

SEPTEMBER 3, 2021
ORR JUVENILE
COORDINATOR REPORT

ORR JUVENILE COORDINATOR INTERIM REPORT

September 3, 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 as detailed by the Court below. At the last Court hearing on August 6, 2021, the Court ordered the same topics for reporting as in the Court's previous Order, with some additional topics added for this report. This report covers the period from July 22, 2021 to August 31, 2021, with some sections detailing information as of August 22, 2021.

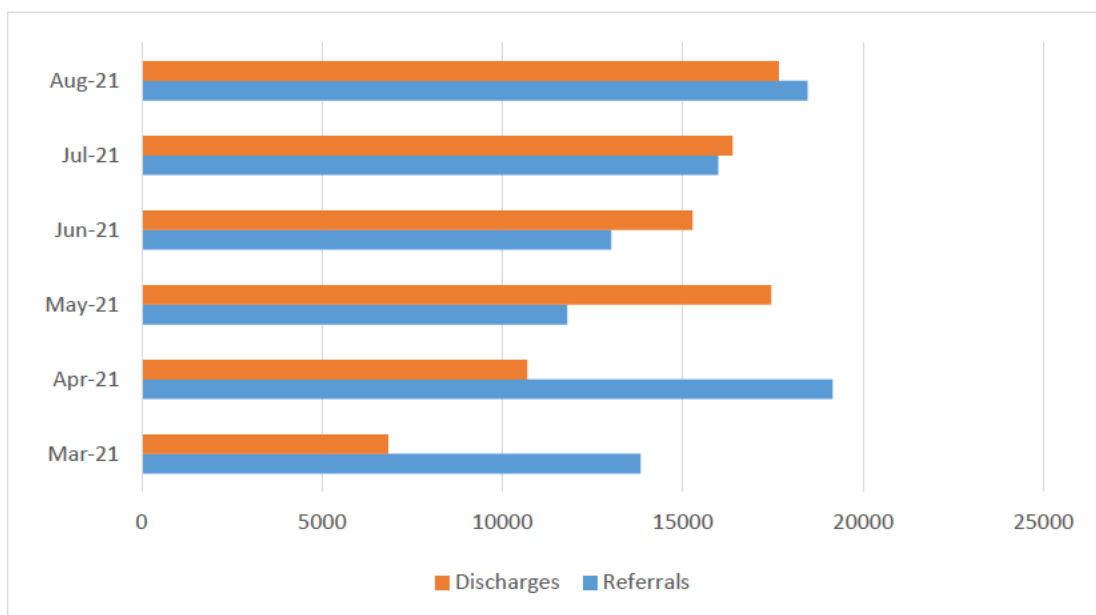
- 1) The census of minors in each of the agency's facilities.
- 2) An explanation for why some existing beds in licensed facilities and Influx Care Facilities are unoccupied, given the sizeable numbers of tender-age minors who are being held for extended periods in the EIS'.
- 3) The average length of stay for minors in the agency's facilities and for minors who have been released, with more details as to methodology to assist the Court and the parties in tracking these metrics
- 4) Whether the Juvenile Coordinator has adequate personnel or other capacity to provide detailed monitoring of new or expanded facilities.
- 5) Case management services at each facility.
- 6) Minors' access to counsel in general, and to the Legal Services Providers Amici Curiae in particular.
- 7) Census of minors in an EIS for more than 20 days and those minors' length of stay.
- 8) Updates on ORR's plans to improve case management and expedite release of minors.
- 9) Updates on ORR's plans, if any, to expand capacity, particularly of licensed shelter beds.
- 10) 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.
- 11) The number of minors currently testing positive for COVID-19.
- 12) Updates on ORR policies regarding the use of EIS', including policies and procedures to address COVID-19.

ORR Capacity

During the current fiscal year (FY2021, which commenced October 1, 2021), ORR received approximately 110,944 referrals and discharged approximately 95,725 minors. As of August 31, 2021, there were 14,911 minors in ORR care with beds designated for an additional 568 minors pending arrival from DHS to ORR.

