

OFFICE OF REFUGEE RESETTLEMENT

An Office of the Administration for Children & Families

Children Entering the United States Unaccompanied

Published: January 30, 2015



(<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-0>)

Introduction (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-0>)

Guide to Terms (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms>)

Record of Posting and Revision Dates (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-record-of-posting-and-revision-dates>)

Section 1: Placement in ORR Care Provider Facilities

1.1 Summary of Policies for Placement and Transfer of Unaccompanied Alien Children in ORR Care Provider Facilities (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.1>)

1.2 ORR Standards for Placement and Transfer Decisions (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.2>)

1.2.1 Placement Considerations (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.2.1>)

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1.2.3 Safety Issues (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.2.3>)

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1.2.5 Unaccompanied Alien Children Who Pose a Risk of Escape (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.2.5>)

1.2.6 ORR Long Term Foster Care (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.2.6>)

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1.3.1 Request for Information from the Referring Federal Agency (<https://www.acf.hhs.gov/programs/orr/resource/children->)

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1.3.2 ORR Placement Designation (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.3.2>)

1.3.3 Care Provider Placement Acceptance (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.3.3>)

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1.4 Transfers within the ORR Care Provider Network (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.4>)

1.4.1 Least Restrictive Setting (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.4.1>)

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1.4.3 Long Term Care (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.4.3>)

1.4.4 Transfer to Long Term Foster Care (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.4.4>)

1.4.5 Group Transfers (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.4.5>)

1.4.6 Residential Treatment Center Placements (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.4.6>)

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1.5 Placement Inquiries (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.5>)

1.5.1 ORR National Call Center (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.5.1>)

1.6 (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.6>) Determining the Age of an Individual without Lawful Immigration Status

(<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.6>)

1.6.1 Unaccompanied Alien Children in HHS Custody (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.6.1>)

1.6.2 Instructions (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.6.2>)

1.7 Placement and Operations During an Influx [REPEALED]

Policies related to influx care facilities are found at Section 7 of this Policy Guide.

1.7.1 Activation of HPCs [REPEALED]

1.7.2 Placement into HPCs [REPEALED]

1.7.3 Placement into Influx Care Facilities [REPEALED]

1.7.4 Admission and Orientation for HPCs and Influx Care Facilities [REPEALED]

1.7.5 Medical Services [REPEALED]

1.7.6 HPC and Influx Care Facility Services [REPEALED]

1.7.7 Transportation During Influx [REPEALED]

1.7.8 Federal Staffing Plan [REPEALED]

Section 2: Safe and Timely Release from ORR Care

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2.2 (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.2>) **Sponsor Application Process** (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.2>)

2.2.1 Identification of Qualified Sponsors (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.2.1>)

2.2.2 Contacting Potential Sponsors (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.2.2>)

(<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.2.3>)**2.2.3**
(<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.2.3>)**The Family Reunification Application** (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.2.3>)

2.2.4 Required Documents for Submission with the Application for Release

(<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.2.4>)

2.2.5 Legal Orientation Program for Custodians (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.2.5>)

2.2.6 Additional Questions and Answers on This Topic (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.2.6>)

2.3 Key Participants in the Release Process (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.3>)

2.3.1 ORR Federal Field Specialists (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.3.1>)

2.3.2 Case Managers (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.3.2>)

2.3.3 Case Coordinators (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.3.3>)

2.3.4 Child Advocates (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.3.4>)

2.4 Sponsor Assessment Criteria and Home Studies (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.4>)

2.4.1 (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.4.1>)**Assessment Criteria** (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.4.1>)

2.4.2 Home Study Requirement (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.4.2>)

2.4.3 Additional Questions and Answers on This Topic (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.4.3>)

2.5 Sponsorship Assessment Background Check Investigations (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.5>)

2.5.1 (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.5.1>)**Background Check Requirements** (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.5.1>)

2.5.2 Results of Background Checks on Release Decisions (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.5.2>)

2.5.3 (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.5.3>) **Commonly Asked Questions on the ORR Background Check Process**

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2.6 Effect of Sponsor Immigration Status on Release (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.6>)

2.7 Recommendations and Decisions on Release (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.7>)

2.7.1 Approve Release Decisions (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.7.1>)

2.7.2 Approve Release with Post-Release Services (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.7.2>)

2.7.3 Conduct a Home Study Before a Final Release Decision Can Be Made
(<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.7.3>)

2.7.4 Deny Release Request (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.7.4>)

2.7.5 Remand Release Request – Decision Pending (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.7.5>)

2.7.6 Issues Related to Recommendations and Decisions (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.7.6>)

the-united-states-unaccompanied-section-2#2.7.6)

2.7.7 Notification of Denial (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.7.7>)

2.7.8 Appeal of Release Denial (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.7.8>)

2.8 Release from ORR Custody (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.8>)

2.8.1 After Care Planning (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.8.1>)

2.8.2 Transfer of Physical Custody (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.8.2>)

2.8.3 Closing the Case File (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.8.3>)

2.8.4 Safety and Well Being Follow Up Call (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.8.4>)

2.8.5 Post-Release Services for UAC with Zika Virus Disease or Infection (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.8.5>)

2.8.6 Release for Children with Legal Immigration Status (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.8.6>)

2.9 Bond Hearings for Unaccompanied Alien Children (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.9>)

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3.1 Summary of Services (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.1>)

3.2 Care Provider Admissions and Orientation for Unaccompanied Alien Children (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.2>)

3.2.1 Admissions for Unaccompanied Alien Children (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.2.1>)

3.2.2 Orientation (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.2.2>)

3.3 Care Provider Required Services (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.3>)

3.3.1 UAC Assessment and Case Review (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.3.1>)

3.3.2 Long Term and Concurrent Planning (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.3.2>)

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3.3.4 Safety Planning (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.3.4>)

3.3.5 Academic Educational Services (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.3.5>)

3.3.6 Independent Living and Vocational Educational Services (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.3.6>)

3.3.7 Services Related to Culture, Language, and Religious Observation (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.3.7>)

3.3.8 Recreation and Leisure Time Services (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.3.8>)

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3.3.10 Telephone Calls, Visitation, and Mail (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.3.10>)

3.3.11 Clothing and Personal Grooming (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.3.11>)

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3.3.14 Transportation Services (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.3.14>)

3.3.15 Use of Restraints or Seclusion in Emergency Safety Situations In Residential Treatment Centers (RTCs) (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.3.15>)

3.3.16 Notification and Reporting of the Death of an Unaccompanied Alien Child

(<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.3.16>)

3.3.17 Use of Restraints during Transport and in Immigration Court (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.3.17>)

3.3.18 Restraints in Immigration Court and Asylum Interviews (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.3.18>)

3.4 Medical Services (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.4>)

3.4.1 Health Care Eligibility and General Standards (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.4.1>)

3.4.2 Initial Medical Examination (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.4.2>)

3.4.3 Requests for Health Care Services (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.4.3>)

3.4.4 Medication Administration and Management (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.4.4>)

3.4.5 Responding to Medical Emergencies (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.4.5>)

3.4.6 Management of Communicable Diseases (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.4.6>)

3.4.7 Maintaining Health Care Records and Confidentiality (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.4.7>)

3.4.8 Medical Clearance Prior to Release or Transfer (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.4.8>)

3.4.9 Provider Reimbursement (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.4.9>)

3.5 Guiding Principles for the Care of Unaccompanied Alien Children Who are LGBTQI

(<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.5>)

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3.5.2 Prohibition on Segregation and Isolation (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.5.2>)

3.5.3 Confidentiality with Regard to Sexual Orientation and Gender Identity

(<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.5.3>)

3.5.4 Housing (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.5.4>)

3.5.5 Restroom and Dressing Area Accommodations (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.5.5>)

3.6 ORR Long Term Foster Care (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.6>)

3.6.1 ORR Long Term Foster Care Service Provision (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.6.1>)

3.6.2 Change in Placements while in ORR Long Term Foster Care (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.6.2>)

3.6.3 Additional Questions and Answers about this Topic (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.6.3>)

Section 4: Preventing, Detecting, and Responding to Sexual Abuse and Harassment

4.1 Definitions (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.1>)

- 4.1.1 Sexual Abuse (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.1.1>)
- 4.1.2 Voyeurism (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.1.2>)
- 4.1.3 Sexual Harassment (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.1.3>)
- 4.1.4 Inappropriate Sexual Behavior (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.1.4>)
- 4.1.5 Questions and Answers about the Definitions (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.1.5>)
- 4.2 Zero Tolerance Policy (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.2>)
 - 4.2.1 Application (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.2.1>)
 - 4.2.2 Care Provider Requirements (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.2.2>)
- 4.3 Personnel (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.3>)
 - 4.3.1 Prevention of Sexual Abuse Coordinator and Compliance Manager (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.3.1>)
(<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.3.1>)
 - 4.3.2 Applicant Screening (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.3.2>)
 - 4.3.3 Employee Background Investigations (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.3.3>)
 - 4.3.4 Hiring Decisions (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.3.4>)
 - 4.3.5 Staff Code of Conduct (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.3.5>)
 - 4.3.6 Staff Training (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.3.6>)
 - 4.3.7 Employee Performance Evaluations and Promotion Decisions (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.3.7>)
 - 4.3.8 Disciplinary Sanctions and Corrective Actions (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.3.8>)
 - 4.3.9 Questions and Answers (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.3.9>)
- 4.4 Staffing and Supervision (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.4>)
 - 4.4.1 Staffing Levels (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.4.1>)
 - 4.4.2 Staffing Plans and Video Monitoring Restrictions (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.4.2>)
 - 4.4.3 Searches of Children and Youth (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.4.3>)
 - 4.4.4 Upgrades to Facilities and Technologies (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.4.4>)
- 4.5 Responsive Planning (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.5>)
 - 4.5.1 Access to Community Service Providers and Resources (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.5.1>)
 - 4.5.2 Forensic Medical Examinations (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.5.2>)
- 4.6 Coordinated Response (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.6>)
 - 4.6.1 Coordinated Response Policies and Procedures (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.6.1>)

united-states-unaccompanied-section-4#4.6.1)

4.6.2 Responder Duties (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.6.2>)

4.6.3 Protecting Children and Youth (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.6.3>)

4.6.4 Interventions for Children or Youth Who Engage in Sexual Abuse

(<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.6.4>)

4.7 Educating Children and Youth (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.7>)

4.7.1 Educating Children and Youth on Sexual Abuse and Sexual Harassment

(<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.7.1>)

4.7.2 Bulletin Board Postings (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.7.2>)

4.7.3 Pamphlets on Sexual Abuse and Harassment (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.7.3>)

4.8 Assessment for Risk (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.8>)

4.8.1 Assessment for Risk (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.8.1>)

4.8.2 Use of Assessment Information (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.8.2>)

4.9 Medical and Mental Health Care (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.9>)

4.9.1 Emergency Medical and Mental Health Care Services Following an Incident of Sexual Abuse

(<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.9.1>)

4.9.2 Medical Services for Victims at Risk of Pregnancy (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.9.2>)

4.9.3 Ongoing Medical and Mental Health Care (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.9.3>)

4.9.4 Religious Objections (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.9.4>)

4.10 Reporting and Follow-up (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.10>)

4.10.1 Methods for Children and Youth to Report (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.10.1>)

4.10.2 Care Provider Reporting Requirements (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.10.2>)

4.10.3 Sexual Abuse and Harassment Follow-up (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.10.3>)

4.10.4 Notification and Access to Attorneys/Legal Representatives and Families

(<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.10.4>)

4.10.5 Confidentiality (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.10.5>)

4.10.6 UAC Sexual Abuse Hotline (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.10.6>)

4.11 Incident Reviews and Data Collection (<http://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.11>)

4.11.1 Incident Reviews (<http://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.11.1>)

4.12 Compliance Audits (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.12>)

4.12.1 Compliance Audit Process (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.12.1>)

4.12.2 Care Provider Facilities Requirements (<http://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.12.2>)

4.12.3 Auditor Certification (<http://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.12.3>)

Section 5: Program Management

5.1 Responding to Inquiries from the Media (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.1>)

5.1.1 Policies for ORR Grantees (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.1.1>)

5.1.2 How ORR Responds to Press Inquiries (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.1.2>)

5.1.3 Requests to Interview a Specific Child (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.1.3>)

5.1.4 Requests to Visit a Facility (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.1.4>)

5.1.5 Requests for General Information and Data (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.1.5>)

5.2 ORR Policies on Requests to Visit ORR Care Provider Facilities (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.2>)

5.2.1 Evaluation Criteria (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.2.1>)

5.2.2 Special Arrangements (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.2.2>)

5.2.3 Protocol for Tours of Care Provider Facilities (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.2.3>)

5.2.4 Congressional Visits (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.2.4>)

5.3 Testimony by Employees and Production of Documents Where the United States is Not a Party (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.3>)

5.3.1 Care Provider Testimony and Views (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.3.1>)

5.3.2 Confidentiality of Information (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.3.2>)

5.3.3 Release of Records Without Prior Approval (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.3.3>)

5.4 ORR Policies on Communication and Interaction with Consulates (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.4>)

5.4.1 Notifications to Consulates (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.4.1>)

5.4.2 Right of UAC to Contact and Meet with the Consulate (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.4.2>)

5.4.3 Consulate Officials: Access to Their Citizens and ORR Care Provider Facilities (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.4.3>)

5.4.4 Visitation (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.4.4>)

5.4.5 Information Requests (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.4.5>)

5.4.6 Documentation (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.4.6>)

5.4.7 ORR and Consulate Joint Activities (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.4.7>)

5.5 ORR Monitoring and Compliance (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.5>)

5.5.1 ORR Monitoring Activities (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.5.1>)

5.5.2 Follow Up and Corrective Actions (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.5.2>)

5.5.3 Foster Care Monitoring (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.5.3>)

5.5.4 Abuse Review Team (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.5.4>)

5.5.5 Care Provider Internal Program Monitoring, Evaluation, and Quality Assurance
(<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.5.5>)

5.6 Reporting and Record Keeping (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.6>)

5.6.1 Program Reporting Requirements (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.6.1>)

5.6.2 Maintaining Case Files (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.6.2>)

5.6.3 Record Management, Retention and Safekeeping (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.6.3>)

5.7 Policies to Protect Sponsors from Fraud (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.7>)

5.7.1 ORR Efforts to Help Prevent Fraud (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.7.1>)

5.7.2 Responding to Fraud Attempts (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.7.2>)

5.8 Significant Incident Reports and Notification Requirements (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.8>)

5.8.1 Emergency Incidents (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.8.1>)

5.8.2 Significant Incidents (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.8.2>)

5.8.3 Allegations of Sexual Abuse and Harassment in ORR Care (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.8.3>)

5.8.4 Allegations of Abuse that Occurred in DHS Custody (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.8.4>)

5.8.5 (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.8.5>)**Reporting SIRs to DHS** (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.8.5>)

5.8.6 (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.8.6>)**Allegations of Past Abuse that Occurred Outside the United States**
(<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.8.6>)

5.8.7 (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.8.7>)**Allegations of Past Abuse that Occurred Inside the United States**
(<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.8.7>)

5.8.8 (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.8.8>)**SIR Addendums** (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.8.8>)

5.8.9 (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.8.9>)**Notification to Attorneys/Legal Representatives, Child Advocates, Families, and Sponsors**
(<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.8.9>)

5.9 Sharing Information with Local Communities (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.9>)

Section 6: Resources and Services Available After Release from ORR Care

6.1 Summary of Resources and Services Available After Release from ORR Care

(<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-6#6.1>)

6.2 Post Release Services (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-6#6.2>)

6.2.1 Levels of Post Release Services (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-6#6.2.1>)

6.2.2 Post Release Service Areas (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-6#6.2.2>)

6.2.3 Timeframe for Post Release Services (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-6#6.2.3>)

6.2.4 Post Release Service Providers: Case Reporting (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-6#6.2.4>)

6.2.5 Post Release Service Records Management, Retention and Information Sharing
(<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-6#6.2.5>)

6.4 ORR National Call Center (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-6#6.4>)

Section 7: Policies for Influx Care Facilities

7.1 Overview (<https://www.acf.hhs.gov/orr/resource/policies-for-influx-care-facilities-section-7#7.1>)

7.2 Placement into Influx Care Facilities (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-7#7.2>)

7.2.1 Criteria for Placement (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-7#7.2.1>)

7.2.2 Operational Capacity (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-7#7.2.2>)

7.3 Transfers during an Influx (<https://www.acf.hhs.gov/orr/resource/policies-for-influx-care-facilities-section-7#7.3>)

7.4 Influx Care Facility Admissions and Orientation (<https://www.acf.hhs.gov/orr/resource/policies-for-influx-care-facilities-section-7#7.4>)

7.5 Influx Care Facility Required Services (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-7#7.5>)

7.5.1 Influx Care Facility Minimum Services (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-7#7.5.1>)

7.5.2 Influx Care Facility Medical Services (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-7#7.5.2>)

7.6 Temporary Waivers for Influx Care Facilities (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-7#7.6>)

7.6.1 Notifications to Congress of Waivers (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-7#7.6.1>)

7.7 Influx Care Facility Staffing Levels (<https://www.acf.hhs.gov/orr/resource/policies-for-influx-care-facilities-section-7#7.7>)

7.8 Influx Care Facility Federal Staffing Plan (<https://www.acf.hhs.gov/orr/resource/policies-for-influx-care-facilities-section-7#7.8>)

7.9 Requests to Visit Influx Care Facilities (<https://www.acf.hhs.gov/orr/resource/policies-for-influx-care-facilities-section-7#7.9>)

7.10 Influx Care Facility Monitoring (<https://www.acf.hhs.gov/orr/resource/policies-for-influx-care-facilities-section-7#7.10>)

7.11 Agreements with Federal, State, and/or Local Security Providers (<https://www.acf.hhs.gov/orr/resource/policies-for-influx-care-facilities-section-7#7.11>)

OFFICE OF REFUGEE RESETTLEMENT

An Office of the Administration for Children & Families

Children Entering the United States Unaccompanied: Guide to Terms

Published: March 21, 2016

Care Provider – A care provider is any ORR funded program that is licensed, certified or accredited by an appropriate State agency to provide residential care for children, including shelter, group, foster care, staff-secure, secure, therapeutic or residential treatment care for children.

Case Manager – The Case Manager is the care provider staff that coordinates assessments of unaccompanied alien children, individual service plans, and efforts to release unaccompanied alien children from ORR custody. Case Managers also ensure all services for children and youth are documented and maintain case files for unaccompanied alien children.

Case Coordinators (CC) – CC are ORR non-governmental contractor field staff who act as a local ORR liaison with care providers and stakeholders and who are responsible for making transfer and release recommendations. ORR/CC are assigned to care providers on the basis of an ORR/CC to bed ratio; therefore, an individual ORR/CC may be assigned to one or several care providers and a care provider with a large bed capacity may have more than one ORR/CC.

Child Advocate – A Child Advocate is an independent third party who is appointed by ORR for select unaccompanied alien children to make recommendations to various stakeholders regarding the best interest of a child.

Clinician – The Clinician is the care provider staff that provides clinical and/or counseling services for unaccompanied alien children and provides oversight for the unaccompanied alien child's mental and emotional health.

Escape Risk – Escape risk is the level of risk that an unaccompanied alien child will attempt to escape from custody.

Extended Care Group Home – An extended care group home is a type of residential care provider that provides a group home setting in which the unaccompanied alien child may attend public school. Unaccompanied alien children who may be in ORR custody for an extended period may be eligible for this type of placement.

Family Reunification – Family reunification is an older term used in the Flores Settlement Agreement to refer to the process of releasing an unaccompanied alien child to the care of a parent, relative or other sponsor.

Family Reunification Packet (FRP) – The family reunification packet is an application and supporting documentation completed by potential sponsors who wish to have an unaccompanied alien child released from ORR to their care. ORR uses the application and supporting documentation, as well as other procedures, to determine the sponsor's ability to provide for the unaccompanied alien child's physical and mental well-being.

Group Home – A group home is a care provider facility that offers a group home setting and that specializes in caring for specific populations (e.g., teen mothers). A group home, which is run by 24-hour staff or house parents, typically houses 4 to 12 unaccompanied alien children.

Home Study – A home study is an in-depth investigation of the potential sponsor's ability to ensure the child's safety and well-being. The process includes background checks of the sponsor and adult household members, a home visit(s), a face-to-face sponsor interview and possibly interviews with other household members, and post-release services. A home study is conducted for any case in which the safety and well-being of the unaccompanied alien child is in question and on any case that meets the mandatory Trafficking Victims Protection Reauthorization Act of 2008 home study categories.

Home Study Provider – A home study provider is a non-governmental agency funded by ORR to conduct home studies.

Individual Service Plan (ISP) – An individual service plan is a plan prepared by the care provider for an individual unaccompanied alien child that identifies placement and case outcome goals, and delineates services, action steps, and individuals responsible for tasks to achieve the goals.

Influx – An increase in the number of unaccompanied alien children that exceeds the standard capabilities of responsible Federal departments and agencies to process and transport them timely and/or to shelter them with existing resources.

Influx Care Facility – A type of care provider facility that is opened to provide temporary emergency shelter and services for unaccompanied alien children during an influx or emergency. Influx care facilities may be opened on Federally owned or leased properties, in which case, the facility would not be subject to State or local licensing standards; or, at facilities otherwise exempted by the State licensing authority.

Legal Guardian – A legal guardian is a person who was appointed charge or custody of a child in a court order recognized by U.S. courts.

Legal Service Provider (LSP) – A legal service provider is an ORR funded contractor, sub-contractor, grantee or sub-grantee that coordinates legal services and pro-bono representation for unaccompanied alien children in ORR custody.

Long Term Foster Care (LTFC) – Long term foster care is ORR-funded community based foster care placements and services to which eligible unaccompanied alien children are transferred after a determination is made that the child will be in ORR custody for an extended period of time. Unaccompanied alien children in ORR long term foster care typically reside in licensed foster homes, attend public school, and receive community based services.

Medical Coordinator – A medical coordinator is care provider staff who makes medical and dental appointments on behalf of unaccompanied alien children in care, and maintains logs on an unaccompanied alien child's health related information.

ORR/DCS HHS Processing Center (HPC) - An ORR designated facility to initially screen and vaccinate children prior to their placement into an Influx Care Facility or standard shelter during an influx period.

ORR/Federal Field Specialist (ORR/FFS) - Field staff who act as the local ORR liaison with care providers and stakeholders. An ORR/FFS is assigned to multiple care providers within a determined region and serves as the regional approval authority for unaccompanied alien children transfer and release decisions.

ORR/Headquarters Staff (ORR/HQ) - ORR staff that work at headquarters and are typically assigned to one of the following teams: ORR/Intakes Team, which receives referrals of unaccompanied alien children from Federal agencies for placement of unaccompanied alien children and who designate the initial placement of unaccompanied alien children into ORR care provider facilities; ORR/Medical Services Team, responsible for adjudicating Treatment Authorization Requests (TARs) and providing consultation and technical assistance in relation to the unaccompanied alien children program procedures on medical services to ORR staff and grantees; and ORR/Project Officer Team, responsible for the programmatic, and technical aspects of applications and grants and monitoring facilities.

Placements – The term placements includes initial placement of an unaccompanied alien child into an ORR care provider facility, as well as the transfer of an unaccompanied alien child within the ORR network of care.

