

Subcommittee on Oversight and Investigations
Hearing on
“A Humane Response: Prioritizing the Well-Being of Unaccompanied Children”
June 9, 2021

Ms. JooYeun Chang, Acting Assistant Secretary, Administration for Children and Families, U.S.
Department of Health and Human Services

The Honorable H. Morgan Griffith (R-VA)

- 1. Please provide a written list of all the policy and operational changes that ORR has made since January 20, 2021, to expedite the release of unaccompanied children to sponsors, which you committed to provide as a follow-up during the hearing.**

Response:

The Office of Refugee Resettlement (ORR) has policies and procedures in place to ensure unaccompanied children in care are released in a safe, efficient, and timely manner. ORR continuously evaluates its unification policies and procedures to ensure that ORR is pursuing the best interest of each child. All formal ORR [field guidance](#) with issuance dates are available on the ORR website. Additionally, revisions or issuance to ORR’s [Policy Guide](#) include a date to the applicable section and are also available on the ORR website. From January 21, 2021, to September 7, 2021, ORR has:

- Required care providers to achieve adequate staffing levels for caseworkers who facilitate reunifications to guarantee seven-day-a-week coverage, including outside business hours.
- Authorized care providers to hire and backfill open positions up to their approved funded capacity. ORR also approved overtime pay for case management staff.
- Issued guidance instructing care providers to pay for travel (and travel escorts where necessary) with program funds to avoid any delays in unifications.
- Implemented a virtual case management program, targeting children with an identified parent or legal guardian, to safely expedite the sponsor assessment and release process for Category 1 children.
- Rescinded the April 2018 Info Sharing Memorandum of Understanding with DHS to remove any barriers that could hinder the potential sponsors from coming forward.
- Issued the Expedited Release for Category 1 Field Guidance, which modifies ORR’s standard release requirements to ensure that eligible parents and legal guardians present in the United States can safely and quickly be unified with their children. The new guidance removed duplicative questions and streamlined the family reunification packet and waived the requirements for household members’ background checks absent any red flags raised during the sponsorship process.

ORR also authorized care providers to pay for the sponsor's travel to pick up their child and complete the paperwork at the facility. The adoption of this guidance led to a significant reduction in the length of care (LOC). As of August 12, 2021, the average LOC was 21 days for Category 1 children.

- Issued new guidance and modified the Expedited Release Procedure for eligible Category 1 sponsors to apply to a related child for whom the same sponsor serves as a Category 2 sponsor.
- Issued the Temporary Waivers of Background Check Requirements for Category 2 Adult Household Members and Adult Caregivers Guidance. This guidance states that background check requirements (as well as requirements for obtaining identification) for adult household members and alternate adult caregivers identified in a sponsor care plan are not required as a condition of release for any Category 2 case, unless: the child is especially vulnerable; the child is subject to a mandatory TVPRA home study; or there are red flags present in the case, including red flags relating to abuse or neglect. If a child falls under one of the excluded cases listed above, care providers should continue to perform background checks according to ORR Policy Guide, [Section 2.5.1](#). ORR continues to require that sponsors identify adults in the household and an alternate adult caregiver as part of the application and assessment process.

2. During the hearing I expressed concern over the sources that ORR uses to conduct background checks on potential sponsors for unaccompanied children, and whether these sources are adequate in order to ensure the safety of potential sponsors before unaccompanied children are unified with them. Please provide all of the policies and information regarding the sponsor vetting process, including a complete list of the sources and databases that ORR uses to vet sponsors, which you committed to provide as a follow-up during the hearing.

Response:

The process of the safe and timely release of an unaccompanied child from ORR custody involves several steps, including: the identification of sponsors; sponsor application; interviews; and an assessment of sponsor suitability, including verification of the sponsor's identity and relationship to the child.

