



Emergency Intake Sites for Unaccompanied Children: Recommended Standards and Broader Solutions

To ensure shelter and care for the large numbers of unaccompanied children who have recently arrived at the U.S. southern border, the Biden administration has rapidly established a host of temporary “emergency intake sites” (EISs).¹ These non-licensed sites currently provide fewer services to children than both temporary “influx” facilities and permanent, licensed shelters—in part a reflection of operational exigencies. Those challenges notwithstanding, it is vital that ORR set robust standards for EISs and monitor compliance with them to ensure children’s safety, well-being, and access to protection. The Biden administration should also minimize reliance on EISs by taking immediate measures to further expedite the safe release of unaccompanied children to sponsors and expand permanent placement capacity. In the longer term, the administration should carry out fundamental reforms—including a full transformation of the border reception and shelter systems—that would eliminate any future need for non-licensed facilities.

Background

In recent months, sharply rising numbers of unaccompanied children have sought protection at the U.S. southern border,² driven by factors including the ongoing humanitarian crisis in northern Central America and an artificial bottleneck on the Mexican side of the border created by the Trump administration’s restrictionist policies. The level of arrivals has strained the capacity of the Office of Refugee Resettlement’s network of licensed children’s shelters—many of which are operating under COVID-19-based occupancy restrictions—while contributing to prolonged detention of children at Customs and Border Protection (CBP) facilities.

In response, ORR activated an “influx facility” in Carrizo Springs, Texas.³ ORR’s online Policy Guide defines an influx facility as “a type of care provider facility that opens temporarily to provide emergency shelter and services for UAC during an influx or emergency” and sets forth standards governing such facilities’ operations.⁴ Due partly to challenges in rapidly standing up new infrastructure, ORR has since established a number of EISs where it is temporarily housing unaccompanied children.⁵ The Policy Guide does not define EISs, distinguish them from influx facilities, or identify minimum standards or other policies associated with these sites. However, an April 2, 2021 Department of Health and Human Services (HHS) Fact Sheet delineates program responsibilities relating to EISs, states that these sites “must provide basic standards of care to ensure the child’s physical safety, access to legal services information, and access to emergency clinical services” and acknowledges that, “[d]ue to their emergency nature, EIS may not be able to provide a full range of services to UC...”⁶ Publicly available information indicates that EISs are generally held to lower standards and provide fewer services to children than influx facilities, which themselves are held to lower standards and offer fewer services than licensed ORR shelters.⁷ As the below table reveals, EISs now vastly outnumber influx facilities, evolving into ORR’s principal emergency facility model.

Table of Currently Operational Emergency Intake Sites and Influx Facilities⁸

Currently Operational Emergency Intake Sites		
Name/Location	Opening Date	Capacity
Midland, TX	March 14, 2021	700 children
Kay Bailey Hutchison Convention Center, Dallas, TX	March 19, 2021	2,300 children
San Diego Convention Center, CA	March 27, 2021	1,450 children
Freeman Expo Center, San Antonio, TX	March 29, 2021	2,400 children
Fort Bliss, El Paso, TX	March 30, 2021	Up to 5,000 children
Target Lodge Pecos North, Pecos, TX	April 5, 2021	2,000 children
Dimmit EIS, Carrizo Springs, TX	April 5, 2021	440 children
Delphi EIS, Donna, TX	April 6, 2021	1,500 children
Starr Commonwealth Campus, Albion, Michigan	April 11, 2021	240 children
Pennsylvania International Academy, Erie, PA	April 13, 2021	418 children
Joint Base, Lackland, San Antonio, TX	April 17, 2021	350 children
Currently Operational Emergency Influx Facilities		
Name/Location	Opening Date	Capacity
Carrizo Springs Influx Care Facility, Carrizo Springs, TX	March 22, 2021	1008 children

It is imperative that, without delay, EISs meet standards and furnish services upholding unaccompanied children’s safety, well-being, and access to protection. Below is a non-exhaustive list of recommended policies that all EISs should observe.