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

Figure 1: ORR Referrals and Discharges from March 1, 2021 to August 31, 2021



1) The census of minors in each of the agency's facilities.

Figure 2 below summarizes ORR's bed capacity as of August 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.

In addition, Figure 2 depicts a very low census at the Carrizo Springs Influx Care Facility (ICF) because ORR is currently transitioning the program to receive only minors with a positive COVID-19 diagnosis. All of the minors that were previously placed at the ICF were either discharged from ORR custody or transferred to a licensed program.

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

ORR Program Type	Total Beds	# of Beds Occupied	# of Beds Not Occupied
Shelter	9,503	8,314 87%	1,189 13%
Staff Secure	82	15 18%	67 82%
Secure	24	7 29%	17 71%
RTC	55	14 25%	41 75%
TFC	1,600	957 60%	643 40%
LTFC	527	363 69%	164 31%
Influx Care Facility (ICF)	923	117 13%	806 87%
Emergency Intake Site (EIS)	8,425	5,358 64%	3,071 36%
TOTAL	21,139	15,145 72%	5,998 28%

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-age minors, and minors with special needs).

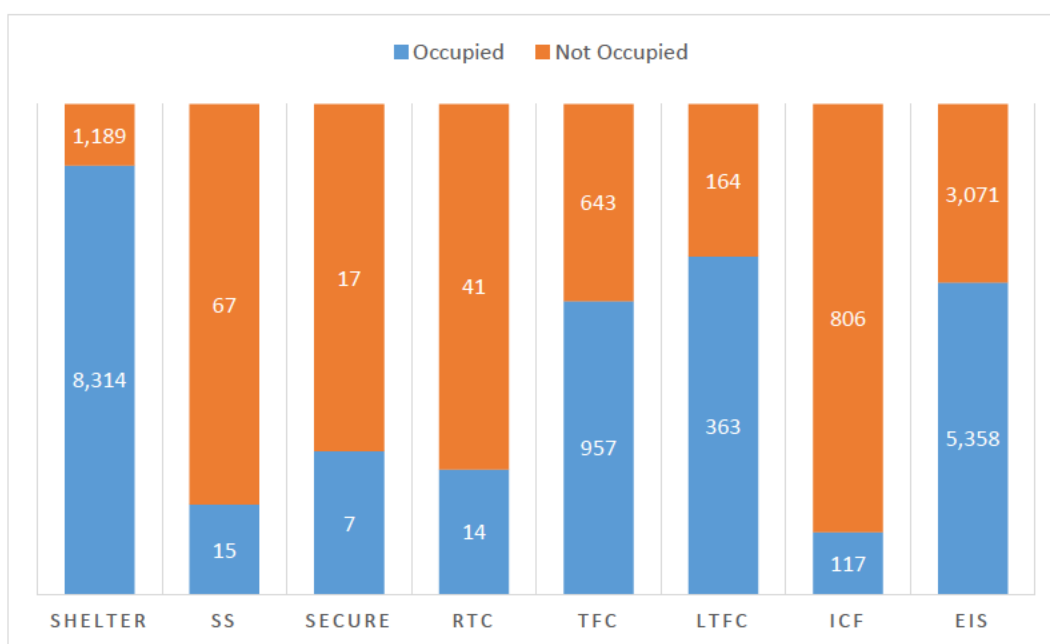
Also, although there are beds available at regular licensed shelters, the process to fill them is strategic and maintaining a reserve of licensed beds for urgent matters is essential. For instance, a minor may require an immediate transfer from an EIS, or it may be necessary for a minor to be geographically relocated; these are two examples of factors that must be considered with regard to licensed bed availability. Furthermore, there are many tender-age minors that travel with a sibling/relative group and some

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. Figure 2 and Figure 3 reflect ORR's reassessed capacity as of August 31, 2021.

placements may take a tender-age minor but not the sibling(s), or they may be willing to take a sibling group of the same sex only.