Post-Release Services – Post-release services are synonymous with follow-up services. They are services provided to an unaccompanied alien child based on the child's needs after he/she leaves ORR care. Post-release service providers coordinate referrals to supportive services in the community where the unaccompanied alien child resides and provide other child welfare services, as needed. Post-release services can occur until the minor attains 18 years of age. Post-release services can occur in combination with a home study or independently. Participation in Post Release Services is a voluntary choice by the sponsor and unaccompanied alien child.

Post-Release Service Provider – A post-release service provider is an agency funded to connect the sponsor and unaccompanied alien child to community resources for the unaccompanied alien child and for other child welfare services, as needed, following the release of the unaccompanied alien child from ORR custody.

Referred Placement – A referred placement occurs when an unaccompanied alien child is referred to ORR by any department or agency of the Federal government for placement into ORR custody.

Release – A release is the ORR approved release of an unaccompanied alien child from the care and custody of ORR to the care of a sponsor.

Residential Treatment Center (RTC) – A residential treatment center is a sub-acute, time limited, interdisciplinary, psycho-educational, and therapeutic 24-hour-a-day structured program with community linkages, provided through non-coercive, coordinated, individualized care, specialized services and interventions. Residential treatment centers provide highly customized care and services to individuals following either a community based placement or more intensive intervention, with the aim of moving individuals toward a stable, less intensive level of care or independence. ORR uses a RTC at the recommendation of a psychiatrist or psychologist or with ORR Treatment Authorization Request (TAR) approval for an unaccompanied alien child who poses a danger to self or others and does not require inpatient hospitalization.

Secure Care – A secure care provider is a facility with a physically secure structure and staff able to control violent behavior. ORR uses a secure facility as the most restrictive placement option for an unaccompanied alien child who poses a danger to self or others or has been charged with having committed a criminal offense. A secure facility may be a licensed juvenile detention center or a highly structured therapeutic facility.

Shelter Care – A shelter is a residential care provider facility in which all of the programmatic components are administered on-site, in the least restrictive environment.

Significant Incident Report (SIR) – A significant incident report is a report completed by care providers to report and document any significant incidents related to unaccompanied alien children.

Special Needs Minor – A special needs minor is an unaccompanied alien child whose mental and/or physical condition requires special services and treatment. An unaccompanied alien child may have special needs due to a disability as defined in section 3 of the Americans with Disabilities Act of 1990, 42 U.S.C. §12102, as amended.

Sponsor – A sponsor is an individual (in the majority of cases a parent or other relative) or entity to which ORR releases an unaccompanied alien child out of Federal custody.

Staff Secure Care – A staff secure care provider is a facility that maintains stricter security measures, such as higher staff to unaccompanied alien children ratio for supervision, than a shelter in order to control disruptive behavior and to prevent escape. A staff secure facility is for unaccompanied alien children who may require close supervision but do not need placement in a secure facility. Service provision is tailored to address an unaccompanied alien child's individual needs and to manage the behaviors that necessitated the child's placement into this more restrictive setting. The staff secure atmosphere reflects a more shelter, home-like setting rather than secure detention. Unlike many secure care providers, a staff secure care provider is not equipped internally with multiple locked pods or cell units.

Standard ORR Facility – ORR shelters that include shelter care, secure care, staff-secure, a residential treatment center, or long term foster care (does not include Influx Care Facilities or HPCs).

Therapeutic Foster Care – Therapeutic foster care is a foster family placement funded by ORR for unaccompanied alien children whose exceptional needs cannot be met in regular family foster care homes and consists of intensive supportive and clinical services in the homes of specially trained foster parents. Foster care programs work in collaboration with foster parents to provide interventions, treatment, protection, care, and nurturance to meet the medical, developmental, and/or psychiatric needs of unaccompanied alien children. The unaccompanied alien child typically attends public school and receives community based services.

Transitional Foster Care – ORR transitional foster care is synonymous with ORR short term foster care. Transitional foster care is an initial placement option for unaccompanied alien children under 13 years of age, sibling groups with one sibling under 13 years of age, pregnant/parenting teens, or unaccompanied alien children with special needs. Unaccompanied alien children are placed with foster families in the ORR network of care but may attend school and receive most service components at the care provider site.

Transfer – A change of placement of an unaccompanied alien child from one ORR care provider to another ORR care provider.

Unaccompanied Alien Child (UAC) – UAC is the term used and defined in the Homeland Security Act of 2002, which created the Unaccompanied Alien Children's program at ORR. A UAC is a child who has no lawful immigration status in the United States; has not attained 18 years of age; and with respect to whom: 1) there is no parent or legal guardian in the United States; or 2) no parent or legal guardian in the United States available to provide care and physical custody.

Unaccompanied Alien Child – An unaccompanied alien child is the term ORR uses to refer to a child that meets the definition in the Homeland Security Act of 2002 as a UAC.

Unaccompanied Refugee Minors Program (URM) – The URM program is the ORR-funded foster care services program available pursuant to 8 U.S.C. § 1522(d) that establishes legal responsibility, under State law, to ensure that unaccompanied minor refugees and other eligible children (such as children granted asylum, Special Immigrant Juvenile Status, T or U status) receive the full range of assistance, care, and services that are available to all foster children in the State.

OFFICE OF REFUGEE RESETTLEMENT

An Office of the Administration for Children & Families

Children Entering the United States Unaccompanied: Introduction

Published: January 30, 2015

Introduction

The Office of Refugee Resettlement (ORR) Unaccompanied Alien Children's Program provides a safe and appropriate environment to children and youth who enter the United States without immigration status and without a parent or legal guardian who is able to provide for their physical and mental well-being (referred to as "unaccompanied alien children"). In most cases, unaccompanied alien children are apprehended by U.S. Department of Homeland Security (DHS) immigration officials and then transferred to the care and custody of ORR.

ORR funds residential care providers that provide temporary housing and other services to unaccompanied alien children in ORR custody. These care provider facilities are State licensed and must meet ORR requirements to ensure a high level quality of care. They provide a continuum of care for children, including placements in ORR foster care, group homes, shelter, staff secure, secure, and residential treatment centers. The care providers provide children with classroom education, health care, socialization/recreation, vocational training, mental health services, access to legal services, and case management.

ORR and its care providers work to ensure that children are released timely and safely from ORR custody to parents, other family members, or other adults (often referred to as "sponsors") who can care for the child's physical and mental well-being. Unaccompanied alien children remain in ORR's care and custody until they are released to a parent or other sponsor in the United States, are repatriated to their home country, obtain legal status, or turn 18 years old, at which time they are transferred to the custody of DHS.

How to Use this Guide

The ORR Guide to Children Entering the United States Unaccompanied is a summary of ORR policies for the placement, release and care of unaccompanied alien children in ORR custody. The guide is for members of the public and other stakeholders and is organized into five main sections.

These include:

1. Section One: Placement in ORR Care Facilities: Includes discussion of placement considerations; issues around special needs and safety, long term care, and related topics.
2. Section Two: Safe and Timely Release from ORR Care: How ORR finds, contacts, and assesses potential sponsors; policies on background checks; effect of immigration status on sponsor eligibility; the release preference policy; and release planning.
3. Section Three: Review of required services including health care services, legal services, post release services, and unusual circumstances.
4. Section Four: Preventing, Detecting, and Responding to Sexual Abuse and Harassment: How care providers must implement ORR national standards for the detection, prevention, reduction, and punishment of rape and sexual assault in facilities that maintain custody of unaccompanied alien children.
5. Section Five: Program Management: Includes record-keeping, staffing and training, monitoring and other policies to ensure programs are compliant with ORR requirements and standards.

ORR envisions this product as a living document that may be updated as new policies are updated or incorporated into the program.

The Guide to Terms references commonly used concepts and other terms that may be used less frequently but have statutory standing and may be of interest to stakeholders.

OFFICE OF REFUGEE RESETTLEMENT

An Office of the Administration for Children & Families

Children Entering the United States Unaccompanied: Record of Posting and Revision Dates

Published: February 19, 2016

Categories: Unaccompanied Children's Services

Section Title	Original Posting Date	Date(s) of Revision / Revision Description
Section 1: Placement in ORR Care Provider Facilities	1/27/15	Not Applicable
1.1 Summary of Policies	1/27/15	Not Applicable
1.2 ORR Standards for Placement & Transfer Decisions	1/27/15	Not Applicable
1.2.1 Placement Considerations	1/27/15	Not Applicable
1.2.2 Children with Special Needs	1/27/15	Not Applicable
1.2.3 Safety Issues	1/27/15	Not Applicable
1.2.4 Secure & Staff Secure Care Provider Facilities	1/27/15	6/12/17 - Revised criteria for placement into secure and staff secure facilities. 10/10/18 - Revised language to clarify when placement in a restrictive setting may be made and under what circumstances. Removed language that allowed placement of UAC with gang involvement or affiliation into a secure facility. Added staff secure placement factors to include UAC with gang involvement or affiliation.
1.2.5 UAC Who Pose Risk of Escape	1/27/15	6/12/17 - Non-substantive revisions for clarity.
1.2.6 ORR Long Term foster Care	1/27/15	10/5/15 - Clarified that ORR may waive the requirement that a legal service provider identify the UAC as eligible for immigration relief as well as the requirement that the UAC be under the age of 17 years and 6 months at the time of the child's placement into an ORR long term foster care program.
1.2.7 Placing Family Members	1/27/15	Not Applicable
1.3 Referrals to ORR and Initial Placement	1/27/15	Not Applicable
1.3.1 Request for Information from Referring Fed Agency	1/27/15	Not Applicable
1.3.2 ORR Placement Designation	1/27/15	4/22/16 - Added human trafficking or smuggling and drug smuggling to the criteria for using the Placement Tool. 10/10/18 - Added references to the Intakes Placement Checklist. Added criteria for consideration of placement into an RTC.
1.3.3 Care Provider Placement Acceptance	1/27/15	Not Applicable
1.3.4 Transfer of Custody to ORR	1/27/15	Not Applicable
1.3.5 Initial Placements in the Event of an Emergency or Influx	1/27/15	5/4/16 - Added hyperlink to related section 1.7 Placement and Operations During an Influx
1.4 Transfers within the ORR Care Provider Network	1/27/15	4/22/16 - Clarified that the FFS makes the final transfer decision.
1.4.1 Least Restrictive Setting	1/27/15	Not Applicable
1.4.2 30 Day Restrictive Placement Case Review	1/27/15	6/12/17 - Clarified use of the Placement Tool, and 30 day review process. Requires Supervisory FFS review of cases in secure placements for over 90 days. Clarified policy on how ORR investigates the veracity of criminal or violent history self-disclosed by a UAC. Revises criteria for step-ups and step-downs. Allows for attorneys, LSPs, and child advocates to be given documents related to a UAC's step-up/step-down without the need to file a case file request. 10/10/18 - Removed references to the FAST tool. Included language to specifically add RTCs to the 30 day restrictive placement review process.
1.4.3 Long Term Care	1/27/15	Not Applicable
1.4.4 Transfer to Long Term Care	1/27/15	Not Applicable
1.4.5 Group Transfers	1/27/15	4/22/16 - Added emergency event or natural disaster to list of criteria for group transfers.
1.4.6 RTC Placements	1/27/15	10/10/18 - Updated placement criteria for RTCs to specify the child must be a danger to self or others as determined by a licensed psychologist or psychiatrist.
1.4.7 Requesting Reconsideration of a Secure or RTC Placement	6/12/17	Not Applicable

Designation		
1.5 Placement Inquiries	1/27/15	Not Applicable
1.5.1 ORR National Call Center	1/27/15	Not Applicable
1.6 Determining the Age of an Individual w/o Lawful Immigration Status	5/11/15	8/31/15 - Minor modifications to the existing policy developed jointly by DHS and ORR on determining the age of unaccompanied alien children when no other information is available.
1.6.1 UAC in HHS Custody	5/11/15	8/31/15 - Minor modifications to the existing policy developed jointly by DHS and ORR on determining the age of unaccompanied alien children when no other information is available.
1.6.2 Instructions	5/11/15	8/31/15 - Minor modifications to the existing policy developed jointly by DHS and ORR on determining the age of unaccompanied alien children when no other information is available. 7/5/16 - Clarified that dental and skeletal (bone) maturity assessments using radiographs may be used to determine age only in conjunction with other evidence.
1.7 Placement and Operations During an Influx	3/21/15	9/18/19 – REPEALED. Policies related to influx care facilities are under Section 7.
1.7.1 Activation of HPCs	3/21/15	9/18/19 – REPEALED. Policies related to influx care facilities are under Section 7.
1.7.2 Placement into HPCs	3/21/15	9/18/19 – REPEALED. Policies related to influx care facilities are under Section 7.
1.7.3 Placement into Influx Care Facilities	3/21/15	9/18/19 – REPEALED. Policies related to influx care facilities are under Section 7.
1.7.4 Admission and Orientation for HPCs and Influx Care Facilities	3/21/15	9/18/19 – REPEALED. Policies related to influx care facilities are under Section 7.
1.7.5 Medical Services	3/21/15	9/18/19 – REPEALED. Policies related to influx care facilities are under Section 7.
1.7.6 HPC and Influx Care Facility Services	3/21/15	9/18/19 – REPEALED. Policies related to influx care facilities are under Section 7.
1.7.7 Transportation During Influx	3/21/15	9/18/19 – REPEALED. Policies related to influx care facilities are under Section 7.
1.7.8 Federal Staffing Plan	3/21/15	9/18/19 – REPEALED. Policies related to influx care facilities are under Section 7.
Section 2: Safe and Timely Release from ORR Care	1/27/15	Not Applicable
2.1 Summary of the Safe and Timely Release Process	1/27/15	6/18/19 - Revised wording to provide clarity.
2.2 Application for the Safe & Timely Release of UAC from ORR Care	1/27/15	6/18/19 - Renamed section and revised wording to provide clarity.
2.2.1 Identification of Qualified Sponsors	1/27/15	4/7/15 - Clarification that first cousins are Category 2 sponsors 4/11/16 - Clarification of sponsor category for children of unaccompanied alien children. 6/18/19 - Split category 2 sponsors into two separate sponsor categories, category 2A and category 2B.
2.2.2 Contacting Potential Sponsors	1/27/15	Not Applicable
2.2.3 The Application for Release	1/27/15	8/24/15 - Added clarification that care providers confirm the relationship of Category 3 sponsors who have a distant relation with youth but no supporting documentation 1/9/17 - Clarified that the care provider informs potential sponsors that they may submit additional information not requested in the FRA, in order to support their application for release of a child. 6/7/18 - Revised to reflect updated fingerprint instructions 6/18/19 - Renamed section and revised list of documents included in the FRP.
2.2.4 Required Documents for Submission with the Application for Release	1/27/15	09/19/16 - Added guidance on the types of documents ORR accepts as evidence of the sponsor's identity, the identity of household members and adults identified in a sponsor care plan, the sponsor's address, the child's identity, and the sponsor-child relationship. 10/3/16 - Revisions to the list of acceptable documents to prove identity for sponsors and household members. 11/14/16 - Updated list of acceptable identity documents, and added an alternative method to verify sponsor address. 4/16/19 – Removed a reference to the Family Reunification Checklist for Sponsors, which was discontinued in April 2018. 6/18/19 - Added a proof of immigration status or U.S. citizenship requirement and an explanation of what is required for category 2A sponsors who need to prove they are/were a primary caregiver.

		7/3/19 - Revised policy on release to Cat 3 sponsors who do not have a bona fide preexisting relationship with the UAC.
2.2.5 LOPC	1/27/15	12/4/17 - Added attendance at LOPC presentation as an assessment criteria.
2.2.6 Additional Q&As on Topic	1/27/15	Not Applicable
2.3 Key Participants in Release Process	1/27/15	8/1/2016 - Added reference to Child Advocates as participants in the release process and after-care planning. 6/18/19 - Revised wording to provide clarity.
2.3.1 ORR/FFS	1/27/15	3/15/16 - Added new footnote (FN4) regarding approval of discretionary home studies described in Section 2.4.2. 8/1/16 - Added reference to Child Advocates as participants in the release process and after-care planning.
2.3.2 Case Managers	1/27/15	8/1/16 - Added reference to Child Advocates as participants in the release process and after-care planning. 4/24/17 - Added requirement that Case Managers provide weekly status updates (monthly for children in LTFC) to the UAC on the child's case and provision of services, preferably in person. 6/7/18 - Updated to reflect additional case manager duties regarding information sharing and notifications
2.3.3 Case Coordinators	1/27/15	8/1/16 – Added reference to Child Advocates as participants in the release process and after-care planning.
2.3.4 Child Advocates	8/1/16	Not Applicable
2.4 Sponsor Assessment & Home Studies	1/27/15	03/15/16
2.4.1 Assessment Criteria	1/27/15	12/4/17 - Added attendance at LOPC presentation as an assessment criteria.
2.4.2 Home Study Requirements	1/27/15	7/27/15 - Added "ORR also requires a mandatory home study before releasing any child to a non-relative sponsor who is seeking to sponsor multiple children, or has previously sponsored a child and is seeking to sponsor additional children." 9/14/15 - Added Q&As on mandatory home study questions 3/15/16 - Added policy on discretionary home studies, which may be recommended by the Case Manager and Case Coordinator where a home study is not already required, but must be approved by an ORR/FFS Supervisor. 3/28/16 - Added the requirement that ORR requires a home study for children who are 12 years and under before releasing to a non-relative sponsor. 5/9/16 - Provided additional information about House Studies and the Home Study Report and Recommendation. 1/9/17 - Clarified that the care provider must inform the potential sponsor whenever a home study is conducted, and provide a copy of the home study report to potential sponsors whose release requests are denied.
2.4.3 Additional Q&A on Topic	1/27/15	Not Applicable
2.5 ORR Policies on Requesting Background Checks of Sponsors	1/27/15	1/17/16 - Added the note that an Authorization for Release of Information is no longer required to perform either a public records check or sex offender registry check. 6/7/18 - Updated background check policies 12/18/18 - Added "when applicable" to fingerprint submission requirements to reflect changes to background check policies. 6/18/19 - Renamed section and revised wording to provide clarity.

2.5.1 Criteria for Background Checks	1/27/15	<p>3/23/15 - Added requirement that all Category 3 sponsors must undergo Child Abuse and Neglect Checks.</p> <p>1/17/16 - Summary of changes:</p> <ul style="list-style-type: none"> - All individuals undergoing a public records check will also undergo a sex offender registry check. - All non-sponsor adult household members and adult care givers identified in a sponsor care plan will undergo a public records check and a sex offender registry check. - A revised Family Reunification Application will collect the date of birth of household members and contact and biographic information of adult care givers identified in the sponsor care plan. This information is needed to perform the public records check and sex offender registry check. <p>3/31/16 - Clarified home study policies.</p> <p>4/11/16 – Clarification that table represents minimum standards.</p> <p>6/7/18 - Updates with changes to background checks by DHS and fingerprint and background check requirements</p> <p>12/18/18 - Revised criteria and table to reflect changes to fingerprint submission requirements for some household members.</p> <p>6/18/19 - Added a brief description of the transmission process for background checks, including identification of Federal and state agencies involved in the process. Removed requirement of DHS immigration status checks and criminal history checks. Revised/added fingerprint check criteria for category 1, 2A, and 2B sponsors. Revised CA/N check criteria for category 3 sponsors.</p>
2.5.2 Results of Background Checks on Release Decisions	1/27/15	<p>6/7/18 - Added information sharing policy to results of background checks</p> <p>6/18/19 - Revised information sharing policy for results of background checks. Made policy on criminal history also applicable to adverse child welfare findings. Moved language on sponsor immigration status to Section 2.6. Added policy concerning derogatory information obtained after the child is released. Updated table on next steps to remove language on immigration status, add language on criminal history pending results, and revise language on CA/N checks pending results.</p>
2.5.3 Additional Q&A on topic	1/27/15	<p>6/7/18 - Clarified that adult household members must agree to a background check.</p> <p>6/18/19 - Renamed section. Removed question on deadline for providing fingerprints. Revised answers to Q1, Q4, and Q5. Added questions Q6 and Q7, relating to information sharing of background check results.</p>
2.6 Sponsor Immigration Status and Release of UAC	1/27/15	<p>6/7/18 - Added information sharing policy to section</p> <p>6/18/19 - Added language that was previously in Section 2.5.2 on use of immigration status information. Removed all subsections.</p>
2.6.1 Application Process	1/27/15	6/18/19 - Removed subsection.
2.6.2 Fingerprints	1/27/15	<p>6/7/18 - Updated with new fingerprinting requirements and information sharing</p> <p>6/18/19 - Removed subsection.</p>
2.6.3 Other Background Checks Related to Immigration	1/27/15	6/18/19 - Removed subsection.
2.6.4 Results of Immigration-Related Checks	1/27/15	<p>6/7/18 - Added link to sponsor care plan section</p> <p>6/18/19 - Removed subsection.</p>
2.7 Recommendations and Decisions on Release	1/27/15	<p>3/15/16 - Added description of care providers' duty to provide ORR with recommendations concerning release of unaccompanied alien children in their care</p> <p>8/1/16 - Added reference to Child Advocates as participants in the release process and after-care planning.</p>

		6/12/17 - Requirement that the ORR Director, or designee, review any case for release where the UAC is placed at or previously placed at a secure or staff-secure facility. 6/29/18 - Director review removed.
2.7.1 Approve Release Decisions	1/27/15	Not Applicable
2.7.2 Approve Release with Post-Release Services	1/27/15	4/16/19 – Removed a reference to post release service timeframes and added a hyperlink to section 6.2.
2.7.3 Conduct a HS Before Final Release Decision	1/27/15	Not Applicable
2.7.4 Deny Release Request	1/27/15	1/17/16 - Certain criminal history and substantiated child welfare findings will automatically disqualify potential Category 2 and Category 3 sponsors. Additionally, disqualifying criteria now appears only in section 2.7.4. 6/18/19 - Revised to reflect separation of category 2 sponsors into category 2A and category 2B.
2.7.5 Remand Release Request	1/27/15	Not Applicable
2.7.6 Issues Related to Recommendations and Decisions	1/27/15	6/7/18 - Added post release services to safety plan and added details on sponsor care plan
2.7.7 Notification of Denial	1/27/15	1/9/17 - In conjunction with new subsection 2.7.8, revised and expanded policy on sponsors' ability to request reconsideration of denied release request. Under 2.7.7, distinguished timelines and requirements for notifications of denial to Category 1 potential sponsors and non-Category 1 potential sponsors, as well as denials based solely on a child's danger to him or herself or the community. 5/2/17 - Extended timeframe for ORR Director's notification of denial to parent or legal guardian from 7 to 30 days. Changed terminology from "Review and Reconsideration" to "Appeal."
2.7.8 Appeal of Release Denial	1/9/17	5/2/17 - Streamlined appeal process, allowing appeals to go directly to the Assistant Secretary. Removed role of Reconsideration Officer. In cases where denial is based on UAC being a danger to self or community, revised policy to allow UAC to appeal, provided that the parent/guardian is not also seeking an appeal.
2.8 Release from ORR Custody	1/27/15	Not Applicable
2.8.1 After Care Planning	1/27/15	8/1/16 - Clarified that Child Advocates have access to their clients' forms and documents. 6/7/18 - Added reference to sponsor care agreement
2.8.2 Transfer of Physical Custody	1/27/15	03/14/16 - Clarified and added safeguards to the actions care providers must take concerning a sponsor's presentation of identity documents. 6/18/19 - Added clarification regarding use of travel agents.
2.8.3 Closing the Case File	1/27/15	Not Applicable
2.8.4 Safety & Well Being Follow-Up Call	8/17/15	Not Applicable
2.8.5 Post-Release Services for UAC with Zika Virus Disease or Infection	5/2/16	Not Applicable
2.8.6 Release for Children with Legal Immigration Status	5/8/17	Not Applicable
2.9 Bond Hearings for Unaccompanied Alien Children	7/7/17	7/19/17 - Removed procedural language (revised language to be communicated separately after consultation with partner agencies); specified that Notice will be provided to UAC in secure and staff secure facilities.
Section 3: Services	1/28/15	Not Applicable
3.1 Summary of Services	1/28/15	8/1/16 - Added reference to Child Advocates as participants in the release process and after-care planning.
3.2 Care Provider Admissions & Orientation for UAC	1/28/15	8/1/16 - Added reference to Child Advocates as participants in the release process and after-care planning.
3.2.1 Admissions for UAC	1/28/15	6/12/17 - Added requirement that care providers warn UAC during the admissions process that self-disclosure of criminal or violent history while in care may result in the UAC's transfer to another care provider and may affect their release. 4/3/18 – Removed reference to the Assessment for Risk, which must be completed within 72 hours of a child's admission to a care provider facility, not within 24 hours.

