night in their “pods” or “cells” in the tents.
27 The pods were separated by clear plastic walls and organized by age and gender.
28 Children told us there was nothing to do but sit in the tent and watch TV. They shared

1 how hard and sad it was to sit in the tent day after day listening to other children cry.
2 Many said they did not know if it was day or night outside. Some children would lie or
3 sit on the mats all day long. Multiple children said that the only time they saw the sky or
4 the sun was when they went outside to a courtyard with fake grass for about fifteen
5 minutes. Children said that they would go days without going to the courtyard. When
6 they went to the courtyard, they would just sit on the ground because there was nothing
7 for them to do there.

8 11. The children’s views of the food at Donna varied. Most said it was okay but that it
9 was bland or didn’t really taste like food. All the children reported being able to get fresh
10 fruit or snacks. Some of the teenagers said the servings weren’t enough and one child
11 (who I spoke to at the Convention Center) told me the food at Donna was inedible and he
12 ate nothing but fruit and snacks for nine days.

13 12. None of the children I spoke to at Donna had been allowed to make a phone call to
14 their family. They were visibly shaken when talking about how hard that was for them.
15 All of the children had family in the U.S., and each of them either had the phone number
16 for their family member written on a piece of paper in a Ziploc bag or had it memorized.
17 More than anything, they wanted to be in touch with their families.

18 13. All of the children I spoke to wanted to know how long they would have to stay at
19 Donna and when they would be able to see their family. It seemed that none of them had
20 been given information about the sponsorship process or what would happen to them
21 next. They were all desperate for more information.

22 **Site Visit to Carrizo Springs Temporary Influx Shelter**

23 14. On March 12, Ms. Desai and I visited the Carrizo Springs Temporary Influx
24 Shelter (“Carrizo”) with a Spanish-language interpreter. On the day of our visit, there
25 were about 780 children placed there. At that time, all of the children placed at Carrizo
26 were boys between the ages of 13 and 17. We were provided written materials about the
27 layout of the site, but we were already familiar with it because we had previously toured
28 this facility when it was open temporarily in 2019.

1 15. In sharp contrast to the children at Donna, the children we interviewed at Carrizo
2 seemed much happier and more at ease. While upon first observation the physical plant
3 is stark and not particularly child-friendly, it is clear from my own observation and
4 conversations with the care provider that efforts have been undertaken to make the
5 children feel as welcome as possible, including having a banner on the front building that
6 says: “Bienvenidos”; allowing children to decorate their rooms with their own artwork;
7 and giving all children new clothes, shoes, a duffel bag, and a Bible at intake. I have
8 subsequently learned that the girls who will soon be placed at Carrizo will all have a
9 teddy bear waiting for them on their assigned bed.

10 16. Children reported having comfortable living arrangements, including their own
11 bunk beds in a bedroom shared with three other children, a shared bathroom, and a shared
12 living space in between two bedrooms. Children have access to daily showers.

13 17. Children eat in a cafeteria and reported that they were satisfied with the food. One
14 child remarked that the food was better than the other places he had been.

15 18. Children reported having school Monday to Friday for 6.5 hours. They also have
16 daily outdoor recreation, including playing soccer.

17 19. Children reported having two 20-minute phone calls a week with their family and
18 getting updates on their case from a counselor prior to these phone calls. The children I
19 spoke to were generally aware of the status of their sponsor’s application and felt hopeful
20 that they would be getting released soon. One expressed concern about the length of time
21 it was taking his sponsor to get a fingerprinting appointment.

22 20. While we were at the facility, legal service providers were meeting with youth to
23 conduct know your rights trainings. It was refreshing to see children waiting in the
24 common area who were smiling, playing board games with other children and staff, and
25 generally acting like kids.

1 **Site Visit to Kay Bailey Hutchinson Convention Center Emergency Intake Site**

2 21. On March 29, I visited the Kay Bailey Hutchinson Convention Center Emergency
3 Intake Site in Dallas, Texas (“Convention Center”) with my colleagues, Neha Desai and
4 Melissa Adamson, and two Spanish-language interpreters.

5 22. On the day of our visit, we were told there were about 2,270 children placed at the
6 Convention Center. All of these children were boys between the ages of 13 and 17 who
7 had been transferred directly from Customs and Border Protection.

8 23. Upon arrival at the Convention Center, we were provided with a full tour of the
9 facility. We were repeatedly told that ORR views the standing up of emergency intake
10 sites like the Convention Center as a “life-saving mission.” We were encouraged to
11 consider the Convention Center as akin to a hurricane shelter – with the hurricane in this
12 situation apparently being the increase in children resulting in overcrowded and unsafe
13 conditions at Customs and Border Protection facilities like Donna.

14 24. While there is no question that the Convention Center is a significant improvement
15 over a prolonged stay at Donna, I nonetheless have concerns about the lack of case
16 management, lack of phone calls, lack of activities, and lack of identifiable standards at
17 this facility – especially to the extent that children might remain there for many weeks or
18 months. In my opinion, suggesting that the only options are a prolonged stay at Donna
19 and standardless emergency sites offers a false dichotomy. ORR should be devoting
20 significantly more resources to enhancing its case management capacity both because
21 children have a right to be quickly and safely reunified with their families and because
22 not doing so will place ever increasing demands on a system that is already stretched far
23 beyond capacity.

24 25. During our tour of the facility, we were shown two large conference areas used for
25 eating and sleeping and a number of smaller areas designated for medical services, site
26 support and logistics, and indoor recreation. We were also taken to an area in the loading
27 dock of the Convention Center where portable units had been set up for showers and
28 bathrooms.

1 26. All of the approximately 2,300 children living at the Convention Center sleep in an
2 enormous conference room on white cots arranged in vast rows. There is no privacy in
3 this sleeping area. Some children stated that it was difficult to sleep with so many people
4 in the same space and so nearby. One child said it was noisy and unsettling, and it took
5 him hours to fall asleep. Others noted that being around thousands of people in such
6 close proximity made them concerned about COVID. One child said being around so
7 many people made him feel “asphyxiated.”

8 27. There is a separate large area where the children eat their meals. Groups of
9 children cycle through this area, pick up their meals, and then sit at conference tables and
10 eat together. We observed some of the lunch and dinner meal times, and I noted how
11 smooth and orderly the process went and how well-behaved the children acted.

12 28. Next to the eating area, a section of the Convention Center has been cordoned off
13 for recreation. The recreation area includes a few basketball hoops, a makeshift space for
14 soccer, and some tables where children can watch movies.

15 29. We were also taken to the loading dock of the Convention Center. This area has
16 rows of portable units with showers and bathrooms. Intake of new children is also
17 conducted in this area.

18 30. Following the tour, we interviewed approximately ten children. The children I
19 interviewed had been living at the Convention Center for nine to thirteen days. They
20 reported having been at a CBP facility prior to that for four to eleven days.

21 31. Most of the children I spoke with at the Convention Center reported having been
22 given a single 10-minute phone call with their family members the day before our site
23 visit. They all desperately wanted more contact with family as some had gone weeks or
24 months without talking to them. One child reported that he was told he would be allowed
25 to have two phone calls a week while at the Convention Center, but that had not been
26 happening.

27 32. The children I spoke to reported having no contact with a case manager or anyone
28 who knew about their case. They all seemed confused about the sponsorship process and

1 described feeling anxious to have more information about what was happening to them
2 and when they would be released.

3 33. We have reached out to several of the interviewed children's family members since
4 our visit. These family members have told us that they have not been contacted by case
5 managers. They expressed frustration that they have not been provided information about
6 the sponsorship process or the steps they should be taking so that their children can be
7 released to them.

8 34. Children at the Convention Center appear to have access to basic hygiene. They
9 reported that they were able to shower regularly. One child expressed thanks to God that
10 he could shower daily, having come from Donna where he went four days in between
11 showers. There were hand sanitizer stations throughout the facility and no children raised
12 any concerns about access to soap or toiletries.

13 35. Children at the Convention Center have limited access to education and recreation.
14 Children reported having anywhere from fifteen minutes to an hour of English language
15 instruction a day. One child told me that the time varied based on the availability of the
16 volunteer teachers. We were told that the site does not have adequate space to set up a
17 classroom for additional instruction.

18 36. Children reported inconsistent access to the indoor recreation area of the
19 Convention Center. Some said recreation time was supposed to happen daily, but that it
20 didn't always happen. In general, children reported having limited activities and
21 spending the majority of their days sitting on their cots.

22 37. Children reported that the meals at the Convention Center were generally okay, but
23 that portions were not large enough and they often felt hungry between meals. The site is
24 aware of this concern, and mentioned they are working with the catering company to
25 increase the portions.

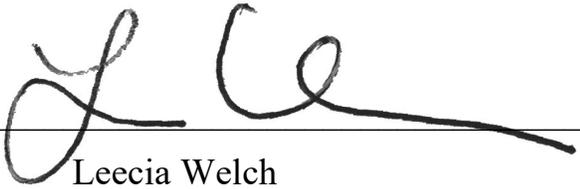
26 38. The only fresh air children at the Convention Center get is when they are waiting
27 in line in the loading dock to use the portable shower and bathroom units. We were told
28 that given the urban environment, there was not a safe space for outdoor recreation and

1 there were no plans to allow children outside the facility during their stay. This means
2 that some of the children I interviewed have already gone more than a month without
3 outdoor recreation.

4 39. As far as I know, the Convention Center is not adhering to any particular standards
5 other than being a “life-saving mission” operating generally under a “best interests of the
6 child” standard. It is not clear to me what that means. Given that this and similar
7 facilities will likely be open for months, it is crucial that ORR develop uniform
8 emergency intake site standards that ensure the safety and well-being of children while
9 they await placement with their relatives. While the rapid deployment of the Convention
10 Center and other similar facilities has been admirable, it is deeply concerning to me that
11 thousands of children have been stuck indoors in close proximity, with minimal activities,
12 limited access to phone calls, and no case managers for many weeks.

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14 I declare under penalty of perjury that the foregoing is true and correct. Executed on this
15 9th day of April, 2021 at Boca Grande, Florida.