When dealing with placing medically cleared minors in available beds, COVID-19 is not the only challenge presented to ORR. For instance, there are other communicable diseases and infections occurring more frequently in facilities; such as varicella, strep throat, lice, and scabies. With these occurrences, all minors must be medically cleared prior to being transferred. If a foster home is licensed to care for more than one minor, these factors have to be considered, otherwise, the placement of minors may need to be temporarily suspended. Due to the examples above, it is necessary for a small margin of licensed beds to remain available.

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



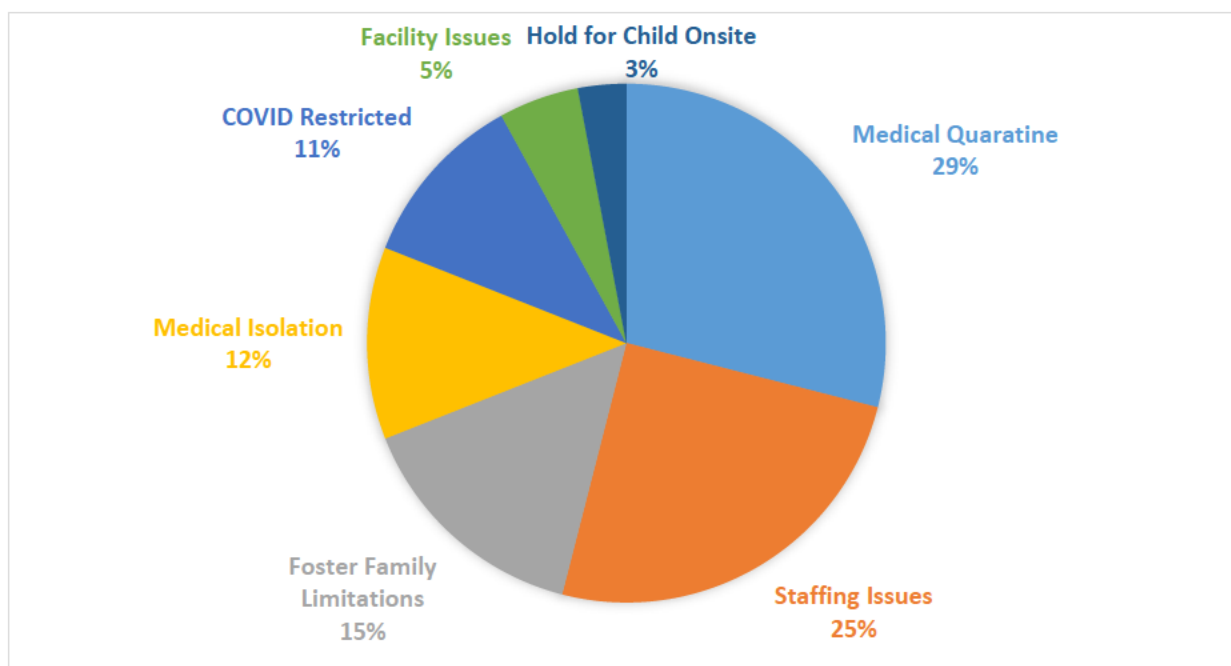
- 2) An explanation for why some existing beds in licensed facilities and Influx Care Facilities are unoccupied, given the sizeable numbers of tender-age minors who are being held for extended periods in the EIS'.

ORR places minors in licensed programs according to the following priority: medical need, tender-age, trafficking concerns, and special populations. In addition, ORR elevates transfers from EIS for cases involving significant incidents and/or safety concerns. Although ORR endeavors to place all tender-age minors in licensed facilities, the high volume of minors arriving, and the border and capacity limitations requires placing some tender-age minors in EIS to avoid the alternative of those minors remaining in Customs and Border Patrol (CBP) facilities for over 72 hours, or separating groups of related minors consisting of different ages or genders (i.e. mixed sibling groups). ORR has experienced challenges locating sufficient licensed facilities willing to accept mixed sibling groups and prefers to avoid separating siblings by placing the tender-age minors in a program that will accept them with their sibling or other relative. Consequently, many of the tender-age minors located at an EIS facility are part of a mixed sibling group.

