

Public Report on Children with Identified Disabilities in ORR Custody as of October 2025

Prepared by the Office of Refugee Resettlement

November 17, 2025

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Introduction

Pursuant to Section VI.D.2 of the *Lucas R. Disabilities Settlement Agreement*, which became effective May 3, 2024, the Office of Refugee Resettlement (ORR) Unaccompanied Alien Children Bureau (UAC Bureau) is publishing the first public semi-annual report on children in ORR care and custody with identified disabilities. The Settlement Agreement required ORR to meet the commitments outlined in Sections II-V of the Settlement Agreement by the Implementation Date,¹ including the tracking of data across ORR's system concerning children in ORR care and custody identified as having one or more disabilities.

Consistent with the Transition Plan outlined within ORR's forthcoming Implementation Plan for the *Lucas R. Disabilities Settlement Agreement*, ORR is providing information relating to the number of children with one or more identified disabilities in its care and custody in the following States:

- Colorado
- Florida
- Georgia
- Illinois
- Indiana
- Kentucky
- Louisiana
- Michigan
- North Carolina
- Ohio
- Oregon
- South Carolina
- Tennessee
- Texas
- Washington

While future Periodic Reports submitted by ORR will cover the preceding six-month period, this report represents ORR's baseline number of children identified as having disabilities in the aforementioned States.

No. of Children Placed in Onboarded States	No. of Children w/ 1+ Identified Disabilities in Onboarded States	% of Children w/ 1+ Identified Disabilities in Onboarded States	No. of Children w/ Identified Disabilities Prescribed Psychotropic Medications
1,248	132	10.6%	30

Number of Children in ORR Custody with Identified Disabilities

As ORR continues to expand its ability to track data relating to the number of children in ORR custody with identified disabilities in real-time, ORR's Division of Health (DoH) has worked to establish baseline data of the number of children currently in ORR custody with identified disabilities through review of various proxies to more accurately reflect the number of children in care whose health needs may rise to the level

¹ Consistent with the Monitor's authority under the Settlement Agreement, an extension of six months to implement the terms of the Settlement Agreement was granted in April 2025, extending the original deadline from May 3, 2025, to November 3, 2025. See *Lucas R. Disabilities Settlement Agreement* at Section I(F). This extension was granted to allow ORR to consider the results of the Comprehensive Needs Assessment, developing its plan for achieving several key improvements related to the identification of children with disabilities in its custody, and expanding access to services and accommodations for children with identified disabilities. The Monitor granted an additional extension to November 17, 2025, for ORR to publish this report on children in its custody with identified disabilities.

of a disability under the Americans with Disabilities Act (ADA) (42 U.S.C. § 12102). This involved merging multiple data points currently available within ORR's case management system, including, but not limited to:

- Home study referrals indicating the referral is mandated by the Trafficking Victims Protection Reauthorization Act (TVPRA), 8 U.S.C. § 1232(c)(3)(B) based on the child's disability status under the ADA;
- Post Release Services (PRS) referrals indicating the referral is mandated by the TVPRA based on the child's disability status under the ADA;
- Individualized Section 504 Plans developed by care providers and uploaded to the case management system;
- Notations regarding allergies that require an EpiPen;
- Children on three or more psychotropic medications;²
- Select medical diagnoses (e.g., Cerebral Palsy, Autism, Traumatic Brain Injury, Schizophrenia, Down Syndrome, Intellectual Disability, Spina Bifida, or HIV);
- Admissions to in-patient psychiatric facilities or psychiatric hospitalizations; and
- Residential Treatment Center Admissions (both in-network or out-of-network³).

The chart in the Section following represents the results of the Division of Health's review of individual case files meeting one or more of the criteria above for the month of October 2025.

² Psychotropic medication is medication that is prescribed for the treatment of symptoms of psychosis or another mental, emotional, or behavioral disorder and that are used to exercise an effect on the central nervous system to influence and modify behavior, cognition, or affective state. The term including the following categories:

1. Psychomotor stimulants;
2. Antidepressants;
3. Antipsychotics or neuroleptics;
4. Agents for the control of mania or depression;
5. Antianxiety agents; and
6. Sedatives, hypnotics, or other sleep-promoting medications.

³ An out-of-network placement ("OON") is a facility that is licensed by an appropriate State agency and that provides physical care and services for individual unaccompanied alien children as requested by ORR on a case-by-case basis, that operates under a single case agreement for care of a specific child between ORR and the OON provider. OON may include hospitals, restrictive settings, or other settings outside of the ORR network of care. An OON placement is not defined as a standard program under 45 CFR 410.1001. As discussed in ORR policy at [Section 1.4.6 Residential Treatment Center and Out-of-Network Placements](#), OON placements must generally adhere to, or arrange, the standards listed in the UAC Bureau Policy Guide Section 3.3 (Note: ORR considers children admitted to a hospital as continuing to be "placed" at their care provider facility; the hospital in this situation is not considered an OON placement).

