ADMINISTRATION FOR CHILDREN & FAMILIES
Office of Refugee Resettlement | 330 C Street, S.W., Washington, DC 20201
www.acf.hhs.gov/programs/orr

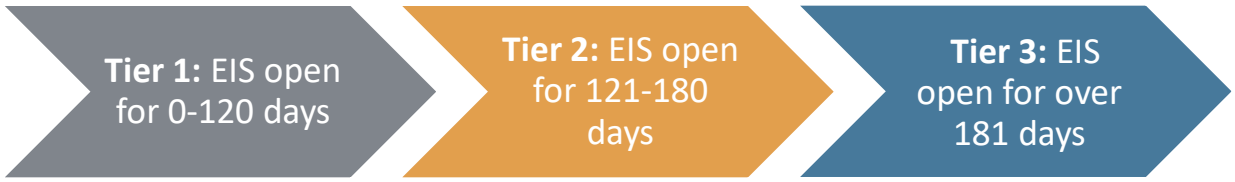
FIELD GUIDANCE – Revised October 24, 2022 (Initially Issued April 30, 2021)

Field Guidance #13 – Emergency Intakes Site (EIS) Instructions and Standards

Table of Contents

GUIDANCE

The Office of Refugee Resettlement (ORR) is issuing this Field Guidance to update its requirements for Emergency Intakes Sites (EIS), designating the following operational tiers: **Tier 1: EIS that are operational between 0-120 days**; **Tier 2: EIS that are operational between 121-180 days**; and **Tier 3: EIS that are operational 181 days or longer**). This Field Guidance supersedes the original Field Guidance #13: Emergency Intake Sites (EIS) Instructions and Standards, published on April 30, 2021, and Field Guidance #16: Clarification That the Individual Service Plan (ISP) and the UC Case Review Are Generally Not Required for Unaccompanied Children (UC) Placed at Emergency Intake Sites, published on May 18, 2021.



EIS must provide services for unaccompanied children (UC) in compliance with the Flores Settlement Agreement, *Flores v. Garland* (2021)[1] EIS Settlement, pertinent federal laws and regulations, ORR policies and procedures, and released ORR Field Guidances, unless otherwise expressly waived (See Section 6.2 Staffing Ratios below) in writing by authorized ORR staff. EIS must meet Flores Settlement Agreement Exhibit 1 (See Appendix 1) standards and staffing ratios outlined in Consolidated Appropriations Act, 2022, Division H, Title II, Section 231(1), unless they have a written waiver from the Secretary of the United States Department of Health and Human Services (HHS) pursuant to the Consolidated Appropriations Act, 2022, Division H, Title II, Section 231(2).

INSTRUCTIONS

1. Overview

ORR may operate EIS in the event of a severe shortage of residential state-licensed[2] care providers, standard care providers or influx care facilities (ICF). A severe shortage occurs when ORR is unable to place and transfer children into state-licensed care providers, standard care providers or ICF within 72 hours of referral and in this circumstance, ORR may place children in EIS.

---

[1] *Flores v. Garland* (2021), Stipulated Settlement of Plaintiffs' Motion to Enforce Settlement Re Emergency Intake Sites.

[2] The descriptor "licensed" or standard used throughout this document (e.g., licensed placements, licensed facility, licensed beds, licensed program, licensed bed capacity) refers to both ORR's state-licensed childcare facilities, facilities that have been de-licensed solely by reason of a state action discontinuing licensing of ORR care providers in that state (e.g., Florida and Texas), as well as any new facilities that are recruited into the ORR network through any current or future Notices of Funding Opportunity and do not have licenses solely by reason of a state action disallowing licensing of ORR care providers in that state.

EIS are designed to provide mass emergency care that meet basic needs of UC. As such, EIS are not designed or intended to provide the full range of services available at state-licensed care providers, standard care providers or ICF at the time of opening; however, after six months of operation, EIS are expected to meet ORR requirements pursuant to Flores Settlement Agreement, Exhibit 1 standards as well as staffing ratios outlined in the Consolidated Appropriations Act, 2022, Division H, Title II, Section 231(1). EIS may have site-specific requirements, and services available may vary by site. A facility may transition from an EIS to an ICF, provided services, facilities, and sufficient staffing are available.

Within 30 days (Tier 1) of opening an EIS, ORR will work with the onsite grantee or contractor to implement Standard Operating Procedures (SOPs) to identify and transfer children who do not meet the placement criteria in UC Policy Guide Section 7.2.1 Criteria for Placement in accordance with standards for transfer found in UC Policy Guide Section 7.3 Transfers during an Influx.

Additionally, **within 60-90 days (Tier 1)** of opening an EIS, ORR must determine whether the site is likely to remain open for a period of **over 121 days (Tier 2)**. For situations in which an EIS is planned to be opened for **121 days or more (Tier 2)**, services to children must be enhanced (see Section 6 below). EIS that are expected to be open for **181 days or more (Tier 3)** will be required to meet Flores Settlement Exhibit 1 standards and staffing ratios outlined in the Consolidated Appropriations Act, 2022, Division H, Title II, Section 231(1), unless they have a written waiver from the Secretary of HHS (see Section 6 below).

2. Placement in an Emergency Intakes Site

To the extent feasible, ORR endeavors to follow placement criteria required of ICF, see UC Policy Guide Section 7.2.1 Criteria for Placement.

The ability to distinguish the criteria in UC Policy Guide Section 7.2.1 Criteria for Placement may be impracticable or impossible, as information regarding the child may be incomplete or unknown by the U.S. Department of Homeland Security (DHS) and/or ORR at the time the child is transferred to ORR custody. However, if known, the below categories of children will not be placed in an EIS or will be transferred to a state-licensed or standard care provider as soon as there is capacity (unless the child's release is imminent, or the transfer would require separation of sibling groups):

- Medically fragile children (e.g., children with acute needs that cannot be met at an EIS);
- Children who otherwise require close supervision (e.g., those eligible for placement in a staff-secure, secure, or residential treatment center facility);
- Particularly vulnerable children (See Section 3 Particularly Vulnerable Children below for the definition of particularly vulnerable children at EIS and Section 3.1 Placement of Particularly Vulnerable Children in an Emergency Intake Site below for guidance on placement of particularly vulnerable children);
- Children likely to have extended lengths of stay, including children who are known to have a Category 3 sponsor and in particular, Category 4 children who do not have a viable sponsor. Category 3 and Category 4 children will be transferred to a state-licensed or standard care provider as soon as there is capacity and contingent on any need to prioritize the placement of particularly vulnerable children in state-licensed or standard care providers (see Section 3.1

Placement of Particularly Vulnerable Children in an Emergency Intake Site below), unless the Category 3 or Category 4 child's release is imminent or the transfer would result in separation of sibling groups or a parent-child pair.)