For example, a review of the census for the four operational EIS facilities on August 31, 2021 indicated that approximately 70% of the 65 tender-age minors residing at EIS were part of a mixed sibling group (only three of the four EIS facilities accept tender-age minors).

In addition to challenges locating licensed facilities that will accept mixed sibling groups, ORR has encountered other factors that limit the availability of licensed beds. Figure 4 below provides a breakdown of the challenges limiting licensed bed availability on August 31, 2021. Notably, the top four challenges related to bed availability in the ORR licensed programs are: 1) medical quarantine; 2) staffing issues; 3) foster family specified limitations; and 4) medical isolation. These top four challenges account for 81% of the unavailable licensed beds. In this report we added a new category called Hold for Child Onsite, which represents the beds that facilities are holding for transfer of a minor from medical isolation or quarantine to a bed with the medically cleared minors.

Figure 4: Factors Limiting ORR Licensed Bed Availability on August 31, 2021



Placement & Release of Minors in ORR Custody

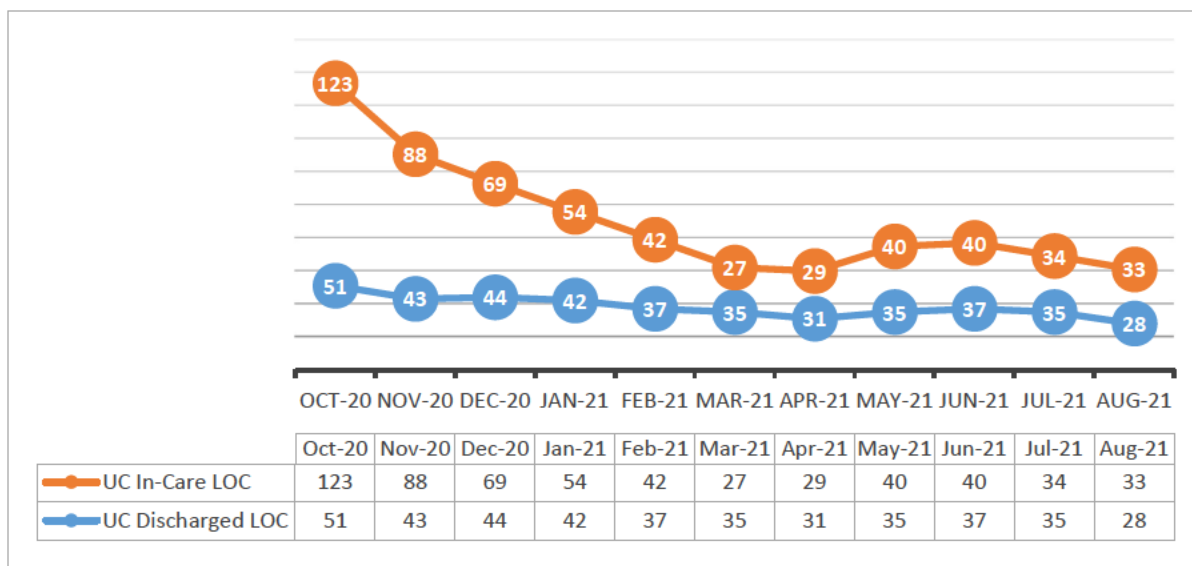
As depicted in Figures 1 to 3 above, ORR continues to experience an insurmountable number of minors arriving at the border. Their arrival in historically high numbers coincide with the nation's efforts to control the spread of COVID-19, which is also a priority for ORR facilities. From March 2020 until 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 16,233 referrals in July and has received 18,463 as of August 31, 2021. 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. Notwithstanding this surge, 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.