3.2.2 Orientation	1/28/15	Not Applicable
3.3 Care Provider Required Services	1/28/15	5/23/16 - Modified language related to family planning services
3.3.1 UAC Assessment & Case Review	1/28/15	12/16/16 - Changed completion date from 7 to 5 days
3.3.2 Long Term & Concurrent Planning	1/28/15	Not Applicable
3.3.3 Screening for Child Trafficking & Services for Victims	1/28/15	7/03/17 - Changed definition of human trafficking and provides information about how to better identify trafficking victims.
3.3.4 Safety Planning	1/28/15	8/8/16 - Added guidance on safety planning for field trips or other off-site outings 4/24/17 - Added off-site religious services to list requiring safety planning.
3.3.5 Academic Educational Services	1/28/15	4/24/17 - Added 72-hour time frame for educational assessment. Added pre-approval requirement for academic breaks.
3.3.6 Vocational Educational Services	1/28/15	Not Applicable
3.3.7 Services Related to Culture, Language, & Religious Observation	1/28/15	Not Applicable
3.3.8 Recreation & Leisure Time Services	1/28/15	Not Applicable
3.3.9 Nutritional Services	1/28/15	Not Applicable
3.3.10 Telephone Calls, Visitation & Mail	1/28/15	Not Applicable
3.3.11 Clothing & Personal Grooming	1/28/15	4/24/17 - Clarified that child may wear his/her own appropriate clothing and that footwear may not be used to control behavior.
3.3.12 Assignment of Chores	1/28/15	Not Applicable
3.3.13 Behavior Management	1/28/15	Not Applicable
3.3.14 Transportation Services	1/28/15	Not Applicable
3.3.15 Use of Restraints or Seclusion in Emergency Safety Situations in RTCs	3/2/15	Not Applicable
3.3.16 Notification and Reporting of the Death of UAC	3/16/15	5/31/16 - Updated list of notifications in the event of a death of an unaccompanied alien child. 7/22/19 – Added notification to Congressional officials.
3.3.17 Use of Restraints during Transport	4/27/15	7/12/16 - Clarifies that ORR only allows the use of soft restraints during transport when a child poses a serious risk of escape, or physical harm to self or others, and that care providers must take into account the child's medical and/or mental health issues before employing soft restraints.
3.3.18 Restraints in Immigration Court and Asylum Interviews	7/12/16	Not Applicable
3.4 Medical Services	5/11/15	5/23/16 - Modified language related to family planning services
3.4.1 Health Care Eligibility & General Standards	5/11/15	Not Applicable
3.4.2 Initial Medical Exam	5/11/15	1/24/16 - Updates to reflect current practices; no changes to actual services
3.4.3 Requests for Health Care Services	5/11/15	Not Applicable
3.4.4 Medication Administration & Management	5/11/15	9/12/15 - Removed requirement that care providers must report all medication errors to ORR.
3.4.5 Responding to Medical Emergencies	5/11/15	Not Applicable
3.4.6 Management of Communicable Diseases	5/11/15	Not Applicable
3.4.7 Maintaining Health Care Records & Confidentiality	5/11/15	Not Applicable
3.4.8 Medical Clearance Prior to Release or Transfer	5/11/15	Not Applicable
3.4.9 Provider Reimbursement	5/11/15	Not Applicable
3.5 Guiding Principles for the Care of UAC who are LGBTQI	6/17/15	Not Applicable
3.5.1 Zero Tolerance	6/17/15	Not Applicable
3.5.2 Prohibition on Segregation & Isolation	6/17/15	Not Applicable
3.5.3 Confidentiality with Regard to Sexual Orientation & Gender Identity	6/17/15	Not Applicable
3.5.4 Housing	6/17/15	Not Applicable
3.5.5 Restroom & Dressing Area Accommodations	6/17/15	Not Applicable
3.6 Long Term Foster Care	10/5/15	Not Applicable
3.6.1 ORR LTFC Service Provisions	10/5/15	Not Applicable
3.6.2 Change in Placements While in ORR LTFC	10/5/15	Not Applicable
3.6.2 Change in Placements While in ORR LTFC	10/5/15	Not Applicable
3.6.3 Additional Q&As	10/5/15	Not Applicable

Section 4: Preventing, Detecting & Responding to Sexual Abuse & Harassment	2/22/15	Not Applicable
4.1 Definitions	2/5/18	Not Applicable
4.1.1 Sexual Abuse	2/5/18	Not Applicable
4.1.2 Voyeurism	2/5/18	Not Applicable
4.1.3 Sexual Harassment	2/5/18	Not Applicable
4.1.4 Inappropriate Sexual Behavior	2/5/18	Not Applicable
4.1.5 Questions and Answers about the Definitions	2/5/18	Not Applicable
4.2 Zero Tolerance Policy	2/22/15	Not Applicable
4.2.1 Application	2/22/15	Not Applicable
4.2.2 Care Provider Requirements	2/22/15	Not Applicable
4.3 Personnel	2/22/15	1/14/19 - Excluded secure facilities because they are subject to US Dept. of Justice national standards for prevention, detection, and responding to PREA. 3/11/19 - Excluded Long Term Foster Care
4.3.1 Prevention of SA Coordinator & Compliance Manager	2/22/15	1/14/19 - Minor updates to reflect the shift from "implementation" of IFR (now accomplished) to "compliance" since section was first posted in 2015
4.3.2 Applicant Screening	2/22/15	1/14/19 - Added new section to ensure applicant screening includes component for sexual abuse prevention.
4.3.3 Employee Background Investigations	2/22/15	1/14/19 - Moved some requirements into next section (4.3.4) to create new section. Added new requirement that care providers notify ORR in writing if they are unable to complete any required component of a background investigation
4.3.4 Hiring Decisions	2/22/15	1/14/19 - Added new requirement that care providers submit the name of each new staff member, including youth care workers, to ORR for final approval to ensure a staff member was not previously terminated by another care provider for sexual abuse, sexual harassment, or inappropriate sexual behavior; added new requirement that care providers notify ORR of all terminations for violations of ORR's or the care provider's policies regarding sexual abuse and sexual harassment; added new guidance on hiring decisions and a prohibition on hiring or utilizing the services of any applicant, contractor, or volunteer who, as an adult, perpetrated any crime involving a child, regardless of how long ago the incident occurred, or any violent crime within the past 10 years. 3/11/19 - Added domestic violence to prohibition on hiring
4.3.5 Staff Code of Conduct	2/22/15	1/14/19 - New subsection section added 3/11/19 - Excluded Foster Care from requirement
4.3.6 Staff Training	2/22/15	1/14/19 - Added new requirement that all employees receive ORR-provided refresher training about avoiding inappropriate relationships and reporting sexual abuse and sexual harassment every six months. 3/11/19 - Clarified that training requirement was before access to UAC
4.3.7 Employee Performance Evaluations and Promotion Decisions	2/22/15	1/14/19 - Added to list of misconduct "crime involving a minor or any violent crime" and added reference to 4.3.4.
4.3.8 Disciplinary Sanctions and Corrective Actions	2/22/15	1/14/19 - Added references to Sections 4.10 and 4.6.3.
4.3.9 Questions and Answers	3/11/19	Not Applicable
4.4 Staff & Supervision	3/16/15	Not Applicable
4.4.1 Staffing Levels	3/16/15	5/30/16 - Minor changes concerning direct supervision of UAC by care provider staff
4.4.2 Staffing Plans and Video Monitoring Restrictions	3/16/15	Not Applicable
4.4.3 Searches of Children and Youth	3/16/15	Not Applicable
4.4.4 Upgrades to Facilities and Technologies	3/16/15	Not Applicable
4.5 Responsive Planning	3/23/15	Not Applicable
4.5.1 Access to Community Service Providers and Resources	3/23/15	Not Applicable
4.5.2 Forensic Medical Examinations	3/23/15	Not Applicable

4.6 Coordinated Response	4/6/15	Not Applicable
4.6.1 Coordinated Response Policies & Procedures	4/6/15	Not Applicable
4.6.2 Responder Duties	4/6/15	Not Applicable
4.6.3 Protecting Children and Youth	4/6/15	Not Applicable
4.6.4 Interventions for Children or Youth Who Engage in Sexual Abuse	4/6/15	Not Applicable
4.7 Educating Children and Youth	6/22/15	Not Applicable
4.7.1 Educating Children & Youth on SA and SH	6/22/15	Not Applicable
4.7.2 Bulletin Board Postings	6/22/15	11/6/15 - Added in link to new ORR posters and pamphlets
4.7.3 Pamphlets on SA and SH	6/22/15	11/6/15 - Added in link to new ORR posters and pamphlets
4.8 Assessment for Risk	6/22/15	Not Applicable
4.8.1 Assessment for Risk	6/22/15	Not Applicable
4.8.2 Use of Assessment Information	6/22/15	Not Applicable
4.9 Medical and Mental Health Care	6/22/15	Not Applicable
4.9.1 Emergency Medical & Mental Health Care Services Following an Incident of SA	6/22/15	Not Applicable
4.9.2 Medical Services for Victims at risk of Pregnancy	6/22/15	Not Applicable
4.9.3 Ongoing Medical & Mental Health Care	6/22/15	Not Applicable
4.9.4 Religious Objections	6/22/15	Not Applicable
4.10 Reporting & Follow-Up	9/28/15	3/21/16 - Clarified that the section applies to individual foster homes.
4.10.1 Methods for Children & Youth to Report	9/28/15	3/21/16 - Added that secure care providers may have modified requirements for preprogrammed telephones to ensure the security of the facility.
4.10.2 Care Provider Reporting Requirements	9/28/15	3/21/16 - Summary of Changes - Added requirement that allegations of sexual abuse involving an adult be reported to local law enforcement. - Added requirement to submit SA/SIR Addendums within 24 hours. - Added a requirement to report allegations of sexual abuse as defined in 42 U.S.C. 13031(c)(4) to the FBI within 4 hours. 11/20/17 - Added a quick reference chart summarizing required notifications for incidents of sexual abuse, sexual harassment, and inappropriate sexual behavior.
4.10.3 SA and H Follow-Up	9/28/15	Not Applicable
4.10.4 Notification & Access to Attorneys/Legal Representatives & Families	9/28/15	3/21/16 - Summary of Changes - Added charts to clarify notification requirements. - Added requirement to notify child advocates of allegations of sexual abuse and harassment.
4.10.5 Confidentiality	9/28/15	Not Applicable
4.10.6 UAC SA Hotline	9/28/15	Not Applicable
4.11 Incident Reviews and Data Collection	7/08/19	Not Applicable
4.11.1 Incident Reviews	7/08/19	Not Applicable
4.12 Compliance Audits	12/10/18	Not Applicable
4.12.1 Compliance Audit Process	12/10/18	Not Applicable
4.12.2 Care Provider Facilities Requirements	12/10/18	Not Applicable
4.12.3 Auditor Certification	12/10/18	Not Applicable
Section 5: Program Management	3/16/15	Not Applicable
5.1 Responding to Inquiries from the Media	3/16/15	4/20/15 - Added phone number for the ACF Office of Public Affairs
5.1.1 Policies for ORR Grantees	3/16/15	Not Applicable
5.1.2 How ORR Responds to Press Inquiries	3/16/15	Not Applicable
5.1.3 Requests to Interview a Specific Child	3/16/15	Not Applicable
5.1.4 Requests to Visit a Facility	3/16/15	Not Applicable
5.1.5 Requests for General Information & Data	3/16/15	Not Applicable
5.2 ORR Policies on Requests to Visit ORR Care Provider Facilities	3/30/15	Not Applicable
5.2.1 Evaluation Criteria	3/30/15	Not Applicable
5.2.2 Special Arrangements	3/30/15	Not Applicable
5.2.3 Visitation Protocol	3/30/15	Not Applicable
5.3 Testimony by Employees and Production of documents	3/30/15	Not Applicable

Where the US is Not a Party		
5.3.1 Care Provider Testimony & Views	3/30/15	Not Applicable
5.3.2 Confidentiality of Information	3/30/15	Not Applicable
5.3.3 Release of Records Without Prior Approval	3/30/15	Not Applicable
5.4 ORR Policies on Communication and Interaction with Consulates	4/27/15	Not Applicable
5.4.1 Notification to Consulates	4/27/15	Not Applicable
5.4.2 Right of UAC to Contact and Meet with the Consulate	4/27/15	Not Applicable
5.4.3 Consulate Officials: Access to Their Citizens and ORR Care Provider Facilities	4/27/15	Not Applicable
5.4.4 Visitation	4/27/15	Not Applicable
5.4.5 Information Requests	4/27/15	Not Applicable
5.4.6 Documentation	4/27/15	Not Applicable
5.4.7 ORR and Consulate Joint Activities	4/27/15	Not Applicable
5.5 ORR Monitoring and Compliance	6/15/15	Not Applicable
5.5.1 ORR Monitoring Activities	6/15/15	Not Applicable
5.5.2 Follow-Up and Corrective Actions	6/15/15	Not Applicable
5.5.3 Foster Care Monitoring	6/15/15	Not Applicable
5.5.4 Abuse Review Team	8/30/18	Not Applicable
5.5.5 Care Provider Internal Program Monitoring, Evaluation, and Quality Assurance	6/15/15	Not Applicable
5.6 Reporting & Record Keeping	7/27/15	Not Applicable
5.6.1 Program Reporting Requirements	7/27/15	Not Applicable
5.6.2 Maintaining Case Files	7/27/15	10/10/18 - Updated list of required forms for inclusion in a UAC case file.
5.6.3 Record Management, Retention and Safekeeping	7/27/15	Not Applicable
5.7 ORR Policies to Protect Sponsors from Fraud	7/27/15	Not Applicable
5.7.1 ORR Efforts to Help Prevent Fraud	7/27/15	Not Applicable
5.7.2 Responding to Fraud Attempts	7/27/15	Not Applicable
5.8 Significant Incident Reports & Notification Requirements	8/31/15	3/21/16 - Clarified that an SIR must be filed for each child involved in an incident and multiple SIR Addendums may be required to provide all updated and additional information.
5.8.1 Emergency Incidents	8/31/15	3/21/16 - Added the unauthorized absence of a child from a care provider to the category of emergency incidents. 6/7/18 - Added notification to DHS in death of a child cases 7/22/19 – Added notification to Congressional officials in death of child cases
5.8.2 Significant Incidents	8/31/15	3/21/16 - Added potential fraud schemes and any type of non-emergency incident that endangers the safety and well-being of a minor to the list of significant incidents that must be reported to ORR. 6/7/18 - Added definition of SIRs that are incidents of violence
5.8.3 Allegations of SA and SH in ORR Care	8/31/15	Not Applicable
5.8.4 Allegations of Abuse that Occurred in DHS Custody	8/31/15	9/29/15 - Replaced "OIG" with "DHS/CRCL" 3/21/16 - Revised the reporting policy to DHS to require reporting allegations of sexual abuse to CRCL, CBP, and ICE by emailing a copy of the SIR.
5.8.5 Allegations of Past Abuse that Occurred Outside the U.S.	8/31/15	6/7/18 - Changed section to Reporting SIRs to DHS and added table of notifications to DHS for specific SIRs
5.8.6 Allegations of Past Abuse that Occurred Inside the U.S.	8/31/15	Not Applicable
5.8.7 SIR Addendums	8/31/15	3/21/16 - Added requirement to submit SIR Addendums within 24 hours.
5.8.8 Notification to Attorneys/Legal Representatives, Child Advocates, Families, and Sponsors	8/31/15	3/21/16 - Added a section to notify attorneys/legal representatives, child advocates, families and sponsors of any type of abuse or neglect and any unauthorized absences. Added that parents and legal guardians be notified of hospitalizations and serious medical services.
5.8.9 Elevation of Emergencies and Serious Incidents	8/31/15	3/21/16 - Added an unauthorized absence of a minor from a care provider and any situation which is reasonably likely to require ORR leadership oversight or escalation to ACF and/or HHS leadership to the list of incidents that should be elevated within ORR.
5.9 Sharing Information with Local Communities	10/30/17	Not Applicable

Section 6: Resources and Services Available After Release from ORR Care	6/15/16	Not Applicable
6.1 Summary of Resources and Services Available After Release from ORR Care	6/15/16	9/11/17 - Expands information about post release services including defining levels of service, areas of service, and timeframes for services.
6.2 Post Release Services	9/11/17	Not Applicable
6.2.1 Levels of Post Release Services	9/11/17	Not Applicable
6.2.2 Post Release Service Areas	9/11/17	Not Applicable
6.2.3 Timeframe for Post Release Services	9/5/18	Revised timeframe to reflect Flores enforcement action.
6.2.4 Post Release Service Providers: Case Reporting	7/12/16	Not Applicable
6.2.5 Post-Release Service Records Management, Retention and Information Sharing	7/12/16	Not Applicable
6.4 ORR National Call Center	7/12/16	Not Applicable
Section 7: Policies for Influx Care Facilities	9/18/19	
Preamble	9/18/19	
7.1 Overview	9/18/19	
7.2 Placement into Influx Care Facilities	9/18/19	
7.2.1 Criteria for Placement	9/18/19	
7.2.2 Operational Capacity	9/18/19	
7.3 Transfers during an Influx	9/18/19	
7.4 Influx Care Facility Admissions and Orientation	9/18/19	
7.5 Influx Care Facility Required Services	9/18/19	
7.5.1 Influx Care Facility Minimum Services	9/18/19	
7.5.2 Influx Care Facility	9/18/19	
7.6 Temporary Waivers for Influx Care Facilities	9/18/19	
7.7 Influx Care Facility Staffing Levels	9/18/19	
7.8 Influx Care Facility Federal Staffing Plan	9/18/19	
7.9 Requests to Visit Influx Care Facilities	9/18/19	
7.10 Influx Care Facility Monitoring	9/18/19	
7.11 Agreements with Federal, State, and/or Local Security Providers	9/18/19	

OFFICE OF REFUGEE RESETTLEMENT

An Office of the Administration for Children & Families

Children Entering the United States Unaccompanied: Section 1

Placement in ORR Care Provider Facilities

Published: January 30, 2015

1.1 Summary of Policies for Placement and Transfer of Unaccompanied Alien Children in ORR Care Provider Facilities

The majority of unaccompanied alien children come into ORR custody because they were apprehended by border patrol officers with the Department of Homeland Security (DHS) while trying to enter the United States without legal authorization. DHS (and in rare circumstances other federal agencies) may refer unaccompanied alien children to ORR's care 24 hours a day, 7 days a week.

ORR has procedures in place to obtain background information on the unaccompanied alien child from the referring Federal agency to assess whether the unaccompanied alien child is a danger to self or others, whether there are any known medical and/or mental health issues, and whether other special concerns or needs are known, and then to designate an available care provider. ORR uses this information to determine an appropriate placement in the least restrictive setting for the unaccompanied alien child.

ORR policies for placing children and youth in its custody into care provider facilities are based on legal requirements as well as child welfare best practices in order to provide a safe environment and place the child in the least restrictive setting appropriate for the child's needs. ORR may place a child in a **shelter facility** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Shelter Care>), **foster care or group home** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Group Home>) (which may be **therapeutic** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Therapeutic Foster Care>)), **staff-secure** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Staff Secure Care>) or **secure care facility** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Secure Care>), **residential treatment center** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Residential Treatment Center>), or other special needs care facility.

There are two types of placement decisions: (1) the initial placement into an **ORR care provider** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Care Provider>) facility or setting and (2) transfer placement between ORR care providers. Although the circumstances and procedures for initial placement and transfer vary, ORR applies the same child welfare principles in its decision making process.

The referring Federal agency generally transports the unaccompanied alien child to the ORR care provider. ORR takes custody of the unaccompanied alien child when the child or youth physically arrives at the designated ORR care provider.

Posted 1/27/15

1.2 ORR Standards for Placement and Transfer Decisions

ORR policies for placing children and youth in its custody into care provider facilities are based on child welfare best practices in order to provide a safe environment and place the child in the least restrictive setting appropriate for the child's needs. ORR may place a child in a **shelter facility** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Shelter Care>), **foster care or group home** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Group Home>) (may be **therapeutic** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Therapeutic Foster Care>)), **staff secure** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Staff Secure Care>) or **secure care** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Secure>)

Care) facility, residential treatment center ([https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Residential Treatment Center](https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Residential%20Treatment%20Center)), or other special needs care facility.

There are two types of placement decisions: the initial placement into an **ORR care provider ([https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Care Provider](https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Care%20Provider))** facility or other setting and transfer placement between ORR care providers. Although the circumstances and procedures for initial placement and transfer vary, ORR applies the same child welfare model to both types of care delivery.

ORR makes every effort to place children and youth within the ORR funded care provider network. However, there may be instances when ORR determines there is no care provider available within the network to provide specialized services needed for special needs cases. In those cases, ORR will consider an alternative placement. An ORR Supervisor and ORR Project Officer must approve these placements.

ORR must approve all transfers and releases while a child or youth is in its custody, except in emergency situations where a care provider may temporarily transfer placement of an unaccompanied alien child. In these emergency situations the care provider must notify ORR of the transfer within 8 hours.

Posted 1/27/15

1.2.1 Placement Considerations

As mandated by law, ORR places an unaccompanied alien child in the least restrictive setting that is in the best interests of the child.

When making a placement determination or recommendation, ORR and care providers consider the following factors as they pertain to the child or youth:

- Trafficking or other safety concerns
- Any special needs or issues requiring specialized services (for example, a child with language needs, mental health or medical concerns, or a youth who is pregnant or parenting)
- Possibility of heightened vulnerability to sexual abuse due to prior sexual victimization
- Prior sexual abusiveness
- Identification as lesbian, gay, bisexual, transgender, questioning or intersex, or gender non-conforming appearance or manner
- Location of potential sponsor and family sponsorship options
- Siblings in ORR custody
- Immigration issues (for example, legal representation needs, immigration proceedings)
- Behavior
- Criminal or juvenile background
- Danger to self
- Danger to the community
- Escape risk
- Age
- Gender
- Length of stay in ORR custody
- Location where the child or youth was apprehended

Posted 1/27/15

1.2.2 Children with Special Needs

Whenever possible, ORR places a child with special needs in a facility serving the general population but that is able to provide services and treatment for special needs. In all instances, ORR strives for a least restrictive setting in the best interests of the child.

