APRIL 8, 2022
ORR JUVENILE
COORDINATOR REPORT

ORR JUVENILE COORDINATOR INTERIM REPORT

April 8, 2022

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 periodic interim reports during the pendency of the national health emergency related to the COVID-19 pandemic. Subsequently, at the May 7, 2021 status hearing, the Court issued a new Order, which modified the six original topics. At the last status hearing on February 4, 2022, the Court ordered the ORR Juvenile Coordinator to report on these topics as noted below. This report covers the period from January 20, 2022 to April 1, 2022.

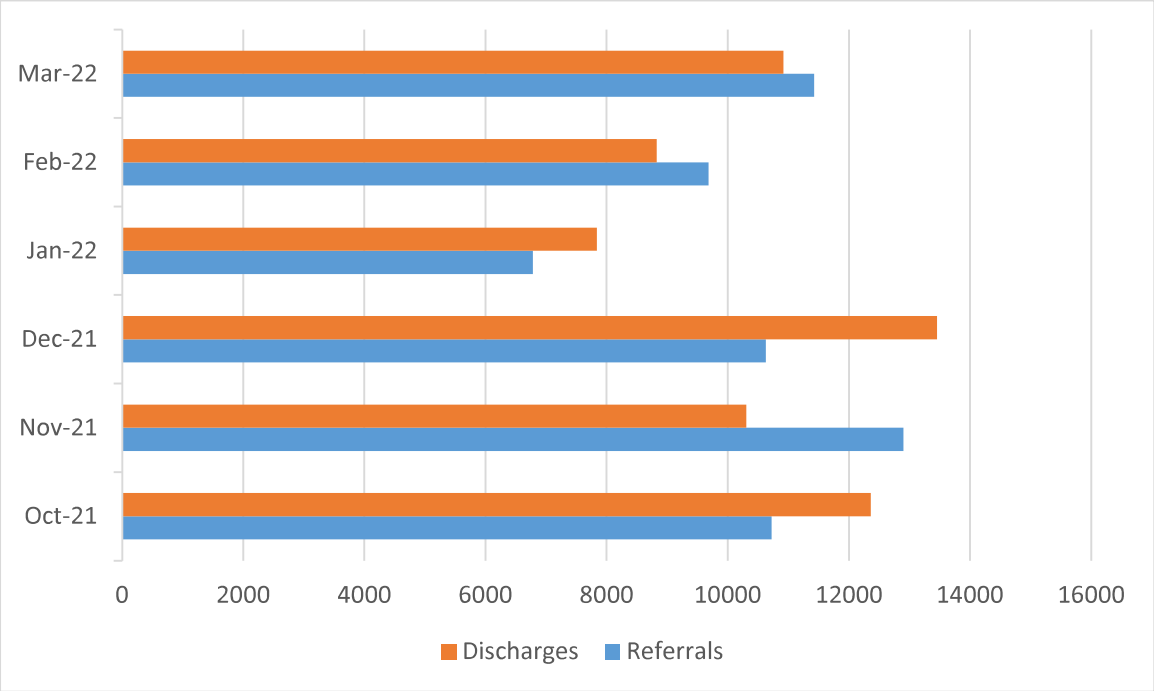
1) The census of minors in each of the agency's facilities.
2) An explanation for why some existing beds in licensed facilities and Influx Care Facilities are unoccupied, given the sizeable numbers of tender-age minors who are being held for extended periods in the EIS'.
3) The average length of stay for minors currently in the agency's facilities and for minors who have been released, with more details 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) Census of minors in an EIS for more than 20 days and those minors' length of stay.
6) Updates on ORR's plans to improve case management and expedite release of minors.
7) Updates on ORR's plans, if any, to expand capacity, particularly of licensed shelter beds.
8) 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.
9) The number of minors currently testing positive for COVID-19.
10) Updates on ORR policies regarding the use of EIS', including policies and procedures to address COVID-19.