2.1 Bed Capacity

EIS must accurately report their bed capacity daily to ORR. See UC Manual of Procedures (MAP) Section 1.3.2 ORR Designates Placement and UC MAP Section 1.7 Placement and Operations during an Influx. There must be accurate and timely reporting of the number and demographic of beds available to receive new children as well as accurate and timely reporting of the number and demographic of beds that are unavailable to receive new children for any reason (e.g., staffing issues, quarantine, etc.). When reporting available bed capacity, all EIS should consider the number of children that have been designated and assigned to the EIS and the number of available beds (not including beds that have already been designated for placement of children who have not yet arrived to the EIS.) EIS should utilize the UC Bed Census Tool for bed capacity reporting.

3. Particularly Vulnerable Children

Particularly Vulnerable Children are defined as:

- Children 12 years of age or younger (a.k.a. "tender age children");
- Children who are not proficient in English or Spanish as determined, in the first instance, by an assessment administered by the child's case manager. If an EIS primarily serves non-Spanish speaking children, they will not be deemed particularly vulnerable based on a lack of English or Spanish language proficiency as long as the EIS provides services in the child's proficient language[3];
- Children who have a known disability or other mental health or medical issue requiring additional evaluation, treatment, or monitoring by a healthcare provider[4];
- Pregnant or parenting UC;
- Children who are at a documented enhanced risk due to their identification as lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI).[5]

[3] Language proficiency is defined as a child's ability to speak the language adequately to understand the developments of their case, to communicate fully with medical and counseling staff, to engage with other children, and to fully participate in all educational, recreational, and social activities. If a UC is proficient in K'iche', and the EIS at which they are placed serves K'iche' speaking children, then the UC is not to be considered vulnerable, and does not need to be prioritized for transfer to an ICF facility.

[4] Whether or not a child has a disability or other mental health or medical issue requiring additional evaluation, treatment, or monitoring by a healthcare provider will be determined, in the first instance, by medical or mental health staff, including behavioral health professionals.

[5] Enhanced risk is defined as a documented increased threat of discrimination, harassment, or physical violence with the potential to endanger the safety, health, or well-being of the child. The assessment of enhanced risk will be based on self-report of perceived risk upon intake or any other time in ORR custody, a formal risk assessment

3.1 Placement of Particularly Vulnerable Children in an Emergency Intake Site

Particularly vulnerable children shall not be placed at an EIS unless:

- No bed is available for that child in a state-licensed or standard care provider and the only alternative option is to allow the child to remain in U.S. Customs and Border Protection (CBP) or U.S. Immigration and Customs Enforcement (ICE) facilities until a state-licensed or standard bed is available for that child, or
- Placement in a state-licensed or standard care provider would result in separating siblings or a parent-child pair.

Unless relevant information is included in a child's CBP referral, ORR may not be aware that a child is particularly vulnerable prior to admission to ORR care. EIS will screen children for the particular vulnerabilities described in Section 3 Particularly Vulnerable Children above, **within five (5) days** of the child's placement to that EIS and shall continue to monitor children for particular vulnerabilities thereafter. If an EIS has been operating for **less than 14 days**, EIS will screen children for particular vulnerabilities **as soon as possible** and **no later than 19 days** after opening.

If a particularly vulnerable child is placed at an EIS, the child shall be transferred to a state-licensed or standard care provider **within 14 days** of a determination that the child is a particularly vulnerable child, unless the child's release is imminent, the transfer would require separation of sibling groups, or no bed is available in a state-licensed or standard facility.

If no bed is available in a state-licensed care provider or standard care provider, ORR will transfer the child to an ICF **within 14 days** of determining that the child is a particularly vulnerable child, unless the child's release is imminent, the transfer would require separation of sibling groups (see UC Policy Guide Section 7.2.3 Transfers to ICF from Emergency Intake Sites).

In placing particularly vulnerable children at care providers, ORR may prioritize other categories of particularly vulnerable children over children who are not proficient in English or Spanish, provided that such children who remain in EIS placement have access to consistent in-person translation services in their preferred language at the EIS facility that enables them to fully participate in services and activities.

Placement of Tender Age Children at an EIS

To the extent feasible, tender age children (12 years of age or younger) should not be placed at EIS. However, if ORR must place tender age children at Pecos (currently an ICF), or any EIS, due to lack of

---

survey **within 72 hours** of intake (See UC Policy Guide Section 4.8.1 Assessment for Risk), the observations of ORR or contractor staff, or the judgment of medical or behavioral professionals engaged in the evaluation or care of the child. While a UC identifying as LGBTQI is not immediately categorized as a particularly vulnerable child as defined in Section 3 above, the documented enhanced risk will place them in the particularly vulnerable child category and prioritize their transfer to a licensed facility.

immediate and available alternate placement, there must be appropriate safeguards and services in place in order to serve these children.
In addition, please note that tender age children *are prohibited* from being placed at the ORR site at Fort Bliss (whether it operates as an EIS or ICF).

ORR may place tender age children in EIS - other than Fort Bliss - only if:

a. No bed specified for that tender age child is available in a state-licensed or standard care provider and the only alternative option is to allow the child to remain in a CBP or ICE facility until a state-licensed or standard bed is available for that child, or
b. Placement in a state-licensed or standard care provider would require separating siblings or a parent-child pair.

To account for the vulnerability and special needs of young children, EIS accepting tender age children must meet the following standards:

- Make concerted efforts to ramp up services to meet Flores Settlement Agreement, Exhibit 1 standards either in part or in whole, whenever practicable. See UC Policy Guide Section 7.5.1 Influx Care Facility Minimum Services and UC Policy Guide Section 7.5.2 Influx Care Facility Medical Services;
- Maintain the tender age staffing ratios outlined in Section 6.2 Staffing Ratios below;
- Maintain age-appropriate services and physical boundaries and separations between tender age children and older youth, unless they are siblings or close relatives;
- Not place tender age children in soft-sided structures;

In addition, ORR will make efforts to expedite release of tender age children from EIS.

ORR will continue to make efforts to transfer tender age children who are **nearing or past 21 days** in EIS (that are specifically designated for tender age children) and who are recommended for transfer by a Federal Field Specialist (FFS), taking into consideration their ability to reunify with a family member in all decisions.

Efforts should be made to immediately transfer tender age children and tender age children in sibling groups unless the EIS is specifically designated to care for tender age children.

4. EIS Admissions and Orientation

Tier 1: EIS open for 0-120 days

Tier 1 EIS must have a standardized orientation that is provided to all admitted children. The orientation must be provided **within 48 hours** of admission and must be presented in a fashion that is appropriate for the age, culture, and language of the children. The orientation must be provided in formats that are accessible to children who are limited English proficient, deaf, visually impaired, or have other disabilities, as well as those who have limited reading skills.