For children in the following special situations, ORR gives priority for transitional foster care placements to:

- Children who are under 13 years of age
- Sibling groups with one sibling under 13 years of age
- Teens who are pregnant or are parenting
- Children or youth with other special needs

Posted 1/27/15

1.2.3 Safety Issues

The safety and well-being of a child or youth is a primary consideration in placement decisions. Issues related to safety include a child or youth being fearful of others, such as specific individuals who would seek to harm or exploit the child (e.g., smugglers, traffickers, drug cartels, or other organized crime groups), and a child or youth who is a material witness or a victim of crime. ORR collaborates with law enforcement officials on the placement of an unaccompanied alien child who has information that may be relevant to a criminal proceeding (e.g., “material witness”).

Posted 1/27/15

1.2.4 Secure and Staff Secure Care Provider Facilities

ORR has two levels of care for unaccompanied alien children who are assessed to be a danger to themselves or others, have a criminal history, or require close supervision. Staff secure facilities provide a heightened level of staff supervision, increased communication, and services to control problem behavior and prevent escape. Secure facilities are for youth who require the strictest level of supervision. Secure care providers have a secure perimeter, major restraining construction inside the facility, and procedures typically associated with correctional facilities.

ORR may place youth in a staff secure or a secure setting either at initial placement or through a transfer to another facility from the initial placement. ORR provides the youth notice of the reasons for placement in a secure or staff secure facility.

If a child has a severe mental health issue in addition to serious behavioral concerns or criminal/delinquent history warranting placement into a restrictive level of care, ORR may place the youth in a residential treatment center (RTC) or other therapeutic setting. ORR provides the youth notice of the reasons for placement in a RTC or therapeutic setting.

Secure Care Facility

ORR only places an unaccompanied alien child in a secure facility if the child:

1. poses a danger to self or others; or
2. has been charged with or convicted of a criminal offense, or is chargeable with such an offense.

In determining whether to place a youth in secure care, ORR considers if the unaccompanied alien child:

- Has been charged with a crime, is chargeable with a crime, or has been convicted of a crime; or is the subject of delinquency proceedings, has been adjudicated delinquent, or is chargeable with a delinquent act; and assesses whether the crimes or delinquent acts were:
 - isolated offenses that (1) were not within a pattern or practice of criminal activity and (2) did not involve violence against a person, or the use or carrying of a weapon (e.g., breaking and entering, vandalism, DUI, status offenses, etc.); or
 - petty offenses which are not considered grounds for a stricter means of detention in any case (e.g., shoplifting, joy riding, disturbing the peace).
- Has committed, or has made credible threats, to commit a violent or malicious act while in ORR custody;
- Has committed, threatened to commit, or engaged in serious, self-harming behavior that poses a danger to self while in ORR custody;
- Has engaged in conduct that has proven to be unacceptably disruptive of the normal functioning of a staff secure facility in which the youth is placed such that transfer may be necessary to ensure the welfare of the UAC or others;
- Has self-disclosed violent criminal history in ORR custody that requires further assessment; or
- Has a history of or displays sexual predatory behavior, or has engaged in inappropriate sexual behavior.

Staff Secure Facility

A staff secure facility is a licensed child care facility for UAC who require close supervision, but do not require placement in a secure care provider facility.

In determining whether to place a youth in a staff secure facility, ORR considers if the child:

- has been unacceptably disruptive to the normal functioning of a shelter care provider facility such that transfer is necessary to ensure the welfare of the UAC or others;
- is an escape risk;
- Has reported gang involvement (including prior to placement into ORR custody) or displays gang affiliation while in care;
- has non-violent criminal or delinquent history not warranting placement in a secure care provider facility, such as isolated or petty offenses as described above; or
- Is ready for step-down from a secure facility. For details on the criteria for step-down from a secure facility, see section **1.4.2** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.4.2>).

Revised 10/10/18

1.2.5 Unaccompanied Alien Children Who Pose a Risk of Escape

ORR does not place a child or youth in secure care solely because he or she may pose a risk of escape from ORR custody. However, ORR may place a child in a staff secure facility solely because he or she poses a risk of escape. In all cases, ORR must assess whether an unaccompanied alien child is an escape risk in order to make an informed placement decision.

Indicators of escape risk include:

- The unaccompanied alien child has displayed behaviors indicative of escape or has expressed intent to escape.
- The unaccompanied alien child is within one month of turning 18 years of age.
- The unaccompanied alien child has previously escaped or attempted to escape from detention or government custody.
- An unaccompanied alien child with an immigration history that includes:
 - A final order of removal (UAC has a legal duty to report for deportation);
 - A prior breach of a bond;
 - Failure to appear before Department of Homeland Security or the immigration courts;
 - Previous repatriation (return to the home country) through a grant of voluntary departure or a final order of removal from an immigration judge.

Revised 6/12/17

1.2.6 ORR Long Term Foster Care

An unaccompanied alien child may be placed in a long term care setting, such as community based foster care or extended care group homes. A child is a candidate for long term care if he or she:

- Is expected to have a protracted stay of four months or more in ORR custody because he or she does not have a viable sponsor, AND
- A legal service provider has identified the child or youth as potentially eligible for immigration relief (unless waived by ORR),¹ AND
- Is under the age of 17 and 6 months at the time of placement.

ORR also considers a long term care placement on a case-by-case basis for an unaccompanied alien child who will have a longer stay due to other circumstances.

ORR considers the following when making long term placement decisions:

- The child's mental, emotional, behavioral, and physical health needs
- The child's ability and commitment to live in a family and community-based setting
- The child's age
- Availability of an appropriate placement that meets the individual's needs

Unaccompanied alien children who are ineligible for long term placement include:

- An unaccompanied alien child with a moderate to high escape risk
- An unaccompanied alien child with a history of significant criminal activity or violence who may pose a threat of harm to self, others (including the foster family), or community
- A child or youth who is seeking voluntary departure

However, a child or youth with past behavioral or safety concerns but who does not pose a threat to self, others (including the foster family) or the community may be considered for long term foster care after demonstrating safe behavior in a non-secure setting.

Revised 10/15/15

1.2.7 Placing Family Members (Siblings and Children of Unaccompanied Alien Children)

Under most circumstances, ORR places siblings together and unaccompanied alien children who are parents with their children. The following cases would be an exception to family grouping:

- The unaccompanied alien child wishes otherwise (evaluated on a case-by-case basis)
- The placement would be contrary to the developmental, treatment, or safety needs of the unaccompanied alien child or his or her children

- There is an unusual or emergency situation

In addition to the ones listed above, there are other exceptional circumstances that would prevent unaccompanied alien youth from residing with their children in the same care provider facility. These circumstances include an unaccompanied alien child who is a parent who:

- Requires specialized placement in a setting that cannot provide appropriate care for an infant or young child; for example, a residential treatment center or hospital
- Does not want his or her child to reside in the same place
- Is the subject of open or substantiated allegations of abuse or neglect against his or her child

If siblings or children of an unaccompanied alien child must be placed separately, the care provider tries to maintain regular ongoing contact, unless a mental health or child welfare professional deems the contact harmful, or unless the contact is contrary to the wishes of the UAC.

The separation of an unaccompanied alien child from his or her siblings or from his or her child requires prior authorization of ORR.

Posted 1/27/15

1.3 Referrals to ORR and Initial Placement

Unaccompanied alien children may be referred by Federal agencies to ORR's care at any time. **ORR's Intakes Team ([https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#ORR/Headquarters Staff](https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#ORR/Headquarters%20Staff))** operates 24 hours a day, 7 days a week, year round to accept referrals and find a placement for children and youth within ORR's network of care providers.

Posted 1/27/15

1.3.1 Request for Information from the Referring Federal Agency

As a first step, ORR requests background information from the referring Federal agency to assess whether the unaccompanied alien child is a danger to self or others, whether there are any known medical and/or mental health issues, and whether other special concerns or needs are known. ORR uses this information to determine an appropriate placement for the child or youth in the least restrictive setting.

ORR requests the following information from the referring agency:

- How the referring agency made the determination that the minor is an unaccompanied alien child.
- Health related information including, but not limited to, if the unaccompanied alien child is pregnant or parenting and whether there are any known physical or mental health concerns. If there are significant medical concerns (i.e., the unaccompanied alien child is not fit for travel), ORR requests that the referring Federal agency medically clear the child before ORR will designate placement. In its discretion, ORR may designate placement for unaccompanied alien children who are pending medical clearance.
- Whether the child has any medication or prescription information, including how many days' supply of the medication will be provided with the child or youth when transferred into ORR custody.
- Biographical and biometric information, such as name, gender, alien number, date of birth, country of birth and nationality, date(s) of entry and apprehension, place of entry and apprehension, manner of entry, and the unaccompanied alien child's current location.
- Any information concerning whether the child or youth is a victim of trafficking or other crimes.
- Whether the unaccompanied alien child was apprehended with a sibling or other relative.
- Identifying information and contact information for a parent, legal guardian, or other related adult providing care for the child or youth prior to apprehension, if known.
- If the unaccompanied alien child was apprehended in transit to a final destination, what the final destination was and who the child or youth planned to meet or live with at that destination, if known.
- Whether the unaccompanied alien child is an escape risk, and if so, the escape risk indicators.
- Any information on a history of violence, juvenile or criminal background, or gang involvement known or suspected, risk of danger to self or others, State court proceedings, and probation.
- Any special needs or other information that would affect the care and placement for the child or youth.

Posted 1/27/15

1.3.2 ORR Placement Designation

The ORR/Intakes Team identifies appropriate and available bed space at a **care provider** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Care Provider>), the ORR funded facility or other setting that provides care for the child, and contacts the care provider to confirm availability. ORR attempts to identify and designate a placement for the unaccompanied alien child within 24 hours of the initial referral whenever possible.

In cases where a child or youth may present a danger to self or others, ORR staff use a standardized checklist (the "Intakes Placement Checklist") to input all available information on the unaccompanied alien child's history and condition.

The ORR/Intakes Team uses the Intakes Placement Checklist if the unaccompanied alien child has:

- A juvenile or adult criminal history, including involvement in human trafficking or smuggling
- Prior acts of violence or threats in government custody
- Gang/cartel involvement
- Prior escape(s) or attempted escape(s) from government custody
- Mental health concerns
- Sexual predatory behavior

Based on the responses, the Intakes Team member recommends a level of care for the unaccompanied alien child. The ORR/Intakes Team reviews the Intakes Placement Checklist with an **ORR/FFS Supervisor** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#ORR/Federal Field Specialist>). The ORR/FFS Supervisor makes a final placement decision on the level of care, and the Intakes Team designates the unaccompanied alien child's placement.

For placement of an alien unaccompanied alien child with medical or mental health issues, the ORR/Intakes Team consults with the ORR/FFS, the **ORR/Medical Services Team** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Medical Coordinator>), or an ORR Supervisor on the placement. As discussed in Section 1.4.6 Residential Treatment Center Placement, a UAC with serious mental health issues may only be placed into a Residential Treatment Center (RTC) if the youth is determined to be a danger to self or others by a licensed psychologist or psychiatrist.

Revised 10/10/18

1.3.3 Care Provider Placement Acceptance

After ORR requests a placement in a particular facility, the care provider may only deny ORR's request for placement based on the following reasons:

- Lack of available bed space.
- Placement of the unaccompanied alien child would conflict with the care provider's State or local licensing rules.
- Placement of an unaccompanied alien child with a significant physical or mental illness for which the referring Federal agency does not provide a medical clearance and/or medications that would conflict with the care provider's State or local licensing requirements.

ORR may follow up with a facility about a placement denial, if needed, to find a solution to the reason for the denial.

Posted 1/27/15

1.3.4 Transfer of Custody to ORR

The referring Federal agency generally transports the unaccompanied alien child to the ORR care provider. ORR takes custody of the unaccompanied alien child when the child physically arrives at the designated ORR care provider.

Upon arrival, the care provider requests from the referring Federal agency the unaccompanied alien child's prescriptions and medications, as applicable; personal belongings, and any necessary Department of Homeland Security (DHS) or other Federal agency documentation.

If exceptional circumstances prevent the referring Federal agency from providing complete documentation, the care provider may not deny or delay admitting the child or youth.

If a care provider receives a child or youth with special concerns that were not reported in the referral, the care provider must contact ORR immediately.

Posted 1/27/15

1.3.5 Initial Placements in the Event of an Emergency or Influx

Historically, ORR has experienced periods when DHS apprehends a significantly greater number of unaccompanied alien children than at other times of the year. These periodic intervals are called an “influx.” In addition to an influx, a natural disaster or other emergency may prevent the prompt (within 24 hours), initial placement of unaccompanied alien children in care provider facilities.

ORR has procedures in place to make sure that care providers are available to accommodate these influx intervals and make initial placements as quickly as possible while successfully providing the range of services that ORR requires for every unaccompanied alien child.

ORR annually reviews its contingency plans based on the actual and anticipated number of unaccompanied alien children referrals to monitor available resources in light of expected needs.

For more information, see **1.7 Placement and Operations During an Influx**.

Revised 5/5/16

1.4 Transfers within the ORR Care Provider Network

Because an unaccompanied alien child’s placement needs can change, the care provider conducts ongoing assessments of his or her needs throughout the child or youth’s stay in ORR custody. Care providers also take into consideration information from the referring Federal entity, child assessment tools, interviews, location of the child’s sponsor or family in the U.S., records from local, State, and Federal agencies, and information from stakeholders, including the child’s legal service provider, attorney of record or Child Advocate, as applicable, when making transfer recommendations.

If an alternate placement would better meet the child’s individual needs, care providers must promptly make transfer recommendations—within 3 days of identifying the need for a transfer for routine transfers and immediately in urgent situations.

The **Case Coordinator** ([https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Case Coordinators](https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Case%20Coordinators)) identifies the most appropriate care provider based upon the individual’s needs and the bed capacity within the ORR network.

Once the Federal Field Specialist approves a transfer request, the referring and receiving care providers coordinate logistics, including the transfer date (generally within 3 days). The referring care provider notifies all designated stakeholders of the transfer (for example, the child’s attorney).

Revised 4/22/16

1.4.1 Least Restrictive Setting

Care providers must make every effort to place and keep children and youth in a least restrictive setting. For children who are initially placed in a least restrictive setting, care providers must provide support services and effective interventions, when appropriate, to help keep a child in the setting.

If a child or youth is placed in a restrictive setting, care providers provide services to facilitate the unaccompanied alien child’s successful transfer to a less restrictive setting to allow the child to move when he or she is ready.

Posted 1/27/15

1.4.2 30 Day Restrictive Placement Case Review

At the time of referral, the ORR/Intakes Team in collaboration with an ORR/FFS Supervisor uses a standardized Intakes Placement Checklist to determine the initial placement of an unaccompanied alien child with a juvenile or criminal background, violent offenses, serious behavioral concerns, and/or potential for escape. See 1.3.2. ORR Placement Designation.

At least every 30 days, the care provider staff, in collaboration with the Case Coordinator and the ORR/FFS, reviews the placement of a UAC into a secure, staff secure, or RTC facility to determine whether a new level of care is more appropriate. The ORR/FFS may allow the review to take place earlier than 30 days, particularly if new information indicates an alternative placement is more appropriate. The care provider staff documents the basis for continued placement in a secure staff secure, or RTC facility in the UAC’s case file and provides the information to the youth’s attorney of record, legal service provider, or Child Advocate, on demand. The FFS consults with Supervisory ORR staff for UAC who have resided in a secure or RTC care facility for over 90 days. The FFS consults with Supervisory ORR staff regarding the placement every 30 days thereafter until the UAC is stepped down or discharged. A UAC may only remain in a RTC placement if a licensed psychiatrist or psychologist has determined that they are a danger to themselves or others. See 1.4.6. Residential Treatment Center Placements.

An unaccompanied alien child does not require a review of a secure, staff secure, or RTC placement if he or she is in custody for less than one month from the date of the initial placement designation to the date of his/her 18th birthday. Children and youth who are in

ORR care less than 30 days do not require a review of their placement.

Step-ups and Step-downs

Step-ups and step-downs refer to the transfers within the ORR network of care to a more restrictive level of care or to a less restrictive level of care, respectively.

Step-ups may occur when a more restrictive level of care is needed for the safety of the UAC or others. The care provider Case Manager, Case Coordinator and ORR/FFS staff the case to determine whether the UAC's behavior, criminal history, or self-disclosures require placement in a more restrictive environment, using the factors identified in section 1.2.4 (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.4.2>).

If a UAC self-discloses criminal or violent history to other UAC or to care provider staff, ORR investigates the veracity of the claim with the assistance of the care provider. ORR may contact federal, state and local law enforcement to determine the veracity of the self-disclosed criminal history and request assistance in contacting foreign law enforcement agencies where alleged crimes or incidents took place outside of the United States. ORR may also work with mental health professionals and other specialists as appropriate to determine whether the UAC's claims are credible.

Step-downs may occur when ORR, in its discretion, determines the UAC no longer poses a danger to himself or others, or no longer presents an escape risk (for staff secure step downs only). ORR also takes into consideration the immigration judge's decision in a bond hearing about the youth's level of danger when assessing the youth's placement and conditions of placement. See, **2.9. Bond Hearings for Unaccompanied Alien Children** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.9>). In making a step-down decision, ORR considers criteria identified in making a secure placement and takes into consideration any mitigating factors based on an assessment of the UAC's current functioning and behavior, previous conduct, self-disclosures, and criminal/delinquent history. The care provider documents the underlying assessment used to make this determination in the UAC's case file.

UAC determined to have sexual predatory behavior may not be stepped down below staff secure unless the ORR/FFS and the receiving care provider can document specific steps to protect other UAC, staff, and the community.

If the care provider and ORR/FFS determine that a new level of care is appropriate, the care provider must use the ORR process for transferring the youth to another care provider. The care provider must notify within a reasonable period of time DHS, the youth's attorney of record, legal service provider, and/or Child Advocate and, if applicable, apply for a change of address or change of venue for a timely and safe transport.

The care provider documents the basis for stepping up or stepping down a UAC into or from a secure or staff secure care provider in the UAC's case file and provides the information to the youth's attorney of record, legal service provider, or Child Advocate, on demand. When a UAC is stepped up to a more restrictive setting (secure, staff-secure or RTC facility), he/she is provided with a *Notice of Placement in Restrictive Setting* in a language that he/she understands within a reasonable time either before or after ORR's placement decision.

Revised 10/10/18

1.4.3 Long Term Care

In some cases, unaccompanied alien children stay in ORR custody for 4 months or more. ORR considers a stay of 4 months or longer to be an "extended stay" case. Extended stay cases generally occur due to the following combination of factors:

- The child or youth has no viable sponsor AND
- A legal service provider or attorney has screened the child or youth as eligible for immigration relief, OR
- Another reason prevents return of the unaccompanied alien child to the home country, such as the child's country of origin is in a state of emergency, indicating that the child will likely not be repatriated for an extended period of time.

If there is an indication that an unaccompanied alien child may fall into this extended stay category, the care provider makes a recommendation to ORR regarding long term care placement. Care providers try to minimize the number of transfers for a child or youth in order to facilitate continuity of relationships with caregivers.

Care providers continue to assess a child or youth placed in long term care to ensure that best efforts are being made to move the unaccompanied alien child toward release from ORR custody into a more permanent arrangement.

Posted 1/27/15

1.4.4 Transfer to Long Term Foster Care

Foster care providers must ensure that each child is placed in a licensed foster home and consider the child's cultural and linguistic needs when making placements.

Prior to a transfer to long term foster care, the care providers must notify all stakeholders. Of particular importance, the long term foster care provider informs the legal service providers from the referring placement as well as those in the receiving placement to ensure arrangements are made for legal services, including representation, for the child in the new jurisdiction.

Notifications to stakeholders are required of any transfer in the ORR care provider network.

Posted 1/27/15

1.4.5 Group Transfers

Group transfers may occur because of changes in a care provider's bed capacity, through changes in program requirements that would eliminate a care provider from the list of approved facilities, or through an emergency event or natural disaster. ORR tries to minimize the number of transfers resulting from bed capacity limitations. ORR considers the circumstances of the individual unaccompanied alien child's case, including the progress of the sponsorship effort and the status of the legal case, when identifying children and youth for group transfers.

Revised 4/22/16

1.4.6 Residential Treatment Center Placements

Care providers request a transfer to an RTC for an unaccompanied alien child who has a psychiatric or psychological issue that cannot be addressed in an outpatient setting.

A UAC may only be placed into an RTC if the youth is determined to be a danger to self or others by a licensed psychologist or psychiatrist. In assessing dangerousness, ORR uses the criteria for secure placement in section 1.2.4. In addition, ORR will consider a transfer to an RTC only if a licensed psychologist or psychiatrist has determined the following:

- The unaccompanied alien child has not shown reasonable progress in the alleviation of his/her mental health symptoms after a significant period of time in outpatient treatment. (Note: the amount of time within which progress should be demonstrated varies by mental health diagnosis).
- The child's behavior is a result of his/her underlying mental health symptoms and/or diagnosis and cannot be managed in an outpatient setting.
- The unaccompanied alien child requires therapeutic-based intensive supervision as a result of mental health symptoms and/or diagnosis that prevent him or her from independent participation in the daily schedule of activities.
- The child presents a continued and real risk of harm to self, others, or the community, despite the implementation of short-term clinical interventions (such as, medications, a brief psychiatric hospitalization, intensive counseling, behavioral management techniques, 24 hour supervision, supportive services or therapeutic services).

Revised 10/10/18

1.4.7 Requesting Reconsideration of a Secure or RTC Placement Designation

After 30 days of placement in a secure or RTC facility, UAC may request the ORR Director, or the Director's designee, to reconsider their placement. The ORR Director, or designee, may deny the request, remand the request to the ORR/FFS for further consideration, or approve the request and order the youth transferred to a staff secure or other care provider facility.

Posted 6/12/17

1.5 Placement Inquiries

Individuals looking for an unaccompanied alien child who may be in ORR custody may contact the **ORR National Call Center, at 1 (800) 203-7001**, and leave a message that includes the unaccompanied alien child's information, caller's name, contact information, and relationship to the child or youth. (This hotline is operated by an ORR grantee.)

Revised 9/06/16

1.5.1 ORR National Call Center

The ORR National Call Center staff reviews the information to see if the unaccompanied alien child is currently in ORR custody. The call center staff contacts the caller and notifies him or her whether or not the child or youth is in ORR custody, taking safety issues into consideration, as described below.

If the unaccompanied alien child is in ORR custody, the call center staff does not provide information to the caller regarding where the child or youth is located or with which care provider until communication is deemed safe and appropriate.

The steps in the process include:

- The call center staff notifies the corresponding care provider with the caller's name, contact information and relationship to the unaccompanied alien child.
- The care provider determines whether the individual is a safe and approved contact. As deemed appropriate and following ORR's procedures, the care provider may facilitate communication between the caller and the unaccompanied alien child.
- The care provider contacts the individual and informs him/her that the unaccompanied alien child is safe and in ORR custody.

Posted 1/27/15

1.6 Determining the Age of an Individual without Lawful Immigration Status

The Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA) instructs HHS to devise age determination procedures for individuals without lawful immigration status in consultation with the U.S. Department of Homeland Security (DHS). ***To carry out the TVPRA provision, HHS and DHS worked jointly to develop the age determination policies and procedures in this section.***

Typically, DHS is the agency that apprehends individuals without lawful immigration status, including unaccompanied alien children (UAC), while HHS is the agency responsible for the care and custody of UAC transferred to its care. HHS authority to provide care and custody applies only to individuals who have not attained 18 years of age.

Each agency acknowledges the challenges in determining the age of individuals in custody. These challenges include, but are not limited to:

- Unavailable documentation;
- Contradictory or fraudulent identity documentation and/or statements;
- Physical appearance of the individual; and
- Diminished capacity of the individual.