ORR Capacity

During the current reporting period from January 20, 2022 to April 1, 2022, ORR received referrals for approximately 24,943 minors and discharged approximately 22,563 minors.

Figure 1 below provides information on ORR referrals and discharges for the last six months, beginning October 1, 2021 to March 31, 2022.

Figure 1: ORR Referrals and Discharges from October 1, 2021 to March 31, 2022



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

Figure 2 below summarizes ORR's bed capacity as of April 5, 2022. This information is dynamic as ORR continues to aggressively pursue efforts to increase bed capacity. Therefore, it is likely that the information depicted in the figure below changed very soon after it was produced.

Figure 2: ORR Bed Occupancy by Facility Type as of April 5, 2022[1]

ORR Program Type	Total Beds	# of Beds Occupied	# of Beds Not Occupied
Shelter	8,980	7,077 79%	1,903 21%
Staff Secure	83	26 31%	57 69%
Secure	24	9 38%	15 62%
RTC	46	17 37%	29 63%
TFC	872[2]	615 71%	257 29%
LTFC	541	446 82%	95 18%
Influx Care Facility (ICF)	0	0 0%	0 0%
Emergency Intake Site (EIS)	3,277	2,369 72%	908 28%
TOTAL	*13,823*	*10,559* *76%*	*3,264* *24%*

Figures 2 and 3 provide a depiction of capacity by facility type. As reflected in these figures, there are no minors residing at Carrizo Springs Influx Care Facility (ICF) as it closed on March 31, 2022. 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

[1]The census for minors in ORR custody constantly fluctuates 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 April 5, 2022.

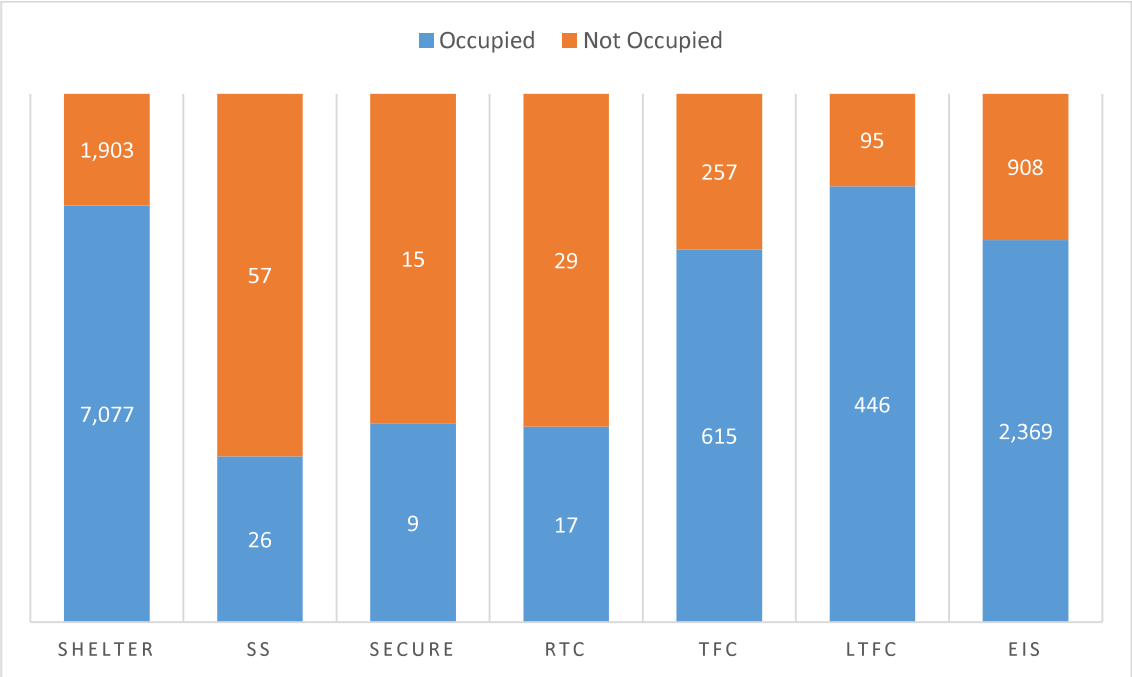
[2]The total number of TFC beds is reduced due to compliance issues, which necessitated that ORR restrict placement at those programs (known as a stopped placement). ORR is actively working with the TFC programs to bring them into compliance, including ongoing monitoring, conducting training and technical assistance, and maintaining close communication with program management.