As expeditiously as possible, but within four (4) hours of a child's arrival to an EIS, the EIS will:

- Admit the child to the EIS in the UC Portal;

- Offer the child a meal and/or snack;
- Offer the child an opportunity to shower, provide lice and/or scabies treatment if indicated, and give clean clothing;
- Complete a COVID-19 test; and,
- Complete an inventory of the child's belongings and DHS paperwork and have the child sign the inventory log at the time of intake and discharge to ensure belongings are not lost.

Within 24 hours of a child's arrival, the EIS will:

- Introduce the child to emergency and evacuation procedures;
- Provide an explanation of the nature of the child's custody in ORR;
- Introduce the child to their case manager, provide the case managers' name and contact information, a schedule of expected meetings, and how they will receive updates on their case, etc.;
- Provide the child with all documents from the Legal Resource Guide;
- Explain rules and responsibilities, grievance procedures, and sexual abuse reporting procedures;
- Provide the Garza Notice found in the UC MAP, Section 3 Appendix 3.3 *Garza* Notice;
- Review and train the child on grievance procedures;
- Ensure the child is trained on sexual abuse reporting procedures including orientation regarding the pre-programmed phones on site;
- Provide the child with an orientation on topics related to sexual abuse and sexual harassment (see UC Policy Guide Section 4.7 Education Children and Youth);
- Complete the *Initial Intakes Assessment* in the UC Portal (include commencing identification of sponsors). Modification of the 24-hour deadline may be necessary to accommodate a child's emergency needs (e.g., hospitalization);
- Contact the child's family (following safety protocols) to notify them of the child's placement and determine if the child has a potential sponsor who resides in the United States;
- Allow the child to speak with their family (preferably **within 24 hours**, but if volume of intakes necessitates delay, this can be completed **within 48 hours**);
- Inform the child's family about the application process for the safe and timely release of the child to a sponsor (see UC Policy Guide Section 2.2.4 Required Documents for Submission with the Application for Release);
- Inform the child's parent/legal guardian and identified potential sponsor that the placement is temporary and that if the child is transferred to another ORR care provider, the parent/legal guardian, and potential sponsor will be notified; and,
- Inform the child of any other services that will be received.

Within 72 hours of a child's arrival, the EIS will:

- Ensure that the *Assessment for Risk* (see UC Policy Guide Section 4.8.1 Assessment for Risk) is conducted by a qualified case manager[6] or clinician.

Within five (5) days of a child's arrival, the EIS will:

- According to UC Policy Guide Section 3.3.1 UC Assessment and Case Review, complete the *UC Assessment*.

The EIS will document any relevant services in the UC's case file.

All required medical services are outlined in Section 5.3 EIS Medical Services below.

Tier 2: EIS open for 121-180 days	**Tier 3:** EIS open for over 181 days
Tier 2 EIS must meet basic standards of care as outlined in **Tier 1** facilities. They must begin to make a good faith effort to meet all standards outlined in the Flores Settlement Agreement Exhibit 1 by **180 days of operation.**	**Tier 3** EIS must meet basic standards of care as outlined in **Tier 1** and **Tier 2** facilities. **Tier 3** EIS must meet Flores Settlement Agreement Exhibit 1 standards and staffing ratios outlined in the Consolidated Appropriations Act, 2022, Division H, Title II, Section 231(1), unless they have a written waiver from the Secretary of HHS pursuant to the Consolidated Appropriations Act, 2022, Division H, Title II, Section 231(2).Consolidated Appropriations Act, 2022, Division H, Title II, Section 231(2). The Secretary of HHS may grant a 60-day waiver for a EIS's non-compliance with the aforementioned standards, up to four (4) consecutive times. For EIS that have been granted a waiver by the Secretary of HHS for compliance with these provisions, the EIS must continue to make a good faith effort to comply with these standards and comply with the provisions outlined in the Consolidated Appropriations Act, 2022, Division H, Title II, Section 231(1).

[6] A qualified case manager is a case manager with at least a bachelor's degree in psychology, counseling, social work, or a related human services field and at least five (5) years of experience providing direct social services to child clients and training in conducting child assessments.

5. EIS Required Services

Tier 1: EIS open for 0-120 days

Upon opening or expansion, an EIS must have the following:

- Provide proper physical care and maintenance, including suitable living accommodations;
- Maintain facilities that are safe and sanitary;
- Access to Personal Protective Equipment (PPE);
- Provide access to sufficient toilets, sinks, and showers;
- Provide drinking water and food;
- Provide adequate supervision (see Section 6 Staffing below);
- Provide same-gender supervision for any area where children regularly undress, including restrooms and showers;
- Provide children with appropriate clothing and personal grooming items;
- Maintain adequate temperature control and ventilation;
- Use the UC MAP Section 3, Appendix 3.1, Checklists for a Child Friendly Environment as a guide;
- Post Prevention of Sexual Abuse (PSA) Posters throughout the facility, with all information completed, and have pre-programmed phones with phone numbers for children to report incidents. See UC Policy Guide Section 4.7.2 Bulletin Board Postings, and Sections 4.1, 4.2, 4.5 – 4.11;
-
- Appropriate emergency dental care;
- Initiate preparations such that children may have daily access to the outdoors as soon as possible;
- Provide access to emergency mental health services, (e.g., crisis intervention services, crisis stabilization services, and emergency therapeutic interventions);
- Adhere to a zero-tolerance policy towards sexual abuse, sexual harassment, and inappropriate sexual behavior. See UC Policy Guide Section 4.2 Zero Tolerance Policy;
- Establish reporting on significant incident, sexual abuse allegations, and follow-up procedures consistent with ORR's policies and reporting guidance

Within 14 days of beginning operations or expansion, an EIS must take the following actions, to the extent practicable, in order to provide these basic standards of care for unaccompanied children:

- Comply with reporting requirements as specified by ORR in consultation with providers;
- Comply to meet standards outlined in UC Policy Guide Section 3.5 Guiding Principles for the Care of Unaccompanied Children Who are LGBTQI;
- Develop a *Case Review* for the care of each child;
- Provide weekly case management services (see Section 5.1 Case Management below);
- Allow reasonable access to legal service providers (LSPs), UC's attorneys of record, and child advocates that have provided proper documentation, subject to time, place, and public health restrictions; EIS will provide confidential space for the child to meet with attorneys that is sufficiently distanced from other UC meeting their attorneys. The space should be

sufficient to accommodate children in proportion to the EIS capacity (e.g., an EIS with a capacity of 1,000 should have sufficient confidential space for at least 25 UC attorney meetings at the same time);
- Facilitate children's access to attend an in-person Know Your Rights presentation by an LSP;
- Maintain records of case files and make regular reports to ORR; and,
- Have accountability systems in place, which preserve the confidentiality of client information and protect the records from unauthorized use or disclosure.