Recommendations on EIS Policies

Post-Release Services: ORR should ensure that all children released to sponsors on an expedited basis—not least children released on that basis from EISs—receive post-release services, including legal representation and social services, to protect their due process rights as well as their safety and well-being in their sponsorship settings.

Operational duration: EISs should remain in use for the shortest duration possible. The administration should regularly update Congress, stakeholders, and the public on progress made towards rendering the use of EISs and influx facilities unnecessary, including by further expediting the safe reunification of children with sponsors and by expanding placement capacity in licensed facilities and programs.

Transparency and monitoring: To ensure transparency and accountability, ORR should publish policies governing EISs, including minimum standards and required services for children at those facilities, in its online Policy Guide. EISs must adhere, at minimum, to the monitoring requirements set forth in section 5.5 of that guide. ORR should also conduct comprehensive, on-

site monitoring visits of EISs during each of the first three months that the facility is in operation, and on a quarterly basis thereafter. EISs should provide on-site tours to approved stakeholders no less than once a month.

Placement criteria: Children sent to EISs should receive screenings prior to arrival to ensure there are no known vulnerabilities or special needs. For example, ORR should not place children under 13, pregnant and nursing children, children whose primary language is not English or Spanish, and children with disabilities at these sites. Barring exceptional circumstances, ORR should place all siblings together and ensure their ability to spend time together.

Duration of stay: No child should be held at an EIS for more than 20 days. If a child cannot be reunified by that time, they should be transferred to a licensed shelter or foster care program, unless such transfer would delay a child's release by more than 24 hours.

Standards and services: As soon as possible, EISs should progress towards meeting influx facility standards and ultimately the standards set forth in Exhibit 1 of the *Flores* Settlement Agreement and relevant state licensing requirements. From their first day of operation, EISs should meet the below standards and furnish the below services.

- **Safe and Sanitary Conditions:** EISs should ensure safe and sanitary conditions and suitable living arrangements, including beds, regular, nutritious meals and snacks, clothing, hygiene supplies, and routine showers.
- **Legal Services:** At minimum, EISs should guarantee Know Your Rights presentations to all children to ensure their understanding of their legal rights and of the legal and family reunification processes, as well as facilitate modified legal screenings and additional legal services for certain categories of children, including those with special vulnerabilities. Children not provided with legal screenings, or who otherwise receive abbreviated legal services, should be prioritized for post-release services including legal representation.
- **Medical services:** EIS should furnish all medical services set forth in section 3.4 of its Policy Guide.
- **Mental health services:** EISs should provide, among other things, a mental health screening upon intake, at least one individual counseling session per week, and group counseling sessions at least twice a week.
- **Reporting procedures for abuse, neglect, and other harm:** EISs should establish and communicate clear and effective protocols for children to confidentially report incidents of abuse, neglect, and other harm at EISs to state authorities and permit state child protective services immediate access to EISs to investigate those reports.
- **Robust case management services:** These services should include immediate notification of children's location and safety to family members along with inquiries into potential sponsorship, as well as prompt facilitation of family reunification. EISs should maintain no less than a 12:1 case manager to child ratio.

- **Language access:** EISs should ensure appropriate interpretation and translation services for all children.
- **Visitation:** Unaccompanied children at EISs should receive access to in-person visitation in accordance with public health guidance, as well as unlimited and confidential telephone and video visitation with approved family members and caregivers.
- **Recreational activities:** EISs should facilitate appropriate recreational activities for children.

Recommendations on Immediate-Term Measures to Safely Expedite Reunifications with Sponsors and Expand Placement Capacity

Safe and expeditious reunification of unaccompanied children with sponsors, together with prompt expansion of placement capacity, is essential to minimizing and ultimately ending reliance on EISs and influx facilities. The Biden administration has already adopted a range of measures to accelerate reunifications, including the rescission of an unnecessary ORR-Department of Homeland Security (DHS) information-sharing agreement that deterred potential sponsors from coming forward, the authorization of overtime pay for ORR case managers, and authorization of payment of costs associated with transporting unaccompanied children from shelters to sponsors' residences. But the administration can and must take additional steps in the immediate term to further expedite the release of children to sponsors. The administration should also act to swiftly expand placement capacity among existing licensed shelters and foster care providers.