place minors with families that are willing to accept them. In many 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 remains strategic in light of the ongoing pandemic 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.

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 that require public health prevention and control measures in congregate settings; such as varicella, strep throat, and scabies. With these occurrences, all minors must be medically cleared prior to being transferred and/or traveling by commercial means. 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 margin of licensed beds to remain available.

Figure 3: ORR Bed Occupancy by Facility Type as of April 5, 2022[1]



[1] The census for minors in ORR custody constantly fluctuates 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 April 5, 2022.

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'.

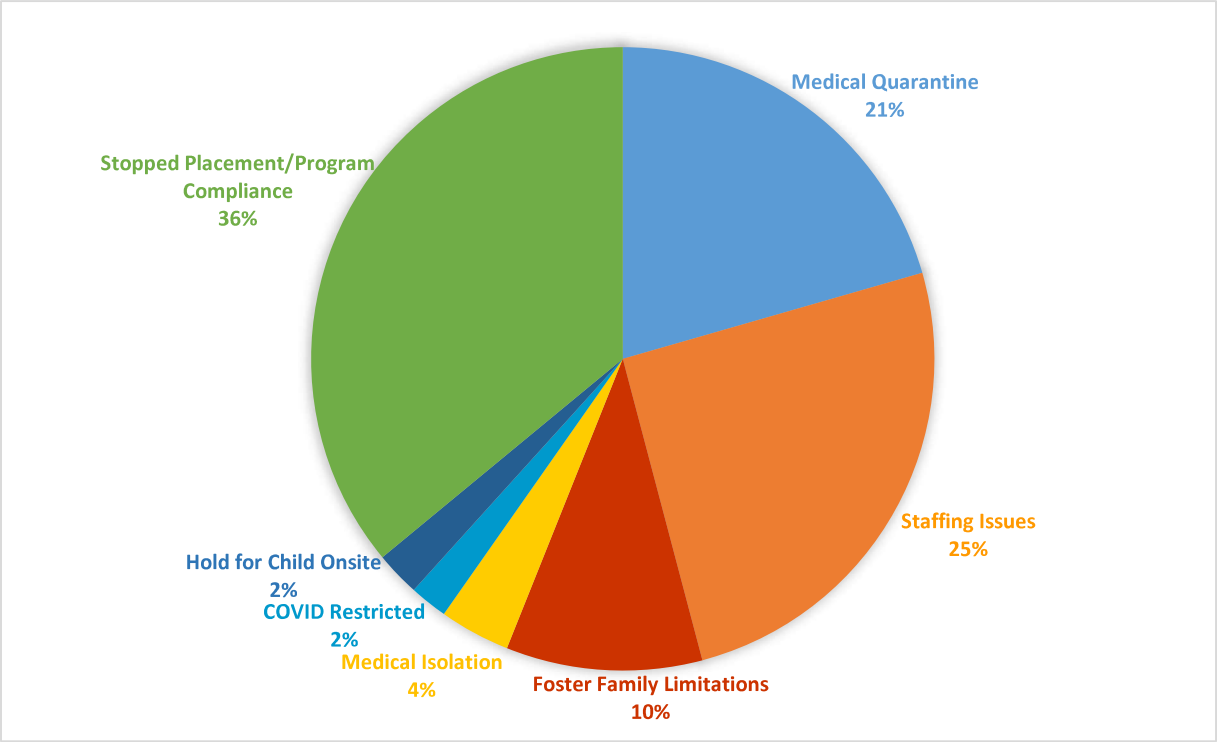
As of April 5, 2022, ORR had no tender-aged minors residing at EIS facilities.