Within 30 days of opening, each EIS shall have a plan and timeline for providing the following services:

- A complete medical examination (including screening for infectious disease) to occur for a child **within 48 hours** of admission to the EIS, excluding weekends and holidays, unless the child was recently examined at another ORR care provider; and appropriate immunizations in accordance with HHS Centers for Disease Control and Prevention (CDC);
- Acculturation and adaptation services, which include information regarding the development of social and interpersonal skills which contribute to those abilities necessary to live independently and responsibly;
- Educational services appropriate to the child's level of development and communication skills in a structured classroom setting, which concentrates primarily on the development of basic academic competencies and secondarily on English Language Training;
- Access to religious services of the child's choice;
- Facilitation of visitation and contact with family members (regardless of their immigration status) which is structured to encourage such visitation. The staff shall respect the minor's privacy while reasonably preventing the unauthorized release of the minor.
- A reasonable right to privacy, which includes the right to wear their own clothes when available, retain a private space for the storage of personal belongings, visit privately with guests, as permitted by the rules and regulations, and receive and send uncensored mail unless there is a reasonable belief that the mail contains contraband; and,
- Allow LSPs to notify ORR of concerns regarding a child's release by emailing UCLegalServicesSupport@acf.hhs.gov or contacting the FFS and/or ORR site lead. Note that ORR will provide a response **within five (5) business days** to LSPs who submit notification to ORR that they represent a named child on reunification/release.

All required medical services are outlined in Section 5.3 EIS Medical Services below.

5.1 Case Management

Each EIS will establish fully operational case management services **as quickly as possible** after opening. Any virtual case management services must be the same as on site case management, or as close to in person as possible. Each FFS in conjunction with the Contracting Officer's Representative (COR) will determine if virtual case management is functioning as needed, on a site-by-site basis.

Within 30 days (Tier 1) of operation, each EIS must establish a schedule that enables each child to meet with their assigned case manager **at least once a week** (e.g., **every seven (7) calendar days)** to discuss

the status of their case and offer the child an opportunity to provide information relevant to their case or ask questions.

Within 30 days (Tier 1) of operation, each EIS must establish procedures such that an *Initial Intakes Assessment* (See UC Policy Guide Section 3.2.1 Admissions for Unaccompanied Children) by a case manager is completed **within 24 hours** of the child's admission to the EIS, to include beginning the process for identifying potential sponsors. Modification of this 24-hour deadline may be necessary to accommodate a child's emergency needs (e.g., hospitalization). All other assessments will follow the UC Policy Guide and Field Guidance as issued (e.g., Field Guidance #10 Expedited Release for Eligible Category 1 Cases).
Within a week of placement at an EIS, children will be educated on the process for reporting concerns about their case status through the EIS's pre-existing grievance process. Grievances on case status will be reviewed by the lead case manager or supervisor of the assigned case manager. In accordance with UC Policy Guide Section 4.10.1 Methods for Children and Youth to Report, the child must receive a written response to their grievance regarding their case status **within five (5) days** of receipt. During the initial communication with a sponsor, the sponsor will be educated on the process for reporting concerns about the child's case status and provided the contact information for the child's lead case manager or supervisor of the assigned case manager. The sponsor will be directed to file the grievance with the lead case manager or supervisor of the assigned case manager. Sponsors who use this process to raise concerns about the child's release status will receive a response **within five (5) days** of receipt.

LSPs can notify ORR of concerns regarding a child's release by emailing UCLegalServicesSupport@acf.hhs.gov or contacting the FFS and/or the ORR Site Lead. ORR will provide a response **within five (5) business days** to LSPs who submit notification to ORR that they represent a named child on reunification/release.

At least once per week, ORR will review the census of each EIS to identify children with a length of stay **longer than 20 days**, ascertain why the child remains at the EIS and follow up with the child's case manager to ensure the child is promptly released or transferred to a state-licensed or standard care provider as expeditiously as possible.

NOTE: While preparing and managing documentation in the UC program, the EIS must ensure compliance with all ORR requirements consistent with applicable Federal statutes and policies concerning the collection and maintenance of data that includes personal identifiable information (PII).

5.2 EIS Minimum Services

EIS must comply with State child welfare laws and regulations (such as mandatory reporting of abuse), as well as State and local building, fire, health, and safety codes, that ORR determines are applicable.

Tier 1: EIS open for 0-120 days

Tier 1 EIS must meet basic standards of care as outlined in this section, but should, to the extent practicable, ramp up services to meet minimum standards of an ICF. See UC Policy Guide Section 7.5.1

Influx Care Facility Minimum Services and UC Policy Guide Section 7.5.2 Influx Care Facility Medical Services. Also see UC Policy Guide Section 5.3 EIS Medical Services below.

See above Section 5 EIS Required Services and 5.1 Case Management for what an EIS must have complete **upon opening** and what plan needs to be implemented **within 30 days** of operation.

Within 14 days of opening, an EIS must provide:

- Daily outdoor activity, with a preference for occurring **immediately upon opening but no later than 14 days** of beginning operations, weather permitting;
- Access to translation services in each child's preferred language, if the EIS accepts children who are not proficient in English or Spanish;
- Access to private phone calls at *minimum* twice a week for at *minimum* ten minutes in length for each call; and,
- An *Initial Intakes Assessment* designed to identify particularly vulnerable children as defined in Section 3 Particularly Vulnerable Children above.

Within 30 days of opening, an EIS must provide:

- **Within 24 hours** of a child's placement at an EIS, the EIS must work for safe and timely release of UC including services designed to identify relatives in the United States as well as in foreign countries and assist in obtaining legal guardianship when necessary for the release of the children;
- 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). On days when there are no educational services, there should be at least four hours of structured activities per day;
- A comprehensive orientation regarding UC program intent, services, rules (written and verbal), expectations, and the availability of legal assistance; and,
- Appropriate mental health interventions when necessary or to address mental health crisis.

Within 60 days of opening, an EIS must provide:

- Appropriate medical care;
- Family planning services, a modified individual health assessment, administration of prescribed medication and special diets, and appropriate mental health interventions when necessary.
- Educational services; and,
- Legal services information, including the availability of free legal assistance, the right to be represented by counsel at no expense to the government, the right to a removal hearing before an immigration judge, the right to apply for asylum or to request voluntary departure in lieu of deportation.