ORR case manager hiring: ORR should launch a full-scale initiative to substantially increase the hiring of case managers at EISs. Insufficient case manager staff is slowing children's reunification with families.⁹ While recent policy changes have removed some barriers to children's prompt release from custody, it is imperative that EISs—and all ORR facilities—maintain trained staff who can actively implement these policies and help children and their families complete the family reunification process.

Expand capacity at already licensed shelter and foster care placements: ORR should immediately expand eligibility criteria for placement of unaccompanied children into foster care programs within the ORR network, while assessing whether these foster care providers can swiftly activate new placement options. ORR should also identify new foster care providers that it can promptly add to that network. In partnership with public health officials, ORR must continually evaluate whether any pandemic-based occupancy restrictions in effect at licensed shelters can be modified consistent with public health guidelines.

Co-locate HHS personnel at CBP facilities: HHS should assign personnel with child welfare expertise to southern land border CBP facilities. These personnel would evaluate whether unaccompanied children who arrive to the United States with trusted caregivers who are not their parents or legal guardians may be safely released with those caregivers directly from CBP custody rather than separated from them and transferred into ORR custody.¹⁰ Safe, direct releases would not only relieve strain on licensed ORR facilities and reduce reliance on EISs, but also prevent

needless family separations. In addition, these HHS personnel should initiate sponsor vetting and help guide shelter placements for unaccompanied children who arrive to the United States without caregivers, accelerating the reunification and placement processes.

Fulfill Congress’s directive to DHS to hire child welfare professionals: As part of Fiscal Year 2021 appropriations report language, Congress directed DHS to hire child welfare professionals at southern land border CBP facilities, where they would conduct mandatory protection screenings of children and oversee their care.¹¹ These hirings would strengthen children’s access to legal protection and improve their safety and well-being in overcrowded CBP facilities, while also ensuring more efficient processing, yielding a faster reunification timeframe. Nonetheless, DHS has failed to meet this report language directive.¹²

Recommendations on Longer-Term Measures to Prevent Future Reliance on EISs

Substantially increase placement capacity at foster care programs and small-scale shelters: ORR should develop and implement a longer-term plan for widely expanding placement capacity in transitional and long-term foster care programs and shelters with under 25 beds. This broadened network of family-based and small-scale placement settings will help prevent reliance on EISs and influx facilities during emergencies, align with domestic child welfare practices, and serve children’s best interests.

Establish a fundamentally humanitarian approach to children at the border: The dire conditions now endured by unaccompanied children detained in CBP facilities bring into relief the need for the federal government to adopt a humanitarian reception model at the border that recognizes these children’s protection concerns and ensures their welfare. Critically, this transformation would make the processing, placement, and family reunification of children more efficient—helping eliminate any necessity for EISs in the future. For example, by making permanent the co-location of HHS personnel, and DHS-assigned child welfare professionals, at CBP facilities, the government could avoid placing many unaccompanied children in ORR facilities altogether. As part of this same effort, DHS, in collaboration with ORR, should modify CBP facilities to ensure child-friendly spaces for children during initial processing, designated areas in which they can be screened by child welfare professionals in a confidential and child-appropriate manner, basic hygiene accommodations, and meeting spaces for in-person Know Your Rights presentations and other legal assistance furnished by nongovernmental organizations.

Better target root causes: By expanding foreign assistance that effectively addresses the root causes of child migration in the northern Central American countries of El Salvador, Guatemala, and Honduras, fewer children will be compelled to flee their countries of origin and seek protection in the United States. Aid should prioritize, among other things, community-based violence prevention and response, programs that drive down gender-based violence, including intimate-partner violence and child abuse, and capacity-building for these nations’ child welfare and protection systems.