During the historically high volume of unaccompanied minors arriving at the border, it was necessary to place some tender-aged minors in EIS to prevent remaining at border facilities for long periods of time. However, ORR no longer places tender-aged minors at 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.

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 as of March 28, 2022. Notably, the top four challenges related to bed availability in the ORR licensed programs are: 1) stopped placement due to program compliance concerns; 2) staffing issues; 3) medical quarantine; and 4) foster family specified limitations. These top four challenges account for 92% of the unavailable licensed beds. Furthermore, TFC accounts for 34% of the unavailable beds. Unavailable TFC beds represent the majority classified as stopped placement/program compliance and all classified as foster family limitations.

Figure 4: Factors Limiting ORR Licensed Bed Availability on March 28, 2022



Placement & Release of Minors in ORR Custody

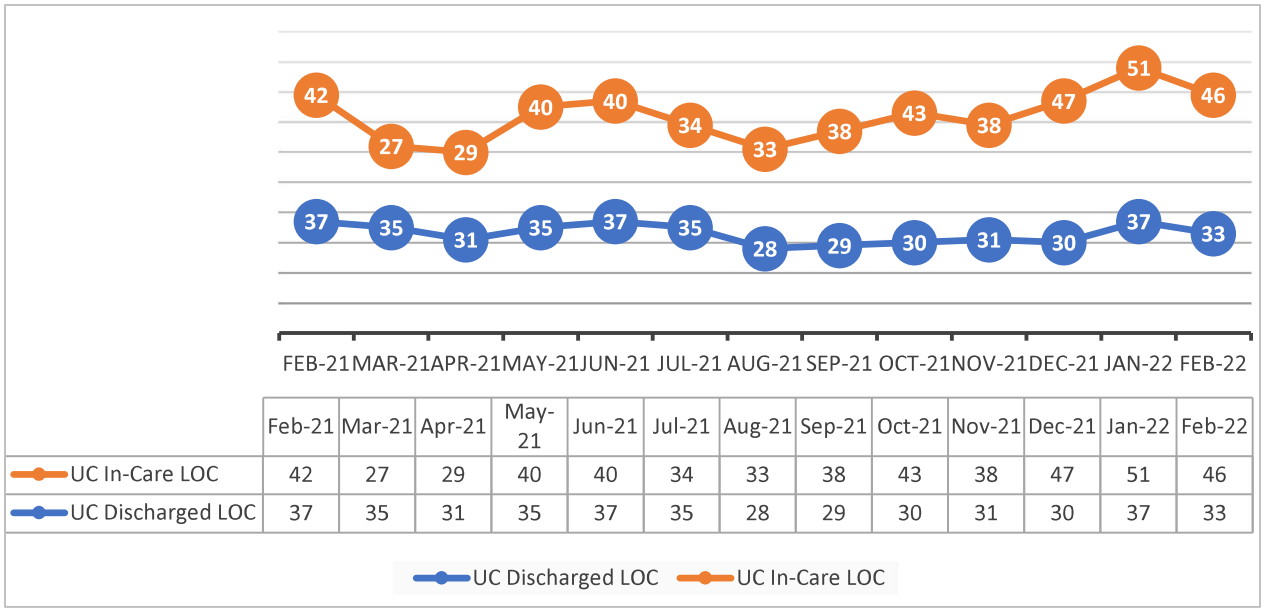
As depicted in Figures 1 to 3 above, ORR census has steadily increased during this reporting period. ORR received 6,783 referrals in January, 9,684 referrals in February, and 11,427 referrals in March. The arrival of minors in historically high numbers has coincided with the nation's efforts to control the spread of COVID-19, which continues to remain 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 the CDC, which urged facilities to expand bed capacity as much as possible and provided additional instructions for safeguarding against COVID-19. These CDC guidelines remain in effect.