Within 90 days of opening, an EIS must provide:

- An individualized needs assessment;
- At least five (5) hours of structured activities per day, to include educational services and recreational activities;

- At least one (1) individual counseling session per week conducted by trained staff; and,
- Group counseling sessions at least twice a week.

All minimum services listed, including any family reunification services, must be documented and maintained in case notes, case logs, the UC Portal, and or/ UC case files.

Tier 2: EIS open for 121-180 days	**Tier 3:** EIS open for over 181 days
Tier 2 EIS must meet basic standards of care as outlined in **Tier 1** facilities. They must begin to make a good faith effort to meet all standards outlined in the Flores Settlement Agreement Exhibit 1 by **180 days of operation.** **Tier 2** EIS must maintain the guidance outlined in Tier 1 (*At least* five (5) hours of structured activities per day, to include educational services and recreational activities) and particularly ramp up all educational services to ensure that they will meet the Flores Settlement Agreement Exhibit 1 standards: • Educational services appropriate to the minor's level of development, and communication skills in a structured classroom setting, Monday through Friday, which concentrate primarily on the development of basic academic competencies and secondarily on English Language Training (ELT). 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 shall provide minors with appropriate reading materials in languages other than English for use during the minor's leisure time; **Tier 2** EIS must implement the Individual Service Plan outlined in the Flores Settlement Agreement Exhibit 1 by **180 days of operation:** • A comprehensive and realistic individual plan for the care of each minor must be developed in accordance with the minor's needs as determined by the individualized needs	**Tier 3** EIS must meet basic standards of care as outlined in **Tier 1** and **Tier 2**. **Tier 3** EIS must meet Flores Settlement Agreement Exhibit 1 standards and staffing ratios outlined in the Consolidated Appropriations Act, 2022, Division H, Title II, Section 231(1) unless they have a written waiver from the Secretary of HHS. The Secretary of HHS may grant a 60-day waiver for a EIS's non-compliance with the aforementioned standards, up to four (4) consecutive times. For EIS that have been granted a waiver by the Secretary of HHS for compliance with these provisions, the EIS must continue to make a good faith effort to comply with these standards and comply with the provisions outlined in Consolidated Appropriations Act, 2022, Division H, Title II, Section 231(1). See Appendix for Flores Settlement Exhibit 1.

assessment. Individual plans shall be implemented and closely coordinated through the UC Portal	

5.3 EIS Medical Services

Tier 1: EIS open for 0-120 days

Tier 1 EIS must meet basic standards of care as outlined in this section, but should, to the extent practicable, ramp up services to meet minimum standards of an ICF.

Immediately, upon opening, EIS must conduct:

Intake Health Screenings

The EIS will perform intake health screening for all children, which includes:

- Communicable Disease (e.g., COVID-19) screening and testing, per most current ORR guidance;
- A brief medical history, including dietary restrictions or allergies; and,
- Screening for acute or chronic issues that require immediate or continuing medical attention.

Modified Health Assessments

The EIS will perform a more comprehensive health assessment within 48 hours of arrival that includes:

- A complete medical history;
- Vital signs;
- Allergy history;
- Review of systems;
- Physical exam;
- Pregnancy and influenza/strep testing (as applicable);
- Diagnosis and plan for any condition or complaint (as applicable); and
- Administration of required immunizations: COVID-19, Influenza (seasonally), MMR, Varicella, and other vaccinations as per ORR guidance and clinical indications (Vaccines should be acquired through the Vaccines for Children (VFC) program).

Ongoing Medical Services

- The EIS will provide ongoing health services that continue past the initial health screening and modified health assessment (MHA)/initial medical exam (IME), and these services shall include the following: medical history interviews and physical examinations, point-of-care urine pregnancy, point of care communicable disease testing, medication prescriptions and administration, vaccinations, COVID-19 testing and other medical treatment consistent with the UC Policy Guide Section 3.4 Health Care Services.

Urgent/Emergent Care

- EIS will operate at the level of a Pediatric Urgent Care to address urgent/emergent medical needs 24/7 for children in care; and,

- EIS will have the capacity to perform emergency medical assessment and treatment to stabilize children for transport to a higher level of care.

Communicable Diseases

- EIS will have designated structures for the quarantine and isolation of children diagnosed with/exposed to communicable diseases, in compliance with current ORR and the Center for Disease Control and Prevention guidance;
- EIS will follow reportable disease reporting requirements, as per the jurisdiction in which the EIS is based; and,
- EIS will ensure staff use appropriate PPE when caring for children in isolation or quarantine for communicable diseases. This shall include performing N95 mask FIT testing for their staff as well as training in appropriate donning and doffing PPE.

Dental Services

- EIS will ensure access to emergency dental services.

Occupational Health

- EIS will provide occupational health services to support staff wellness.

All health services performed onsite/offsite by a medical doctor, doctor of osteopathic medicine, nurse practitioner, physician assistant, dentist and/or psychiatric must be documented by EIS staff in UC Portal Health Tab, as well as an SIR, if appropriate. This includes the uploading of all health-related documentation (e.g., office visit notes, immunization records, lab results). In addition, copies of all health-related documentation must be included in the child's transfer/discharge packet.

All Emergency Room visits, and mental health hospitalizations must be documented properly (See UC MAP 3.4.5 Responding to Medical Emergencies.)

Tier 2: EIS open for 121-180 days	**Tier 3:** EIS open for over 181 days
Tier 2 EIS must meet basic standards of care as outlined in **Tier 1** facilities. They must begin to make a good faith effort to meet all standards outlined in the Flores Settlement Agreement Exhibit 1 by **180 days of operation.** **Tier 2** EIS must particularly ramp up their medical services to ensure that they will meet the Flores Settlement Agreement on the following items: • Appropriate routine medical and dental care, family planning services, and emergency health care services, including a complete medical examination (including	**Tier 3** EIS must meet basic standards of care as outlined in **Tier 1** and **Tier 2**, but they will no longer conduct the Modified Health Assessment. This will be replaced with the Initial Medical Exam. **Initial Medical Exam (*Replaces MHA*)** For EIS in operation more than 181 days, the EIS will expand the MHA to a complete IME in accordance with ORR guidance and policy, by adding the following components to the medical assessment including but not limited to: • A Psychosocial Risk Assessment per ORR guidelines;

screening for infectious disease) **within 48 hours** of admission, excluding weekends and holidays, unless the minor was recently examined at another ORR care provider; • Appropriate immunizations in accordance with the United States Public Health Service (PHS), CDC; • Appropriate mental health interventions when necessary.	• Tuberculosis screening per ORR guidelines; • Age and risk based STI screening per ORR guidelines; • All ACIP recommended vaccinations, including season influenza and COVID-19; (https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html); and, • Hearing and vision screening. **Dental Services** For EIS, the initial Dental Exam is required 60-90 days after admission into ORR care once an EIS has been open for over 181 days

6. Staffing

EIS may be staffed by volunteers (if legally permitted) or staff from non-government organizations, federal staff, ORR contractors, and grantees (including staff from other ORR care providers or non-ORR care providers). Staff at EIS must follow the Code of Conduct outlined in UC Policy Guide Section 4.3.5 Staff Code of Conduct and must sign off that they were trained and commit to following the Code of Conduct.