As per [Section 2.2.2](#) of the ORR Policy Guide, the care provider case manager makes recommendations regarding the release that are reviewed by a third-party case coordinator. The ORR Federal Field Specialist makes the final release decision when they determine that the release is a safe release, the sponsor can care for the health and well-being of the child, and the sponsor understands that the child is to appear for all immigration proceedings.

ORR's policies and procedures regarding the sponsor vetting process are available in [Section 2](#) of the ORR Policy Guide, and the [UC Program's Field Guidance](#) webpage. In order to vet sponsors, ORR may use the following resources and databases:

- UC Portal

- Sex Offender Registry Check, conducted through the U.S. Department of Justice National Sex Offender Public Website
- Internet Criminal Public Records (ex: Transunion, backgroundcheck.com)
- FBI National Criminal History Check, based on digital fingerprints or digitized paper prints
- Child Abuse and Neglect (CA/N) Check, obtained on a state by state basis as no national CA/N check repository exists
- State Criminal History Repository Check and/or Local Police Check

3. Does ORR need additional authority or resources from Congress to be able to improve the sponsor vetting process?

Response:

ORR is currently in conversations with our agency partners to determine what additional authority or resources are needed from Congress in order to improve the sponsor vetting process. HHS remains committed to working with Congress to ensure all relevant funding needs are communicated in a timely manner.

4. During the hearing, Acting Assistant Secretary Chang testified that there were a couple of reasons Biscayne Bay was not reactivated despite it being one of two influx facilities that was used during prior surges in 2016 and 2019 and having been kept in warm status should another surge occur. One reason cited by the Acting Assistant Secretary was because it would have taken approximately two months to stand up the facility. Why did the administration feel it would take two months to stand up Biscayne Bay, especially when it quickly stood up the other facility that had been kept in warm status—Carrizo Springs—and it was standing up other new influx care facilities and emergency intake sites in a matter of weeks?

Response:

Due to the immediate need for additional bed capacity and the longer timeline that activating Biscayne Influx Care Facility (ICF) presented, ORR did not reactivate Biscayne. On April 9, 2021, ORR issued a notice to terminate the Homestead Memorandum of Understanding.

- a. What was the point of keeping the facility in warm status if it was not going to be used when ORR was experiencing a surge in referrals and there were prolonged stays at overcrowded CBP facilities?**

Response:

ORR did not activate Biscayne Bay ICF due to the immediate need for additional bed capacity and the longer timeline that activating Biscayne presented. As a result, ORR issued a notice to terminate the Homestead Memorandum of Understanding on April 9, 2021. The job corps site

was kept in warm status per ORR's agreement with the Department of Labor (DOL) for access to the job corps building. ORR maintained the site until it could be transferred back to DOL.

- b. FEMA and NGOs helped ORR stand-up and staff some of these other temporary facilities that were stood up very quickly. Why couldn't FEMA or the NGOs help staff Biscayne Bay?**

Response:

ORR ICF and EIS received assistance from the Federal Emergency Management Agency (FEMA) and non-governmental organizations (NGOs) to provide temporary relief for immediate placement of children referred to ORR care.

ORR did not reactivate Biscayne ICF due to the immediate need for additional bed capacity and the longer timeline that activating Biscayne presented.

- c. How much money did the federal government spend per month keeping Biscayne Bay in warm status?**

Response:

The average monthly cost in warm status for Biscayne ICF was \$650,000.

- d. Did any officials from HHS or ORR visit Biscayne Bay before making the decision not to reactivate the facility?**

Response:

No officials from HHS or ORR visited Biscayne on or after January 20, 2021.