The TVPRA requires the age determination procedures, at a minimum, to take into account multiple forms of evidence. Accordingly, under these procedures, each case must be evaluated carefully based on the totality of all available evidence, including the statement of the individual in question.

Revised 8/31/15

1.6.1 Unaccompanied Alien Children in HHS Custody

HHS may make age determinations of UAC when they are in HHS custody on a reasonable suspicion that a child in HHS custody is 18 years or older.

In the event there is conflicting evidence regarding the age of an unaccompanied alien child in HHS custody, the HHS funded care provider case worker shall immediately notify the HHS Federal Field Specialist (FFS). The FFS will make the age determination based on his/her review of the multiple forms of evidence collected by the care provider. Until the age determination is made, the unaccompanied alien child is entitled to all services provided to UAC in HHS care and custody.

There may be occasions when an unaccompanied alien child's age is questioned at the time of admission to an HHS funded care provider facility during the intakes process. In those cases, the case manager does not complete the intakes process, but consults with the HHS FFS to make the age determination.

Revised 8/31/15

1.6.2 Instructions

Case managers should seek the following as evidence when conducting age determinations. Information from each category is not required.

Documentation:

- Official government-issued documents, including birth certificates. If the unaccompanied alien child in question is not in possession of original documentation, or if the authenticity of the original documentation is in question, government officials of the unaccompanied alien child's home country must be consulted in order to verify the validity of the documentation.
- Other reliable records (e.g., baptismal certificates, school records, medical records) that indicate the unaccompanied alien child's date of birth.

Statements by individuals (including the unaccompanied alien child) determined to have personal knowledge of the unaccompanied alien child's age, and who HHS concludes can credibly attest to the age of the unaccompanied alien child:

- Statements provided by the unaccompanied alien child regarding his or her age or birth date. (An unaccompanied alien child's uncorroborated declaration regarding age is not used as the sole basis for an age determination.)
- Statements from the unaccompanied alien child's parent(s) or legal guardian(s), if such persons can be identified and contacted.
- Statements from other persons.
- Information from another government agency (Federal, State, local or foreign)
- State/local arrest records.
- Child welfare agency records.

Medical Age Assessments:

Medical Age Assessments include both the use of imaging technology, such as radiography, and physical examinations. Regarding these assessments:

- A medical professional experienced in age assessment method(s) must perform the examination, taking into account the individual's ethnic and genetic background.
- Dental and skeletal (bone) maturity assessments using radiographs may be used to determine age, but only in conjunction with other evidence.
- As no current medical assessment method can determine an exact age, best practice relies on the estimated probability that an individual is 18 or older. The examining doctor must submit a written report indicating the probability percentage that the individual is a minor or an adult.

ORR Response to Medical Age Assessments:

- The FFS supervisor must review the determination regarding the age submitted by the examining doctor.
- If an individual's estimated probability of being 18 or older is 75 percent or greater according to a medical age assessment, and this evidence has been considered in conjunction with the totality of the evidence, ORR may refer the individual to DHS. The 75 percent probability threshold applies to all medical methods and approaches identified by the medical community as appropriate methods for assessing age.
- The FFS compiles all pertinent information (e.g., how reasonable suspicion was raised that the subject is over 18, the information referenced, the individuals or agencies consulted, statements and conclusions) and documents it in a memorandum for review and approval by the FFS Supervisor.
- The FFS then will forward the memo to the care provider facility case manager to be included in the unaccompanied alien child's case file and to the ICE Detention and Removal Office (DRO) Field Office Juvenile Coordinator (FOJC) for inclusion in the unaccompanied alien child's A-file.

At any time, an unaccompanied alien child in ORR care or his/her designated legal representative may present new information or evidence that he/she is 18 or older for re-evaluation of an age determination. New information will be reviewed and evaluated by the FFS and, if necessary, the FFS Supervisor, in a timely manner and shared with the DRO FOJC to determine if the current placement is appropriate. If the new information or evidence indicates that an individual who is presumed to be an unaccompanied alien child is actually an adult, then HHS will coordinate with the assigned FOJC to immediately transfer the individual to an adult DRO facility.

Revised 7/05/16

1.7 Placement and Operations During an Influx [REPEALED]

Policies related to influx care facilities are found at Section 7 of this Policy Guide

1.7.1 Activation of HPCs [REPEALED]

1.7.2 Placement into HPCs [REPEALED]

1.7.3 Placement into Influx Care Facilities [REPEALED]

1.7.4 Admission and Orientation for HPCs and Influx Care Facilities [REPEALED]

1.7.5 Medical Services [REPEALED]

1.7.6 HPC and Influx Care Facility Services [REPEALED]

1.7.7 Transportation During Influx [REPEALED]

1.7.8 Federal Staffing Plan [REPEALED]

Footnotes

1. Other circumstances which would result in a longer stay, such as the child's country of origin is in a state of emergency, indicating that the child will likely not be repatriated for an extended period of time.

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(<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2>)

Last Reviewed: September 18, 2019

OFFICE OF REFUGEE RESETTLEMENT

An Office of the Administration for Children & Families

Children Entering the United States Unaccompanied: Section 2

Safe and Timely Release from ORR Care

Published: January 30, 2015

Categories: Unaccompanied Children's Services

2.1 Summary of the Safe and Timely Release Process

The Office of Refugee Resettlement (ORR) has policies and procedures in place to ensure unaccompanied alien children in ORR care are released in a safe, efficient, and timely manner. ORR's policies require the release of unaccompanied alien children to parents, guardians, relatives, or individuals designed by the child's parents, referred to as "sponsors." Safe and timely release (also known as "family reunification") must promote public safety and ensure that sponsors are able to provide for the physical and mental well-being of children.

ORR evaluates potential sponsors' ability to provide for the child's physical and mental well-being, as required by law. ORR also protects children from smugglers, traffickers, or others who might seek to victimize or otherwise engage the child in criminal, harmful or exploitative activity. The process for the safe and timely release of an unaccompanied alien child from ORR custody involves several steps, including: the identification of sponsors; sponsor application; interviews; the assessment (evaluation) of sponsor suitability, including verification of the sponsor's identity and relationship to the child (if any), background checks, and in some cases home studies; and post-release planning.

Revised 6/18/19

2.2 Sponsor Application Process

ORR begins the process of finding family members and others who may be qualified to care for an unaccompanied alien child as soon as the child enters ORR's care. Parents, relatives, or close family friends may apply to have the child released to their care.

Revised 6/18/19

2.2.1 Identification of Qualified Sponsors

The ORR care provider (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Care Provider>), the ORR funded facility that cares for the child, interviews the child as well as parents (see the section below on how ORR confirms relationship with child), legal guardians, and/or family members to identify qualified custodians ("sponsors"). If a child is either too young or there are other factors that prohibit the care provider from obtaining potential sponsor information from the unaccompanied alien child, the care provider may seek assistance from the child's consulate in collaboration with the ORR Federal Field Specialist (ORR/FFS) (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#ORR/Federal Field Specialist>) or from a reputable family tracing organization. Finding a sponsor for the child is an ongoing process that continues during the unaccompanied alien child's stay in ORR care and custody in the event that the primary potential sponsor or primary release plan is not approved.

ORR releases children to a sponsor in the following order of preference:¹ parent; legal guardian; an adult relative (brother, sister, aunt, uncle, grandparent or first cousin); an adult individual or entity designated by the parent or legal guardian (through a signed declaration or other document that ORR determines is sufficient to establish the signatory's parental/guardian relationship); a licensed program willing to accept legal custody; or an adult individual or entity seeking custody when it appears that there is no other likely alternative to long term ORR care and custody. ORR has grouped UAC cases into the following categories.²

- **Category 1:** Parent or legal guardian (This includes qualifying step-parents that have legal or joint custody of the child or teen)
- **Category 2A:** An immediate relative--a brother; sister; grandparent or other close relatives (aunt, uncle, first cousin) who previously served as the UAC's primary caregiver. (This includes biological relatives, relatives through legal marriage, and half-siblings).

- **Category 2B:** An immediate relative-- including aunt, uncle, or first cousin who was not previously the UAC's primary caregiver. (This includes biological relatives, relatives through legal marriage).
- **Category 3:** Other sponsor, such as distant relatives and unrelated adult individuals
- **Category 4:** No sponsors identified

Although ORR gives preference to a parent or legal guardian when determining release plans, there are instances when ORR does not release an unaccompanied alien child to a parent or legal guardian. These include:

- There has been a court ordered termination of parental rights over the child.
- There is substantial evidence that the child would be at risk of harm if released to the parent or legal guardian.

In some cases, an unaccompanied alien child enters the United States with her biological child. In those cases, ORR identifies a sponsor for the unaccompanied alien child as well as for the infant or toddler. In most instances, it is in the best interest of the unaccompanied alien child and her biological child to be released to the same sponsor. For case processing purposes, the sponsor is assigned the same category for the infant as for the UAC mother. This is true even if the potential sponsor would be assigned a different category (based on their relationship status) if he or she were to sponsor the infant alone.

Revised 6/18/19

2.2.2 Contacting Potential Sponsors

The child's **care provider** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Care Provider>) is responsible for implementing safe screening methods when contacting and communicating with potential sponsors. These methods are to ensure that a potential sponsor does not pose a risk to the unaccompanied alien child, to other children in the care provider facility or to care provider staff.

Safe screening methods include:

- Use of appropriate interpreters
- Identity of the sponsor is obtained
- Verification of family relationships
- Coordination with the unaccompanied alien child's parents, legal guardians, or closest relatives prior to contacting non-relative adult potential sponsors
- Screening for exploitation, abuse, trafficking, or other safety concerns
- Engaging the child to communicate openly with care provider staff about his or her own sense of safety

Posted 1/27/15

2.2.3 The Family Reunification Application

All potential sponsors must complete an application in order for a child to be released to them from ORR custody (the "Family Reunification Application").

Within 24 hours of identification of a potential sponsor for a child or youth, the care provider or the ORR National Call Center sends the sponsor a package with the application and related documents (called the Family Reunification Packet or FRP).

The application package includes the following documents:

- Family Reunification Packet Cover Letter
- Authorization for Release of Information
- Family Reunification Application
- Sponsor Care Agreement
- A flyer with contact information on organizations offering a Legal Orientation Program for Custodians (LOPC)
- A flyer with contact information for the UAC Sexual Abuse Hotline
- Fingerprint instructions
- Sponsor Handbook
- Letter of Designation for Care of a Minor (If parent or legal guardian wishes to specify)
- Sponsor Declaration
- A flyer warning sponsors of potential fraud schemes

The care provider is available to help the potential sponsor complete the application. The care provider also informs potential sponsors that they may submit additional information to support the application and reminds potential sponsors of the deadlines for completing

the forms. The sponsor may also receive assistance in completing the application at some fingerprinting locations.

Revised 6/18/19

2.2.4 Required Documents for Submission with the Application for Release

In addition to completing and signing the Family Reunification Application (FRA) and the Authorization for Release of Information, potential sponsors must provide documentation of identity, address, and relationship to the child they seek to sponsor.³ Potential sponsors must also submit documentation verifying the identity of the children they seek to sponsor, and evidence verifying the identity of all adults residing with the sponsor and all adult caregivers identified in a sponsor care plan. In addition to their use as evidence of the foregoing, all documentation submitted under this section is used as part of the overall sponsor assessment process. See **Section 2.4 Sponsor Assessment Criteria and Home Studies** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.4>). As a result, ORR may in its discretion require potential sponsors to submit additional documentation beyond the minimums specified below.

Proof of Sponsor Identity

To verify their identity, all potential sponsors must submit original versions or legible copies of government-issued identification documents. They may present either one selection from List A or two or more documents from List B. If a potential sponsor presents selections from list B, at least one selection must contain a legible photograph. Expired documents are acceptable for the purpose of establishing identity.

LIST OF ACCEPTABLE DOCUMENTS

LIST A
U.S. Passport or U.S. Passport Card
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
Foreign Passport that contains a photograph
Employment Authorization Document that contains a photograph (Form I-766)
U.S. Driver's License or Identification Card

OR

LIST B
U.S. Certificate of Naturalization
U.S. Military Identification Card
Birth Certificate
Marriage Certificate
Court order for name change
Foreign national identification card
Consular passport renewal receipt that contains a photograph
Mexican consular identification card
Foreign driver's license that contains a photograph
Foreign voter registration card that contains a photograph
Canadian border crossing card that contains a photograph
Mexican border crossing card that contains a photograph with valid Form I-94
Refugee travel document that contains a photograph
Other similar documents

Proof of identity of adult household members and adult care givers identified in a sponsor care plan

All potential sponsors must submit documentation verifying the identity of non-sponsor adults in their household or in a sponsor care plan. For all such adults, potential sponsors must submit at least one identification document that contains a photograph. The document may be from either List A or List B above, and may be an original version or a legible copy of the document. Expired documents are acceptable for the purpose of establishing identity. In addition, potential sponsors may submit an original version or legible copy of an ORR Verification of Release Form, but only to verify the identity of adults under the age of 21, and only if the form contains a photograph. ORR will not accept a Verification of Release as proof of identity if it does not contain a photograph, and/or is for anyone 21 and older.

Proof of Immigration Status or U.S. Citizenship

All potential sponsors must submit at least one original version or legible copy of a non-expired government-issued document to prove their immigration status or U.S. citizenship, if applicable. For administrative purposes, ORR considers any potential sponsor who

provides an expired document or is unable to provide any documents to be without status. ORR does not provide individual immigration status information to DHS.

ORR may use the macro-level information related to immigration status or presumed immigration status for statistical reporting. ORR uses individual potential sponsor immigration status information to determine whether a sponsor care plan is necessary in the event the sponsor is required to leave the United States (see **Section 2.6 Sponsor Immigration Status and Release of Unaccompanied Alien Children**).

LIST OF ACCEPTABLE DOCUMENTS

PROOF OF IMMIGRATION STATUS
Valid visa
Legal permanent resident card (green card)
Notice to Appear
Other Federal government issued documentation providing immigration status information

OR

PROOF OF U.S. CITIZENSHIP
U.S. passport
U.S. birth certificate
Naturalization certificate
Citizenship Certificate
State Department Form 240 – Report of Birth Abroad of a Citizen of the United States
Court order
Other government issued document sufficient to prove U.S. citizenship

Proof of Address

All potential sponsors must submit at least one form of documentation verifying their current address. Acceptable forms of documentation include original versions or legible copies of:

- A current lease or mortgage statement dated within the last two months before submission of the FRA;
- A utility bill, addressed in the sponsor's name and dated within the last two months before submission of the FRA;
- A bank statement dated within the last two months before submission of the FRA;
- A payroll check stub issued by an employer, dated within the last two months before submission of the FRA;
- A piece of mail from a county, state, or federal agency (with the exception of ORR) with the sponsor's name and residential address and dated within the last two months before submission of the FRA;
- A notarized letter from a landlord on the business stationary of the real property owner confirming the sponsor's address; and
- Other similar documents reliably indicating that the sponsor resides at the claimed address, dated within the last two months before submission of the FRA.

ORR may use alternative methods to verify address. For example, ORR may send a letter containing specific instructions to the address given by the sponsor, and provide a timeline by which the sponsor must comply with the instructions.

Proof of Child's Identity

The potential sponsor or child's family must provide the unaccompanied alien child's birth certificate or a legible copy of the child's birth certificate.

Proof of Sponsor-Child Relationship

The potential sponsor must provide at least one form of evidence verifying the relationship claimed with the child.⁴ Acceptable documents include original versions or legible copies of:

- Birth certificates;
- Marriage certificates;
- Death certificates;
- Court records;
- Guardianship records;
- Hospital records;
- School records;

- Written affirmation of relationship from Consulate; and
- Other similar documents.

Category 2A potential sponsors providing evidence of “primary caregiver”

Category 2A sponsors who are not grandparents or adult siblings must prove they are or were the UAC’s primary caregiver. A primary caregiver is defined as any person who is primarily entrusted with the child’s care and who lives with the child.

If the potential sponsor has any guardianship documents or other documents from a state or foreign government they must submit this with the Family Reunification Application. ORR also accepts sworn affidavits from potential sponsors in addition to corroborating interviews the Case Manager has with the child, potential sponsor, and other family members to establish whether the potential sponsor was a primary giver to the child.

Category 3 potential sponsors without a bona fide pre-existing relationship

Category 3 potential sponsors who are unable to provide verifiable documentation of a familial relationship with the unaccompanied alien child must submit evidence that reliably and sufficiently demonstrates a bona fide social relationship with the child and/or the child’s family that existed before the child migrated to the United States. Care providers must attain sufficient corroboration to be confident that they have received needed verification of the relationship between the potential sponsor and the child or child’s family. If a Category 3 potential sponsor does not submit evidence that reliably and sufficiently demonstrates a bona fide preexisting social relationship between the potential Category 3 sponsor and the child and/or the child’s family, ORR may take this into account when determining the suitability of the case for release. In such cases ORR may require that the potential Category 3 sponsor, the UAC, and the child’s family, establish ongoing regular contact while the child is in ORR care, prior to a release recommendation.

Criminal History

If a potential sponsor has been charged with or convicted of any crime or investigated for the physical abuse, sexual abuse, neglect, or abandonment of a minor, he or she must provide related court records and police records, as well as governmental social service records or proof of rehabilitation related to the incident.

If a sponsor, household member, or adult caregiver provides any false information in the application of release and/or accompanying documents or submits fraudulent documents for the purposes of obtaining sponsorship of the child, ORR will report the incident to HHS/Office of the Inspector General (OIG) and to U.S. Immigration and Customs Enforcement’s Homeland Security Investigations (HSI). Fraudulent documents include documents on which the address, identity, or other relevant information is false or documents that have been manufactured or altered without lawful authorization. ORR will deny release if it is determined that fraudulent documents were submitted during the application of release process.

Revised 7/03/19

2.2.5 Legal Orientation Program for Custodians

All potential sponsors of children and youth under the care of ORR should attend a presentation provided by the Legal Orientation Program for Custodians (LOPC). The purpose of this program is to inform potential sponsors of their responsibilities in ensuring the child’s appearance at all immigration proceedings, as well as protecting the child from mistreatment, exploitation, and trafficking, as provided under the Trafficking Victims Protection Reauthorization Act of 2008. The program also provides information about possible free legal counsel (pro bono legal services) for the youth or child during the immigration court process.

The Office of Legal Access Programs (OLAP), within the Executive Office for Immigration Review (EOIR) at the U.S. Department of Justice, manages the LOPC and contracts with legal service organizations around the country to provide LOPC services to potential sponsors in their local communities or in metropolitan areas served by the program. EOIR is the entity in the federal government that is also responsible for adjudicating immigration cases by fairly, expeditiously, and uniformly interpreting and administering the nation’s immigration laws.

The unaccompanied alien child’s **case manager** ([https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Case Manager](https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Case%20Manager)) is responsible for informing potential sponsors about all procedures related to the child’s case—including attendance at an LOPC presentation. The Family Reunification Packet (FRP) that goes to each potential sponsor includes an *Authorization for Release of Information* that the sponsor must sign before the case manager may schedule an appointment for LOPC services. All potential sponsors should submit the *Authorization for Release of Information* immediately and prior to submitting the complete FRP to ensure timely scheduling of their LOPC session.

Upon receipt of the *Authorization*, the case manager schedules an appointment for a potential sponsor to attend a presentation with one of the LOPC providers around the country. Alternatively, the case manager contacts the **LOPC National Call Center at (888) 996-3848** and arranges for the Call Center to schedule an LOPC appointment for the potential sponsor or mail an LOPC Information Packet to the sponsor.

When evaluating family members and other potential sponsors, ORR considers whether they have attended an LOPC presentation. Attendance at an LOPC presentation is a factor in the release assessment.

Revised 12/4/17

2.2.6 Additional Questions and Answers about this Topic

Q: Will sponsors receive the Family Reunification Packet through the mail or electronically?

A: Case managers will work with sponsors to identify the best way to get the packets to them, whether electronically or by fax transmission or postage paid overnight mail.

Q: Do sponsors need assistance from an attorney or a paid representative to complete the packet?

A: No. The unaccompanied alien child's case manager will be able to help the potential sponsor complete the form and explain the process.

Q: Is it possible for an unaccompanied alien child's spouse to be a sponsor?

A: ORR considers release to an unaccompanied alien child's adult spouse on a case by case basis.

Q: Is it possible for family members in the United States to proactively contact ORR about children who may have entered the country unaccompanied?

A: Yes. Family members may call the ORR National Call Center, at (800) 203-7001.

Posted 1/27/15

2.3 Key Participants in the Release Process

ORR's sponsor assessment and release decision process requires coordination among care provider staff, nongovernmental third-party reviewers (Case Coordinators), ORR staff, other Federal agencies, stakeholders, and Child Advocates, where applicable.

Case Managers ([https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Case Manager](https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Case%20Manager)) communicate with potential sponsors, gather necessary information and documentation, talk to any relevant stakeholders, and assess sponsors to formulate a recommendation to the Case Coordinator. **Case Coordinators** ([https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Case Coordinators](https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Case%20Coordinators)) concurrently review all assessment information on an unaccompanied alien child and sponsor to also make a recommendation. Once Case Managers and Case Coordinators agree on a particular recommendation for release, the **ORR/FFS** ([https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#ORR/Federal Field Specialist](https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#ORR/Federal%20Field%20Specialist)) makes a final release decision. If the Case Manager and Case Coordinator cannot agree on a recommendation, the case is elevated to the ORR/FFS for further guidance.

Revised 6/18/19

2.3.1 ORR/Federal Field Specialists (ORR/FFS)

ORR/FFS are ORR's field staff located regionally throughout the country and are assigned to a group of care providers within a particular geographic region. They have the authority to approve all unaccompanied alien children transfer and release decisions; oversee care providers to ensure all services are properly provided and implemented; and serve as a local liaison to community stakeholders, including other Federal agencies, local legal service providers, communities, Child Advocates, etc. ORR/FFS also provide guidance, direction, and technical assistance to care providers.

ORR/FFS also make final decisions as to whether home studies are conducted and/or post-release services are provided.⁵ ORR/FFS coordinate all aspects of a child's case with care provider staff, Case Coordinators, stakeholders, and other Federal agencies.

Revised 6/18/19

2.3.2 Case Managers

Care provider Case Managers perform a variety of duties, including coordinating the completion of assessments of unaccompanied alien children, completing individual service plans, assessing potential sponsors, making transfer and release recommendations, and coordinating the release of a child or youth from ORR care and custody. (The care provider provides a range of services through other trained staff that are described in Section 3: Services.)

The role of the Case Manager within the release process is to initiate and maintain ongoing communication with the potential sponsor, gather sponsor information, and assess whether the potential sponsor is a suitable sponsor who can safely provide for the physical and mental well-being of the child or youth. When communicating with the potential sponsor, the Case Manager:

- Provides direct assistance on completing the sponsor application packet and ensuring provision of supporting documentation;

- Involves the sponsor in making a plan for individualized services for the unaccompanied alien child, as appropriate;
- Keeps the sponsor informed of the child's progress and current functioning;
- Provides the sponsor with detailed information about the child's needs in order to fully assess the sponsor's ability to provide care and services, including completing a sponsor care plan, when necessary;
- Discusses services that are available in the sponsor's community for the child; and
- Shares relevant information on the unaccompanied alien child in accordance with applicable privacy and information-sharing policies and in collaboration with the unaccompanied alien child and the child's clinician in a way that best serves the child's safety and well-being.