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Leecia Welch

EXHIBIT E

[Home](#) > [About](#) > [News](#) > Pomona Fairplex Emergency Intake Site (EIS)

FOR IMMEDIATE RELEASE
May 1, 2021

Contact: Administration for Children and Families (ACF)
media@acf.hhs.gov

Pomona Fairplex Emergency Intake Site (EIS)

As part of the Biden Administration’s work to move unaccompanied children out of U.S. Customs and Border Protection (CBP) facilities as quickly as possible, the **Pomona Fairplex Emergency Intake Site (EIS) in Pomona, California, will receive the first unaccompanied children today, approximately 250 children.** The children will be welcomed by staff, receive a medical check, and be provided needed clothing, toiletries, food and snacks, as well as a safe place to rest. The Pomona Fairplex EIS will provide shelter for boys and girls from 2-17 years of age and has a potential capacity of 2,500 beds.

“Providing unaccompanied children a safe shelter is our legal and moral obligation,” said HHS Secretary Becerra. “In the past month, we’ve made great strides expanding our capacity to meet those obligations while we work to safely and swiftly unify children with a family member or responsible sponsor. I want to express our deep appreciation to the officials who have supported our efforts, and especially want to acknowledge Los Angeles County Supervisor Hilda Solis, Mayor Tim Sandoval and the civic leaders and community of Pomona for the respect and hospitality extended to the children and the team at HHS. While the work has only begun, we’re on the right path with reliable partners to get this done right.”

While HHS’ Office of Refugee Resettlement (ORR) has worked to build up its licensed bed capacity to care for unaccompanied children, additional capacity is urgently needed to manage the increasing numbers of unaccompanied children referrals from CBP. HHS is aggressively working with its interagency partners to ensure that unaccompanied children are safe and unified with family members or other suitable sponsors as quickly and safely as possible. To support this effort, HHS selected the Pomona Fairplex property to establish an EIS to provide ORR with needed capacity to accept children from CBP into its care where they can be safely processed, cared for, and either released to a sponsor or transferred to an appropriate ORR shelter for longer-term care. The EIS is intended for use as a temporary measure.

The Emergency Intake Site will initially provide potentially lifesaving services for unaccompanied children that are consistent with best practices/standards in emergency response in disasters or other humanitarian situations – clean and comfortable sleeping quarters, meals, toiletries, laundry, and access to medical services. A COVID-19 health screening protocol for all children will be implemented to follow

CDC guidelines for preventing and controlling communicable diseases. Services will be provided by a combination of contractors, and federal staff – including teams from the HHS Office of the Assistant Secretary for Preparedness and Response and the U.S. Public Health Service Commissioned Corps.

HHS will utilize all available options to safely care for the children. These options include both short-term and long-term solutions. In the short-term, HHS' Office of Refugee Resettlement (ORR) is working to ensure children don't spend more time in border patrol facilities than necessary by: 1) safely increasing capacity in its permanent/licensed network by implementing enhanced CDC COVID-19 mitigation strategies; 2) safely reducing the time it takes to unify unaccompanied children with sponsors; 3) using Influx Care Facilities with the same standards of care used in its permanent/licensed network; and 4) establishing Emergency Intake Sites to decrease over-crowding in CBP facilities. Simultaneously, ORR is committed to aggressively moving toward the long-term goal of acquiring enough state-licensed beds in our care provider network to reduce the need in the future for Influx Care Facilities or Emergency Intake Sites.

ORR operates a network of over 200 facilities/programs in 22 states and has a proven track record of accountability and transparency for program operations, as well as being a good neighbor in the communities where facilities are located.

HHS has recently taken steps to significantly increase in bed capacity, including:

- On February 22, HHS opened the Carrizo Springs Influx Care Facility (ICF), Carrizo Springs, Texas, adding an additional 1,008 beds to our care-provider network.
- With the assistance of FEMA, on March 14, HHS opened an Emergency Intake Site (EIS) for Unaccompanied Children in Midland, Texas, with the potential capacity of 700 beds.
- With the assistance of FEMA, on March 19, HHS opened an Emergency Intake Site (EIS) in Dallas, Texas, with the potential capacity of 2,300 beds.
- With the assistance of the Department of Defense (DOD) on March 25, HHS announced it will open an Emergency Intake Site (EIS) for Unaccompanied Children at Joint Base San Antonio Lackland, near San Antonio, Texas with the potential capacity of up to 350 beds.
- With the assistance of FEMA, on March 27, HHS opened an Emergency Intake Site (EIS) for Unaccompanied Children at the San Diego Convention Center, with the initial potential capacity of 1,450 beds.
- With the assistance of FEMA, on March 29, HHS opened an Emergency Intake Site (EIS) for Unaccompanied Children at the Freeman Expo Center in San Antonio, Texas, with an internal potential capacity for 2,100 beds and an external capacity of 300 medical beds.

- With the assistance of the Department of Defense (DOD) on March 30, HHS opened an Emergency Intake Site (EIS) for Unaccompanied Children at Fort Bliss near El Paso, Texas, with the potential capacity of up to 5,000 beds.
- With the assistance of FEMA, on April 1, HHS opened an Emergency Intake Site (EIS) for Unaccompanied Children at the National Association of Christian Churches (NACC Houston) site in Houston, Texas, with the potential capacity of 500 beds.
- With the assistance of FEMA, on April 5, HHS opened an Emergency Intake Site (EIS) for Unaccompanied Children, Dimmit, in Carrizo Springs, Texas, with the potential capacity of 440 beds.
- With the assistance of FEMA, on April 5, HHS opened an Emergency Intake Site (EIS) for Unaccompanied Children at the Target Lodge Pecos North property in Pecos, Texas, with the potential capacity of 2,000 beds.
- With the assistance of FEMA, on April 6, HHS opened an Emergency Intake Site (EIS) for Unaccompanied Children, Delphi, in Donna, Texas, with the potential capacity of 1,500 beds.
- On April 11, HHS opened an Emergency Intake Site (EIS) for Unaccompanied Children at the Starr Commonwealth campus in Albion, Michigan, with the potential capacity of 240 beds.
- On April 13, HHS opened an Emergency Intake Site (EIS) for Unaccompanied Children at the Pennsylvania International Academy (PIA) in Erie, Pennsylvania, with the potential capacity of 418 beds.
- As of April 17, the NACC Houston EIS no longer serves unaccompanied children.
- On April 17, HHS opened an Emergency Intake Site (EIS) for Unaccompanied Children at Joint Base San Antonio (JBSA)-Lackland near San Antonio, Texas, with the potential capacity of 372 beds.
- On April 22, HHS opened an Emergency Intake Site (EIS) for Unaccompanied Children at the Long Beach Convention Center in Long Beach, California, with the potential capacity of 1,000 beds, including medical isolation.
- As of April 23, the PIA EIS no longer serves unaccompanied children.

HHS will keep Congress, state, and local officials informed of future actions concerning unaccompanied children matters throughout our care-provider network.

###

Last revised: May 1, 2021

HHS Headquarters

U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free Call Center: 1-877-696-6775

EXHIBIT H

1 I, [REDACTED], declare as follows:

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1. This declaration is based on my personal knowledge. If called to testify in this case, I would testify competently about these facts.
 2. I am 14 years old. I am from Guatemala.
 3. I arrived in the United States by myself near Ciudad Juarez. I don't remember exactly when I arrived.
 4. I was walking by the border and the Border Patrol called out to me and looked at my identification and took me in a bus.
- CBP Custody
5. I spent 15 days in Border Patrol custody. I was not allowed to call my mother and nobody told me how long I would be there.
 6. I was in a tent area but it was not as big as Fort Bliss. There were about 85 other kids in the same facility. I was not allowed outside the entire time I was in Border Patrol custody.
 7. I was able to sleep okay. The temperature was okay. We had mats to sleep on but we only had aluminum blankets.
 8. I was only allowed to shower two times in 15 days for five minutes each time. I was not given any soap or shampoo when I showered. I was able to wash my hands with soap and water.
 9. Everyone was wearing masks at the Border Patrol facility. I was not tested for Covid.
 10. I didn't eat much because I did not like the food. The only food we got were egg and ham sandwiches. The only water we could drink came from the drinking fountain. We were not given water bottles. I was thirsty but I didn't like to drink the water because it tasted like chlorine
 11. The CBP officers treated us okay.

1 ORR Custody – NACC Houston

2 12. After 15 days in a CBP facility, I was transferred to a NACC facility in Houston by
3 bus. Everyone on the bus was wearing masks. Nobody told me why I was going to
4 Houston.

5 13. When I arrived at the Houston facility, I was tested for Covid and I tested negative.

6 14. I was detained at the Houston facility for about 15 days.

7 15. My mom wants to be my sponsor. She lives in Virginia. I never met with a case
8 manager in Houston and nobody from Houston contacted my mother.

9 16. The food in Houston was not good and was sometimes expired.

10 17. It was very hot all the time I was there and they did not give us enough water. We
11 had only three water bottles per day and I was often thirsty. We also got juice and milk
12 but it was expired. We had to drink the expired milk because sometimes we didn't have
13 any water left.

14 18. I saw eight girls faint because of the heat and the lack of water. There was no
15 medical support in the facility but the staff took the girls to a hospital about 20 minutes
16 away.

17 19. In Houston there was not much to do. There were no classes. We were not allowed
18 outside at all. We were not able to do any activities except on Mondays and Wednesdays
19 when some volunteers came and allowed us to play and do some painting and arts.

20 20. We were allowed to shower every three days for ten minutes each time.

21 21. We were allowed to go to the bathroom during the day but at night we were only
22 allowed to go to the bathroom once a night. My friend had stomach pains and constantly
23 had to go to the bathroom, but one of the staff members would not allow her to go to the
24 bathroom and told her that she shouldn't drink so much water. My friend was getting
25 ready to use a bag to go to the bathroom but finally we talked to a supervisor and they
26 allowed her to go to the bathroom. Another staff member allowed us to go to the
27 bathroom but she had to sneak girls into the staff bathroom. The girls were scared to go to
28

1 the bathroom in our area because there were scary shadows and we heard kids crying in
2 the bathroom all the time.

3 22. All the girls slept in one big place but there were dividers between the beds. There
4 were 94 girls in my area. I was able to sleep okay.

5 23. I don't know why I was transferred here. We were told the same day that we were
6 leaving. Nobody told me where I was going.

7 24. I was excited to leave because I thought I would go to my mom. But instead they
8 transferred me to the Fort Bliss Emergency Intake Site by plane.