- 5. Another reason that the Acting Assistant Secretary provided for why the administration did not reactivate Biscayne Bay was that the facility was slated to only house 800 children. However, reports in 2019 suggest that the facility was able to house 3,200 children. Why was Biscayne Bay's potential capacity capped at 800 children, a 75 percent decrease from its prior capacity?**

- e. Even if the facility was only slated to house 800 children, why did ORR believe it was better to keep 800 children in overcrowded CBP facilities instead of transferring them to an ORR facility?**

Response:

ORR chose to activate emergency intake sites (EIS) in order to quickly transfer children out of DHS facilities. Not only would it have taken longer to activate Biscayne ICF, but COVID-19 related restrictions would have capped Biscayne ICF's capacity at 800 children. ORR had other alternative emergency sites for which to immediately transfer children other than the Biscayne ICF.

- 6. ORR's website notes that while in HHS custody at HHS shelters, unaccompanied children receive education services; cultural, language and religious observation; and**

recreation services. Are the children receiving all of those services at the influx care facilities and emergency intake sites?

Response:

While EIS are temporary and are meant to move children out of DHS custody quickly, EIS must meet basic standards of care used for children in an emergency response setting. ORR does not consider EIS to be a long-term placement option.

Standards EIS must meet include maintenance of safe and sanitary facilities; provide water, food, appropriate clothing, and access to toilets, sinks, and showers; maintain adequate temperature control and ventilation; provide adequate supervision and ensure adherence to a zero-tolerance policy towards abuse and maltreatment; provide access to religious services, as available; medical care, including mental health care. EIS may have site-specific requirements and services available may vary by site.

On April 30, 2021, ORR issued [Field Guidance #13](#) to clarify the applicable standards for ORR EIS, due to their emergency and temporary nature. Field Guidance #13 supersedes Field Guidance #12, published on April 9, 2021, and any previous guidance related to EIS standards. As per Field Guidance #13, as soon as possible and to the extent practicable, EIS should seek to provide access to educational services, and daily recreational/leisure time that includes one hour of large muscle activity and one hour of structured leisure time activities. Field Guidance #13 also states that in order to provide basic standards of care, EIS must allow access to religious services, if available.

ICF temporarily provide emergency shelter and services for unaccompanied children during an influx or emergency. Due to the emergency nature of influx care facilities, they may not be licensed or may be exempted from licensing requirements by state and/or local licensing agencies. ICF may also be operated on federally-owned or leased properties, in which case, the facility may not be subject to state or local licensing standards.

As per [Section 7.5](#) of the ORR Policy Guide, ICF are required to deliver services in a manner that is sensitive to the age, culture, native language, and needs of each child. [Section 7.5.1](#) of the ORR Policy Guide also states ICF must provide the following minimum services for each unaccompanied child in their care:

- Educational services appropriate to the unaccompanied child'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 unaccompanied children with appropriate reading materials in languages other than English for use during leisure time.

- 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.
- Whenever possible, access to religious services of the child's choice.

f. Have those services been provided since these facilities were initially stood up?

i. If not, why haven't all of the influx care facilities and emergency intake sites that have been stood up under this administration been providing all of these services?

Response:

As of September 20, 2021, ORR operates four emergency intake sites: Pecos EIS, Starr Commonwealth EIS, Pomona Fairplex EIS, and the ORR EIS at Fort Bliss. The Pecos EIS has been providing the required standards of care for children since its activation, including educational and recreational activities and religious services. There are certain recreational activities (ex: music therapy and the outdoor soccer field) that became available after the activation of the site. Children receive educational and recreational activities Monday through Friday, and recreational activities during weekends and holidays. Programming includes English as a Second Language classes, life skills, indoor recreation including arts and crafts, as well as outdoor activities such as soccer and basketball. The site has also an on-campus Chaplain and music therapists. The Starr EIS began providing basic educational services and access to religious services shortly after its activation.

The Pomona Fairplex EIS has offered recreation and language services since the activation of the site. Shortly after the activation of the site, the Pomona Fairplex EIS began providing educational, religious and cultural services for the children. Currently, the Pomona Fairplex EIS has education services provided by the local school district, as well as recreation space and space for religious services. The ORR EIS at Fort Bliss has provided recreational services since the activation of the site. The ORR EIS at Fort Bliss began providing educational services, cultural, language and religious observation shortly after its activation. Examples of these services include English as a Second Language classes, meditation sessions, and providing spiritual and dietary accommodations for unaccompanied children from various backgrounds.