- 3) The average length of stay for minors in the agency's facilities and for minors who have been released, with more details as to methodology to assist the Court and the parties in tracking these metrics

Over the past eleven months (October 2020 to August 2021), ORR's assertive efforts to release minors has resulted in a steady decline (through April 2021) in the average amount of time that minors remain in ORR care. This measure of time that a minor remains in ORR care is known as the length of care (LOC). As detailed in Figure 5 below, ORR's efforts have maintained the steady decline in average LOC despite the significant increase in the number of minors in ORR custody. The first measure, labeled *UC In-care LOC*, tracks the average LOC for minors still in ORR custody as of August 31, 2021. For these minors, the LOC is calculated from the day they are admitted to ORR custody to August 31, 2021. The second measure, *UC Discharged LOC*, tracks the average LOC for minors from the day they are admitted into ORR custody to the day they are discharged from ORR custody.

Figure 5: Average Length of Care for Minors as of August 31, 2021



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

Information for this report has continued to derive from a cross-section of personnel in the ORR Unaccompanied Children Program. The Juvenile Coordinator has continued to consult and participate in regular 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. All points of contact have been responsive to the Juvenile Coordinator's request for data, meetings and updates to information, despite their own workload demands.

Case Management & Access to Counsel at EIS

5) Case management services at each EIS 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, were ramped up 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. Case Management teams should possess experience in all aspects of Case Management services for minors, as well as Child Welfare experience.

Figure 6 below details the number of case managers assigned to each of the operational EIS facilities as of August 31, 2021.

Figure 6: Case Management at EIS as of August 31, 2021

EIS Facility (Location)	Census of Minors	Total # of Case Managers	Ratio Case Managers to Minors
Ft. Bliss (TX)	2,518	304	1:8
Pecos (TX)	1,210	350	1:3
Pomona (CA)	1,691	280	1:6
Starr Commonwealth (MI)	12	23	2:1

6) 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 (see [ORR Field Guidance #8, Know Your Rights Presentations](#) issued by ORR on February 17, 2021).

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 August 31, 2021, ORR funded the following services at EIS:

- KYR presentations to over 30,000 minors;
- Legal screening for over 7,400 minors; and
- Over 3,600 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 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.

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

As of August 31, 2021, ORR had a cumulative total of 658 minors in EIS with length of stay (LOS) of over 20 days. This includes 656 minors whose LOS is between 21 and 40 days. It also includes 1 minor whose LOS is 41 to 60 days and 1 minor whose LOS is 61 days or higher. Figure 7 below provides a breakdown of LOS for each EIS.

Figure 7: Census and length of stay of minors in an EIS as of August 31, 2021

EIS Facility (Location)	LOS of 20 days or less	LOS of 21 to 40 days	LOS of 41 to 60 days	LOS of 61 days or more
Ft. Bliss (TX)	2,255	263	0	0
Pecos (TX)	1,077	131	1	1
Pomona (CA)	1,429	262	0	0
Starr Commonwealth (MI)	12	0	0	0
Total	4,773	656	1	1

8) 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 [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 [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.

9) 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, and continues to accept recipient initiated supplemental requests for programs who can add additional capacity to existing programs. Also, current programs are exploring additional licensed facilities within their organizations.

Despite these assertive and ongoing efforts to increase licensed bed capacity, the current influx levels have necessitated the need for ORR to continue operating a non-state licensed Influx Care Facility (ICF) and continue to use Emergency Intake Site (EIS) facilities. However, EIS are intended to be short-term/temporary facilities (generally, under a 6-month period). The EIS facilities are part of a multi-

pronged approach to absorb the current surge. EIS 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 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 (as noted above) are available for all sites that remain open. Furthermore, these sites have implemented educational and recreational services as well. Figure 8 below provides details on capacity and placements at EIS and ICF as of August 31, 2021.