9
10 Fort Bliss Emergency Intake Site

11 25. I have been detained at the Fort Bliss Emergency Intake Site for about 12 days.

12 26. My mom still wants to be my sponsor. Nobody has contacted my mom. I spoke
13 with her yesterday and she said no one had contacted her.

14 27. I have not spoken to a case manager here about my case. Nobody has told me when
15 I can speak with a case manager.

16 28. I can speak with my mom two times a week for ten minutes.

17 29. There are 459 girls in my sleeping tent. I do not sleep well here because it is very
18 cold. I sleep on the top bunk.

19 30. I like this place better than Houston because here they allow us to brush our hair
20 and in Houston they didn't allow us.

21 31. I am allowed outside about every other day for about 20 to 30 minutes. The only
22 activity is playing soccer but I don't like soccer so I just go outside to get some sun.

23 32. During the day here I usually draw and play with games.

24 33. There are English classes once or twice a week and we can go if we want for as
25 long as we want. We learned some numbers.

26 34. There is no regular therapy here but I think I can speak to a counselor if I want to. I
27 haven't spoken to a counselor.

28 35. The food here is good and better than Houston. There is enough food and water.

1 36. Every time we need to go from building to building we need to be in a single file
2 line and move in groups. If a girl steps out of line, they are told to get back in line. We
3 are not allowed to go from one building to another without permission.

4 37. We are allowed to shower every day for as long as we want. They give us about
5 three changes of clothes per week when the clothes are available. Sometimes new girls
6 arrive and they have to give them the new clothes.

7 38. We are allowed to use the bathroom whenever we want.

8 39. There are staff around all the time, including when we are sleeping.

9 40. I did not receive a list of free legal service providers. I have not talked to an
10 attorney since I have been here.

11 41. The staff here treat us well but I really want to live with my mom. My birthday is
12 coming up soon and I wanted to spend it with her but I don't think I will be able to.

13 42. I don't know what I want to be when I grow up but my dream is to have a house
14 and a car.

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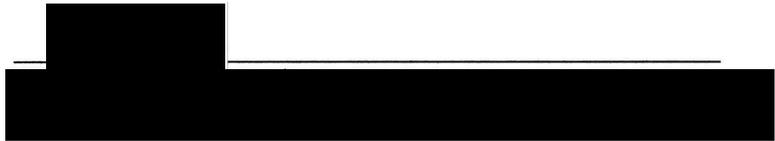
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I declare under penalty of perjury that the foregoing is true and correct. Executed on this 29 day of April, 2021, at El Paso, Texas.



CERTIFICATE OF TRANSLATION

My name is Gustavo DeLas Rios and I swear that I am fluent in both the English and Spanish languages and I translated the foregoing declaration from English to Spanish to the best of my abilities.

Dated: 4/29/2021

A handwritten signature in black ink, written over a horizontal line.

EXHIBIT I

1 I, [REDACTED], declare as follows:
2

3 1. This declaration is based on my personal knowledge. If called to testify in this
4 case, I would testify competently about these facts.

5 2. I am 17 years old. I am from Honduras.

6 3. I traveled to the United States with my cousin, but she was not able to enter. I
7 crossed into the United States on or about March 29. I was detained by Immigration for
8 four days. Then I was transferred to the Houston Emergency Intake Site.

9 4. I was detained at the Houston Emergency Intake Site for about 16 days.

10 5. When I left the Immigration detention, they gave me a Covid test and it was
11 negative. When I arrived at the Houston Emergency Intake Site, they asked me if I had
12 any Covid symptoms and they tested me for Covid a few days later.

13 6. While I was detained at the Houston Emergency Intake Site, I was allowed to use a
14 phone one time to call my family. I was only allowed to be on the phone for five minutes.
15 I called my aunt, and she is going to be my sponsor.

16 7. There was nothing to do during the day. I spent all day on my cot because there
17 was nothing to do. A week after I arrived, some volunteers came, and they gave us
18 notebooks. The volunteers would bring games like Connect4 and would give us puzzles
19 and buy us candy sometimes.

20 8. There were no classes the entire time I was there.

21 9. We were not allowed to go outside the entire 16 days I was there.

22 10. When I felt sad there was no one to talk to. Sometimes, I could talk to the
23 volunteers who were there once a day. They came either in the morning or in the
24 afternoon.

25 11. I felt very sad while I was there. It was horrible being in there. I couldn't be
26 outside and the only way I knew if it was morning or night was by looking out three
27 small windows. I didn't feel safe while I was there.
28

1 12. The food was horrible. There was chicken that was boiled and when we opened the
2 chicken it was raw inside. They gave us sandwiches and sometimes the meat had
3 ligaments in it and it was not cooked all the way. I couldn't eat the food because it was
4 too awful. I drank water and ate cookies instead.

5 13. They woke us up at 4am to brush our teeth so we could be ready for breakfast and
6 then we would eat breakfast at 7am. We never left our cots except to get our food and
7 then we brought our food to our cots to eat.

8 14. While I was at the Houston facility, I slept in a giant warehouse that was divided
9 into sections by boxes. I think the boxes were full of plastic cutlery because that's what
10 the picture on the boxes indicated. I slept on a cot. There were about 200 girls in my
11 section and there were other sections that more than 200 girls. I think there were 7
12 sections total. I couldn't sleep at night because it was very loud. They turned the lights
13 off in parts of the warehouse but in some sections the lights were on. It seemed like they
14 turned the lights off in the corners of the warehouse and left them on in the middle. It was
15 very warm in the warehouse.

16 15. We were allowed to shower every 3-4 days. They would sometimes tell us we
17 couldn't shower because the pipes in the showers were damaged. I didn't receive a clean
18 bra for ten days while I was at Houston and I had to wear the bra they gave me at
19 Immigration until it fell apart. They didn't give us clean underwear and told us to turn our
20 underwear inside out. I got a vaginal infection while I was in Houston and it had to be
21 treated medically after I left. We had five minutes to shower and get dressed which was
22 not enough time.

23 16. I was not allowed to use the bathroom whenever I needed to. I often had to wait a
24 long time to use the bathroom. There was only one restroom available for all 200 kids in
25 my section. When we asked to go to the bathroom, the workers told us to stop drinking
26 water and eating food, so we didn't have to use the bathroom as much.

27 17. I did not receive a list of free legal service providers. I did not talk to an attorney
28 while I was there.

1 18. The workers were very short-tempered. They got mad because they thought the
2 girls only wanted to be in the bathroom. Sometimes they would give us churros or baked
3 goods, but they would never hand them to us, they would just throw them at us on our
4 cots. I heard that other girls were told if they didn't follow the rules they would be
5 deported.

6 19. I was worried it was unsafe where we were. I heard that one of the girls was almost
7 abducted by a lady dressed in black. The girl was able to escape but the people trying to
8 abduct her said they would come back for her. It scared me and scared everyone.

9 20. Another night we heard a man yell, and then we heard a loud explosion. After that,
10 all the workers were on their walkie-talkies and running toward the section where the
11 explosive noise came from. There were then helicopters circling that were very loud. No
12 one ever talked to us about what was going on, no one ever explained why there were
13 helicopters. They just told us to lay down and not to move.

14 21. There were three nights where lots of girls were fainting. I don't know why they
15 were fainting, but several girls fainted three nights in a row at around 9pm each night.

16 22. After I was at Houston for 16 days, I was moved to Carrizo Springs. One day a
17 woman came to us and said that we were leaving the next day. They did not explain why
18 we were leaving. Then, the next day, people questioned us about what our names are and
19 what countries we were from. They separated us into groups and gave us different
20 colored bracelets. Then we came to Carrizo Springs on a bus. We left in the evening and
21 we arrived at Carrizo Springs in the middle of the night.

22 23. I was very happy to leave Houston because it had been 16 days since I had seen
23 outside – 16 days since I had seen the sky or the sun.

24 24. I met with one case manager, on the computer, while I was in Houston. At Carrizo
25 Springs, I was told that all the paperwork has come through and I just need one document
26 from immigration then I can be reunited with my aunt.

27 25. When I am reunited with my aunt, I want to take a course to learn English. I am
28 looking forward to going to school.

1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this
2 3rd day of May, 2021, at Carrizo Springs, TX.

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CERTIFICATE OF TRANSLATION

My name is Carlos R. Cuevas and I swear that I am fluent in both the English and Spanish languages and I translated the foregoing declaration from English to Spanish to the best of my abilities.

Dated: 5/3/21



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EXHIBIT J

1 I, [REDACTED], declare as follows:

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3 1. This declaration is based on my personal knowledge. If called to testify in this
4 case, I would testify competently about these facts.

5 2. I am 17 years old. I am from El Salvador.

6 3. I came to the border on about March 27. When I came to the border, near Ciudad
7 Juarez, the officials took all my information and details. They took my name, my
8 fingerprints, and other information. Then I was put in a small bus and taken to the freezer
9 (“*la hielera*”). It was a building with many rooms. There were about 85 children there. I
10 was in room number 5, and there were many other girls in my room. When I was there,
11 an official swabbed the inside of my cheek for a DNA test. The officials also told me that
12 I had to sign a document. They didn’t explain what the document was, but two pages of
13 the document had the word “Florida” on it, which is where my sponsor lives. They told
14 me I was too slow in signing it.

15 4. We had to go outside to shower whenever it was our turn to shower. I showered
16 three times – all at strange times, 3 in the morning, 12 at night – and it was always really
17 cold and uncomfortable.

18 5. I was given a receipt for my belongings at border patrol, but I don’t know where
19 those belongings went. I had a cellphone and about 80 dollars, and I’m not sure where
20 those are now.

21 6. After four days in the border patrol building, I was woken up at 5 am and given a
22 COVID test in my nose and tested negative. Then I was put on a bus and I was
23 transferred to Houston. They didn’t tell me where I was going.

24
25 Houston

26 7. I was detained at the Houston Emergency Intake Site for about 15 days. I have
27 been here at Carrizo for 17 days.

1 8. While I was at the Houston facility I slept in a huge room with hundreds of other
2 children. I slept in a military-style bed. The big room was divided into sleeping sections
3 by stacks of cardboard boxes, and in each section there were about 45 girls. It was hard to
4 sleep at night because it was very loud. When the staff were building the COVID and
5 nursing area, it was very loud at night because of the construction.