ORR's efforts continue to significantly reduce the delays in transferring minors from CBP to ORR custody, with placement continuing to occur 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.

Figure 5 below is a measure of time that a minor remains in ORR care, which is known as the length of care (LOC). The first measure, labeled *UC In-care LOC* (in orange), tracks the average LOC for minors still in ORR custody as of February 28, 2022. For these minors, the LOC is calculated from the day they are admitted to ORR custody to February 28, 2022. The second measure, *UC Discharged LOC* (in blue), 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 February 28, 2022



	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
UC In-Care LOC	42	27	29	40	40	34	33	38	43	38	47	51	46
UC Discharged LOC	37	35	31	35	37	35	28	29	30	31	30	37	33

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.

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

As of April 5, 2022, ORR had a total of 2,111 minors in the EIS' who had a length of stay (LOS) of less than 20 days. A total of 35 minors had a LOS between 21 and 40 days. There are no minors whose LOS is 40 days or higher. Figure 6 below provides a breakdown of this information.

Figure 6: Census and LOS of Minors in an EIS as of April 5, 2022

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)	1406	14	0	0
Pecos (TX)	740	21	0	0
TOTAL	*2,146*	*35*	*0*	*0*

Case Management at EIS

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 recent shortage of available beds in the ORR network of licensed care providers for minors, EIS' were established to ensure minors are not in a Border Patrol station for more than 72 hours. EIS Case Management teams, including onsite and virtual teams, were developed 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 is 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 possess experience in all aspects of Case Management services for minors, as well as child welfare experience.

Figure 7 below details the number of Case Managers assigned to each operational EIS facility as of April 4, 2022.

Figure 7: Case Management at EIS as of April 4, 2022

EIS Facility (Location)	**Census of Minors**	**Total # of Case Managers**	**Ratio Case Managers to Minors**
Ft. Bliss EIS (TX)	1525	258	1:6
Pecos EIS (TX)	870	207	1:4

6) Updates on ORR's plans to improve case management and expedite release of minors.

As part of ongoing efforts to expedite release, on March 9, 2022, ORR announced the permanent incorporation of ORR Field Guidance #14 into the UC Policy Guide Section 2.2.3 and the corresponding section of the UC Manual of Procedures (UC MAP). These changes instruct Case Managers or other case provider staff to fill out the *Family Reunification Application* on behalf of a sponsor, unless there is a safety concern identified that would require that the sponsor fill out the application themselves. The instruction applies to all categories of sponsors.

On March 22, 2021, ORR issued guidance for the expedited release of eligible Category 1 cases (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 approved). 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 (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.

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

Recognizing that most of these licensed facilities are near full capacity, ORR is reviewing new proposals offering additional licensed programs. ORR continues to accept recipient initiated supplemental requests for programs who can add additional capacity to existing programs. In December 2021, ORR posted a Notice of Funding Opportunity (NOFO) which will add additional capacity through new grants to the shelter/TFC network. ORR is reviewing responses to the December 2021 NOFO. Once reviewed, new grantees will be brought on board this fiscal year. ORR is planning to post other Notice of Funding Opportunities in an effort to expand services in all other levels of care within the next year.

Despite these assertive and ongoing efforts to increase licensed bed capacity, the current influx levels have necessitated the need for ORR to continue operating EIS facilities. The EIS facilities are part of a multi-pronged approach to absorb the surge of minors.

EIS facilities are designed for mass care and offer basic standards of care for minors such as providing clean and comfortable sleeping quarters, meals, toiletries, laundry, and access to medical services. A COVID-19 health screening protocol for all minors is implemented to follow CDC guidelines for preventing and controlling communicable diseases. For minors diagnosed with COVID-19, EIS facilities either have established medical isolation areas or are designated for only minors that test negative for COVID-19.