Categories of Disabilities Identified Amongst Children in ORR Custody

The chart below details the number of children with disabilities in ORR's care and custody identified within each of the following categories: behavioral/mental health⁴; intellectual/developmental⁵; physical⁶; sensory⁷; and undetermined/pending diagnosis⁸. Some children may be identified as having more than one disability. Therefore, the total number of children in the chart below is higher than the chart above because some children are counted more than once.

Behavioral/ Mental Health	Intellectual/ Developmental	Physical	Sensory	Undetermined/ Pending Diagnosis
106	36	45	7	24

Types of Services, Supports and Accommodations Offered

In July of 2024, ORR published updates to the UACB Policy Guide at Section 3.8.3: Individualized Section 504 Service Plan (504 Plan), requiring all care providers to develop 504 Plans for any child identified as having a disability. 504 Plans assist care providers in identifying and documenting the child's disability-related needs as well as the services, supports, and reasonable accommodations that must be provided to enable the child to reside in the least restrictive setting in their best interest and the most integrated setting appropriate to their needs. The 504 Plan also incorporates disability-related requirements necessary for the completion of the reunification process (i.e., a home study), which allows the care provider to plan and commence crucial steps early in the process (i.e., identification of post-release services).

Within ten calendar days of identifying one or more disabilities for a child in ORR custody, the case manager convenes a 504 Development Meeting. The meeting includes the following individuals, known as the "Development Team":

- The child (if the child is able and willing to communicate about their disabilities and the 504 Plan);
- The child's parent or legal guardian (if reasonably available and with the child's consent);
- The professional evaluator (as applicable, and if they are able and willing);
- Care provider staff (at minimum the case manager and clinician assigned to the child);

⁴ Mental/Behavioral Health disabilities are a diagnosed mental disorder or condition affecting a person's thinking or actions that substantially limits a major life activity such as learning, communicating, concentrating or relating to others. Common examples include depression, anxiety, and Post Traumatic Stress Disorder.

⁵ Intellectual/Development disabilities are a diagnosis or condition that affects intellectual functioning and/ or adaptive behavioral functioning that begins in childhood. Common examples include: Cerebral Palsy, Down syndrome, Autism spectrum disorders, ADHD, and epilepsy.

⁶ Physical Disabilities include any diagnosis or condition that affects physical functioning such as mobility, dexterity, or strength. Common examples include: amputation, cancer, allergies, muscular dystrophy, and arthritis.

⁷ Sensory disabilities include impairments of one of the five senses that substantially limit a major life activity such as seeing or hearing. Common examples include blindness or partial blindness and impaired hearing or deafness.

⁸ Undetermined or Pending Diagnosis refers to instances where using the proxy data points above, the Division of Health has identified a child as having a disability, but either no formal diagnosis has been made, or no formal diagnosis has been recorded in the child's case file.

- ORR staff (the Federal Field Specialist and/or staff from the Division of Health);
- The Child Advocate (if one has been appointed); and
- The child's attorney who has submitted a Notice of Representation (children aged 14 or older must consent to the attorney's participation).

As noted, ORR's deadline to implement the terms of the Settlement Agreement, including development of Individualized Section 504 Plans was extended until November 3, 2025. Of the 132 children ORR has identified as having one or more disabilities in the onboarded states, 95 of those children already have 504 Plans. The below represents broad categories of services, supports, and accommodations currently being offered to children with one or more identified disabilities in ORR custody where an Individualized Section 504 Service Plan has been developed.

- Therapeutic Intervention (including psychoeducation, cognitive behavioral therapy, individual and group therapy, art, and animal therapy);
- Additional contact with family (phone calls and video calls);
- Quiet spaces, breaks, and time away (including walks and de-escalation spaces);
- Medication management;
- Task modification (including additional time, frequent breaks, altered schedules/activities, and education plans);
- Access to tutoring;
- Large print materials;
- Substance abuse counseling;
- Fidget toys & accessible sensory tools;
- Increased or 1:1 supervision;
- Access to medical devices/medications (e.g. epi-pens);
- Visual aids and supports and use of non-verbal cues;
- Occupational therapy;
- Physical therapy;
- Foster home placement;
- Modified Education Plans;
- Wheel chair/shower chairs;
- Preferential seating in class;
- Increased staff training on de-escalation techniques;
- Enhanced sanitation and hygiene protocols and use of Personal Protective Equipment (PPE) if needed;
- Dietary alternatives;
- Hearing aids; and
- Installation of fire alarms with flashing lights.

Additional Information Relating to the Care of Children with Identified Disabilities

The chart below includes information regarding the number of children with identified disabilities in Onboarded States who are placed in different types of ORR-funded placements.⁹ Length of care information for children with and without identified disabilities is also provided.

Shelter Care or Other Non-Restrictive Placements	Transitional Foster Care/Long Term Foster Care Placements	Heightened Supervision Placements	Secure/ Residential Treatment Center Placements	Average Length of Care for Children w/ Identified Disabilities	Average Length of Care for Children w/o Identified Disabilities
69	46	7	10	323 days	173 days

⁹ ORR UACB's Policy Guide defines different types of ORR funded placements. See [ORR UACB Policy Guide, Guide to Terms](#). See also 45 C.F.R. § 410.1001 (definitions).