Expand pathways to protection outside of the United States: The U.S. government must create new and enhanced in-region refugee processing and parole programs for children in northern Central America. Encouragingly, the Biden administration has already committed to re-

establishing and strengthening the Central American Minors program, an important protection mechanism launched by the Obama administration—then dismantled by the Trump administration—that enabled certain vulnerable minors in the region to relocate to safety in the United States without a dangerous trek north.¹³

¹ Caitlin Dickson, “Biden administration rushes to open emergency sites for record number of migrant children” Yahoo News (Apr. 8, 2021); <https://news.yahoo.com/biden-administration-rushes-to-open-emergency-sites-for-record-number-of-migrant-children-221119191.html>.

² Franco Ordóñez, “Almost 19,000 Migrant Children Stopped At U.S. Border in March, Most Ever In A Month” NPR (Apr. 8, 2021); <https://www.npr.org/2021/04/08/985296354/almost-19-000-migrant-children-stopped-at-u-s-border-in-march-most-ever-in-a-mon>.

³ Department of Health and Human Services, “Carrizo Springs Influx Care Facility” (Apr. 12, 2021); <https://www.hhs.gov/programs/social-services/unaccompanied-children/carrizo-springs-temporary-influx-facility-update.html>.

⁴ ORR, “Children Entering the United States Unaccompanied: Section 7;” <https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-7#7.2>.

⁵ Joel Rose, “Fewer Migrant Children Held In Border Detention Facilities, But Challenges Remain;” NPR (Apr. 15, 2021); <https://www.npr.org/2021/04/15/987615232/fewer-migrant-children-held-in-border-detention-facilities-but-challenges-remain>.

⁶ HHS, “Fact Sheet: Unaccompanied Children (UC) Program” (Apr. 2, 2021); <https://www.hhs.gov/sites/default/files/uac-program-fact-sheet.pdf>.

⁷ Caitlin Dickson, “Biden administration rushes to open emergency sites for record number of migrant children” Yahoo News (Apr. 8, 2021); <https://news.yahoo.com/biden-administration-rushes-to-open-emergency-sites-for-record-number-of-migrant-children-221119191.html>.

⁸ The status and capacity of EISs and influx facilities are subject to change. KIND compiled the information in this table based on the following sources: HHS, “Long Beach Emergency Intake Site for Unaccompanied Children Opens Today” (Apr. 22, 2021); <https://www.hhs.gov/about/news/2021/04/22/long-beach-emergency-intake-site-unaccompanied-children-opens-today.html>; HHS, “Carrizo Springs Influx Care Facility” (Apr. 19, 2021); <https://www.hhs.gov/programs/social-services/unaccompanied-children/carrizo-springs-temporary-influx-facility-update.html>. Fernie Ortiz, “3 new facilities for unaccompanied migrant children open in Texas; sites in California considered” Border Report (Apr. 6, 2021); <https://www.borderreport.com/hot-topics/migrant-centers/2-new-facilities-for-unaccompanied-migrant-children-open-in-texas-sites-in-california-considered/>; Lauren Giella, “Nine New Migrant Shelters Have Opened Since Biden Took Office” Newsweek (Mar. 24, 2021).

⁹ Adriana Gomez Licon and Amy Taxin, “New migrant facilities crop up to ease crowding, again” ABC News (Apr. 18, 2021); <https://abcnews.go.com/Health/wireStory/migrant-facilities-crop-ease-crowding-77150533>.

¹⁰ Federal law defines an “unaccompanied alien child” as a child under the age of 18 who has no lawful immigration status and for whom there is no parent or legal guardian in the United States, or no parent or legal guardian available to provide care and custody. 6 U.S.C. 279(g)(2). All unaccompanied children—including those who arrive to the United States with, and are released from CBP custody with, caregivers who are not their parents or legal guardians—must be designated as such and receive all associated legal protections until termination of their immigration proceedings.

¹¹ House Report 116-458, p. 23, incorporated by reference into Joint Explanatory Statement.

¹² Erin Durkin, “Border facilities lack licensed child-welfare professionals” National Journal (Apr. 14, 2021); <https://www.nationaljournal.com/s/713344/border-facilities-lack-licensed-child-welfare-professionals/>.

¹³ Department of State, “Restarting the Central American Minors Program” (Mar. 10, 2021); <https://www.state.gov/restarting-the-central-american-minors-program/>.