6 9. During the day and night, we were told that we had to stay on our beds and could
7 only get up to go to the bathroom and to shower. We had to eat on our beds because there
8 was no other place to eat.

9 10. There was no education at Houston. Sometimes volunteers would come to play
10 games with us, but they rotated among the sections for about thirty minutes in each
11 section. In the 15 days that I was at Houston, we had game time three times.

12 11. I only received a phone call to my mother after I had been at Houston for eight
13 days, and I was only allowed to talk to her for five minutes.

14 12. I didn't receive a shower for the first 8 days that I was at Houston. I showered two
15 times in the remaining seven days that I was at Houston. We were only allowed five
16 minutes total – two and half minutes to be in the water and two and a half minutes to
17 change our clothes. It was nowhere near enough time to shower.

18 13. I had to wear the same clothes for 15 days. The staff members told us to wear the
19 same underwear and just turn it inside out, because there wasn't any laundry to clean our
20 clothes.

21 14. I was not allowed to use the bathroom whenever I needed to. After 10 pm at night
22 we were not allowed to use the bathroom. The staff members told us not to drink water at
23 night so that we wouldn't need to use the bathroom. One of my roommates almost had to
24 pee in a plastic bag because the staff wouldn't let her use the bathroom. We tried to cover
25 her up so that she would have some privacy, and it was only when the staff members saw
26 us trying to do that that they let her go to the bathroom.

27 15. The staff members that took care of my group were nice. They bought coloring
28 books with their own money so that we would have something to do.

1 16. One of my friends told me that a staff member told her that she shouldn't be here
2 and that she should go back to her country.

3 17. The food in Houston was really bad. I was given expired milk twice. One time, we
4 had chicken for dinner and it was only slightly cooked on the outside and raw on the
5 inside, you could see the blood. My friends and I got to the point where we were just
6 drinking water and eating some of the snacks because the food was so bad.

7 18. One morning I woke up with a headache and the staff told me that it was just
8 because I was hungry, but I had just had breakfast.

9 19. We spent most of the day in our beds at Houston because there was nothing else to
10 do. I felt very desperate and would cry at night. I would look up at the ceiling and
11 imagine talking to my mom and feel very, very sad. There weren't any counselors that we
12 could talk to if we were feeling sad or anxious.

13
14 Transfer

15 20. After I was at Houston for 15 days, I was moved to Carrizo Springs. All of the
16 children at the Houston facility were moved.

17 21. Some of the girls in my section heard that that there was a woman that showed up
18 in the middle of the night who didn't work at the facility. The woman tried to take a girl
19 away, but one of the guards stopped her. There was a van with two men smoking outside.

20 22. One time, I heard helicopters around the building, and I heard a man in the hallway
21 scream something and there was a loud explosion outside. I don't know what happened,
22 but one of the security guards said something about a bomb. After that happened, they
23 put two security guards at each door. Some of the girls were so stressed and scared that
24 they fainted. A few days after that, the staff told us that we were going to be moved to a
25 different facility because the Houston warehouse was no longer safe.

26 23. When I learned that we were going to be transferred, I hoped that I would be
27 released in a few days. I was confused because I didn't know what was going on and they
28 didn't tell us anything.

1 Case Management

2 24. My aunt is applying to be my sponsor.

3 25. When I was at Houston, I had one virtual meeting with a social worker. She asked
4 me who my sponsor would be, my sponsor's address, telephone number, and why I came
5 to the United States. The social worker then added my aunt to the call and asked my aunt
6 about her employment and other information.

7 26. When I arrived at Carrizo, I had my first call with my aunt. One of the staff
8 members in the call center told me that my aunt had turned in the paperwork and that I
9 would be approved soon. Then, a social worker told me that some paperwork was still
10 missing. My aunt gave her fingerprints on April 29, so maybe that is the information that
11 was missing and I will be released soon.

12 27. When I grow up, I want to join the military. I am a disciplined person, and my
13 parents have taught me to be respectful and responsible.

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1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this
2 3rd day of May, 2021, at Corrizo Springs, Texas.

3 [Redacted Signature]

4 _____
5 [Redacted Name]

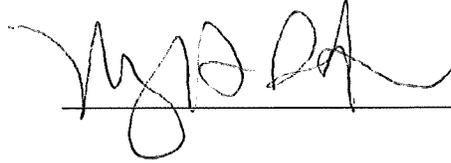
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CERTIFICATE OF TRANSLATION

My name is Mary Helen Rentena and I swear that I am fluent in both the English and Spanish languages and I translated the foregoing declaration from English to Spanish to the best of my abilities.

Dated:

3/3/21



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EXHIBIT K

1 I, [REDACTED], declare as follows:

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3 1. This declaration is based on my personal knowledge. If called to testify in this
4 case, I would testify competently about these facts.

5 2. I am 17 years old. I am from Guatemala.

6 3. I arrived on the 31st of March so I am approaching the thirty-day mark. I came here
7 by myself.

8
9 **CBP Custody**

10
11 4. It was a difficult trip. When I crossed the border, I was apprehended by
12 immigration officials. [REDACTED]

13 [REDACTED]
14 5. I was taken to a cell for three hours, and then after that they took me to the hielera.

15 6. I was in the hielera for 4 days.

16 7. It was always dark. You couldn't tell if it was night or if it was day. They gave us a
17 mattress pad and an aluminum blanket, and that was it. It was pretty awful being there.
18 You were not allowed to go outside.

19 8. I was allowed to shower when I arrived, but not again during those four days.

20 9. I was not able to make a phone call there.

21
22 **ORR Custody – Houston Emergency Intake Site**

23
24 10. After the hielera, I was taken to a facility that looked like a warehouse in Houston.
25 I took a bus to get to Houston, and that trip was about 13 hours long. There were 26 girls
26 on the bus.

1 11. I was able to make a phone call several days after I arrived. I spoke with my mom
2 and she said that immigration officials had never called her to tell her I was in custody
3 Other than that, I was not allowed any phone calls.

4 12. We all slept in the same huge area of the warehouse. The only thing in the
5 warehouse were cots and boxes. The cots looked like hospital cots. The boxes were used
6 to separate the cots. We also ate in that same place on our cots.

7 13. It felt like the place was possessed. At one point, they had priests come in to bless
8 the place. Girls were fainting every day. I didn't know why. I'm not sure if they were
9 fainting because they were depressed.

10 14. They only let us shower every six days or so. I think it is because there wasn't
11 enough clothes there. The clothes we did have were donated from school children.

12 15. There were constant restrictions on the bathrooms. Sometimes they prohibited us
13 from using the bathrooms even when they were so close. They said we could only use
14 the bathroom two times a day. They told us that the two times a day was a rule that they
15 had there. We learned to not ask questions because we wouldn't get answers.

16 16. I thought the food was okay but there was just not enough for everyone. At night
17 the girls would say they were hungry. I was hungry every single night.

18 17. While I was there, I spoke to a case manager one time about my case.

19 18. We were all curious about why there was so much control over us even to go to the
20 bathroom. About five days before we left the facility, I asked one of the workers, and she
21 told me that there is someone who was working there who had been taking information
22 from the girls and had already taken eight girls away and was trying to take a 9th girl, but
23 I have no way of confirming that story. The girls were talking about this, and we were
24 scared.

25 19. We were told on April 17 that we would be leaving that place. The supervisor
26 came in to tell us that we would be moving somewhere else. She said that some would
27 be moving to another facility because they had been there a long time and that their cases
28 would move faster at another place. She told us to trust her that it would be okay. To be

1 honest, I never got a truthful response as to why we were moving. I also heard that the
2 government didn't have enough money for that facility, but I never got a straight answer
3 about the reason we left.

4 20. Some girls thought the reason we left was because there was bomb threat. We
5 heard a very loud noise one night, and then no one wanted to explain to us what was
6 happening. A volunteer told us that it was a bomb, but that it would be okay.

7
8 **Fort Bliss Emergency Intake Site**
9

10 21. I have been detained at this facility since April 17. We took a plane to get here,
11 and I was on a bus before and after the plane ride.

12 22. The only differences here from Houston are the food and that we get to shower
13 daily. Otherwise, it feels about the same. They don't give us very much attention and
14 they don't treat us well. I was told that if I misbehaved, my social worker would be
15 notified and my case processing would be delayed.

16 23. I'd really like to leave here. The one thing I am worried about is the pandemic. I
17 try my best to follow the rules because I would rather do that than have to stay here
18 longer.

19 24. I have been able to have two calls in the time I have been here.

20 25. Some girls here like to color; other girls do their hair. Others of us sleep all day so
21 that we don't have to feel the day go by.

22 26. Sometimes the workers here will teach us a bit of English. It's about once a week.

23 27. We are able to go outside two times a week. We can play soccer.

24 28. I have not talked to a case manager since I have been here. I know of other girls
25 who have. It is hard to get information here. If you ask to talk to a case worker, you are
26 told no. If you ask how long you will be here, you are told it depends. There are three
27 categories of girls here. Some girls arrived directly from the border and were gone by
28

1 Friday. It might be faster for someone else to be released than me because my sponsor is
2 my uncle and that might take more time.

3 29. My uncle lives in New York, and he will be receiving me. From what I know, they
4 approved paperwork that my uncle filled out that showed he was my uncle. There was no
5 issue for me to go with him. He has tried to call them but has not received a response
6 from anyone.

7 30. I haven't been feeling well here. It has been really hard ever since I got to the U.S.
8 I am feeling really depressed. There is a psychologist here and counselors, but I haven't
9 spoken with anyone. It's really hard to speak to someone. I finally have an appointment
10 to talk to someone after trying several times. I am talking to them today.

11 31. A lot of the girls here cry a lot. A lot of them end up having to talk to someone
12 because they have thoughts of cutting themselves. They are sad because they don't want
13 to be here anymore.

14 32. I sleep in a big white tent with about three hundred girls. We sleep on cots that are
15 stacked on top of each other. Some girls in the bottom bunk are worried that the girl on
16 the top bunk will fall on them because it has happened. It's also really cold and there is a
17 lot of dirt coming into the tent. We don't really sleep because of the rattling noise the
18 metal beams on the tent makes at night.

19 33. We are allowed to shower here every day, but there is not enough clothes here. I
20 have been wearing the same clothes for eight days. I do not know when I can get clean
21 clothes.