The Case Manager's role is also to ensure that information is gathered or shared with the appropriate staff and stakeholders during the sponsor assessment process. The Case Manager provides weekly status updates to the unaccompanied alien child's Case Coordinator and ORR/FFS on the progress in achieving a safe and timely release with family members as well as potential challenges that may delay a release. The Case Manager provides weekly status updates (monthly for children in LTFC) to the UAC on the child's case and provision of services, preferably in person. The Case Manager informs other stakeholders of the progress of a child's case, including notification that an unaccompanied alien child may not have a potential sponsor, and any final release decisions. Stakeholders may include local legal service providers and attorneys of record, other local service providers, Child Advocates, post-release and home study providers, and other Federal agencies. Case Managers, in collaboration with the ORR/FFS and Case Coordinator, will also work with law enforcement officials regarding an unaccompanied alien child's pending release if the minor has outstanding criminal charges or other issues.

Revised 6/7/18

2.3.3 Case Coordinators

Case Coordinators are non-governmental contractor field staff assigned to one or more care providers primarily to review unaccompanied alien children cases and provide transfer and release recommendations to ORR staff. The Case Coordinator is responsible for integrating all areas of assessment from the Case Manager, Child Advocates, where applicable, and other stakeholders into a release plan that will provide for the unaccompanied alien child's physical and mental well-being. After staffing and reviewing a case, Case Coordinators and Case Managers must agree on a release recommendation. If there is a disagreement or a particularly complex case, then the case will be elevated to the ORR/FFS for further guidance.

- Providing timely review and assessment of potential sponsors and unaccompanied alien children to make recommendations for release to ORR in conjunction with the Case Manager;
- Assisting ORR in ensuring that children are placed in the least restrictive setting while receiving all appropriate services;
- Meeting with individual unaccompanied alien children and care provider staff at designated ORR-funded care provider sites;
- Providing targeted child welfare-based assistance to care provider staff, as directed by ORR staff;
- Making recommendations for home study and post-release services for at-risk children;
- Making placement recommendations for children who require more specialized levels of care, such as long-term foster care and residential treatment centers;
- Participating in collaborative meetings with local stakeholders; and
- Participating in staffing of cases with care providers and designated ORR staff.

Revised 8/1/16

2.3.4 Child Advocates

ORR may appoint **Child Advocates** ([https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Child Advocate](https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Child%20Advocate)) for victims of trafficking and other vulnerable children. Child Advocates are third parties who make independent recommendations regarding the best interests of a child. Their recommendations are based on information that is obtained from the child and other sources (e.g., the child's parents, potential sponsors, government agencies, and other stakeholders). Child Advocates formally submit their recommendations to ORR and/or the immigration court in the form of Best Interest Determinations (BIDs). ORR considers BIDs when making decisions regarding the care, placement, and release of unaccompanied alien children, but it is not bound to follow BID recommendations.

As required by the TVPRA, ORR provides Child Advocates with access to information necessary to effectively advocate for the best interests of children with whom they are working. After providing proof of appointment, Child Advocates have access both to their clients and to their clients' records. Child Advocates may access their clients' entire original case files at care provider facilities, or request copies from care providers.⁶ Further, they may participate in case staffings.

Child Advocates and ORR maintain regular communication, informing each other of considerations or updates that impact service provision and release planning.

Child Advocates' duties include:

- **Client Visits:** The Child Advocate meets with the unaccompanied alien child regularly and speaks with the child's care provider staff in order to understand the child's background and current situation.
- **Decision Making:** The Child Advocate helps the unaccompanied alien child understand legal and care-related issues, explains the consequences of decisions made in response to those issues, and assists the child in making decisions when the child requests such help.
- **Best Interests Advocacy:** The Child Advocate develops a service plan containing best-interest recommendations with respect to the care, placement, and release options; and keeps the care provider, ORR, and the legal service provider or attorney of record apprised of the plan and advocacy efforts.
- **Case updates:** The Child Advocate collaborates and regularly communicates with the care provider, ORR, and other stakeholders in the planning and performance of advocacy efforts. For children who have been released from ORR care, Child Advocates provide timely updates as appropriate or as requested by ORR.

In most cases, ORR appoints Child Advocates while children are in its custody. However, in its discretion, ORR may appoint Child Advocates for unaccompanied alien children after their release from ORR care.

Posted 8/1/16

2.4 Sponsor Assessment Criteria and Home Studies

As noted in the **Section 2.2 Application for Safe and Timely Release of an Unaccompanied Alien Child from ORR Care**, the application process for release of an unaccompanied alien child involves a number of steps, including background checks (see **Section 2.5 ORR Policies on Requesting Background Checks**) and submission of the application by the sponsor. This section describes the criteria ORR uses to assess each potential sponsor's ability to provide for the physical and mental well-being of the unaccompanied alien child, and the role of home studies in the process.

The sponsor assessment reviews a sponsor's strengths, resources, risk factors and special concerns within the context of the unaccompanied alien child's needs, strengths, risk factors, and relationship to the sponsor. ORR also determines whether to conduct a home study, as required by the law or as necessary to ensure the welfare of the child

Revised 3/15/16

2.4.1 Assessment Criteria

ORR considers the following factors when evaluating family members and other potential sponsors:

- The nature and extent of the sponsor's previous and current relationship with the child or youth and the unaccompanied alien child's family, if a relationship exists.
- The sponsor's motivation for wanting to sponsor the child or youth.
- The unaccompanied alien child's parent or legal guardian's perspective on the release to the identified potential sponsor (for cases in which the parent or legal guardian has designated a sponsor).
- The child or youth's views on the release and whether he or she wants to be released to the individual.
- The sponsor's understanding of the unaccompanied alien child's needs, as identified by ORR and the care provider.
- The sponsor's plan to provide adequate care, supervision, access to community resources, and housing.
- The sponsor's understanding of the importance of ensuring the unaccompanied alien child's presence at all future hearings or proceedings, including immigration court proceedings, and the sponsor's attendance at a Legal Orientation Program for Custodians (LOPC) presentation. See section **2.2.5**.
- The linguistic and cultural background of the child or youth and the sponsor, including cultural, social, and communal norms and practices for the care of children.
- The sponsor's strengths, resources, and mitigating factors in relation to any risks or special concerns of the child or sponsor, such as a criminal background, history of substance abuse, mental health issues, or domestic violence and child welfare concerns.
- The unaccompanied alien child's current functioning and strengths in relation to any risk factors or special concerns, such as children or youth who are victims of human trafficking; are a parent or are pregnant; have special needs, disabilities or medical or mental health issues; have a history of criminal, juvenile justice, or gang involvement; or a history of behavioral issues.

Revised 12/4/17

2.4.2 Home Study Requirement

The care provider screens each case to determine whether to conduct a home study of the potential sponsor as required under the **Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA)** (<http://www.gpo.gov/fdsys/pkg/BILLS-110hr7311enr/pdf/BILLS-110hr7311enr.pdf>). Information about the child is collected during initial placement into an ORR facility and throughout his or her stay. The care provider then uses the information collected about and from the child in conjunction with the sponsor assessment process to determine whether to conduct a **home study** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#HomeStudy>). The TVPRA requires home studies under the following circumstances:

1. The child is a victim of a severe form of trafficking in persons;
2. The child is a special needs child with a disability as defined by section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102);
3. The child has been a victim of physical or sexual abuse under circumstances that indicate that the child's health or welfare has been significantly harmed or threatened; or
4. The child's sponsor clearly presents a risk of abuse, maltreatment, exploitation or trafficking, to the child based on all available objective evidence.

ORR also requires a home study before releasing any child to a non-relative sponsor who is seeking to sponsor multiple children, or who has previously sponsored or sought to sponsor a child and is seeking to sponsor additional children. ORR requires a home study for children who are 12 years and under before releasing to a non-relative sponsor.

In circumstances in which a home study is not required by the TVPRA or ORR policy, the Case Manager and Case Coordinator may recommend that a home study be conducted if they agree that the home study is likely to provide additional information required to determine that the sponsor is able to care for the health, safety and well-being of the child. See **Footnote 5**.

The care provider must inform the potential sponsor whenever a home study is conducted, explaining the scope and purpose of the study and answering the potential sponsor's questions about the process. In addition, the home study report will be provided to the potential sponsor if the release request is denied. See also Section **2.7.7**.

Home Study Report and Final Recommendation

A home study consists of interviews, a home visit, and a written report containing the home study case worker's findings. A home study assesses the potential sponsor's ability to meet the child's needs, educates and prepares the sponsor for the child's release, and builds on the sponsor assessment conducted by the care provider staff to verify or corroborate information gathered during that process. The home study is conducted as a collaborative psycho-educational process in which the home study case worker identifies areas where additional support, resources, or information are needed to ensure a successful sponsorship, and provides corresponding psycho-educational assistance. The final recommendation must present a comprehensive and detailed assessment of the sponsor's ability to care for the needs of the child and address any additional information that emerges during the course of the home study regarding the sponsor, the sponsor's household or the child.

The home study provider must contact the care provider within 24 hours of home study referral acceptance, and must also contact the sponsor to schedule the home visit within 48 hours of referral acceptance. The home study provider makes a recommendation to ORR about release with the sponsor. The ORR Federal Field Specialist takes the home study provider's recommendation into consideration when making a release decision. ORR has final authority on release decisions.

The home study provider submits the written report within 10 business days of receipt of the referral. Any requests by the home study provider to extend beyond 10 business days or to cancel a home study must be submitted in writing to the ORR Federal Field Specialist for consideration.

All releases following home studies require post-release services.

Must a child receive a Trafficking Eligibility or Interim Assistance Letter from HHS prior to being referred for a TVPRA-mandated home study under #1 above?

No, a child does not need to receive a Trafficking Eligibility Letter from HHS prior to being referred for a home study. A care provider may refer a child for a home study under #1 above if, during the assessment for trafficking, the care provider determines the child is a victim of a severe form of trafficking in persons.

In determining whether a TVPRA-mandated home study is required under #3 above, care providers consider the following questions:

What is physical abuse?

Physical abuse is an act that results in physical injury, such as red marks, cuts, welts, bruises, broken bones, missing or broken teeth or muscle strains. Acts of physical abuse include but are not limited to punching, beating, kicking, biting, hitting (with a hand, stick, strap or other object), burning, strangling, whipping, or the unnecessary use of physical restraint.

Is physical abuse intentional?

Generally, physical abuse is intentional; however, physical abuse can occur when physical punishment goes too far. In other words, an accidental injury of a child may be considered physical abuse if the act that injured the child was done intentionally as a form of punishment.

Must a child have physical injuries to meet the standard for physical abuse under #3?

No, in some cases, a child may not have physical injuries at the time the care provider makes an assessment. Children may be in various stages of the healing process or thoroughly healed from the physical abuse by the time they arrive in ORR care.

For the purposes of #3, who can physically or sexually abuse a child?

A parent, legal guardian, caregiver or other adult with a special relationship to the child can physically or sexually abuse a child.

Who is considered to be a caregiver or adult with a special relationship?

A caregiver is defined as any person who is entrusted with the child's care and who lives with the child. Other adults with a special relationship to the child could include a teacher, priest, or health care provider.

What is sexual abuse?

Sexual abuse of a child by a parent, legal guardian, caregiver or other adult with a special relationship to the child includes any of the following acts, with or without the consent of the child or youth:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- Contact between the mouth and the penis, vulva, or anus;
- Contact between the mouth and any body part where the adult has the intent to abuse, arouse, or gratify sexual desire;
- Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument where the adult has the intent to abuse, arouse, or gratify sexual desire;
- Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks where the intent is to abuse, arouse, or gratify sexual desire;
- Any attempt, threat, or request by the adult to engage in the activities described above;
- Any display by the adult of his or her uncovered genitalia, buttocks, or breast in the presence of the child; and
- Voyeurism.

State laws on statutory rape are not the standard in assessing whether a youth has been sexually abused for the purposes of #3. Care providers use the definition from the ORR rule concerning sexual abuse and harassment; however, for the purposes of determining when a home study is required, the perpetrator is limited to a parent, legal guardian, caregiver or other adult with a special relationship to the child.

Under what circumstances is a child's health or welfare considered to have been significantly harmed or threatened?

Care providers assess the totality of the circumstances in determining whether a child's health or welfare has been significantly harmed or threatened. In evaluating a specific case, care providers take into consideration not only the definitions of physical and sexual abuse listed

above, but also the circumstances surrounding the incident and any behaviors that the child or youth exhibits as a result of the abuse. Circumstances to consider include but are not limited to: the amount of time that has passed since the abuse, the period of time in which the abuse occurred, the cultural context in which the abuse occurred, the age of the child or youth at the time of the abuse, and the relationship between the youth and the perpetrator.

Care providers take into consideration the situations and behaviors listed below, but do not make a determination based solely on the presence or absence of one of them.

- The child experiences on-going medical issues from physical injuries.
- The child exhibits negative or harmful behaviors, thoughts or emotions, such as, but not limited to, excessive hostility or aggression towards others, fire setting, cutting, depression, eating disorders suicidal ideation or substance abuse.

In evaluating difficult cases, the care provider should consult with their ORR/FFS.

Revised 1/9/17

2.4.3 Additional Questions and Answers on This Topic

Q: What happens if a new sponsor is identified during the sponsor assessment process?

A: If there are multiple potential sponsors, the ORR-funded care provider will exhaust all efforts to facilitate a release to a parent or legal guardian while also contacting and evaluating other potential sponsors concurrently. ORR has release order preferences and will evaluate sponsors concurrently in accordance with the preference orders to determine the best placement for the child.

Posted 1/27/15

2.5 Sponsorship Assessment Background Check Investigations

One of ORR's priorities is ensuring the safe release of unaccompanied alien children to an appropriate sponsor. Consistent with ORR's mission and in compliance with requirements found at 8 U.S.C. 1232(c)(3)(A) to perform an independent finding that a potential sponsor has not engaged in any activity that would indicate a potential risk to the child, ORR requires a background check of all potential sponsors and their adult household members.

To begin the background check process, the potential sponsor and adult household members must first complete the Authorization for Release of Information form (if applicable), submit fingerprints (if required) and provide a copy of a valid government issued photo identification. Adult caregivers identified in a sponsor care plan also require background checks, as outlined in the chart at section 2.5.1. The type of background checks performed on a sponsor and adult household members is dependent in part on the sponsor's relationship, if any, with the child. See section **2.2.1 Identification of Qualified Sponsors** for a description of sponsor categories.

All potential sponsors and adult household members undergo a public records background check of criminal history and sex offender registry databases. Sponsors in Categories 2B and 3, as well as some Category 1 and 2A sponsors, adult household members, and adult caregivers identified in a sponsor care plan require fingerprint background checks that are processed through Federal partners.

ORR transmits fingerprint submissions (if required) to the U.S. Department of Justice's (DOJ) Federal Bureau of Investigation (FBI) to perform criminal history checks.⁷ After completing these checks, the FBI submits the results to the Department of Health and Human Services/Program Support Center (HHS/PSC). HHS/PSC interprets the results and notifies ORR that the biometric and biographic checks conducted by DOJ are complete. HHS/PSC also provides copies of the results to ORR.

In some cases, ORR requires sponsors, adult household members, and adult caregivers to undergo a background check search of state child abuse and neglect (CA/N) registries maintained by individual states. In these cases, HHS/PSC works with the relevant state agency or directs the subject of the check to request results from the relevant state agency in compliance with state law and regulation.

Revised 6/18/19

2.5.1 Background Check Requirements

The following table lists the types of background checks performed, and explains when they are performed, based on the potential sponsor's relationship to the unaccompanied alien child and other release considerations. The table only indicates the minimum requirements for the background check process for sponsors and others. ORR may require additional checks, verifications, or procedures for sponsors and others in any category if there are any unresolved issues or questions related to the well-being of the child.

Type of Background Check	Purpose	Persons Checked	When Performed
Public Records Check	Identifies arrests or convictions of sponsors, adult household members, or others. If a check reveals a criminal record or safety issue, it is used to evaluate the sponsor's ability to provide for a child's physical and mental well-being.	Potential Sponsors in Categories 1-3. Non-sponsor adult household members and adult caregivers identified in a sponsor care plan.	In all cases
Sex Offender Registry Check, conducted through the U.S. Department of Justice	Identifies sponsors and others that have been adjudicated as sex offenders through a national	Potential Sponsors in Categories 1-3.	In all cases

National Sex Offender Public Website	search and, if available, a local public registry search.	Non-sponsor adult household members and adult caregivers identified in a sponsor care plan.	
FBI National Criminal History Check, based on digital fingerprints or digitized paper prints	Determines whether a sponsor or adult household member (as applicable) has a criminal history, has a profile in DHS IDENT, has been convicted of a sex crime, or has been convicted of other crimes that compromise the sponsor's ability to care for a child.	Potential Sponsors in Category 1 and Category 2A.	Where a public records check reveals possible disqualifying factors under 2.7.4; or where there is a documented risk to the safety of the unaccompanied alien child, the child is especially vulnerable, and/or the case is being referred for a home study
		Potential Sponsors in Categories 2B and 3.	In all cases.
		Non-sponsor adult household members and adult caregivers identified in a sponsor care plan.	Where a public records check reveals possible disqualifying factors under 2.7.4; or where there is a documented risk to the safety of the unaccompanied alien child, the child is especially vulnerable, and/or the case is being referred for a home study
Child Abuse and Neglect (CA/N) Check, obtained on a state by state basis as no national CA/N check repository exists	Checks all localities in which the sponsor or household member has resided in the past 5 years.	Potential Sponsors in Categories 1-3	In cases that require a home study, and cases where a special concern is identified.
		Non-sponsor adult household members and adult caregivers identified in a sponsor care plan.	In any case where a sponsor is required to undergo a CA/N check.
State Criminal History Repository Check and/or Local Police Check	Assists in locating police or arrest records, or other criminal offense details, as needed.	Potential Sponsors in Categories 1-3.	Used on a case-by-case basis when there is an unresolved criminal arrest or issue that is still in process.
		Non-sponsor adult household members and adult caregivers identified in a sponsor care plan.	

Revised 6/18/19

2.5.2 Results of Background Checks on Release Decisions

ORR uses the results from background checks to determine whether release to a potential sponsor is safe. A potential sponsor may be denied based on the results of a background check, and a release decision may remain undecided until ORR obtains the results of a potential sponsor's criminal history or child abuse and neglect reports.

The biometric and biographical information, including fingerprints, are shared with FBI to investigate criminal history through the National Criminal Information Center and may be used consistent with their authorities. Biometric and biographical information may be shared with federal, state or local law enforcement or state child welfare agencies, as necessary, to conduct criminal history searches or search for adverse child welfare findings.

Criminal History and Adverse Child Welfare Finding Results

In the event that a background check of a potential sponsor or, if applicable, adult household member, reveals criminal history or a safety risk, the care provider and ORR evaluate this information and request the potential sponsor to provide any additional information that may demonstrate the potential sponsor's ability to provide for the child's physical and mental well-being.

If release is not barred by **Section 2.7.4**, the decision to release a child or youth to a sponsor in these circumstances is based on all the following considerations:

- The severity of the criminal and/or child abuse/neglect history;
- The length of time that has passed since the criminal act or child abuse/neglect allegation occurred;
- The relationship of the potential sponsor and other adult household members to the child or youth; and
- The evidence, if any, of rehabilitation since the criminal act or child abuse/neglect allegation occurred.

In cases where the proposed sponsor or an adult household member has been charged with, but not convicted of, a crime, ORR may postpone a final release decision until the legal issue is resolved.

In cases where ORR has released a child and later obtains derogatory information on a sponsor or sponsor household member, ORR determines whether the information if known prior to release would have led to a denial of sponsorship or presents some other high risk child welfare concern. In these instances ORR contacts state CPS and/or local law enforcement (as necessary) with jurisdiction over the sponsor's home and provides them with ORR's findings. ORR may contact the sponsor in certain situations to inform them of child welfare concerns post release in these instances, especially where it concerns an individual in the sponsor's home.

Summary Table of Results of Background Checks and Next Steps

The following table shows procedures following the results of background checks.

BACKGROUND CHECK RESULTS	NEXT STEPS
No arrest record; check completed	Proceed with release decision-making process. See Section 2.7 Recommendations and Decisions on Release.
Criminal arrest record and/or substantiated adverse child welfare findings; check completed	Determine whether release is barred. See Section 2.7.4 Deny Release Request. If release is not barred, elevate safety issues for third party review. For any findings that could affect safe release, care provider and/or ORR will obtain additional documents to determine current situation (e.g., sponsor is on probation, criminal charges are resolved, etc.). Final release decision shall take into account the criminal records and all other relevant information that is available.
Criminal history pending results; check not complete	ORR/FFS will provide instructions to care provider
CA/N pending results	ORR may choose to release a child pending CA/N results if there are no significant child welfare concerns associated with the sponsor or an adult in the sponsor's home, with the UAC or other children.

Revised 6/18/19

2.5.3 Commonly Asked Questions on the ORR Background Check Process

Q1: Where can a sponsor get his or her fingerprints taken?

A1: ORR funds a network of digital fingerprint providers at locations that are not affiliated with law enforcement entities. Sponsors may also go to any local police department for paper fingerprinting services in the event a digital fingerprint provider is not conveniently located near a sponsor's location. Fingerprinting services are not available at ORR headquarters or at HHS/PSC offices.

Q2: Are potential sponsors required to disclose to the care provider that they have a record of a criminal charge or child abuse?

A2: Yes. The sponsor must immediately advise the care provider of this situation and gather detailed documentation of the charges, dispositions, police reports, and evidence of rehabilitation.

Q3: What happens if a public records or sex offender registry check returns disqualifying findings for a sponsor, adult household member, or adult caregiver identified in the sponsor care plan?

A3: The Case Manager informs the sponsor, and provides the sponsor with a copy of the results. The sponsor and household member/adult caregiver may dispute the results, and provide further evidence or information that a check was not performed correctly (e.g., the wrong date of birth was used, the individual's name was spelled incorrectly, etc.). The Case Manager reruns the check using the corrected information. If further information is required, such as additional background checks, the Case Manager contacts the sponsor and household member/adult caregiver to obtain the information, or make other arrangements so that the safety risk to the unaccompanied alien child is mitigated (e.g., taking steps so that the household member no longer resides in the sponsor's home, identifying a new adult caregiver, etc.).

Q4: What happens if an adult household member refuses to cooperate with a background check?

A4: ORR may deny release when an adult household member refuses to cooperate with a background check. In such cases, ORR considers the totality of the circumstances, including the adult household member's refusal and all other relevant and available information to determine whether the release process may continue. ORR determines the best interests of a child and does not release any child to a sponsor until ORR has determined that it is safe to do so.

Q5: Do background checks expire?

A5: Yes. The FBI National Criminal History Check, Child Abuse and Neglect (CA/N) Check, and State Criminal History Repository Check and/or Local Police Check all expire 270 days from the day results are received. The Public Records Check and Sex Offender Registry Check expire 90 days from the day ORR receives results. ORR requires new background checks if the previous results have expired prior to ORR approving the child's release; this includes obtaining a new set of fingerprints (re-fingerprinting) when applicable.

Q6: Does ORR share the results of the FBI fingerprint checks with other parties?

A6: ORR does not release the results of the FBI fingerprints to outside organizations or individuals, or to ORR care providers. The FBI searches DHS databases that may contain overlapping records. The FBI system automatically initiates a notification to the DHS system if a particular record has been searched.

Q7: Can DHS use information gathered from the ORR background check process to enforce immigration policies against potential sponsors or others?