ORR's only active influx care facility, Carrizo Springs ICF, has provided educational services, cultural, language and religious observation, and recreational services since the site was activated.

g. Does ORR anticipate providing all of these services at all of its influx care facilities and emergency intake sites? If so, when does ORR expect that to happen?

Response:

All ORR EIS and ICF currently provide cultural, language and religious observation and recreation services.

- 7. In 2019, HHS officials testified before the Oversight and Investigations Subcommittee about the need to increase its permanent network capacity in order to accept kids in a timely manner when they are referred to ORR from DHS, and that they needed the flexibility in small, medium, and specialty type shelters. However, in 2019, there were reports that ORR and potential grantees received pushback in the communities it was considering opening additional shelters in. For example, Congressional Democrats opposed facilities in three states that the Trump administration tried to add permanent shelters in – California, Virginia, and Florida. If more permanent bed facilities are not allowed to open due to community pushback, what is the alternative when ORR faces surges like the one it is currently experiencing, or inevitably sees another influx of unaccompanied children?**

Response:

In 2021, ORR has approved applications from various providers in different states to add 446 new beds to its licensed bed network and approved 995 new beds from existing providers. ORR continues to pursue options to bring on additional licensed beds, and has an online survey available for any interested organizations to complete to express interest in joining the ORR provider network.¹

- 8. What is the vaccination regimen that is being administered to children at ORR facilities? Does that regimen differ based on what facility the children are at?**

Response:

Children in care at ORR's licensed programs and ICF are vaccinated as part of their initial medical exam. If a vaccination record is not located or a child is not up-to-date, the child receives all vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP) catch-up schedule and approved by the Centers for Disease Control and Prevention (CDC), including seasonal influenza vaccine when available. Each age-eligible child is offered the COVID-19 vaccine.

Each child admitted to an ORR EIS receives mumps, measles, rubella (MMR) and varicella vaccines. Each age-eligible child is offered the COVID-19 vaccine. Each ORR EIS is encouraged, if logistically able, to provide all vaccinations recommended by the ACIP catch-up schedule, including seasonal influenza vaccine when available. Children who are transferred

¹ The link to ORR's survey for provider interest is: <https://orrresponse.acf.hhs.gov/s/ORRSupportInterestSurvey>.

from an EIS to a licensed program or ICF receive catch-up vaccinations not already received at the EIS. Please see ORR [Field Guide #17](#) for more information regarding COVID-19 vaccination requirements.

9. When asked whether ORR has waived or modified background check requirements for any of its facilities' employees, contractors, or volunteers since January 20, 2021, Acting Assistant Secretary Chang acknowledged that the one that comes to mind is a State Child Abuse and Neglect Registry check at the Carrizo Springs influx site and noted that they waive those requirements on a case-by-case basis, adding that the state wasn't able to complete those checks in a timely manner. How many times have those requirements been waived or modified at the Carrizo Springs facility?

h. Were any of the background check requirements waived or modified for any staff, contractors, or volunteers at any other ORR facilities? If so, please specify which requirements were waived or modified and at which facilities this occurred.

Response:

On March 6, 2021, the Director of the Office of Refugee Resettlement (ORR) conditionally waived the CA/N check background check requirement for the grantee operating the Carrizo Springs ICF due to the impossibility or impracticality of obtaining CA/N background check results in a timely manner. During prior influx operations in the state of Texas, the Texas Department of Family and Protective Services, the state-licensing entity that completes background checks for employees of ORR-funded state-licensed facilities, has been unable or unwilling to directly provide background checks for ICF employees to the ICF operators due to state laws and regulations.