22 34. When I leave here, I would like to enroll in school and continue my education. I
23 would also like to get a job because I have a lot of debt to pay off. I would like to be a
24 nurse or a doctor. Apart from wanting to help people, I would really like to fight for
25 people's health so that they don't feel hopeless and can get the help they need.

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I declare under penalty of perjury that the foregoing is true and correct. Executed on this 28th day of April, 2021, at El Paso, Texas.

[Redacted signature block]

CERTIFICATE OF TRANSLATION

My name is Soraya Morales Nuñez and I swear that I am fluent in both the English and Spanish languages and I translated the foregoing declaration from English to Spanish to the best of my abilities.

Dated: April 28, 2021

Soraya Morales Nuñez
Soraya Morales Nuñez

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EXHIBIT L

1 I, [REDACTED], declare as follows:
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3 1. This declaration is based on my personal knowledge. If called to testify in this
4 case, I would testify competently about these facts.

5 2. I am 17 years old. I am from Honduras. I have been in the U.S. for one month and
6 two days. I came here by myself.

7 3. I crossed the river and walked a bit, and then a car with immigration officials
8 showed up. They took me to the immigration center where they took my belongings and
9 checked my papers. Then they took me to the processing center.

10 4. I was in border patrol facilities for 18 days. They took me to three different places.
11 At the first facility, there were kids and adults. I was not able to shower the five days I
12 was there.

13 5. At the second facility, it was just kids. It was a little better. I was able to shower
14 more frequently and I was allowed to go outside. I wasn't feeling well, so I asked for a
15 doctor. But, every time you would ask for a doctor, they would say you are not allowed
16 to have that because this country is not yours. I had a headache and stomachache for
17 about three days, but I was never able to see a doctor. I stayed at that place for about
18 thirteen days and then they told me it was too crowded and they took me to another place.

19 6. At the third facility, there were adults and kids again. I was able to shower there. It
20 was better than the first. But, when I was there a girl was asking over and over for a
21 doctor and they wouldn't let her see one. At night, she was crying and in pain. She said
22 she could not feel half her body. The doctor finally showed up to take a look at her.

23 7. I was allowed to make a phone call to my sponsor at the second place, but that was
24 my only call during my time in the border facilities.
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Houston Emergency Intake Site

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3 8. When I got to the third facility, I was told that I was moving to a shelter – a better
4 place. I left the facility around 7 in the morning and arrived at the shelter at about 4 in
5 the afternoon.

6 9. There were about 470-something girls at this shelter. It was better than where I
7 had been in immigration, but some of the staff did not treat us well. I was there for
8 fourteen days.

9 10. Sometimes when we wanted to chat amongst ourselves during the day, the staff
10 wouldn't let us. They would make us sleep during the day and confine us to our cots.
11 Because we slept during the day, we weren't sleepy at night and that made them angry.
12 Sometimes when you asked for a new change of clothes to take a shower, they would not
13 let you have it. Sometimes, if you needed to use the restroom, the staff members
14 wouldn't let you. If you asked for more food, they wouldn't let you have it but they
15 would sit at tables where we could see them and they would eat and laugh at us.

16 11. I was able to shower there once every other day. Sometimes they would give you a
17 change of clothes, but sometimes only clean underwear. I don't know why.

18 12. At night, if we needed to use the bathroom, they would tell us "no" – that no one
19 could use the bathroom at that time. Sometimes during the day, to make us stay on our
20 cots, they would tell us that no one could use the bathroom. Girls would have to hold it
21 for long periods of time.

22 13. The food was sometimes good and other times not. There were times when I felt
23 hungry because there wasn't enough food. We had to eat the food on our cots.

24 14. We would spend most of the day on the cots. They made us stay on the cots all the
25 time.

26 15. There was not much to do, but sometimes people would show up with coloring
27 books for us.
28

1 16. I was able to talk to my cousin once on video when I had my interview about my
2 case and then one other time on the phone.

3 17. A few days ago, they told us we were leaving because we were not safe there. It
4 was because the day before a girl had a problem there. Late on Thursday, we were all
5 going to bed. Lights were out; it was around midnight. There was a woman who was not
6 staff or security. She was calling out for girls to see who was awake. She was lurking
7 near the bathroom. One girl was awake and the woman approached her. She told her to
8 get up from the cot. The woman then opened the door to go outside. There was no one
9 there manning the door and the door was not locked. There was a woman and a man and
10 two cars outside. The girl didn't know if she was going to be kidnapped. The way she
11 was able to be taken outside was concerning. When they were bringing her back inside,
12 they told her they would come for her the next day.

13 18. I spoke to this girl. She was a friend from my section of the warehouse. She was
14 really worried. She didn't know who the women or man were or why she was being
15 taken outside. She didn't want to tell anyone at the shelter because she didn't want
16 anything bad to happen to her, but she eventually spoke up. From what I know, when she
17 spoke up, the staff asked her questions about why she had gone outside. Then the
18 director of the shelter came, and he also asked her questions to try to figure out what had
19 happened. They told the girl not to tell other staff members or girls what had happened
20 or else the girls would get scared.

21 19. I also spoke to a girl who was in the cot next to the girl who was taken outside.
22 She was scared, too. She saw this woman approach the girl, lean over and whisper "come
23 with me" and then take the girl outside.

1 20. I don't know why staff didn't see this happen. In our section, there was one staff
2 member. But she wasn't there when the girl was taken away. I heard she was passing out
3 cookies to other kids. But that staff saw when the girl came back to her cot. The staff
4 saw the girl return to her cot by herself and she asked her why she had left her cot, but the
5 girl didn't say anything. She was too scared.

6 21. The next day, they prepared us to leave the facility and then we left the day after
7 that - on Saturday. The workers said they thought we were being moved because of this
8 incident and we were told not to say anything to anyone about it when we were
9 transferred.

10
11 Carrizo Springs Influx Shelter

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13 22. I am doing better here at this shelter. I feel good and safe.

14 23. The living situation here is much better. In our area, I share a bedroom with four
15 girls and then there are four girls in the adjoining room.

16 24. My cousin is my sponsor. He lives in Montana. I spoke to him on Sunday, the day
17 after I got here. I don't know the status of my case. My cousin told me that he has
18 turned in all of the paperwork that was asked of him.

19 25. I would like to study and learn English. When I was in Honduras, I was studying
20 accounting and finance and I'd like to do that. I also would like to be a lawyer. I would
21 like to help people like myself someday.

1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this

2 20th day of April, 2021, at Carrizo Springs, TX.

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A large black rectangular redaction covers the signature area, spanning from approximately line 4 to line 6 and across the width of the text.

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CERTIFICATE OF TRANSLATION

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My name is Soraya Morales Nuñez and I swear that I am fluent in both the English and Spanish languages and I translated the foregoing declaration from English to Spanish to the best of my abilities.

Dated: April 20, 2021

Soraya Morales Nuñez
Soraya Morales Nuñez

EXHIBIT M

1 I, [REDACTED], declare as follows:

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1. This declaration is based on my personal knowledge. If called to testify in this case, I would testify competently about these facts.

2. I am 14 years old. I am from Honduras.

3. I arrived in the United States around the beginning of April 2021.

Pecos Emergency Intake Site

4. I have been at the Pecos Emergency Intake Site in Pecos, TX since about April 8, 2021.

5. My family friend is applying to be my sponsor. He is a friend of my parents. I met him in person two years ago. He lives in Virginia. I think he lives there with his wife and kids. He and I have a good relationship. We kept in touch by phone over the past two years.

6. Last Thursday, the staff told me that I have been assigned a case manager, but I have never met the case manager. I was not given any contact information for the case manager, but I would like to be able to talk to them. 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?" The staff told me that the case manager would send paperwork to my sponsor and that fingerprints would be needed. The staff said that my case manager needed to upload all of the paperwork and submit it for approval, and then the president would need to approve it. Before last week, I hadn't spoken with anyone about my case.

7. I am allowed to call my family friend and my family every six or seven days. When I speak to my family friend, he has told me that he has completed all the paperwork and submitted his fingerprints. He told me that he submitted the fingerprints last Thursday. I think we are just waiting for the president to approve my case. I don't know whether my family friend has spoken with my case manager or any staff.

1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this
2 9th day of June, 2021, at Pecos, TX.



10 CERTIFICATE OF TRANSLATION

11 My name is Joraya Morales Nuñez and I swear that I am
12 fluent in both the English and Spanish languages and I translated the foregoing
13 declaration from English to Spanish to the best of my abilities.

14 Dated: June 9, 2021 Joraya Morales Nuñez
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EXHIBIT N

1 I, [REDACTED], declare as follows:

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1. This declaration is based on my personal knowledge. If called to testify in this case, I would testify competently about these facts.
2. I am 15 years old. I am from Ecuador.
3. My sister and I arrived in the United States on or around the end of March 2021.

Pecos Emergency Intake Site

4. My sister and I have been at the Pecos Emergency Intake Site in Pecos, TX since April 8, 2021.
5. When I arrived here, I was placed in quarantine for about 9 days. I'm not sure why I was placed there, but there might have been another girl who tested positive for COVID.
6. My mom is applying to be the sponsor for me and my sister. She lives in New York by herself. We lived together in Ecuador – we have a good relationship.
7. I waited about one month before I met with a case manager for the first time. I have met with a case manager a couple of times to discuss my case. Around June 1, a counselor came to speak with me and my sister and told us that hopefully, because of his report, a home study would not be needed. But then, I spoke with my mom and she told us that a home study would be needed – she completed it last Thursday. Last week, the woman who did the home study interviewed me and my sister. We don't know why the home study was needed.
8. Today, I spoke with a case manager to discuss the next steps in the reunification process. Now, my mom is waiting to receive the home study revision paper. I don't know what the paper is about. The case manager told me that this paper is the last step before I can leave, and then it will be anywhere between two to three days or a week before I can live with my mom.

1 9. I am allowed to call my family twice a week. For about three weeks, we were only
2 able to call our family once per week. In the last month, we have been able to make calls
3 twice a week. I call my mom. The call lasts for 10 minutes.

4 10. My sister is 17. We live in the same room – we asked to be placed together, and
5 the staff allowed it even though I am 15. It is really nice to be able to see my sister every
6 day. I know that not all siblings see each other as often as we did.