6.1 Staff Training

EIS must provide training to all staff, contractors, and volunteers according to UC Policy Guide Section 4.3.6 Staff Training and ensure that all trainings are documented in personnel files. The contractor shall train staff on: Contractual Requirements; ORR policies and procedures, ORR field guidances, ORR issued standard operating materials, the Family Reunification Packet, UC Portal, behavioral management and non-violent restraint techniques, cultural competency training and child-welfare best practices.

6.2 Staffing Ratios

Tier 1: EIS open for 0-120 days	**Tier 2:** EIS open for 121-180 days
Tier 1 EIS must meet the following minimum staffing ratios: • **Youth Care Workers:** Minimum of 1 youth care worker to every 12 children aged 13 years and over (1:12); during night hours the ratio is 1:16 • In a circumstance where a tender age child has to be placed at an EIS, there will be a minimum of 1 **youth care worker** to	**Tier 2** EIS must meet the minimum staffing ratios outlined in **Tier 1**. Waivers to required ratios for youth care workers and clinicians may be requested of the COR prior to 180 days of operation. To request a waiver of required staffing ratios for youth care workers or clinicians prior to 180 days of operation, EIS must submit a waiver request using the ORR Waiver Request Form, following the procedures in UC MAP Section 4.4.1 Staffing Levels (see also UC Policy Guide Section

every 8 tender age children aged 6-12 years old (1:8), and a minimum of 1 youth care worker to every 4 tender age children aged 0-5 years old (1:4) during both day and night hours The below additional staff and staffing ratios should be maintained at any EIS operating **longer than 20 days**. Additionally, case managers and clinicians may provide services remotely or on site: • **Childcare Team Lead:** Minimum of 1 childcare team lead to every 40 children (1:40). EIS should make efforts to staff up to a minimum of 1 childcare team lead to every 30 children as resources allow (1:30) • **Childcare Shift Supervisor:** Minimum of 1 supervisor to 5 childcare team workers per shift (1:5) • **Child Welfare Program Leads/Coordinators:** Minimum of 2 child welfare program leads/coordinators per site, including at least 1 per shift at all times • **Case Managers:** Specifically, **within 30 days of opening,** there will be a minimum of 1 case manager to every 8 children (1:8) • **Clinicians:** Specifically, **within 90 days of opening,** there will be a minimum of 1 clinician to every 12 children (1:12), unless otherwise waived by ORR. Tele-health appointments can be included for mental health services but will be minimized for children under 10 years of age Waivers to required ratios for youth care workers and clinicians may be requested of the COR prior to 180 days of continuous EIS operation. **Prior to reaching 30 days** of operation, the EIS does not need to request a formal waiver to the required case manager ratio of 1:8 but must keep the COR apprised of efforts to meet the 1:8 ratio. Starting at **30**	4.4.1 Staffing Levels and 7.7 ICF Staffing Levels). Starting at 180 days of operation, the EIS must meet staffing ratios as required by Consolidated Appropriations Act, 2022, Division H, Title II, Section 231(1)(B), or else request a waiver from the Secretary of HHS (see Consolidated Appropriations Act, 2022, Division H, Title II, Section 231(2)). The requirements are: (1) the terms of the grant or contract for the operations of any such facility that remains in operation for more than six consecutive months shall require compliance with-- (B) staffing ratios of one (1) on-duty Youth Care Worker for every eight (8) children or youth during waking hours, one (1) on-duty Youth Care Worker for every 16 children or youth during sleeping hours, and clinician ratios to children (including mental health providers) as required in grantee cooperative agreements; unless this requirement is waived by the Secretary.

days, the EIS must have a 1:8 case manager ratio. To request a waiver of required staffing ratios for youth care workers or clinicians prior to 180 days of operation, EIS must submit a waiver request using the ORR Waiver Request Form, following the procedures in UC MAP Section 4.4.1 Staffing Levels (see also UC Policy Guide Section 4.4.1 Staffing Levels and 7.7 ICF Staffing Levels).	

Tier 3: EIS open for over 181 days

Tier 3 EIS must meet the minimum staffing ratios outlined in **Tier 1** and **Tier 2** as well as those outlined in the Consolidated Appropriations Act, 2022, Division H, Title II, Section 231(1)(B) unless they have a written waiver from the Secretary of HHS pursuant to Consolidated Appropriations Act, 2022, Division H, Title II, Section 231(2).

Please note that the above staffing ratios are only *minimum* staffing ratios and that EIS should staff up to higher than the minimum ratios if resources and hiring allow for higher levels of supervision (for example, staffing up to ratios at ICF as outlined by UC Policy Guide Section 7.7 Influx Care Facility Staffing Levels).

6.3 Background Checks for Staff

All EIS must be compliant with 34 U.S.C. 20351 and UC Policy Guide Section 4.3.3 Employee Background Investigations. The contractor will be responsible for conducting all background checks for their employees. Only EIS personnel cleared in accordance with ORR guidelines are permitted to supervise direct care staff. All staff and volunteers at an EIS must pass public record criminal background, sex offender and Child Abuse and Neglect Check (CA/N) checks, which must occur **within 30 days of an EIS opening**. Staff and volunteers who provide direct care and have unsupervised, direct access to children cannot have unsupervised contact with children until all background checks have been completed. This requirement also applies to maintenance, janitorial, and kitchen staff, who must conduct their work within the line of sight of an authorized EIS personnel until they have successfully passed their background checks. ORR may waive or modify background check requirements on a facility-to-facility basis.

All staff and volunteers must pass:

- Public record criminal background checks
- Sex Offender Check
- FBI fingerprint check

In addition, staff and volunteers who provide direct care services to children must pass:

- Child Abuse and Neglect Check (CA/N) checks

The contractor will ensure receipt of background checks required for their staff **within 30 days of an EIS opening**. However, if immediate child abuse and neglect (CA/N) checks are impossible to complete at the time of hiring because the state does not provide CA/N check results to out-of-state requestors, the state is unresponsive to CA/N check requests, or the state is expected to take longer than 30 days to process the CA/N check, then there must be a plan to bring all the staff hired into full compliance with ORR background check mandated by the 45 C.F.R. 411.16 and UC Policy Guide Section 4.3.3 Employee Background Investigations. For example, the contractor must submit a detailed supervision plan to ORR to demonstrate that staff whose CA/N checks are pending will only interact with children under the supervision of other staff who have cleared all background check requirements. Additionally, the EIS COR can submit individual or facility-wide CA/N check waivers to the ORR Director (see the Interim Final Rule: Standards To Prevent, Detect, and Respond to Sexual Abuse and Sexual Harassment Involving Unaccompanied Children, Subpart A, Coverage).