Individuals working at the Carrizo Springs ICF have gone through a comprehensive FBI fingerprint background check to confirm identity and a search of federal (FBI/NCIC) and state criminal (TCIC) databases. Background checks are adjudicated by HHS federal personnel and only individuals with cleared FBI fingerprint background checks will work at the Carrizo Springs Influx facility.

10. Have any staff, contractors, or volunteers failed background checks after having started to work with children at ORR's facilities? If so, please specify how many staff and at which facilities this occurred.

Response:

Since January 20, 2021, 43 staff members, contractors, and volunteers failed background checks after having started to work at ORR's licensed facilities. ORR staff members, contractors, and volunteers were removed once the failed status of background checks was received.

11 During the hearing, Acting Assistant Secretary Chang was asked about allegations of neglect and abuse at an ORR facility in San Antonio and whether those allegations had been reported to the appropriate investigative authorities. In response, the Acting

Assistant Secretary said, “if the allegations that you’re talking about are the same ones I’m thinking about, then, yes, absolutely.” This response suggests that there have been multiple allegations of neglect and abuse reported at ORR facilities. How many allegations of neglect and abuse were reported at the San Antonio facility?

Response:

ORR care providers report any child’s disclosure of abuse and neglect while they are in ORR care, including any disclosure of abuse and neglect in home country and during their journey to the United States. ORR’s broad reporting requirements ensure that care providers report and document any alleged mistreatment of children in ORR care. This includes any reported or observed mistreatment of children by other children.

To ensure that any allegations of abuse at ORR care providers are reported immediately, all staff at ORR care providers are required to report any Significant Incident Reports (SIR) according to guidelines established in ORR’s [Policy Guide Section 5.8](#) and must report any allegations of sexual abuse, sexual harassment, inappropriate sexual behavior, or certain employee code of conduct violations via ORR’s Sexual Abuse Significant Incident Reports (SA/SIR) in accordance with [Policy Guide Section 4.10.2](#). The staff in ORR care providers must immediately, in accordance with mandatory reporting laws, state licensing requirements, federal laws and regulations, and ORR policies and procedures, report allegations of abuse to local law enforcement, child protective services, and state licensing, as applicable. In addition to following proper reporting procedures, ORR immediately acts to protect alleged victims of abuse and neglect. ORR care providers also refer concerns for human trafficking to the HHS Office on Trafficking in Persons per reporting requirements under the Trafficking Victims Protection Act, which obligates all federal, state, and local officials to report potential trafficking concerns on behalf of foreign national minors (including unaccompanied children) to HHS, specifically OTIP, within 24 hours (22 U.S.C. 7105(b)).

During the period of time in which the Freeman Expo Center EIS in San Antonio was open, a total of 30 allegations on a range of abuse and/or neglect were reported. Those reports included allegations of verbal abuse, physical abuse, sexual misconduct (including inappropriate sexual behavior and sexual abuse, including between children), neglect, and incidents described as “other”. All allegations of abuse and/or neglect at the Freeman Expo Center EIS in San Antonio were reported to the appropriate investigative authorities.

- i. **Have there been other ORR facilities with allegations of neglect and abuse in the past six months? If so, please specify which ORR facilities these allegations have occurred at.**

Response:

ORR care providers report any child’s disclosure of abuse and neglect while they are in ORR care, including any disclosure of abuse and neglect in home country and during their journey to the United States. ORR’s broad reporting requirements ensure that care providers report and

document any alleged mistreatment of children in ORR care. This includes any reported or observed mistreatment of children by other children.