Figure 8: ORR EIS and ICF Operational as of August 31, 2021²

EIS/ICF Facility (Location)	Total Beds	Beds Occupied	Beds Not Occupied
Ft. Bliss EIS (TX)	4357	2476	1881
Pecos EIS (TX)	1537	1258	279
Pomona EIS (CA)	2355	1579	776
Starr Commonwealth EIS (MI)	176	6	170
Carrizo Springs ICF (TX)	933	117	816
<i>Total</i>	<i>9,358</i>	<i>5,436</i>	<i>3,922</i>

In addition, ORR is working to safely increase capacity in its permanent/licensed network by continuing to implement CDC COVID-19 guidance.

With regard to the operation of EIS facilities, currently there is a concern with the lack of staff across the network. Some of ORR's licensed shelter facilities are struggling with staffing shortages and are having a hard time filling positions. A significant issue is that staff are viewing positions at EIS facilities more favorably due to higher wage incentives because of the emergency short-term limits of the positions.

Other issues or concerns 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.

Furthermore, although several EIS sites have closed, challenges to hiring and retention remain, thereby reducing competition for the limited pool of child-care staff and other personnel. In particular, many of the Texas programs are reporting difficulty hiring new employees, with candidates reporting concerns about accepting a position at a facility that will soon be de-licensed, and therefore may have to close as a result of Governor Abbott's May 31, 2021 proclamation. Current employees at Texas providers who hold

²The information reflected in Figure 8 represents ORR's EIS facilities that are operational as of August 31, 2021. Omitted from this chart are the ten EIS that closed during the reporting period. The closed EIS' are: Delphi (Donna, TX), Dimmit (Carrizo Springs, TX), Freeman Expo Center (San Antonio, TX), Kay Bailey Hutchinson Convention Center (Dallas, TX), Lackland (Lackland, TX), Long Beach EIS (Long Beach, CA), Midland (Midland, TX), NACC Houston (Houston, TX), PIA (Erie, PA), and San Diego (San Diego, CA).

professional licenses have also expressed concerns regarding their facilities' impending loss of licensure and programs are concerned staff may seek positions elsewhere.

10) 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.

On June 21, 2021, ORR issued guidance for the expansion of long-term foster care eligibility (see [ORR Field Guidance #18, Expansion of Long-Term Foster Care Eligibility](#)). ORR has prepared this field guidance in an effort to expand eligibility for long-term foster care (LTFC) for certain Category 4 minors. Under this Field Guidance, minors meeting the following conditions are eligible for LTFC:

- Is a Category 4 case and remains without sponsor or potential sponsorship options;
- Is currently placed in a state-licensed ORR care provider shelter (specifically a congregate care setting); and,
- Is not otherwise ineligible for LTFC under ORR Policy Guide Section 1.2.61 due to a moderate or high escape risk; criminal history or concerns about dangerousness; or the minor is seeking voluntary departure.

In response to the influx of minors arriving at the border, ORR has continued to dedicate its focus to addressing the placement delays from CBP custody to ORR custody. Placement delays have significantly reduced, and ORR remains focused on 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.

COVID-19 in ORR Facilities

As of August 22, 2021, there are a total of 547 minors in ORR custody in licensed shelters who have been diagnosed with COVID-19 and who are currently in medical isolation. Five hundred and forty-three (543) 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 four (4) 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.

In the last year, more than 164,820 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 1,670 (cumulative) personnel with positive COVID-19 test results as of August 22, 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 readily available to adults.

11) 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 9 below provides the census data for these minors as of August 22, 2021.