A7: Until September 30, 2019, DHS is restricted from using a background check subject's information for immigration enforcement

actions such as placing a subject in detention, removal, referring the individual for a decision on removal, or starting removal proceedings. Generally stated, they include: certain felonies; an association with a business that employs minors and does not pay a legal wage or prevents the minor from going to school; or an association with prostitution. The felonies include: (A) an aggravated felony as defined in 8 U.S.C. 1101(a)(43)); (B) child abuse; (C) sexual violence or abuse; or (D) child pornography. An aggravated felony, is defined at 8 U.S.C. § 1101(a)(43), and includes a listing of 21 different kinds of crimes.

If the subject of a background check is concerned about having been charged or convicted of a crime, Case Managers make a request that the subject talk to an attorney about whether their criminal history would fit the definition.

Revised 6/18/19

2.6 Sponsor Immigration Status and Release of Unaccompanied Alien Children

ORR uses immigration status information to determine whether a sponsor care plan is necessary in the event the sponsor is required to leave the United States. ORR does not disqualify potential sponsors based solely on their immigration status or for law enforcement purposes.

If the sponsor has an outstanding order of removal, or a pending order of removal that is related to an underlying criminal act, the decision to release a child or youth to a sponsor in these circumstances is based on the considerations described in Section 2.5.2. ORR bars release to any unrelated individual who has an outstanding order of removal.

How does ORR obtain information about immigration status?

During the sponsor assessment process, case managers ask sponsors about their immigration status and ask them to provide documentation sufficient to prove their immigration status (see Section 2.2.4 Required Documents for Submission with the Application for Release).

What is in a sponsor care plan?

A sponsor care plan identifies the individual that will assume care of an unaccompanied alien child if the sponsor becomes unable to care for the child (see Section 2.7.6 Issues Related to Recommendations and Decisions).

Revised 6/18/19

2.7 Recommendations and Decisions on Release

ORR care providers must make a recommendation to release a child to a potential sponsor after the care provider has evaluated the sponsor, completed the background checks, and collected necessary documentation to prove the sponsor's identity and relationship to the child or youth. The recommendation must take into consideration all relevant information, including the report and recommendations from a home study, if conducted; laws governing the process; and other factors in the case. The ORR care provider makes a recommendation for release if the care provider concludes that the release is safe and the sponsor can care for the physical and mental well-being of the child.

- The care provider **Case Manager** ([https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Case Manager](https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Case%20Manager)) and the **Case Coordinator** ([https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Case Coordinators](https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Case%20Coordinators)) must make a recommendation to the **ORR/FFS** ([https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#ORR/Federal Field Specialist](https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#ORR/Federal%20Field%20Specialist)) on the release of the unaccompanied alien child to a particular sponsor. If the Case Manager and Case Coordinator cannot agree on a particular recommendation, or if the case is particularly complicated, they may refer the case directly to an ORR/FFS for guidance on how to proceed.
- After receiving the recommendation, the **ORR/FFS** ([https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#ORR/Federal Field Specialist](https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#ORR/Federal%20Field%20Specialist)) or other **ORR/Headquarters staff** ([https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#ORR/Headquarters Staff](https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#ORR/Headquarters%20Staff)) reviews the recommendation.
- The ORR/FFS makes a release decision in consideration of the recommendations from the care provider, the Case Coordinator, and other stakeholders, including the home study provider and the Child Advocate, where applicable.

Only ORR (or ACF) has the authority to make the final decision on a release. The Case Manager, Case Coordinator, and other stakeholders have an important role in making recommendations. In some cases, the ORR/FFS may send a case back to the Case Coordinator and Case Manager to obtain additional information before he/she makes a release decision.

The ORR/FFS makes one of the following release decisions:

- Approve release to sponsor

- Approve release with post-release services
- Conduct a home study before a final release decision
- Deny release
- Remand for further information

Revised 06/29/18

2.7.1 Approve Release Decisions

A recommendation for a release without a home study or post-release services is made after a thorough assessment of the sponsor, the sponsor's family unit, and the needs of the child or youth are taken into consideration. The ORR/FFS makes this release decision when he/she determines that the release is a safe release, the sponsor can care for the health and well-being of the child, and the sponsor understands that the child is to appear for all immigration proceedings.

Posted 1/27/15

2.7.2 Approve Release with Post-Release Services

The ORR/FFS may approve a release with post-release services when the release is determined to be safe and appropriate, but the unaccompanied alien child and sponsor need additional assistance to connect them to appropriate resources in the community or to address other concerns, such as mental health or other needs that could benefit from ongoing assistance from a social welfare agency. The sponsor must consent before services may be provided and may withdraw his or her consent at any time after services have begun, since post-release services are a voluntary service. See **Section 6.2 Post Release Services** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-6#6.2>).

Revised 4/15/19

2.7.3 Conduct a Home Study Before a Final Release Decision Can Be Made

The Case Manager and Case Coordinator will recommend to the ORR/FFS that a home study be conducted prior to making a release recommendation. If the ORR/FFS agrees, he/she will approve that a home study be conducted before a final release decision can be made. The home study provider uses a standardized template to complete the review; however, the provider may include any additional supporting documentation regarding the sponsor or the child or youth, as applicable.

Once the Case Manager and Case Coordinator receive the home study results, they will review the case in light of the home study and make a release recommendation to the ORR/FFS. (See **Section 2.4.2 Home Study Requirements**. (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.4.2>))

Posted 1/27/15

2.7.4 Deny Release Request

ORR *will* deny release to a potential sponsor if any one of the following conditions exists:

- The potential sponsor is not willing or able to provide for the child's physical or mental well-being;
- The physical environment of the home presents risks to the child's safety and well-being;
- Release of the unaccompanied alien child would present a risk to him or herself, the sponsor, household, or the community; or,

ORR may deny release to a Category 1 potential sponsor, and will deny release to a Category 2A/2B or Category 3 potential sponsor, if any one of the following conditions exists:⁹

- The potential sponsor or a member of the potential sponsor's household:
 - Has been convicted of (including plea of no contest to) a felony involving child abuse or neglect, spousal abuse; a crime against a child or children (including child pornography); or a crime involving violence, including rape, sexual assault or homicide;
 - Has been convicted within the last five years of a felony involving physical assault, battery, or drug-related offenses;
 - Has been convicted of a misdemeanor for a sex crime, an offense involving a child victim, or a drug offense that compromises the sponsor's ability to ensure the safety and well-being of the child;
 - Has been convicted of alien smuggling or a crime related to trafficking in persons; or
 - Has other criminal history or pending criminal charges or child welfare adverse findings from which one could reasonably infer that the sponsor's ability to ensure the safety and well-being of the child is compromised;

or

- A potential sponsor or a member of the potential sponsor’s household has one of the following substantiated adverse child welfare findings:¹¹
 - Severe or chronic abuse or neglect;
 - Sexual Abuse or other sexual offenses;
 - Abuse or neglect of other children in the household;
 - Long-term mental illness or deficiency;
 - Long-term alcohol or drug induced incapacity; or
 - Involuntary termination of the parental rights to another child.

Revised 6/18/19

2.7.5 Remand Release Request – Decision Pending

The ORR/FFS may remand the release request, which means that the ORR/FFS is sending the recommendation back to the Case Manager for additional information or additional actions before a final release decision can be made. ORR records the date of the remand and the decision will be pending further review until the documentation is provided or actions are taken.

Posted 1/27/15

2.7.6 Issues Related to Recommendations and Decisions

Safety Plan

Case managers, in consultation with Case Coordinators, prepare a safety plan, as needed, to address any outstanding needs the child may have after he/she is released and to ensure the child’s safe and successful integration into the sponsor family unit and community. The goal of the safety plan is to ensure the child’s safety. The safety plan also has guidance for sponsors on participating in post-release services and on other areas of care critical to the child’s adjustment in the family and the community, such as maintaining mental health services for the unaccompanied alien child, accessing any needed special education, helping the child avoid drugs and alcohol, and using appropriate parenting techniques.

Sponsor Care Plan

A sponsor care plan identifies an adult caregiver who will assume care of an unaccompanied alien child if the sponsor becomes unable to care for the child. ORR requires a sponsor care plan for sponsors who may leave the United States, including all sponsors who are not U.S. citizens or lawful permanent residents (green card holders). The goal is to ensure an unaccompanied alien child has a caregiver, despite any complications resulting from the sponsor’s immigration situation.

The plan:

- Identifies an adult caregiver, and their relationship to the UAC and sponsor, if any;
- Includes copies of the adult caregiver’s vetting information (background check results, identifying documentation, etc.);
- Includes the adult caregiver’s contact information;
- Discusses how the adult caregiver is notified that a transfer of care is required, if required;
- Provides that the adult caregiver will abide by the terms of the *Sponsor Care Agreement*;
- Includes the date the UAC’s Case Manager discusses the plan with the child’s sponsor and the adult caregiver identified in the plan; and,
- Includes additional information and materials (e.g., a Safety Plan), as appropriate or when required by ORR.

A copy of the sponsor care plan is maintained in the UAC’s case file, provided to the sponsor, and to the adult caregiver identified in the plan.

Revised 6/7/18

2.7.7 Notification of Denial

If the ORR Director denies the reunification application of an unaccompanied alien child’s parent or legal guardian, the ORR Director notifies the parent/legal guardian by sending a denial letter to the parent/legal guardian within 30 business days of receiving all the required information and documentation in a specific case. If the sole reason for denial of release is concern that the unaccompanied alien child is a danger to himself/herself or the community, the ORR Director sends a copy of the denial letter to the child.

The denial letter includes:

- An explanation of the reason(s) for the denial;
- Instructions on how to obtain the child’s case file;
- The supporting materials and information that formed the basis for ORR’s decision; and

- An explanation of the process for requesting an appeal of the denial (see Section 2.7.8 (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.7.8>)). The explanation also informs the prospective sponsor that he or she may submit additional information to support an appeal request.

If ORR denies sponsorship to a potential sponsor who is not the parent or legal guardian of the child, the care provider notifies the potential sponsor, providing the reasons for the denial verbally. If the sole reason for denial of release is concern that the unaccompanied alien child is a danger to himself/herself or the community, the Director notifies the child in writing of the reason for denial as described above.

Revised 5/2/17

2.7.8 Appeal of Release Denial

The parent/legal guardian may seek an appeal of the ORR Director's denial decision by submitting a written request to the Assistant Secretary for Children and Families within 30 business days of receipt of the final decision from the ORR Director. The appeal request must state the basis for seeking the appeal, and may include any additional information that the requester believes is relevant to consideration of the request. The request may seek an appeal without a hearing or may seek a hearing.

Without a Hearing: If the requester seeks an appeal without a hearing, the Assistant Secretary will consider only the denial letter and the information referenced therein, as well as the appeal request and any additional supporting materials or information submitted by the requester. The Assistant Secretary will notify the requester of a decision within 30 business days of receiving the request. If more information is needed to make a decision, or for good cause, the Assistant Secretary may stay the request until he or she has the information needed. In these cases, the Assistant Secretary will send a written explanation to the parent/legal guardian, communicating a reasonable process and timeframe for addressing the situation and making a determination.

With a Hearing: If the requester seeks a hearing, the Assistant Secretary will schedule a teleconference or video conference, per the requester's preference, at which time the requester (or the requester's representative) may explain the reasons why he or she believes the denial was erroneous. The Assistant Secretary will consider the testimony and evidence presented at the hearing, in addition to the original denial letter and information referenced therein, to make a determination. The Assistant Secretary will notify the requester of the decision in writing within 30 business days following the hearing.

The Assistant Secretary makes a determination based on the relevant law, regulations, and policies concerning release decisions (see Section 2.7.4 (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.7.4>) for the basis of a release denial). Any evidence submitted to the Assistant Secretary by ORR is shared with the requester in compliance with privacy protections. The Assistant Secretary conducts a de novo review and may affirm or overturn the ORR Director's decision, or send the case back to ORR for further action. Appeals are recorded, and the requester may request a copy of the recording. The Assistant Secretary's decision to affirm or overrule the ORR Director's decision to deny release to a parent/legal guardian is the final administrative decision of the agency on the application that had been under consideration. However, if there is new information or a change in circumstances regarding the reunification application of a parent/legal guardian, or regarding the unaccompanied alien child's circumstances, a new reunification application may be submitted that highlights the change(s) and explains why such changes should alter the initial decision. Similarly, if ORR discovers new information or becomes aware of a change in the circumstances of the parent/legal guardian and/or the unaccompanied alien child, ORR may assess the case anew.

Denial for sole reason that the unaccompanied alien child is a danger to himself/herself or the community

If the sole reason for denial of release is concern that the unaccompanied alien child is a danger to himself/herself or the community, the unaccompanied alien child may seek an appeal of the denial as described above, provided the parent/legal guardian is not seeking an appeal. If the child expresses a desire to seek an appeal, ORR appoints a child advocate to assist the unaccompanied alien child in seeking the appeal. The unaccompanied alien child may seek such appeal at any time after denial of release while the child is in ORR custody.

Revised 5/2/17

2.8 Release from Office of Refugee Resettlement (ORR) Custody

Release from the ORR custody is a three-step process:

- After care planning, which occurs during the entire safe and timely release process.
- Transfer of physical custody of the child, which occurs as soon as possible once an unaccompanied alien child is approved for release.
- Closing the case file, which occurs within 24 hours of the unaccompanied alien child's discharge.

Posted 1/27/15

2.8.1 After Care Planning

Throughout the release process, care providers work with the child and sponsor so that they can plan for the child's after care needs. This involves working with the sponsor and the unaccompanied alien child to:

- Prepare them for post-ORR custody
- Assess the sponsor's ability to access community resources
- Provide guidance regarding safety planning, sponsor care plans, and accessing services for the child

Once the sponsor assessment is complete and a sponsor has been approved, the sponsor enters into an agreement with the Federal government in which he or she agrees to comply with the following provisions (see ***Sponsor Care Agreement***) ([https://www.acf.hhs.gov/programs/orr/resource/unaccompanied-childrens-services#Family Reunification Packet for Sponsors](https://www.acf.hhs.gov/programs/orr/resource/unaccompanied-childrens-services#Family%20Reunification%20Packet%20for%20Sponsors)):

- Provide for the physical and mental well-being of the child, including but not limited to, food, shelter, clothing, education, medical care and other services as needed.
- For those who are not the child's parent or legal guardian, make best efforts to establish legal guardianship with the local court within a reasonable time.
- Attend a legal orientation program provided under the Department of Justice/Executive Office for Immigration Review's (EOIR) Legal Orientation Program for Custodians (Sponsors), if available where he or she resides.
- Depending on where the unaccompanied alien child's immigration case is pending, notify the local Immigration Court or the Board of Immigration Appeals within 5 days of any change of address or phone number of the child (Form EOIR-33). (If applicable, file a Change of Venue motion on the child's behalf.¹⁰ A "change of venue" is a legal term for moving an immigration hearing to a new location.)
- Notify the DHS/U.S. Citizenship and Immigration Services within 10 days of any change of address by filing an Alien's Change of Address Card (AR-11) or electronically at <http://www.uscis.gov/> (<http://www.uscis.gov/ar-11>) (<http://www.uscis.gov/ar-11>) Visit (<https://www.acf.hhs.gov/disclaimers>) disclaimer page (<https://www.acf.hhs.gov/disclaimers>).
- Ensure the unaccompanied alien child's presence at all future proceedings before the DHS/Immigration and Customs Enforcement (ICE) and the DOJ/EOIR.
- Ensure the unaccompanied alien child reports to ICE for removal from the United States if an immigration judge issues a removal order or voluntary departure order.
- Notify local law enforcement or state or local Child Protective Services if the child has been or is at risk of being subjected to abuse, abandonment, neglect or maltreatment or if the sponsor learns that the child has been threatened, has been sexually or physically abused or assaulted, or has disappeared. (Notice should be given as soon as it is practicable or no later than 24 hours after the event or after becoming aware of the risk or threat.)
- Notify the National Center for Missing and Exploited Children at 1-800-843-5678 if the unaccompanied alien child disappears, has been kidnapped, or runs away. (Notice should be given as soon as it becomes practicable or no later than 24 hours after learning of the child's disappearance.)
- Notify ICE at 1-866-347-2423 if the unaccompanied alien child is contacted in any way by an individual(s) believed to represent an alien smuggling syndicate, organized crime, or a human trafficking organization. (Notice should be provided as soon as possible or no later than 24 hours after becoming aware of the information.)
- In case of an emergency, such as serious illness, destruction of home, etc., temporarily transfer physical custody of the child to another person who will comply with the terms of the *Sponsor Care Agreement*.
- In the event that a sponsor who is not the child's parent or legal guardian is no longer able and willing to care for the unaccompanied alien child and is unable to temporarily transfer physical custody, notify ORR using the ORR National Call Center, at 1-800-203-7001.

The agreement includes the notice that the release of the unaccompanied alien child to the sponsor's care does not grant the child any legal immigration status and that the child must present himself or herself for immigration court proceedings.

The care provider also provides the sponsor with a Sponsor Handbook that outlines the responsibilities in caring for the unaccompanied alien child's needs for education, health, obtaining legal guardianship, finding support to address traumatic stress, keeping children safe from child abuse and neglect and from trafficking and exploitation. The handbook reiterates the importance of continuing with immigration proceedings and includes links to EOIR's website and forms. The handbook discusses laws related to employment, such as the Federal law prohibiting minors under the age of 18 from working in hazardous occupations.

After care planning includes the care provider explaining the following to the unaccompanied alien child and the sponsor:

- The U.S. child abuse and neglect standards and child protective services that are explained on the Administration for Children and Families **Child Welfare Information Gateway** (<https://www.childwelfare.gov/>) website.
- Human trafficking indicators and resources
- Basic safety and how to use the 9-1-1 number in emergency situations.

The care provider notifies all stakeholders of the child’s discharge date and change of address and venue, as applicable. Where applicable, ORR also provides Child Advocates with access to their clients’ documents and forms, and helps child advocates to remain informed about their clients’ after-care plans and legal proceedings. The care provider coordinates with the legal service provider or attorney of record to help complete the necessary legal forms. Stakeholders notified of the change of address and, if applicable, request for change of venue for the immigration case include the U.S. Immigration and Customs Enforcement (ICE) Office of Chief Counsel and the U.S. Executive Office for Immigration Review (EOIR) Immigration Court Administrator.

Revised 6/7/18

2.8.2 Transfer of Physical Custody

Once ORR approves an unaccompanied alien child for release, the care provider collaborates with the sponsor to ensure physical discharge happens as quickly as possible (within 3 calendar days after ORR approves the release). The care provider notifies DHS prior to the physical release to allow DHS an opportunity to comment on the imminent release as well as time to prepare any DHS paperwork for the ICE Chief Counsel’s office.

The care provider ensures that all the child’s belongings—including those he or she had at the time they entered ORR custody and any they acquired during their stay—are given to the child and sponsor at time of release. The care provider also makes sure that the child and sponsor have copies of files or papers needed for the child to obtain medical, educational, legal or other services following release.

Whenever possible, sponsors are expected to come to the care provider or to an offsite location designated by the care provider for the transfer of physical custody of the child.

Escorting Children to a Sponsor

Under extenuating circumstances (e.g., a sponsor cannot travel due to a medical condition), ORR may approve an unaccompanied alien child to be escorted to a sponsor. Similarly, if a sponsor pick-up would result in delay of a timely release of the child, ORR may approve an escort for an unaccompanied alien child.

If an unaccompanied alien child’s final destination involves air travel and the sponsor will not be traveling with the child, the care provider must follow the procedures in the table below concerning care provider escorts and airline escorts.

Unaccompanied alien children who are under the age of 14 years old traveling via air may only be escorted by care provider staff, unless an ORR/FFS Supervisor has approved the use of an airline escort in advance.

The sponsor is responsible for the unaccompanied alien child’s transportation costs and, if the care provider is escorting the child, for the care provider’s transportation or airfare. If an airline escort is used, the sponsor is responsible for paying the airline’s unaccompanied alien minor service fee.

Under no circumstances will ORR pay for the sponsor’s airfare. Sponsors are not required to use a travel agent proposed or used by a care provider if they are able to find lower airfare using another agent or airline, provided escort conditions are met.

The following table summarizes procedures for each method of transfer.

Method of Transfer	Pre-transfer Steps	At point of Transfer
Sponsor pick-up at care provider facility	<ul style="list-style-type: none"> Case manager collaborates with the sponsor on selecting a date and time for the sponsor to pick-up the child Case manager notifies the sponsor that he/she is required to bring the same valid government issued photo identification previously submitted by the sponsor in the FRP (see Section 2.2.4) 	<ul style="list-style-type: none"> Care provider checks the sponsor’s identification upon arrival by comparing it to the identification previously submitted by the sponsor in the FRP (see Section 2.2.4) If the sponsor’s identification matches the identification previously submitted, care provider gives the sponsor the unaccompanied alien child’s release documents and personal possessions Care provider advises the sponsor, if traveling by airplane, to check in the child at the ticket counter with a copy of the child’s DHS form I-862, Notice to Appear Care provider may not release the child unless the sponsor presents the same valid government issued photo identification he or she submitted in the FRP.
Care provider escort to offsite transfer location	<ul style="list-style-type: none"> Case manager collaborates with the sponsor in selecting a time and location for transfer, and flights for the child and care provider escort 	<ul style="list-style-type: none"> If traveling by air, at the departure airport, care provider escort checks in the child at the ticket counter with a copy of the child’s DHS form I-862, Notice to Appear

	<ul style="list-style-type: none"> • Case manager notifies the sponsor that he/she is required to bring the same valid government issued photo identification previously submitted by the sponsor in the FRP to the transfer location • Case manager arranges for the sponsor to pay for the child and care provider escort's transportation costs, including airline tickets where applicable • Case manager prepares a copy of the sponsor's identification that was submitted in the FRP, for the care provider escort to take to the transfer location 	<ul style="list-style-type: none"> • At the transfer location, care provider escort compares the sponsor's identification with the copy previously submitted by the sponsor in the FRP. If the identification documents correspond, care provider escort releases the child to the sponsor and provides the sponsor with the release documents and the child's personal effects and papers • Care provider escort may not release the child unless the sponsor presents the same valid government issued photo identification he or she submitted in the FRP. If the sponsor does not produce valid identification, if the care provider escort has concerns regarding the sponsor's identity, or if the care provider escort has concerns regarding the safety of the situation upon meeting the sponsor, the care provider escort will return with the child to the care provider facility
<p>Travel via airline's unaccompanied alien minor escort policy (only for youth 14 years of age and older)</p>	<ul style="list-style-type: none"> • Case manager contacts the airline to obtain information on airline escort requirements, in order to ensure that they are adequate to protect the safety of the child, and to ensure that both the sponsor and the care provider can meet the requirements • Case manager arranges for the sponsor to pay for the child's airplane ticket and for the airline unaccompanied alien minor escort fee • Case manager ensures that the government issued photo identification submitted by the sponsor in the FRP will be acceptable to the airline to complete custody transfer • The care provider instructs the sponsor to meet the unaccompanied alien child and escort at the airport with the identification they submitted in the FRP, and to follow the requirements of the airline's unaccompanied alien minors escort policy 	<ul style="list-style-type: none"> • At the departure airport, care provider checks in the unaccompanied alien child at the ticket counter with a copy of the DHS form I-862, Notice to Appear, and a copy of the approved identification of the sponsor picking up the child • At the departure airport, care provider gives the child their personal possessions and documents and a copy of the sponsor's approved identification, and mails an additional copy of the release documents to the sponsor • At the destination airport, the sponsor arrives two hours before the child's arrival time, and contacts the care provider immediately to check in. • The airline follows its standard procedures for escorting a child traveling alone to the designated parent or guardian • The care provider contacts the sponsor shortly after the child's scheduled arrival time to confirm the child's transfer from the airline representative to the sponsor • If the sponsor fails to arrive at the airport or fails to contact the care provider upon arrival at the airport, the care provider will notify the ORR/FFS and the Project Officer, and the child will either be returned to the care provider or taken to another nearby care provider facility.