To ensure that any allegations of abuse at ORR facilities are reported immediately, all staff at ORR facilities are required to report any Significant Incident Reports (SIR) according to guidelines established in ORR's [Policy Guide Section 5.8](#) and must report any allegations of sexual abuse, sexual harassment, inappropriate sexual behavior, or certain employee code of conduct violations via ORR's Sexual Abuse Significant Incident Reports (SA/SIR) in accordance with [Policy Guide Section 4.10.2](#). The staff in ORR care facilities must immediately, in accordance with mandatory reporting laws, state licensing requirements, federal laws and regulations, and ORR policies and procedures, report allegations of abuse to local law enforcement, child protective services, and state licensing, as applicable. ORR care facilities also refer concerns for human trafficking to the HHS Office on Trafficking in Persons per reporting requirements under the Trafficking Victims Protection Act, which obligates all federal, state, and local officials to report potential trafficking concerns on behalf of foreign national minors (including unaccompanied children) to HHS, specifically OTIP, within 24 hours (22 U.S.C. 7105(b)).

Due to privacy concerns as well as issues implicating ongoing investigations by federal, state, and local authorities, ORR does not provide case specific information.

The Honorable Michael C. Burgess, M.D. (R-TX)

- 1. You have outlined that ORR verifies a sponsor's identity and their relationship to an Unaccompanied Child before the child is released to the sponsor. At the same time, HHS has rescinded its information sharing Memorandum of Understanding with the Department of Homeland Security to provide background checks on sponsors.**

- a. Exactly how is ORR verifying sponsor identities and relationships?**

Response:

ORR requires verification of the sponsor's identity and relationship to the child and a background check of all potential sponsors and their adult household members as appropriate. In order to verify their identity, all potential sponsors must submit original versions or legible copies of government-issued identification documents. Please refer to [Section 2.2.4](#) of the ORR Policy Guide for a complete list of acceptable documents for the purpose of establishing identity. The potential sponsor must also provide at least one form of evidence verifying the relationship claimed with the unaccompanied child. Acceptable documents to verify sponsor-child relationship include: original versions or legible copies of birth certificates; marriage certificates; death certificates; court records; guardianship records; hospital records; school records; written affirmation of relationship from Consulate; and other similar documents.

ORR requires a background check of all potential sponsors and their adult household members as appropriate. ORR also performs a public records check and sex offender registry check on parents/legal guardians ("Category 1" sponsors) and "Category 2A" sponsors (grandparents,

adult siblings, and aunts/uncles/first cousins who were previously a primary caregivers). While ORR's expedited release policy does not require fingerprint checks for Category 1 sponsors who meet eligible criteria, ORR still requires a fingerprint check on Category 1 sponsors where:

- The public records check reveals possibility disqualifying sponsor criteria.
- There is a documented risk to the safety of the child.
- The child is especially vulnerable and/or the case is being referred for a home study.

In addition, all children released to a sponsor receive a Safety and Well-being Follow-Up Call. Care providers must conduct these check-in calls 30 days after the child's release from ORR custody. Case managers also follow up with sponsors once at the 7-10-day mark following a child's release from custody for updates on the minor's health and to check on symptoms of COVID-19.

2. Following the surge of Unaccompanied Children in 2014, this subcommittee worked hard to conduct oversight and address reported abuse in ORR facilities, overcrowding, lack of medical care, and follow-up once children were placed with sponsors. The recent influx of Unaccompanied Children represents the third major influx since 2014, and we are still getting reports of abuse, overcrowding, and poor pandemic procedures in ORR facilities.

a. Why were the improved procedures that began after the 2014 crisis not carried forward to prepare ORR for all future influxes?

Response:

The UC program has faced three compounding challenges: historically high levels of referrals; the COVID-19 pandemic, which forced 40% of ORR beds offline; and issues inherited from the previous administration, including a hiring freeze at ORR, failure to plan for increased arrivals, which started in November 2020, and a chaotic transition. Despite these enormous challenges, ORR is following the law and fulfilling its responsibility to quickly move children out of DHS border facilities, provide appropriate care, and unite them with a vetted sponsor.

