

CHILD DETENTION

Frequently Asked Questions | April 29, 2021

Across the country different types of facilities are opening for unaccompanied children arriving at the border. In some instances, local governments are coordinating with federal agencies to use stadiums and convention centers to hold children. In other instances, the administration is using military camps and bases. There are two types of facilities we are currently seeing an expansion of: "influx facilities" and "emergency intake sites."



What agencies are involved?

The Office of Refugee Resettlement (ORR), which is a part of the Department of Health and Human Services (HHS), is responsible for the care and custody of unaccompanied minors while it works to reunify them with a family member or other trusted caretaker. ORR currently oversees a vast network of facilities where children stay for varying periods of time. These include licensed small and large scale facilities, staff secure and secure facilities, federal foster care homes, influx facilities, and, now, emergency intake sites. The Federal Emergency Management Agency (FEMA) and the Red Cross have also been involved in the opening of some intake facilities.

Health and Human
Services (HHS)

Office of Refugee
Resettlement (ORR)



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What is an influx facility?

- When the number of unaccompanied children being referred to ORR (Office of Refugee Resettlement) exceeds their licensed bed space, ORR has historically opened what it calls “influx” facilities. [According to ORR](#), an influx facility is one that opens temporarily to provide emergency shelter and services for unaccompanied children during the time that the number of children exceeds ORR’s licensed bed space capacity. Influx facilities are typically not licensed as child care facilities by the state in which they are located, unlike permanent ORR facilities.
- Although ORR’s stated purpose with influx facilities is to operate them only on a temporary basis, in the past we have seen these facilities remain open long-term. For example, the influx facility in Homestead, Florida that had capacity for over 2,000 children was open for over a year. The facility opened in March 2018 and was [shut down in August 2019](#), following [sustained community organizing and exposure of abuses](#).
- DWN and ILRC [oppose influx facilities](#) due to their restrictive nature, large populations and subsequent lack of individualized care, the increased potential for abuse, and often long lengths of stay for children. Given these factors, we do not consider these facilities to represent actual shelter-like settings.

What is an emergency intake facility?

- Emergency intake facilities are supposed to be temporary. ORR has stated that the goal of these facilities is to have children quickly processed there instead of in CBP custody.
- According to ORR, children are only supposed to be in these facilities for a few days while ORR staff locate family or other trusted caretakers to whom children can be released. If a trusted caretaker cannot be immediately identified and verified, children should then be transferred to a permanent ORR shelter to be reunified. Children who “age out” or turn 18 under ORR custody can be transferred into Immigration Customs Enforcement (ICE) custody.
- Since these facilities are a new development and being rapidly rolled out, we are still gathering information about implementation, including staffing, conditions, and access for legal and child advocate groups.
- As we learn more about these facilities, it will be important to ensure there is oversight and transparency regarding the way these facilities operate and ensuring these facilities are truly temporary.



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Why is this happening?

- As Department of Homeland Security Secretary Alejandro Mayorkas has noted, in more than 80 percent of cases, children have a family member in the United States and in more than 40 percent of cases, that family member is a parent or legal guardian.
- The challenges we're experiencing at the border are NOT a 'crisis' and are not new – they are the result of the hyper-militarization of the Southern Border [over the last two decades](#) that has criminalized migrants, rather than recognizing them as human beings.
- Currently the border is all but closed because of a Trump era policy referred to as Title 42, which was implemented in response to the Covid-19 pandemic. Under this policy, nearly everyone is automatically "expelled" from the border. [While Title 42 has no public health justification](#), the Biden administration has kept it in place for adults and families arriving together, but began to admit unaccompanied minors. Since the shift in policy, some parents and guardians have made the devastating decision, out of desperation, to send their children off ahead of them, alone, to cross the border.
- Other practices, including how we process children at the border, also inform what we are seeing. For example, children arriving at the border with only a non-parental family member or caretaker are separated from that person, without consideration of who the child is traveling with, how long the child has known the caretaker, and other relevant factors. Often, these caretakers include older siblings, grandparents, aunts, uncles and other extended family members.

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What can we immediately do?

- As we learn more about intake facilities, it will be important to ensure that these places meet the highest standards and do not transition into long-term large scale facilities, including influx facilities which have a [history of inadequate care and abuse allegations](#).
- If you hear that your locality may be opening a facility for unaccompanied children, here are some immediate next steps you could take:



Request a meeting with local officials



Request a copy of any contracts and follow up with a public information request, if needed

Key questions to ask, include:

- What type of site will this be? Intake or influx or a licensed ORR facility? What will the capacity be? How long will children spend time at this site?
- Who will be the contractors and what services will they provide? Will legal and child advocate groups have immediate access to these sites? If so, which groups?
- Given that child advocates have recommended small, homelike, non-restrictive settings (25 children or less), what other alternatives has the city/county considered? Would the city/county be willing to work with community groups to implement the child advocate recommendations?
- What resources is the city/county allocating towards swift reunification of children and their families?
- What transparency/oversight mechanism will be in place by the city/county? Who can be a point of contact from the city/county if questions/issues arise? Who is the point of contact for the federal entities overseeing this facility? How will the county ensure there is a rapid response if cases of neglect and abuse are documented?
- Will the city/county commit to ensuring HHS/ORR meet their timeline for reunification and ensure this facility is temporary? What can the city/county do to prevent the contract from expanding?
- Will the city/county commit to opposing the opening of any influx facilities or converting intake or other facilities into an influx facility?
- How will the city/county ensure that trusted community immigrant rights organizations have decision-making power during contract negotiations that will set-up how this facility will run?
- What is the ratio of children to staff that will ensure rapid placement of youth? What is the county's commitment to ensuring this?



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Bigger Picture

- In the bigger picture, we need to urge the Biden administration to look beyond interim moves to address systemic issues with how we receive and care for children arriving at the border. Part of the long term solution for addressing this problem must include a change in broader immigration policies to allow families to seek safety together in the United States. This moment is a call to action. In order to fully address the situation, the Biden administration must:
 - End the practice of holding children in large scale influx facilities, including in military bases.
 - Rescind the Title 42 border closure and fully restore access to asylum at our borders, including at ports of entry, and ensuring unaccompanied children have immediate and consistent access to legal counsel, child advocates and interpretation services.
 - In situations where children arrive without a parent or legal guardian, establish a process with the Department of Health and Human Services at the border to more quickly identify and vet family or sponsors to whom children can be released without the use of influx facilities.
 - In cases where a sponsor cannot be quickly identified within 72 hours, prioritize small scale, non-restrictive settings for unaccompanied children in facilities licensed for childcare and run by trusted community based nonprofits.



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