7 11. I did not receive a list of free legal service providers, and I have not spoken with an
8 attorney.

9 12. The food is fine – the staff give us a lot of food.

10 13. We got outside every day for about half an hour. We play soccer and basketball.
11 We often ask to be outside for less time because it is so hot.

12 14. When we are indoors, we have English classes each day for about half an hour.
13 We have also learned about how the United States came to be and about the American
14 flag.

15 15. I have met with a counselor one time – I think it was for my case. A counselor
16 comes to my dorm about three times a week, and other girls will speak with her. The day
17 before yesterday, I saw a girl meeting with a counselor, but I don't know why.

18 16. I'm really tired because all of my friends have left already – they arrived on the
19 same day as me, but now they live with their family. Me and my sister are tired and we
20 are ready to leave.

21 17. When I arrive in New York, my mom told me that I am going to study and have
22 English classes. My mom has told me about going to the beach and going out to
23 restaurants.

24 18. I want to study medicine. I would like to be a surgeon or a veterinarian so I can
25 take care of animals.

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1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this
2 8th day of June, 2021, at Pecos, TX.

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4 [REDACTED]
5 [REDACTED] [REDACTED] [REDACTED]

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10 CERTIFICATE OF TRANSLATION

11 My name is Soraya Morales Nuñez and I swear that I am
12 fluent in both the English and Spanish languages and I translated the foregoing
13 declaration from English to Spanish to the best of my abilities.

14
15 Dated: June 8, 2021

16 *Soraya Morales Nuñez*
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EXHIBIT O

1 I, [REDACTED], declare as follows:
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3 1. This declaration is based on my personal knowledge. If called to testify in this
4 case, I would testify competently about these facts.

5 2. I am 16 years old. I am from Honduras.

6 3. This is the first time that I came to the United States. I came by myself. I don't
7 remember exactly when I came across the border.
8

9 CBP Custody

10 4. After I came across the border, I was put in a big white tent, which was all
11 separated by plastic into different cells. There were about 60 to 75 other boys in my cell,
12 and they were all between about 15 and 17 years old.

13 5. We all had to sleep very close together because there were so many people in the
14 cells. We slept on thin mattresses on the floor and we were given thin aluminum blankets.
15 It was very cold at night, and the blankets weren't enough to keep us warm. We did not
16 sleep at night because the officials cleaned the cells around midnight or one in the
17 morning and so they kept the lights on until on until then. They would also wake us up
18 multiple times to do a roll call of the list of the boys in the cell. They called the roll call
19 list every single night that I was there. It was impossible to sleep, because we were
20 waiting for the list to be called to see if we had an interview or to respond and say that we
21 were there.

22 6. I was in the white tent for seven days. During those seven days I was only allowed
23 outside one time for ten minutes.

24 7. The food was always the same. I didn't eat most of the food because it was always
25 the same – a burrito with lettuce, rice, and beans. Sometimes it was cold and sometimes
26 it was warm.
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28

1 8. The border agents did not treat us well. There was a paper on the wall that said we
2 could ask for medical assistance if we felt sick. But if anyone had a headache or
3 stomachache, the agents would not pay attention to us and they wouldn't help us.

4 9. One day, I told the agents that I had a headache and stomachache. I think the food
5 wasn't sitting well in my stomach. The agents just told me to drink lots of water, but
6 didn't give me anything else or bring a doctor to help.

7 10. Another boy in my cell had a really bad earache and told an agent that his ear was
8 hurting, so the agent took him to the medical area. The boy told me that when he went to
9 the medical area, the medical people were on their phones and ignored him and were
10 laughing at him. He came back to the cell and hadn't gotten any medical help for his ear
11 and was crying because he was in so much pain. I don't know what happened to him
12 because I was transferred out of the cell and never saw him again.

13 11. After seven days in the tent, I was given a COVID test in my nose and I tested
14 negative. The agents then put me on a bus with many other boys, but they didn't tell us
15 anything about where we were going. I don't remember how long we were on the bus,
16 but I think it was about eight hours.

17
18 Freeman Emergency Intake Site

19 12. I have been detained at the Freeman site in San Antonio for about 22 days.

20 13. I have been allowed to use a phone five times to call my family, for ten minutes
21 each time. I've spoken to my sister three times and my father two times. I give the phone
22 numbers to a staff member and they dial the phone number for me.

23 14. My sister wants to apply to be my sponsor. She lives in New Orleans, Louisiana.

24 15. I am feeling very desperate because I don't know if anyone here is following my
25 case. When I talk to my sister, she says that no one has called her to tell her what to do or
26 what paperwork to fill out. I am very worried because I hear that the case managers are
27 only helping the children who have recently arrived. I heard from other boys in my group
28

1 that their family members have been contacted to start the paperwork, so I am very
2 confused about why my sister has not been contacted yet.

3 16. I have not yet had any meeting with a case manager about my sister. I have not
4 talked to any staff member about my sister. I don't know why other boys have had
5 meetings with case managers and I have not yet been able to talk to anyone. It makes me
6 very worried and anxious. No one has told me why I haven't had a meeting yet or what is
7 going on.

8 17. Today I have a phone call, so I plan to call my sister and I hope that she will tell
9 me that someone has called her to start the process so that I can leave.

10 18. I spend most of the day in the sleeping area on my cot. I play cards with the other
11 boys in my group. One time, I was drawing on one of my shirts and the staff members
12 took away the markers that I was using. They told me I wasn't allowed to use markers to
13 decorate my shirt.

14 19. We have some English classes about once a week, for about 15-20 minutes. So far
15 we have learned simple phrases like "Hi, my name is Elquin" and "How are you?" and
16 "Where is the bathroom?" We have also learned the colors.

17 20. We are allowed to go outside about once or twice a day, for 30 minutes each time.

18 21. We get three meals each day, and the food is much better than it was in the white
19 tent at the border. I usually feel full after meals, and there are also snacks if I'm hungry.

20 22. I sleep in a very big hall with hundreds and hundreds of other boys. We each have
21 our own cot with a thin mattress to sleep on. I can sleep better here than I did in the white
22 tent at the border. The staff turn off the lights at night and it's not cold. At night, we have
23 to be escorted to the bathroom individually, and so sometimes we have to wait for a while
24 for a staff member to be available to bring us the bathroom.

25 23. We are allowed to shower every two or three days.

26 24. I have received a list of free legal service providers. A few days ago, there was a
27 group talk about legal services from KIND. I got a form that I filled out and submitted,
28 but I have not yet talked to a lawyer.

1 25. The staff members here are nice to us and treat and us well.

2 26. Six days after I arrived, I talked to a counselor because I was not feeling well. It
3 was helpful to talk to them about how I was feeling because I was feeling very sad and
4 anxious. But now that there are many more boys here, lots of other boys are sad and want
5 to see the counselor, so it's harder to be able to get time to talk to them. I signed up on
6 the list today to talk to a counselor, but I don't know how long it will take for me to get
7 an appointment. One of my friends has also been here for 22 days and he is also feeling
8 very desperate.

9 27. We all wear masks during the day and at night. Generally, the staff give out new
10 masks every week or so, but if we ask for a new mask or our mask breaks or gets torn,
11 then we can get a new mask.

12 28. I hope to be released to my sister soon. I am desperate. I wouldn't mind being here
13 for 20 or 30 days if I knew that I was going to be released soon. But because the process
14 hasn't started and because I had no idea what's happening or when the process will start,
15 that makes me feel very, very anxious. I don't know when this will end.

16 29. When I'm released, I hope that I can study and work.

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1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this
2 20th day of April, 2021, at San Antonio, Texas.

3 [Redacted Signature]

4 [Redacted Name]

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CERTIFICATE OF TRANSLATION

My name is Elena Jiménez Gutiérrez and I swear that I am fluent in both the English and Spanish languages and I translated the foregoing declaration from English to Spanish to the best of my abilities.

Dated: April 20, 2021

Elena J.G.

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EXHIBIT P

1 I, [REDACTED], declare as follows:
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3 1. This declaration is based on my personal knowledge. If called to testify in this
4 case, I would testify competently about these facts.

5 2. I am 16 years old. I am from Guatemala. I speak Spanish and Mam.

6 3. I arrived in the United States on or around April 2, 2021. I arrived by myself.
7

8 CBP Custody

9 4. The immigration agents brought to an hielera. I was there for 16 days. I don't know
10 why I was there for such a long time because some other kids were only there for 3 of 4
11 days. Nobody told me why I had to stay there for such a long time.

12 5. There were many other kids in the hielera and it was difficult to sleep. There were
13 about 10-15 kids in a small room and we slept on mattresses on the floor. Sometimes it
14 was very cold.

15 6. The food was not very good.

16 7. I was able to call my brothers in Atlanta two times while I was in the hielera.

17 8. After 16 days, I traveled by plane to Starr Commonwealth in Michigan. Nobody
18 explained to me where I was going or why.
19

20 Starr Commonwealth Emergency Intake Site

21 9. I have been at the Starr Commonwealth Emergency Intake Site in Albion, MI for
22 about one month.

23 10. When I arrived here, I was tested for COVID and I was negative. I was not put in
24 quarantine.

25 11. I want to live with my brothers in Atlanta. Nobody has told me anything about the
26 sponsorship process and I don't know if anyone from the government or this shelter has
27 contacted my brothers or sent them any documents. I don't understand why I have been
28 here such a long time.

1 12. I am allowed to call my brothers one time per week. Last Sunday they allowed me
2 to call my mother for Mother's Day. I also got another call with my mom when I really
3 wanted to talk to her, but normally I only get one call per week with my brothers.

4 Someone is always near me when I make these calls, they are not private.

5 13. During the day I watch television in the living room and go out to play. We go
6 outside two or three times per day. We can play basketball and soccer. I would like to
7 listen to Christian music here but I can't because the other kids want to listen to different
8 music.

9 14. Once in a while we have English classes for half an hour or an hour but these
10 classes are not part of our regular schedule.

11 15. The staff here treat us well. Some of the staff speak Spanish but not all of them.
12 Some days we only have staff that speak English and they use translation by phone,
13 which makes it difficult. There are some kids here who speak Mam and don't understand
14 Spanish and it is difficult for them to communicate.