ORR's work to date under this Administration has focused on significantly increasing capacity by bringing licensed beds back online, expanding the licensed bed network, and opening temporary facilities such as the Carrizo Spring ICF and the EIS in partnership with FEMA. ORR added approximately 20,000 temporary beds and brought back over 4,000 licensed beds since January 20, 2021. ORR has increased its case management capabilities and unified unaccompanied children with vetted sponsors as quickly as possible. These efforts, in coordination with inter-agency partners, have also led to a significant reduction in the time children spend in DHS facilities.

b. How can ORR ensure continuity of policies and procedures for future influxes?

Response:

ORR looks forward to working with the Committee and others in Congress to ensure that ORR is able to continue meeting its legal obligations to safely care for all children referred to ORR by DHS.

- 3. According to a report from *ABC News*, the Biden administration closed a Houston facility run by a nonprofit organization, with no prior experience housing unaccompanied migrant children, following allegations of inadequate living conditions. The facility housed teen girls from ages 13 to 17, and these girls were at times instructed to use plastic bags for toilets because there were not enough staff members to accompany them to restrooms. HHS announced it would relocate the nearly 500 girls to other facilities in the area, or to family members or sponsors.**

- a. Can you elaborate on the situation at this facility in Houston and confirm or deny if these allegations are true?**

Response:

ORR is committed to protecting unaccompanied children and requires all staff, volunteers, contractors, and any other personnel providing direct care to unaccompanied children to report any incidents that could affect a child's health, well-being, and safety. ORR takes immediate actions to ensure the safety of unaccompanied children when there are concerns regarding the health and safety of unaccompanied and refers allegations of abuse or neglect to the appropriate investigative entity (e.g., child protective services, state licensing, law enforcement, etc.).

The Houston EIS is now closed. All children were transferred from the Houston EIS on April 17, 2021. EIS are temporary, stop-gap facilities that are open for a limited period of time to ensure unaccompanied children are quickly transferred out of DHS custody. Each EIS location receives a thorough site assessment in order to determine that the location/facility is able to meet the safety standards used for children in an emergency setting, including ensuring that facilities are safe and sanitary. EIS must also meet the requirement of unaccompanied children having access to toilets, sinks, showers, adequate space and sleeping quarters available to them.

- b. What were the staff to child ratios at this facility at the time of this incident?**

Response:

The staff to child ratio at Houston EIS was one staff member to 15 children.

- 4. It is my understanding is that for youth care workers at ORR facilities the ratio is 1 staff to 15 children for kids who are 13 and older; 1 staff to 8 children for**

kids who are 6 to 12 years old; and 1 staff to 4 children for children who are 5 and younger.

- a. **Did all of the influx care facilities and emergency intake sites meet these prescribed staffing ratios when they first opened?**

Response:

The requirements outlined in this question apply specifically to EIS. Please see [Field Guidance #13](#) for additional information on EIS instructions and standards. Pecos EIS, Pomona Fairplex EIS, and Starr Commonwealth EIS have maintained this staffing ratio for youth care workers since the sites opened.

When the ORR EIS at Fort Bliss first opened, it met the prescribed staffing ratio for youth care workers. However, due to delays caused by required military background checks, the staffing ratio fell below the prescribed one staff to 15 children ratio. ORR granted the EIS at Fort Bliss a 14-day waiver to allow time for the required military background checks to be completed. Federal staff were deployed to the site to support line of sight supervision. The ORR EIS at Fort Bliss is currently within the prescribed staffing ratio for youth care workers.

At Carrizo Springs ICF, the youth care worker staffing ratios are generally one staff to eight children, or one staff to 10 children (depending on facility configuration), and one staff to four children for the tender age population. Currently, Carrizo Springs ICF averages a one staff to six children youth care worker ratio.

- b. **If not, what were the staff to child ratios at each of the influx care facilities and emergency intake sites when the facilities were first stood up?**

Response:

Please see above response.

- c. **Do all of the influx care facilities and emergency intake sites currently meet ORR's prescribed staffing ratios?**

Response:

All ICF and EIS currently in operation meet ORR's prescribed youth care worker staffing ratios.