Figure 9: Positive COVID-19 Minors in Medical Isolation as of August 22, 2021³

Program Name (Location)	Bed Capacity	Beds Occupied	Positive Minors During initial intake period	Positive Minors Likely acquired in ORR care
(IL)	12	12	4	0
(FL)	18	18	2	0
(TX)	105	105	4	0
(TX)	53	53	16	0
(TX)	118	115	17	0
(TX)	112	67	1	0
(TX)	415	404	50	0
(TX)	30	29	9	0
(TX)	101	91	2	0
(TX)	66	66	11	0
(TX)	33	33	2	0
(NJ)	17	17	0	1
(AZ)	30	30	3	0
(AZ)	5	5	1	0
(TX)	64	62	2	0
(TX)	72	72	5	0
(GA)	12	12	2	0
(TX)	42	41	3	0
(TX)	326	304	4	0
(TX)	197	194	11	0
(TX)	496	453	52	0
(TX)	82	82	13	0
(TX)	67	60	11	0
(CA)	126	126	3	0
(CO)	10	10	1	0
(CT)	15	15	1	0
(TX)	29	29	1	0
(TX)	76	76	3	0
(FL)	40	39	4	0
(AZ)	50	50	1	0
(IL)	46	46	3	0
(IL)	185	141	5	0
(FL)	122	118	5	0
(PA)	47	37	4	0

³Figure 9 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 licensed shelter network. This information reflects the status as of August 22, 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
██████████ (FL)	54	54	5	0
██████████ (TX)	46	45	3	0
██████████ (IL)	14	13	2	0
██████████ (NY)	42	42	6	0
██████████ (OR)	6	0	1	0
██████████ (AZ)	31	31	1	0
██████████ (MI)	15	15	2	0
██████████ (TX)	162	154	18	0
██████████ (AZ)	69	67	5	0
██████████ (TX)	84	80	1	0
██████████ (TX)	41	32	2	0
██████████ (TX)	41	41	2	0
██████████ (TX)	74	70	4	0
██████████ (AZ)	73	73	3	0
██████████ (TX)	171	160	8	0
██████████ (TX)	72	63	9	0
██████████ (TX)	983	975	43	0
██████████ (TX)	204	203	10	0
██████████ (TX)	367	277	19	1
██████████ (AZ)	174	157	1	1
██████████ (AZ)	44	44	2	0
██████████ (AZ)	103	103	10	0
██████████ (TX))	41	35	7	0
██████████ (TX)	187	152	15	0
██████████ (TX)	139	131	21	0
██████████ (TX)	51	33	1	0
██████████ (TX)	25	25	4	0
██████████ (TX)	320	294	21	0
██████████ (AZ)	104	104	6	0
██████████ (AZ)	307	266	3	0
██████████ (TX)	66	60	6	0
██████████ (TX)	14	14	3	0
██████████ (FL)	93	91	4	0
██████████ (WA)	12	12	1	0
<i>Total</i>	-	-	543	4

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 have established medical isolation areas. In addition to medical and mental health services, case management and legal services are available for all sites that were opened. Figure 10 below provides details on minors placed in EIS and ICF with a positive COVID-19 diagnosis.

Figure 10: Positive COVID-19 Minors in Medical Isolation as of August 22, 2021⁴

EIS/ICF Facility (Location)	Bed Capacity	Beds Occupied	Positive Minors
Ft Bliss EIS (TX)	5000	2639	473
Pecos EIS (TX)	1464	1231	106
Pomona EIS (CA)	2415	1791	200
Starr Commonwealth EIS (MI)	103	60	6
Carrizo Springs ICF (TX)	745	102	39
<i>Total</i>	-	-	824

12) 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 10 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 EIS' and ICF. This information reflects the status as of August 22, 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.

13) ORR’s COVID-19 plans on vaccine distribution.

On March 2, 2021, the President directed 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.

Under revised guidance issued by ORR on June 4, 2021, all age-eligible minors at licensed ORR care provider programs, ICF and EIS should receive the COVID-19 vaccine (see [ORR Field Guidance #17, COVID-19 Vaccination of Unaccompanied Children \(UC\) in ORR Care](#)). Minors who are newly referred to ORR care should receive the COVID-19 vaccine as part of their initial medical exam (IME) or modified health assessment (MHA). Minors who are in ORR care and have already completed their IME or MHA should be vaccinated as soon as possible, as long as vaccination does not delay reunification.

As of August 22, 2021, 22,856 (cumulative) minors in ORR care have received the first dose of the COVID-19 vaccine, and 3,022 (cumulative) minors have received a second dose.

Summary

The undersigned respectfully submits this report to the Court pursuant to the Court Order dated August 6, 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.