15 16. I live in a cabin with other boys between 10 and 17 years old. I sleep in a room
16 with one other boy. We eat our meals in the cabin. Sometimes I see boys from other
17 cabins around but we don't interact much.

18 17. There are many rules here and if someone breaks a rule, they get a report. We have
19 to ask permission to go to the bathroom or go to the kitchen. When I leave my cabin, I am
20 always with the other boys in my cabin. I am not allowed to leave my cabin alone.

21 18. The food here is okay, sometimes it is good and sometimes bad. There is enough
22 food. I can shower every night and I get clean clothes every day.

23 19. I have spoken with another attorney here and I went to a Know Your Rights
24 training.

25 20. I feel sad that I am still here and that I have not been able to leave to live with my
26 brothers.

27 21. When I leave here I want to study. I am interested in being a teacher or a police
28 officer but I'm not sure what I want to do.

1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this
2 12 day of May, 2021, at Albion, MI.

3 [Redacted]
4 [Redacted]
5 [Redacted]

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9 CERTIFICATE OF TRANSLATION

10 My name is Marisol Garcia and I swear that I am
11 fluent in both the English and Spanish languages and I translated the foregoing
12 declaration from English to Spanish to the best of my abilities.

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14 Dated: 5-12-21 Y Garcia
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EXHIBIT Q

1 I, [REDACTED], declare as follows:
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4 1. This declaration is based on my personal knowledge. If called to testify in this
5 case, I would testify competently about these facts.

6 2. I am seventeen years old. I am from Honduras.

7 3. I left Honduras on January 2nd. I came here by myself. I don't have family in
8 Honduras except my sister. I don't know where my mom is. It's been a long time since I
9 was in touch with her. My dad died eight months ago.

10 4. I arrived at the border about twenty days ago. My journey was really really
11 difficult. I came without family and it was hard and painful. I crossed the river by
12 swimming and then immigration officials apprehended me.
13

14 CBP Custody
15

16 5. They took me to a large place. It was like a big tent. It had a lot of walls separated
17 by plastic. I was in a plastic cell with other kids. There were probably about 70 kids in
18 my cell. There were other cells with adults. It was very cold. I was there for about
19 eleven days.

20 6. It was really sad to be there. For one, I missed my family. And they also didn't
21 treat me well. Some of the guards were nice, but very few.

22 7. I was always locked up there. They never let us outside. I was only allowed
23 outside one time for only twenty minutes while I was there. I would spend the whole day
24 and night lying down or sitting around. I would just sleep. They would let us sit, but that
25 was it.

26 8. I was only allowed to take a shower two times in the eleven days I was there.

27 9. The food was not good. I didn't really eat the food. I only ate the fruit while I was
28 there.

1 10. Sometimes I would get to sleep on a pad, but most times I slept on the floor. There
2 was also a bench. It was cold and they just gave us these thin blankets that looked like
3 aluminum.

4 11. I was never allowed to make a phone call while I was there. I spent almost three
5 months without knowing anything about my family until finally yesterday I was allowed
6 to make a call to my nephew who lives in Missouri. It was hard to go so long without
7 knowing anything about my family.

8 12. On the day I left, I was woken up at about 2 in the morning and they told me to
9 pack my belongings. The trip began around 9. During that time, people were packing up
10 their belongings and they were doing COVID testing. There were three busses of kids.
11 We took a bus, a plane, and then another bus. I got here around 9 pm that night. From
12 my group of 70 people, about nine or ten of us came here. They didn't tell me anything
13 about why I would be coming here. They didn't give us any information.

14
15 Dallas Convention Center

16
17 13. I've been here for nine days. They haven't told me anything. I have been asking
18 for phone calls, but they told me I had to wait my turn. I would feel more comfortable if
19 I could talk to my family more often.

20 14. I was finally able to talk to my nephew yesterday. He's 24 years old. He is going
21 to be my sponsor. He said that he had been contacted three times and that he was waiting
22 for a fourth call from someone. After that call, he was told he would be able to come here
23 to get me. He wasn't sure when that would happen.

24 15. Sometimes I feel safe here, but sometimes I don't. Truthfully, everything here is
25 okay, but I don't think I will feel safe until I'm with my family.

26 16. The food portions here feel too small, particularly at breakfast and at dinner. The
27 food is good; it's just not enough sometimes.

1 17. I am able to take a shower here every day. We don't have a fixed schedule for
2 showers. Sometimes it's in the afternoon and sometimes it's at night.

3 18. We had English class today, but before that there were three or four days that I
4 didn't have class. The class lasts about ten minutes, I think. Then we do worksheets.
5 That's the only school we have here.

6 19. Everyone here sleeps in a really big area together. There's no separation in that
7 room, and I've heard that there are about 2600 kids. I don't like sleeping in a room with
8 so many people. I don't like having so many people around me. I feel asphyxiated
9 having so many people around me.

10 20. I spend most of my days on my cot. Sometimes I practice my English. There's not
11 much to do here. Some of the other kids like to play amongst themselves, but I don't like
12 to join. At the other facility, I got in trouble one time and they made me sit for two hours
13 by myself outside the cell. I get worried that I will get punished here and so I would
14 rather just stay by myself on my cot.

15 21. We are not allowed to go outside here except when we shower. It is hard to be
16 inside all day long.

17 22. There is no one here I can talk to about my case. There's also no one here I can
18 talk to when I'm feeling sad. There's no one here; I just talk to God. It helps me and I
19 cry. It would help if I could have a Bible.

20 23. I would like to study to be able to get ahead and help my family. I'm not sure yet
21 what I would want to study. I mainly just want to spend time with my family in a way I
22 wasn't able to do before.

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1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this
2 29th day of March, 2021, at Dallas, Texas.

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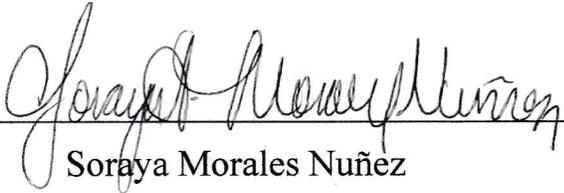
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CERTIFICATE OF TRANSLATION

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My name is Soraya Morales Nuñez and I swear that I am fluent in both the English and Spanish languages and I translated the foregoing declaration from English to Spanish to the best of my abilities.

Dated: March 29, 2021



Soraya Morales Nuñez

EXHIBIT R

1 I, [REDACTED], declare as follows:
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3 1. This declaration is based on my personal knowledge. If called to testify in this
4 case, I would testify competently about these facts.

5 2. I am 15 years old. I am from Guatemala. I came here alone. I speak some
6 Spanish, but my primary language is K'iche.

7 3. I was apprehended by immigration and was there for three days. It was bad there.
8 They only gave us burritos.
9

10 **Fort Bliss Emergency Intake Site**
11

12 4. I have been detained here for about 23 days.

13 5. I have been able to make one phone call with my mom and one phone call with my
14 grandparent in Guatemala.

15 6. We are able to go outside - sometimes once a week and sometimes two days a
16 week. We are outside for an hour. I like to play with the balls.

17 7. I am having trouble sleeping here. There is a lot going on and there is a lot of
18 noise. I share a bunk bed with another girl who sleeps on the bottom cot and I sleep on
19 the top cot.

20 8. My mom is going to receive me here. She lives in Ohio.

21 9. I have not talked to a case manager here. I do not know the status of my case or
22 when I can leave. I had an interview and they asked me if I came with any family. They
23 didn't ask me other questions. They didn't tell me anything about my case.

24 10. I don't want to be here anymore. I want to be with my mom. I am trying to figure
25 out how to be with her. She told me to try to talk to a case manager who could help me
26 with the process, but I haven't been able to talk to anyone.
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I declare under penalty of perjury that the foregoing is true and correct. Executed on this 28th day of April, 2021, at El Paso, Texas.

A large black rectangular redaction box covers the signature area of the document. A horizontal line extends from the right side of the box, likely representing the end of a signature line.

CERTIFICATE OF TRANSLATION

My name is Soraya Morales Nuñez and I swear that I am fluent in both the English and Spanish languages and I translated the foregoing declaration from English to Spanish to the best of my abilities.

Dated: April 28, 2021

Soraya Morales Nuñez
Soraya Morales Nuñez

EXHIBIT S

1 I, [REDACTED], declare as follows:

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3 1. This declaration is based on my personal knowledge. If called to testify in this
4 case, I would testify competently about these facts.

5 2. I am 13 years old. I am from Honduras.

6 3. I left Honduras on March 15. My journey was sometimes hard and sometimes
7 easy. I came here by myself. My Dad and my sister are here, and I wanted to be with
8 them.

9 4. I crossed the Rio Bravo on a raft and then walked for about forty minutes. I then
10 turned myself in to immigration officials. They asked me questions and then took me to
11 what I believe is called McAllen.

12
13 CBP Custody – McAllen
14

15 5. I was at McAllen for about five days. Being there was different from what it's like
16 here. They gave us one burrito for breakfast, lunch and dinner. We were locked up all
17 day.

18 6. I slept on a mattress pad on the ground. It was only the length of my torso and I
19 didn't have cushioning below my torso. They gave us aluminum blankets. They would
20 turn the light off around midnight and turn them back on around 5 or 6 in the morning.

21 7. There were about 74 other kids with me in my cell. There were a lot of cells there.
22 Some had 70 or 80 kids. In the area that I was in, there were 8 other cells, but I know
23 there were more cells in different areas.

24 8. During the day, we would do nothing. I would just sit in the cell all day and try to
25 layer up because it was very cold. We were inside all day.

26 9. I was able to take one shower time while I was there for about five minutes. I was
27 never able to brush my teeth while I was there.

28 10. I was not allowed to make any phone calls while I was there.

1 11. It was very horrible. There were kids in other cells who were yelling or screaming
2 and immigration officials would laugh at them. They were yelling because many had
3 been there a long time – some for 20 days and they were desperate. It was really hard to
4 be there.

5
6 ORR Custody – San Antonio Emergency Intake Site
7

8 12. After 5 days at McAllen, I came here. I was not told ahead of time that I would be
9 moved. I was woken up and told I would be leaving. There were about 500 kids who
10 were going. My name was called out to leave, but I didn't know where I would be going.
11 I spent all day in a soccer field that was fenced in. I was there until about 7 in the
12 evening. I received a COVID test. My test was negative and I was then put on a bus to
13 come here. The bus ride took from about 7 in the evening to about 5 in the morning. The
14 bus had about 70 kids and there were 6 buses. They did not tell me anything - not where
15 I was going or how long the trip was going to take. Once we arrived, we stayed on the
16 bus for about 2 or 3 more hours.