All background checks and efforts to obtain background checks must be documented in the employee's personnel file.

6.4 Leadership Structure

During the **first six (6) weeks** of opening an EIS, there will be a team of 6-8 ORR Subject Matter Experts who will provide technical assistance and training to the Contractor and field staff. **After six (6) weeks**, the EIS will have a Public Information Officer, Contracting Officer, COR, FFS or FFS Team, Chief Medical Officer and an ORR Liaison Officer on site.

7. EIS Monitoring

In accordance with the Consolidated Appropriations Act, 2022, Division H, Title II, Section 231(5), EIS that are open for more than three (3) consecutive months, are subject to one comprehensive monitoring visit during the first three (3) months of operation, with quarterly monitoring visits thereafter. The purpose of these visits is to assess the safety, well-being, and quality of services for children, evaluate EIS compliance with Federal and State laws and regulations, ORR policies and procedures, and child welfare standards, and identify site technical assistance needs. EIS must provide ORR with unrestricted access to clear, timely, and accurate information about all aspects of the site. This access includes but is not limited to activities and policies; documentation on individual children and provided services; unrestricted physical access to the site's premises, building, staff and children at the EIS, and any physical property on the premises, such as video monitoring. ORR shall modify its continuous monitoring of compliance to include the standards in *Flores v. Garland* (2021)[7] EIS Settlement and to promptly cure any non-compliance with these standards.

ORR conducts monitoring visits to ensure that EIS meet minimum standards for the care and timely release of children, and that they abide by all Federal and State laws and regulations, ORR policies and procedures,

[7] *Flores v. Garland* (2021), Stipulated Settlement of Plaintiffs' Motion to Enforce Settlement Re Emergency Intake Sites

and child welfare standards. ORR increases the frequency of monitoring if it is warranted by issues identified at an EIS, see UC Policy Guide Section 5.5 ORR Monitoring and Compliance. In addition, if ORR monitoring finds an EIS to be out of compliance with requirements, ORR issues corrective action findings and requires the EIS to resolve the issue within a specified time frame. ORR also provides technical assistance, as needed, to ensure that deficiencies are addressed.

As described in UC Policy Guide Section 5.5.2 Follow Up and Corrective Action, corrective action is the cornerstone of ORR's monitoring policy. These corrective actions are issued at any time as a result of ORR's various monitoring activities. The combined expertise of the ORR team allows for field staff to report on-the-ground findings, and for staff in headquarters to evaluate issues related to budget, program management, and risk assessment.

ORR's overall goal is always to ensure the care and safety of unaccompanied children in its custody. Therefore, ORR may discontinue funding, halt placements, remove children from an EIS, and/or close an EIS that fails to address a corrective action in a timely and effective manner. ORR's notification procedures and monitoring activities provide for an immediate response involving safety and security issues.

8. UC Case File Records

EIS must maintain comprehensive, accurate, and up-to-date case files as well as electronic records on children that are kept confidential and secure at all times and must be accessible to ORR upon request. Electronic records include those on the network drive of the EIS, as well as those on the UC Portal. EIS must have written policies and procedures for organizing and maintaining the content of active and closed UC case files that reflect ORR policies and procedures and State licensing requirements.

To ensure accurate recordkeeping and the provision of quality care to children, care providers must create an individual UC case file for each child in their care which includes the child's name, A number, date of services, and federal fiscal year when the child entered ORR care. The file documents should include all services provided, information about the child's progress, barriers to the child's progress, and the outcome of the case. See UC Policy Guide Section 5.6.2 Maintaining Case Files and 5.6.3 Record Management, Retention and Safekeeping.

If you have any questions regarding this field guidance, please contact UCPolicy@acf.hhs.gov.

Appendix 1

FLORES SETTLEMENT AGREEMENT

EXHIBIT 1

Minimum Standards for Licensed Programs

A. Licensed programs shall comply with all applicable state child welfare laws and regulations and all state and local building, fire, health and safety codes and shall provide or arrange for the following services for each minor in its care:

1. Proper physical care and maintenance, including suitable living accommodations, food, appropriate clothing, and personal grooming items.

2. Appropriate routine medical and dental care, family planning services, and emergency health care services, including a complete medical examination (including screening for infectious disease) within 48 hours of admission, excluding weekends and holidays, unless the minor was recently examined at another facility; appropriate immunizations in accordance with the U.S. Public Health Service (PHS), Center for Disease Control; administration of prescribed medication and special diets; appropriate mental health interventions when necessary.

3. An individualized needs assessment which shall include: (a) various initial intake forms; (b) essential data relating to the identification and history of the minor and family; (c) identification of the minors' special needs including any specific problem(s) which appear to require immediate intervention; (d) an educational assessment and plan; (e) an assessment of family relationships and interaction with adults, peers and authority figures; (f) a statement of religious preference and practice; (g) an assessment of the minor's personal goals, strengths and weaknesses; and (h) identifying information regarding immediate family members, other relatives, godparents or friends who may be residing in the United States and may be able to assist in family reunification.

4. Educational services appropriate to the minor'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 (ELT). 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 shall provide minors with appropriate reading materials in languages other than English for use during the minor's leisure time.

5. Activities according to a recreation and leisure time plan which shall include daily outdoor activity, weather permitting, at least one hour per day of large muscle activity and one hour per day of structured leisure time activities (this 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.

6. At least one (1) individual counseling session per week conducted by trained social work staff with the specific objectives of reviewing the minor's progress, establishing new short term objectives, and addressing both the developmental and crisis-related needs of each minor.

7. Group counseling sessions at least twice a week. This is usually an informal process and takes place with all the minors present. It is a time when new minors are given the opportunity to get

acquainted with the staff, other children, and the rules of the program. It is an open forum where everyone gets a chance to speak. Daily program management is discussed and decisions are made about recreational activities, etc. It is a time for staff and minors to discuss whatever is on their minds and to resolve problems.

8. Acculturation and adaptation services which include information regarding the development of social and inter-personal skills which contribute to those abilities necessary to live independently and responsibly.

9. Upon admission, a comprehensive orientation regarding program intent, services, rules (written and verbal), expectations and the availability of legal assistance.

10. Whenever possible, access to religious services of the minor's choice.

11. Visitation and contact with family members (regardless of their immigration status) which is structured to encourage such visitation. The staff shall respect the minor's privacy while reasonably preventing the unauthorized release of the minor.