In addition to medical and mental health services, case management and legal services are available at the 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 facilities as of April 5, 2022.

Figure 8: ORR Operational EIS as of April 5, 2022[3]

EIS Facility (Location)	**Total Beds**	**Beds Occupied**	**Beds Not Occupied**
Ft. Bliss EIS (TX)	2000	1484	516
Pecos EIS (TX)	1277	899	378
Total	*3,277*	*2,383*	*894*

[3] The information reflected in Figure 8 represents ORR EIS' that are operational as of April 5, 2022. Omitted from this chart are the twelve EIS' that closed, which 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), San Diego (San Diego, CA), Pomona EIS (Pomona, CA), and Starr Commonwealth (Albion, MI). Additionally, omitted from this chart is Carrizo Springs ICF (Carrizo Springs, TX), which closed on March 31, 2022.

ORR continues to work to safely increase capacity in its permanent/licensed network by continuing to implement CDC COVID-19 guidance.

Some of ORR's facilities are struggling with staffing shortages and are having a hard time filling positions. Other issues or concerns cited continue to 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. Additionally, although most EIS sites have closed, challenges to hiring and retention remain, thereby reducing competition for the limited pool of child-care staff and other personnel.

8) 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 (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 a 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.

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 other Department of Homeland Security (DHS) agencies 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

On April 8, 2022, ORR released updated guidance for standard programs and ICF (ORR Field Guidance #6: COVID-19 Intake Procedures for Unaccompanied Children Newly Admitted into ORR Care). The updated guidance discontinues the previous requirement for a 7-day, routine COVID-19 intake quarantine for asymptomatic children who test negative upon arrival. The 7-day quarantine following a known exposure to an individual who has been diagnosed with COVID-19 remains in effect. This guidance is dependent on the epidemiology of COVID-19 among children in ORR care. DHUC, in collaboration with CDC, will continue to review COVID-19 trends among children in ORR care and the surrounding communities to determine if routine intake quarantine should be reinstated in the future.

All minors who are newly referred to ORR will continue to be tested for COVID-19. 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.

Since the beginning of the pandemic, more than 606,060 COVID-19 viral tests have been completed for the unaccompanied minors in ORR's program. As of April 1, 2022, this number includes tests conducted at licensed shelters, ICF, and EIS facilities.

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 this information, ORR has been notified of 2,022 (cumulative) personnel with positive COVID-19 test results as of April 1, 2022.

On December 31, 2021, ORR issued new 'return to work' guidance for program staff who are isolating with a COVID-19 infection or quarantining due to exposure to COVID-19. This guidance was developed in collaboration with the CDC and allows ORR to maintain critical staffing levels and services while minimizing COVID-19 risks to minors. Staff with positive COVID-19 test results are required to medically isolate for at least 5 days and may return to work on day 6 if they test negative with a COVID-19 antigen test and their symptoms are absent or improving.

Staff with suspected exposure to COVID-19 have different quarantine requirements depending on their vaccination status and whether they develop COVID-like symptoms. Quarantine ranges from 0 days for a fully vaccinated and boosted staff member who remains symptom-free to 5 days for a staff member who develops COVID-like symptoms. Per ORR guidance, staff returning from isolation or quarantine must wear appropriate masks or respirators while working.

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.

9) 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 April 1, 2022.

Figure 9: Positive COVID-19 Minors in Medical Isolation as of April 1, 2022[4]