17 13. When I got off the bus that morning, I wasn't feeling well. I had a runny nose and
18 was coughing. There were other kids who also had cold-like symptoms. I was given three
19 rapid COVID tests and they all came back negative.

20 14. After the three negative tests, they brought the kids who had also tested negative
21 into the facility. They did not give us an orientation. They just took us to the cots.

22 15. I think there about 1900 kids here total. I don't know exactly how many kids are in
23 the area where I sleep. There are a lot. But I don't know how many. There are two very
24 large rooms with lots and lots of cots. The cots are set up in lines.

25 16. I have been detained here for 21 days. The social workers here have told me that I
26 will be able to leave soon, but they have not given me a specific date.

27 17. I had physical exam after I arrived here. They gave me a shot about fifteen days
28 into my stay here. I think it was either for varicella or measles.

1 18. This place is okay. Sometimes I do feel desperate, but I am able to calm myself. It
2 is because I want to be with my family. When I am feeling that way, I don't really talk
3 about it but there are some people I feel comfortable talking to about how I am feeling.

4 19. I was recently put into a new pod and a lot of the kids in the new pod have been
5 crying a lot. I have heard that the government decided to group 13 and 14 year olds
6 together because there was bullying happening with the older kids.

7 20. There are some kids who spend the day on their cots. In my pod, there are kids
8 sometimes who will get under the covers and wrap themselves up. Other kids will lift the
9 blanket and ask if they're okay, and they will be crying. I think the primary reason why
10 kids are sad is because they miss their families. But they may also be sad because a lot of
11 kids moved pods and they may not know the other kids. They moved into new pods about
12 five days ago.

13 21. I was able to shower today, but I probably won't tomorrow. I am able to take a
14 shower every other day for about three minutes.

15 22. The food here is good. I think there is sufficient food. For me, it's a lot.

16 23. I have had classes here for English and math. I don't have these classes every day
17 and I don't know how long they last. They do the classes in the cafeteria.

18 24. I have recreation once a day. I like to go outside and get fresh air. I walk around.
19 We get about ten minutes outside. It's once a day, except yesterday and the day before
20 we didn't go outside.

21 25. There are activities for us. There are balls. Kids can play outside if they want to. I
22 like to write. I like to write about what I do here and how I am feeling.

23 26. I am able to make phone calls to my Dad. I have spoken to him four times – about
24 once a week. I was last able to talk to him yesterday.

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1 27. My Dad and sister live in Florida. My Dad is applying to be my sponsor. I know
2 he has received paperwork and been given instructions about how to send it in. I think he
3 will be sending in paperwork tomorrow.

4 28. I know I have a social worker who I can call about my case, but I haven't talked to
5 her. I have been interviewed three times about my case. Every interview has been with a
6 different person. The last interview they asked me uncomfortable questions about my
7 journey. I was also asked sexual questions and questions about if I had any criminal
8 history. The fourth interview they said they had a lot of information and didn't have
9 more questions. I am not certain if they will ask me more questions. The last time I had
10 an interview, I asked if I could be put in touch with my social worker, but I think they
11 forgot because that was more than three days ago and I have not heard from anyone.

12 29. I spend a lot of time on my cot. I usual write and also read, but I also like talking
13 to the kids that I have gotten to know.

14 30. I have not received a list of free legal service providers or talked to an attorney
15 since I have been here.

16 31. When kids here are bad, they have a report written up. That would happen in the
17 pod where I was before. It was only some of the kids. If you get a report written up and
18 your case is up for review, they will see you have reports and they will send you to the
19 back of the line. And it will take longer for you to leave the facility. I've also seen that if
20 kids get in trouble they are asked to go and sit on their cots.

21 32. The first thing I want to do once I see my Dad and sister is to give them a really
22 big hug. I want to continue my schooling and learn English. I would like to be a doctor. I
23 like to be helping other people.

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1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this
2 19th day of April, 2021, at San Antonio, TX.

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CERTIFICATE OF TRANSLATION

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My name is Soraya Morales Nuñez and I swear that I am fluent in both the English and Spanish languages and I translated the foregoing declaration from English to Spanish to the best of my abilities.

Dated: April 19, 2021

Soraya Morales Nuñez
Soraya Morales Nuñez

EXHIBIT T

1 I, [REDACTED], declare as follows:
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3 1. This declaration is based on my personal knowledge. If called to testify in this
4 case, I would testify competently about these facts.

5 2. I am 9 years old. I am from Guatemala.

6 3. I arrived in the United States over a month ago. I arrived with my brother [REDACTED]
7 [REDACTED]. He is 5 years old.
8

9 CBP Custody

10 4. My brother and I were held at the border for 2 days. That place was bad. The food
11 was not good and we weren't able to play. After two days, my brother and I took a bus
12 and a plane to Michigan.
13

14 Starr Commonwealth Emergency Intake Site

15 5. I have been at the Starr Commonwealth Emergency Intake Site in Albion, MI for
16 about one month.

17 6. My grandmother is applying to be my sponsor. I think that she has sent in all the
18 documents yesterday. I don't know how much longer we will be here but I think we are
19 now just waiting for someone to approve our release. I hope we will be able to go live
20 with my grandmother soon.

21 7. I have been allowed to call my grandmother about two times a week.

22 8. I live in a cabin with my brother [REDACTED] and other boys. [REDACTED] and I used to share
23 a room but then other kids arrived and they moved me to another room. The other boy
24 that shares a room with [REDACTED] is 7 years old and he is not very nice to him. The other
25 boys are not nice with [REDACTED] and it upsets me. Two other boys in our cabin are 17 years
26 old and hit [REDACTED]. We told the staff and they told the boys to stop bothering [REDACTED].

27 9. There are too many rules here. If a child breaks a rule, they get a report. I got a
28 report once because I got into a fight with someone who was trying to hurt my brother. A

1 staff member told me that if a child gets too many reports, they have to stay here for
2 longer.

3 10. I am not allowed to leave my cabin without one of the men who take care of us. I
4 also have to ask permission before going to the bathroom, the living room, the kitchen, or
5 the second floor of the cabin.

6 11. I am very bored here. During the day we play and sometimes there are English
7 classes. I like drawing and [REDACTED] likes to play with cars.

8 12. The staff here treat us well but only some of them speak Spanish.

9 13. I think the food here is a bit weird.

10 14. I spoke with another lawyer here. Those lawyers also gave a presentation about our
11 rights.

12 15. I am excited to go live with my grandmother soon. When I am released to my
13 grandmother I want to study, play, and draw.

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1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this
2 12 day of May, 2021, at Albion, MI.

3 [Redacted]
4 [Redacted]
5 [Redacted]
6 [Redacted]

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9 CERTIFICATE OF TRANSLATION

10 My name is Marisol Garcia and I swear that I am
11 fluent in both the English and Spanish languages and I translated the foregoing
12 declaration from English to Spanish to the best of my abilities.

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14 Dated: 5/12/2021 M Garcia
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EXHIBIT U

1 I, [REDACTED], declare as follows:
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3 1. This declaration is based on my personal knowledge. If called to testify in this
4 case, I would testify competently about these facts.

5 2. I am 17 years old. I am from El Salvador

6 3. I arrived in the United States on or around April 25th. I remember crossing the river
7 which was very scary, I know a lot of people have been injured trying to cross. I was with
8 my cousin and some other people.

9 4. When we got to immigration, they separated the males and females so I was
10 separated from my cousin.

11 5. I was in the *hielera* for a day. I was given a silver blanket to sleep with but it was
12 too hard to sleep because it was so cold.

13

14 Long Beach Emergency Intake Site

15 6. I came directly from CBP to Long Beach and I have been here for about 30 days. I
16 try to keep busy to keep the time pass but I really want to leave; its been a long time.

17 7. I was sad when I first got here and it was very hard to keep the food down that they
18 gave me because I am pregnant.

19 8. I'm now six months pregnant; I am going to have a boy and I am excited.

20 9. I've talked to some of the other girls here that are pregnant, but we are not in the
21 same pod.

22 10. I am getting the medical care I need here for my pregnancy.

23 11. My father's cousin is applying to be my sponsor. I am very close to him because he
24 used to visit me a lot in El Salvador. He lives in Los Angeles but he hasn't visited. I
25 think if he visited and then I saw him leave while I still had to stay here, it would be very
26 painful for me.

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1 12. My father's cousin submitted all of his paperwork, but then had to resubmit the
2 paperwork twice, I don't know why. I think the government has all of the paperwork they
3 need now. Tomorrow he gets his fingerprints taken.

4 13. I've met with my case manager a few times and she has provided me with updates
5 on my case.

6 14. I'm allowed to make phone calls twice a week for ten minutes each time. I
7 typically call my mom in El Salvador, but if she doesn't answer the phone I call my aunt.

8 15. During the day we do activities, we have English class in the afternoon and time to
9 play outside.

10 16. I've heard about one staff member here that is angry. I haven't had to deal with
11 him but I heard he is very serious and strict. Some of the staff here interact with us but
12 others just do their job and don't interact with us much.

13 17. There are 27 other kids in the area where I sleep. Sometimes I have trouble
14 sleeping because I'm thinking about things and sometimes it's hard to sleep because of
15 the light.

16 18. I've asked for clean clothes but haven't gotten them. I asked for pants because my
17 legs were cold and they said I've get them but I never did. When I ask for certain things,
18 sometimes I never get it and then I get tired of asking so I give up.

19 19. I am really sad being here. It's hard being here while I'm pregnant.

20 20. I'd like to get an education but once the baby comes, I'll be very busy taking care
21 of him.

22 21. Ultimately, I'd like to study cosmetology or something like that.
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I declare under penalty of perjury that the foregoing is true and correct. Executed on this 26 day of May, 2021, at Long Beach, California.



CERTIFICATE OF TRANSLATION

My name is Kathleen O'GORMAN and I swear that I am fluent in both the English and Spanish languages and I translated the foregoing declaration from English to Spanish to the best of my abilities.

Dated: 5/26/21

Kathleen O'Gorman