12. A reasonable right to privacy, which shall include the right to: (a) wear his or her own clothes, when available; (b) retain a private space in the residential facility, group or foster home for the storage of personal belongings; (c) talk privately on the phone, as permitted by the house rules and regulations; (d) visit privately with guests, as permitted by the house rules and regulations; and (e) receive and send uncensored mail unless there is a reasonable belief that the mail contains contraband.

13. Family reunification services designed to identify relatives in the United States as well as in foreign countries and assistance in obtaining legal guardianship when necessary for the release of the minor.

14. Legal services information regarding the availability of free legal assistance, the right to be represented by counsel at no expense to the government, the right to a deportation or exclusion hearing before an immigration judge, the right to apply for political asylum or to request voluntary departure in lieu of deportation.

B. Service delivery is to be accomplished in a manner which is sensitive to the age, culture, native language and the complex needs of each minor.

C. Program rules and discipline standards shall be formulated with consideration for the range of ages and maturity in the program and shall be culturally sensitive to the needs of alien minors. Minors shall not be subjected to corporal punishment, humiliation, mental abuse, or punitive interference with the daily functions of living, such as eating or sleeping. Any sanctions employed shall not: (1) adversely affect either a minor's health, or physical or psychological well-being; or (2) deny minors regular meals, sufficient sleep, exercise, medical care, correspondence privileges, or legal assistance.

D. A comprehensive and realistic individual plan for the care of each minor must be developed in accordance with the minor's needs as determined by the individualized need assessment. Individual plans shall be implemented and closely coordinated through an operative case management system.

E. Programs shall develop, maintain and safeguard individual client case records. Agencies and organizations are required to develop a system of accountability which preserves the confidentiality of client information and protects the records from unauthorized use or disclosure.

F. Programs shall maintain adequate records and make regular reports as required by the INS that permit the INS to monitor and enforce this order and other requirements and standards as the INS may determine are in the best interests of the minors.

Appendix 2

Consolidated Appropriations Act, 2022, Division H, Title II, Section 231(1) (Public Law 117-103)

Sec. 230. The Department of Health and Human Services may accept donations from the private sector, nongovernmental organizations, and other groups independent of the Federal Government for the care of unaccompanied alien children (as defined in section 462(g)(2) of the Homeland Security Act of 2002 (6 U.S.C. 279(g)(2))) in the care of the Office of Refugee Resettlement of the Administration for Children and Families, including medical goods and services, which may include early childhood developmental screenings, school supplies, toys, clothing, and any other items intended to promote the wellbeing of such children.

Sec. 231. None of the funds made available in this Act under the heading ``Department of Health and Human Services--Administration for Children and Families--Refugee and Entrant Assistance'' may be obligated to a grantee or contractor to house unaccompanied alien children (as such term is defined in section 462(g)(2) of the Homeland Security Act of 2002 (6 U.S.C. 279(g)(2))) in any facility that is not State-licensed for the care of unaccompanied alien children, except in the case that the Secretary determines that housing unaccompanied alien children in such a facility is necessary on a temporary basis due to an influx of such children or an emergency, provided that--
(1) the terms of the grant or contract for the operations of any such facility that remains in operation for more than six consecutive months shall require compliance with--
(A) the same requirements as licensed placements, as listed in Exhibit 1 of the Flores Settlement Agreement that the Secretary determines are applicable to non-State licensed facilities; and
(B) staffing ratios of one (1) on-duty Youth Care Worker for every eight (8) children or youth during waking hours, one (1) on-duty Youth Care Worker for every sixteen (16) children or youth during sleeping hours, and clinician ratios to children (including mental health providers) as required in grantee cooperative agreements;
(2) the Secretary may grant a 60-day waiver for a contractor's or grantee's non-compliance with paragraph (1) if the Secretary certifies and provides a report to Congress on the contractor's or grantee's good-faith efforts and progress towards compliance;
(3) not more than four consecutive waivers under paragraph (2) may be granted to a contractor or grantee with respect to a specific facility;
(4) ORR shall ensure full adherence to the monitoring requirements set forth in section 5.5 of its Policies and Procedures Guide as of May 15, 2019;
(5) for any such unlicensed facility in operation for more than three consecutive months, ORR shall conduct a minimum of one comprehensive monitoring visit during the first three months of

operation, with quarterly monitoring visits thereafter; and
(6) not later than 60 days after the date of enactment of this Act, ORR shall brief the Committees on Appropriations of the House of Representatives and the Senate outlining the requirements of ORR for influx facilities including any requirement listed in paragraph (1)(A) that the Secretary has determined are not applicable to non-State licensed facilities.

Sec. 232. In addition to the existing Congressional notification for formal site assessments of potential influx facilities, the Secretary shall notify the Committees on Appropriations of the House of Representatives and the Senate at least 15 days before operationalizing an unlicensed facility, and shall (1) specify whether the facility is hard-sided or soft-sided, and (2) provide analysis that indicates that, in the absence of the influx facility, the likely outcome is that unaccompanied alien children will remain in the custody of the Department of Homeland Security for longer than 72 hours or that unaccompanied alien children will be otherwise placed in danger. Within 60 days of bringing such a facility online, and monthly thereafter, the Secretary shall provide to the Committees on Appropriations of the House of Representatives and the Senate a report detailing the total number of children in care at the facility, the average length of stay and average length of care of children at the facility, and, for any child that has been at the facility for more than 60 days, their length of stay and reason for delay in release.

Sec. 233. None of the funds made available in this Act may be used to prevent a United States Senator or Member of the House of Representatives from entering, for the purpose of conducting oversight, any facility in the United States used for the purpose of maintaining custody of, or otherwise housing, unaccompanied alien children (as defined in section 462(g)(2) of the Homeland Security Act of 2002 (6 U.S.C. 279(g)(2))), provided that such Senator or Member has coordinated the oversight visit with the Office of Refugee Resettlement not less than two business days in advance to ensure that such visit would not interfere with the operations (including child welfare and child safety operations) of such facility.

Sec. 234. Not later than 14 days after the date of enactment of this Act, and monthly thereafter, the Secretary shall submit to the Committees on Appropriations of the House of Representatives and the Senate, and make publicly available online, a report with respect to children who were separated from their parents or legal guardians by the Department of Homeland Security (DHS) (regardless of whether or not such separation was pursuant to an option selected by the children, parents, or guardians), subsequently classified as unaccompanied alien children, and transferred to the care and custody of ORR during the previous month. Each report shall contain the following information:
(1) the number and ages of children so separated subsequent to apprehension at or between ports of entry, to be reported by sector where separation occurred; and
(2) the documented cause of separation, as reported by DHS when each child was referred.