Program Name (Location)	Bed Capacity	Beds Occupied	Positive Minors During initial intake period	Positive Minors Likely Acquired in ORR care
[redacted] (FL)	24	18	1	0
[redacted] (TX)	87	80	1	0
[redacted] (TX)	60	57	1	0
[redacted] (TX)	139	130	1	0
[redacted] (TX)	107	62	1	0
[redacted] (TX)	403	403	4	0
[redacted] (TX)	75	54	1	0
[redacted] (PA)	14	8	1	0
[redacted] (WV)	24	23	1	0
[redacted] (TX)	72	69	1	0
[redacted] (AZ)	19	17	3	0
[redacted] (TX)	80	72	1	0
[redacted] (CT)	16	16	2	0
[redacted] (AZ)	46	46	2	0
[redacted] (IL)	8	4	2	0
[redacted] (FL)	109	107	2	0
[redacted] (FL)	54	48	1	0
[redacted] (TX)	51	45	1	0
[redacted] (CT)	7	7	1	0
[redacted] (AZ)	28	28	2	0
[redacted] (TX)	153	153	10	0
[redacted] (AZ)	64	55	2	0
[redacted] (TX)	75	69	4	0
[redacted] (TX)	27	26	1	0

[4] Figure 9 is the result of 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 April 1, 2022. Additionally, the bed capacity and census for each shelter is a snapshot in time as this information is constantly changing as developments arise.

Program Name (Location)	Bed Capacity	Beds Occupied	Positive Minors During initial intake period	Positive Minors Likely Acquired in ORR care
[redacted] (TX)	40	40	1	0
[redacted] (AZ)	170	165	2	0
[redacted] (TX)	179	177	0	3
[redacted] (TX)	47	47	1	0
[redacted] (TX)	1052	1017	5	0
[redacted] (TX)	190	181	1	0
[redacted] (TX)	63	60	2	0
[redacted] (TX)	350	269	7	0
[redacted] (AZ)	51	51	2	0
[redacted] (AZ)	103	92	6	0
[redacted] (TX)	145	145	2	0
[redacted] (TX)	131	127	7	0
[redacted] (TX)	42	31	1	0
[redacted] (TX)	44	34	1	0
[redacted] (TX)	333	232	4	0
[redacted] (AZ)	311	296	1	0
[redacted] (TX)	273	112	1	0
[redacted] (TX)	281	241	9	0
[redacted] (TX)	72	65	3	0
[redacted] (AZ)	48	40	1	0
[redacted] (VA)	90	74	1	0
Total	-	-	*105*	*3*

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 remain open. Figure 10 below provides details on minors placed in EIS facilities with a positive COVID-19 diagnosis.

Figure 10: Positive COVID-19 Minors in Medical Isolation as of March 29, 2022[5]

EIS Facility (Location)	**Bed Capacity**	**Beds Occupied**	**Positive Minors**
Ft. Bliss EIS (TX)	1500	1009	76
Pecos EIS (TX)	1034	709	44
Total	-	-	*120*

10) 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. Minors are tested every three days subsequent to their arrival to an EIS. Also, a minor is immediately tested if symptoms of COVID-19 develop.

The 7-day routine COVID-19 intake quarantine for asymptomatic minors who test negative upon arrival has also been discontinued at EIS. 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. Minors exposed to COVID-19 should still be quarantined for seven days and continue to be routinely tested.

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.

[5] Figure 10 is the result of data gathered by the ORR Juvenile Coordinator in consultation with DHUC as it pertains to minors diagnosed with and currently isolated for COVID-19 in ORR EIS'. This information reflects the status as of March 29, 2022. Additionally, the bed capacity and census for each EIS is a snapshot in time as this information is constantly changing as developments arise.

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.

The Pfizer-BioNTech COVID-19 vaccine is now authorized for use in persons aged 5 years and older. ORR will update COVID-19 vaccination guidance for the UC Program as new ACIP recommendations for pediatric populations are released.

As of March 30, 2022, a cumulative total of 66,300 minors have received the first dose of the COVID-19 vaccine in ORR care (e.g., some minors were vaccinated in home country), and a cumulative total of 18,710 minors have received a second dose in ORR care.

Under revised guidance issued by ORR on June 10, 2021, all age-eligible minors at licensed ORR care provider programs, ICF and EIS should receive the COVID-19 vaccine (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.

Summary

The undersigned respectfully submits this report to the Court pursuant to the Court Order dated February 4, 2022. 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.