When arranging for children to travel with airline escorts, care providers should also refer to the U.S. Department of Transportation recommendations for unaccompanied alien minors traveling by air ("When Kids Fly Alone").

Revised 6/18/19

2.8.3 Closing the Case File

The care provider completes a Discharge Notification form within 24 hours of the physical discharge of a youth, and then emails the form to DHS and other stakeholders. Once a child is released to a sponsor, ORR's custodial relationship with the child terminates.

Although the custodial relationship ends, the care provider keeps the case file open for 30 days after the release date in order to conduct the Safety and Well Being Follow Up Call (see Section 2.8.4) and document the results of the call in the case file. The care provider closes the case file record after completing the Safety and Well Being Follow Up Call.

Revised 3/14/16

Section 2.8.4 Safety and Well Being Follow Up Call

Care providers must conduct a Safety and Well Being Follow Up Call with an unaccompanied alien child and his or her sponsor 30 days after the release date. The purpose of the follow up call is to determine whether the child is still residing with the sponsor, is enrolled in or attending school, is aware of upcoming court dates, and is safe. The care provider must document the outcome of the follow up call in the child's case file, including if the care provider is unable to contact the sponsor or child after reasonable efforts have been exhausted. If the follow up call indicates that the sponsor and/or child would benefit from additional support or services, the care provider must refer the sponsor or child to the ORR National Call Center and provide the sponsor or child the Call Center contact information. If the care provider believes that the child is unsafe, the care provider must comply with mandatory reporting laws, State licensing requirements, and Federal laws and regulations for reporting to local child protective agencies and/or law enforcement.

Revised 3/14/16

2.8.5 Post-Release Services for UAC with Zika Virus Disease or Infection

Testing

ORR follows CDC guidance and recommendations for Zika virus laboratory testing. CDC recommends testing for all pregnant UAC without symptoms, but who are from or traveled through areas with ongoing Zika virus transmission and are within 2–12 weeks of arrival in the United States. Other UAC who develop two or more symptoms consistent with Zika may be tested for Zika virus upon consultation with a healthcare provider.

Post-Release Referrals

Pregnant UAC who are diagnosed with Zika virus disease, have laboratory results compatible with Zika virus infection, or have laboratory results that cannot rule out Zika virus infection will be referred for post-release services. Similarly, UAC who delivered while in ORR care will be referred for post-release services if they were diagnosed with Zika virus disease, had laboratory results compatible with Zika virus infection, or had laboratory results that cannot rule out Zika virus infection while pregnant.

In some cases, asymptomatic pregnant UAC are released pending lab results. In those cases, ORR will communicate their test results to them and their new healthcare provider. If their results are compatible with Zika virus infection or if Zika virus infection cannot be ruled out, ORR will refer them for post-release services.

Post-Release Services

Post-release services for eligible UAC described above include the full range of post-release services with a focus on connecting the UAC to prenatal care and maternal-child resources.

For more information about the Zika virus, please go to the CDC website at: www.cdc.gov/zika/index.html (<http://www.cdc.gov/zika/index.html>)

Posted 5/2/16

2.8.6 Release for Children with Legal Immigration Status

Some unaccompanied alien children may obtain legal immigration status while in ORR care. ORR may also discover during the process of placing and providing services to a child that he or she already has legal immigration status or is a U.S. citizen. By law, ORR is not authorized to have custody of children with legal immigration status or U.S. citizenship. Therefore, these children cannot remain in ORR's care, and ORR must promptly release them from ORR-funded care provider facilities.

As soon as ORR determines that an unaccompanied alien child may be eligible for legal status, ORR begins development of a Post Legal Status Plan. The case manager develops the plan, and ORR approves it, tailoring it to the needs and pending immigration status of the child.

As is the case for all UAC, ORR continually makes efforts to reunify children who have promising immigration cases with family members. However, if no parent, legal guardian, relative, or other suitable adult is available, ORR and the care provider, as part of the development of the Post Legal Status Plan, identify alternative placements for the child, including specialized programs, state or county entities or licensed nonprofit organizations that will take custody of the child. In limited circumstances, children with certain types of immigration status may be eligible for release into ORR's Unaccompanied Refugee Minors (URM) Program. Placement in the URM Program is limited by type of immigration status and the availability of appropriate placement options. ORR will not release children on their own recognizance under any circumstances.

Posted 5/8/17

2.9 Bond Hearings for Unaccompanied Alien Children

Consistent with the Ninth Circuit Court of Appeals decision in *Flores v. Sessions*, unaccompanied alien children have the opportunity to seek a bond hearing with an immigration judge.

In a bond hearing, an immigration judge decides whether the child poses a danger to the community.¹² For the majority of children in ORR custody, ORR has determined they are not a danger and therefore has placed them in shelters, group homes, and in some cases, staff secure facilities. For these children, a bond hearing is not beneficial.

The burden is on the requestor to demonstrate that the child can be released because he or she is not a danger to the community. An immigration judge's decision that the unaccompanied alien child is not a danger to the community supersedes an ORR determination on that question, unless the immigration judge's decision is overturned by the Board of Immigration Appeals (BIA). However, even if an

immigration judge decides the child is eligible for bond (meaning the child does not pose a danger to the community and need not remain in an ORR facility for that reason), in all cases release from ORR custody cannot occur until ORR has identified, evaluated and approved an appropriate sponsor in accordance with **Section 2 (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-2>)** of this policy guide. An immigration judge does not rule on any of the following:

- release to a sponsor;
- the unaccompanied alien child's placement or conditions of placement while in ORR custody; or,
- releasing the child on his or her own recognizance.

ORR also takes into consideration the immigration judge's decision in the bond hearing about the youth's level of danger when assessing the youth's placement and conditions of placement.¹³

Although these hearings are known as "bond hearings," ORR does not require payment of any money in the event a court grants bond.

Requesting a Bond Hearing

A request for a bond hearing may be made by the child in ORR care, by a legal representative of the child, or by parents/legal guardians on their children's behalf. These parties may submit a written request for a bond hearing to the care provider using the ORR form, *Notice of Right to Request a Bond Hearing*, or through a separate written request that provides the information requested in the form. ORR provides the *Notice of Right to Request a Bond Hearing* to UAC in secure and staff secure facilities.

A request for a bond hearing must minimally include:

- The full name and alien registration number ("A number") of the child;
- If a parent or legal guardian, or an appointed legal representative, is making the request, the parent/legal guardian's or legal representative's name;
- The location of the care provider facility;
- The date of the request; and
- The signature(s) of the requesting child, the parent/legal guardian, and/or legal representative.

There is no filing fee to submit a request for a bond hearing to the care provider.

A child (or his or her legal representative) may also request a bond hearing by making an oral request in immigration court.

Bond Hearings Proceedings

Bond hearings are usually held at the immigration court where the request for a bond hearing is filed.

If the immigration judge finds an unaccompanied alien child eligible for bond, and ORR does not appeal, then ORR follows its sponsor assessment and release procedures as described in **Section 2 (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-2>)** of this policy guide.

Appeals

Either party may appeal the immigration judge's decision to the BIA. Because ORR cannot release a child until it identifies a suitable sponsor, an immigration judge's finding that the unaccompanied alien child is not a danger to the community does not necessarily result in a release of the child while an appeal is pending.

Age Outs

If an unaccompanied alien child becomes 18 years old during the pendency of a bond hearing or bond hearing appeal, ORR forwards the request for a bond hearing and any relevant information to the local DHS/ICE Office of Chief Counsel's office.

Further Requests for Bond Hearing

If an immigration judge (or BIA, when appealed) determines that an unaccompanied alien child is ineligible for bond, such decision is final unless the child can demonstrate a material change in circumstance to support a second request for a bond hearing.

Revised 7/19/17

Footnotes

1. As per the release order preference outlined in Flores v. Reno Stipulated Settlement Agreement, No. 85-4544-RJK (Px) (C.D. Cal., Jan 17, 1997).
2. These categories were created for program use, to help identify potential sponsors. They are not intended to replace the legal order of preference established in Flores.
3. The care provider may offer assistance to potential sponsors in securing necessary documentation, but it is ultimately the potential sponsor's responsibility to find and submit them.
4. Verification of the potential sponsor's relationship to the child is a minimum step required by the TVPRA to determine a potential sponsor's suitability and capability of providing for the child's physical and mental well-being. See 8 U.S.C. § 1232. As a result, as stated above, ORR may in its discretion require the submission of multiple forms of evidence.
5. ORR/FFS Supervisors are the final authority for approving discretionary home studies (See Section **2.4.2**)
6. Child advocates must keep the information in the case file, and information about the child's case, confidential from non-ORR grantees, contractors, and Federal staff.
7. As part of the FBI background check process, DHS databases are searched. The FBI also forwards biographic information to ICE's Law Enforcement Support Center (LESC). Neither HHS/PSC or ORR verify any records produced by DHS for background check purposes.
8. An *Authorization for Release of Information* is not required for sponsors, adult household members, or adult care givers identified in a sponsor care plan undergoing a sex offender registry check. An *Authorization for Request of Information* also is not required for sponsors, adult household members and adult caregivers identified in a sponsor care plan undergoing a public records check. However, sponsors will receive notice that public records and sex offender registry checks will be performed, and will have an opportunity to explain the results of these checks to ORR. ORR will also provide a method for disputing the results of checks.(See Section **2.5.3** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.5.3>), Q4)
9. ORR will also reject any sponsor care plans that identify an adult care giver who has any of the disqualifying criteria.
10. See U.S. Dept. of Health and Human Services, Children's Bureau. *Grounds for involuntary termination of parental rights*, at 2. Washington, DC: Child Welfare Information Gateway, Jan. 2013.
11. The Change of Venue motion must contain information specified by the Immigration Court. A Change of Venue motion may require the assistance of an attorney. For guidance on the "motion to change venue," see the Immigration Court Practice Manual at www.justice.gov/eoir/vll/OCIJPracManual/ocij_page1.htm (http://www.justice.gov/eoir/vll/OCIJPracManual/ocij_page1.htm). For immigration case information please contact EOIR's immigration case information system at 1-800-898-7180. Visit EOIR's website for additional information at: www.justice.gov/eoir/formslist.htm (<http://www.justice.gov/eoir/formslist.htm>).
12. Immigration judges also consider risk of flight. However, ORR does not make a determination of flight risk for the purpose of deciding whether a child is released. If an immigration judge offers an opinion about a youth's risk of flight, ORR takes the judge's opinion into consideration when assessing the child's placement and conditions of placement, but the decision does not affect release.
13. Please see footnote above concerning risk of flight.

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OFFICE OF REFUGEE RESETTLEMENT

An Office of the Administration for Children & Families

Children Entering the United States Unaccompanied: Section 3 Services

Published: April 20, 2015

Categories: Unaccompanied Children's Services

3.1 Summary of Services

Care provider facilities are State licensed and must meet ORR requirements to ensure a high level of quality care. The facilities, which operate under cooperative agreements and contracts, provide children with classroom education, health care, socialization/recreation, vocational training, mental health services, access to legal services, access to Child Advocates where applicable, and case management. They also undertake ongoing efforts to identify and assess relatives or other individuals in the United States as sponsors to whom children can be safely released. Care provider facilities' case management teams use standardized screening tools to assess children for mental health and victims of trafficking issues.

Revised 8/1/16

3.2 Care Provider Admissions and Orientation for Unaccompanied Alien Children

Once the care provider has physical custody of the unaccompanied alien child, the care provider must complete the admissions and orientation process. Care provider staff must be trained in techniques for child-friendly and trauma-informed interviewing, assessment, observation and other techniques. Care providers must also be trained to identify suspected victims of trafficking and children who have been smuggled into the country. Foster parents are not responsible for conducting admissions procedures, but they must be trained on the above topics in order to identify issues that may arise and report them to the care provider.

Care providers who operate secure or staff secure facilities must ensure that the unaccompanied alien children initially placed or transferred to their facility are provided a notice in a format and language accessible to the child as to why they were placed in the facility.

If the care provider staff determines during the admissions and intake process that the unaccompanied alien child's health or life is in imminent risk or their condition places the safety of others at imminent risk, the care provider must contact 9-1-1 for crisis response and transportation to the nearest emergency room.

If the care provider determines that the unaccompanied alien child requires medical attention, the care provider arranges for the unaccompanied alien child to be evaluated by a medical and/or mental health provider as soon as possible upon the unaccompanied alien child's arrival at the facility.

Where available, the care provider or any stakeholder may request the appointment of a Child Advocate for an unaccompanied alien child who is a victim of trafficking or is found to be especially vulnerable (See **Section 2.3.4** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.3.4>)). ORR decides whether to appoint a Child Advocate.

Revised 8/1/16

3.2.1 Admissions for Unaccompanied Alien Children

After obtaining physical custody of an unaccompanied alien child, the care provider must immediately ensure the physical and mental well-being of the child by:

- Ensuring that the unaccompanied alien child receives food and beverages and bathes or showers within two hours of entering the care provider facility.
- Providing the unaccompanied alien child, at a minimum, with the following items: clean clothing, clean bedding, and personal hygiene items.

- Assisting the unaccompanied alien child in contacting family members or other relatives, if contact is considered safe, following ORR and the care provider's internal safety procedures.
- Ensuring that to the extent practical under the circumstances, the child eats and bathes before interacting with other children.
- Ensuring that the unaccompanied alien child receives a complete initial medical exam, including screening for infectious diseases by a licensed physician or physician's assistant, within 48 hours of admission (excluding weekends and holidays).
- Creating an inventory list for all cash and other property obtained from the unaccompanied alien child upon admission.

To identify any of the child's immediate needs or issues, a trained staff member with the care provider must use the *Initial Intakes Assessment* to interview the child within 24 hours of the child's admission to the facility. The *Initial Intakes Assessment* guides the interviewer through a series of questions to obtain information about family members, any immediate medical or mental health concerns, current medications, and any concerns about personal safety that the child may have at that time.

Prior to interviewing the UAC using the *Initial Intakes Assessment*, the care provider informs the youth that providing honest answers to all assessments is essential. The care provider also informs the UAC that self-disclosure of previously unreported criminal history or violent behavior to any other children, care provider staff, ORR, or others, may result in the child's transfer to another care provider facility and may affect their release.

If the unaccompanied alien child's responses to questions during the *Initial Intakes Assessment*, initial medical examination, or other assessments indicate the possibility that the child may have been a victim of human trafficking, the care provider notifies the Office of Trafficking in Persons (OTIP) within 24 hours.

Revised 04/3/2018

3.2.2 Orientation

Care providers must have a standardized orientation that is provided to all admitted unaccompanied alien 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 child or youth. The orientation must be provided in formats that are accessible to unaccompanied alien children who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as those who have limited reading skills.

If the unaccompanied alien child is not literate, the care provider must verbally explain all the documents in the unaccompanied alien child's native or preferred language. If forms are not translated into a language that the unaccompanied alien child can read, the care provider staff must verbally translate the document for the child or youth. Care providers lacking staff who speak an unaccompanied alien child's native or preferred language must make every attempt to utilize a professional translation service for the unaccompanied alien child's orientation. In cases where no such service exists, or is unavailable, then care providers must consult with the ORR FFS, the Care Coordinator, and other relevant stakeholders to create and implement a strategy for communicating with the unaccompanied alien child as effectively as possible.

As part of the orientation, the care provider must also provide the unaccompanied alien child a tour of the facility and note emergency evacuation routes and exits. The orientation must include the following information: an explanation of the nature of the unaccompanied alien child's custody in ORR; the care provider's rules, responsibilities, and procedures; the unaccompanied alien child's rights and responsibilities, including general legal-related information; the care provider's behavior management policies; the care provider's grievance policies and procedures; emergency and evacuation procedures; and other policies and procedures to help the child or youth adjust to the new setting.

Posted 1/28/15

3.3 Care Provider Required Services

Care providers must comply with all applicable State child welfare laws and regulations and all State and local building, fire, health and safety codes. Care providers must deliver services in a manner that is sensitive to the age, culture, native language, and needs of each unaccompanied alien child. Care providers must develop an **individual service plan** ([https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Individual Service Plan](https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Individual%20Service%20Plan)) for the care of each child.

Care providers are also required to maintain records of case files and make regular reports to ORR. Care providers must have accountability systems in place which preserve the confidentiality of client information and protect the records from unauthorized use or disclosure.

Under the terms of the Flores Settlement Agreement, care providers must provide the following minimum services¹ for each unaccompanied alien child in their care:

- Proper physical care and maintenance, including suitable living accommodations, food, appropriate clothing and personal grooming items.
- Appropriate routine medical and dental care, family planning services, including pregnancy tests and comprehensive information about and access to medical reproductive health services and emergency contraception, and emergency health care services, including a complete medical examination (including screenings for infectious disease) within 48 hours of admission, excluding weekends and holidays, unless the unaccompanied alien child was recently examined at another ORR care provider facility; appropriate immunizations in accordance with recommendations of the U.S. Department of Health and Human Services /U.S. Public Health Service (PHS), Centers for Disease Control and Prevention (CDC); administration of prescribed medication and special diets; appropriate mental health interventions when necessary.
- An individualized needs assessment, which includes the various initial intake forms, collection of essential data relating to the identification and history of the child and his or her family, identification of the unaccompanied alien child's special needs including any specific problems which appear to require immediate intervention, an educational assessment and plan, an assessment of family relationships and interaction with adults, peers and authority figures; a statement of religious preference and practice; an assessment of the unaccompanied alien child's personal goals, strengths and weaknesses; 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 connecting the child with family members.
- Educational services appropriate to the unaccompanied alien child's level of development and communication skills in a structured classroom setting Monday-Friday, which concentrates primarily on the development of basic academic competencies and secondarily on English Language Training. The educational program shall include instruction and educational and other reading materials in such languages as needed. Basic academic areas should include Science, Social Studies, Math, Reading, Writing and Physical Education. The program must provide unaccompanied alien children with appropriate reading materials in languages other than English for use during leisure time.
- Activities according to a recreation and leisure time plan that include daily outdoor activity, weather permitting, with at least one hour per day of large muscle activity and one hour per day of structured leisure time activities (that should not include time spent watching television). Activities should be increased to a total of three hours on days when school is not in session.
- At least one individual counseling session per week conducted by trained social work staff with the specific objective of reviewing the child's progress, establishing new short term objectives, and addressing both the developmental and crisis-related needs of each child.
- Group counseling sessions at least twice a week. Sessions are usually informal and take place with all unaccompanied alien children present. The sessions give new unaccompanied alien children the opportunity to get acquainted with 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 and other activities. The sessions allow staff and unaccompanied alien children to discuss whatever is on their minds and to resolve problems.
- 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.
- A comprehensive orientation regarding program intent, services, rules (written and verbal), expectations and the availability of legal assistance.
- Whenever possible, access to religious services of the child's choice.
- Visitation and contact with family members (regardless of their immigration status), which is structured to encourage such visitation. The staff must respect the child's privacy while reasonably preventing the unauthorized release of the unaccompanied alien child.
- A reasonable right to privacy, which includes the right to wear his or her own clothes when available, retain a private space in the residential facility, group or foster home for the storage of personal belongings, talk privately on the phone and visit privately with guests, as permitted by the house rules and regulations, receive and send uncensored mail unless there is a reasonable belief that the mail contains contraband.
- 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 unaccompanied alien child.
- 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. (This information is included in the **Legal Resource Guide for Unaccompanied Alien Children** (<https://www.acf.hhs.gov/programs/orr/resource/unaccompanied-childrens-services#legal>))

Revised 5/23/16

3.3.1 UAC Assessment and Case Review

Within 5 days of an unaccompanied alien child's admission, a trained staff member conducts an assessment that covers biographic, family, legal/migration, medical, substance abuse, and mental health history (the UAC Assessment).

The UAC Assessment is used by the care provider as the basis for an initial release plan for the unaccompanied alien child and is the initial form used to evaluate the child or youth for services. An unaccompanied alien child may not be transferred to another ORR care provider or released from ORR custody to a sponsor until the care provider has completed the assessment.

The care provider continues to update the child or youth's case file using another assessment tool (the UAC Case Review). This form is used to make sure that the case is continually updated (initially on the unaccompanied alien child's 30th day in the care provider's care and subsequently every 30 days or every 90 days in a long term foster care provider's care). This information is entered into the child's case management record in a timely fashion to identify any changes that impact a release care plan or individual service plan.

Posted 12/16/16

3.3.2 Long Term and Concurrent Planning

Care providers create long term plans to address the individual needs of each unaccompanied alien child following release from ORR. Whenever possible, this involves releasing an unaccompanied alien child to the care of a family member.

In some cases, care providers may conduct concurrent planning for the child's future. Concurrent planning is the exploring of alternative options to the sponsorship process (including multiple sponsorship options) during the process of preparing to release children to parents, other relatives, or family friends.

In some situations, release to a family member is not an option for the child or youth. In those instances, the care provider must explore other planning options for the future. These include:

- Release to an unrelated sponsor
- Release to a licensed program or other entity
- Preparation for discharge and repatriation
- Planning for teens turning 18 years of age, and "aging out" of ORR custody
- Residential Treatment Center (RTC) or ORR Long Term Foster Care (LTFC) or transfer to another care provider within the ORR continuum of care that is most appropriate for meeting the unaccompanied alien child's immediate and longer term needs.

Posted 1/28/15

3.3.3 Screening for Child Trafficking and Services for Victims

Care providers must screen all unaccompanied alien children to identify potential victims of a severe form of trafficking. The law recognizes two forms of trafficking: labor trafficking and sex trafficking.² Labor trafficking of a child has three elements:

- **Action:** the child was recruited, harbored, transported, provided, or obtained
- **Means:** through the use of force, fraud, or coercion
- **Purpose:** for involuntary servitude, peonage, debt bondage, or slavery.

Sex trafficking of a child has two elements:

- **Action:** the child was recruited, harbored, transported, provided, obtained, patronized, or solicited
- **Purpose:** for a commercial sex act. A commercial sex act is defined as any sex act on account of which anything of value is given to or received by any person.

Force, fraud, or coercion (means) is not a required element for sex trafficking of a child.

The UAC assessment tool has questions designed to assist care providers in identifying victims of trafficking and children vulnerable to being trafficked. The questions in the assessment tool cover a wide range of indicators of trafficking.

Care providers must distinguish between the elements of a trafficking offense and indicators that trafficking may have occurred. A child may have experienced an indicator of trafficking, such as owing a financial debt, but may not be a victim of trafficking. A child is not a victim of trafficking unless there is forced labor or commercial sex.

Trafficking vs. Smuggling

Smuggling is a distinct crime from human trafficking. Smuggling involves a person being transported illegally over a national border. A child who was smuggled into the United States could have been trafficked while they were smuggled or smuggled as part of a trafficking scheme, but being smuggled does not automatically make the child a victim of trafficking.

Actions when care provider suspects trafficking

If a care provider suspects that a child is a trafficking victim, the care provider must refer the child's case to the Office on Trafficking in Persons (OTIP) for further assessment. This referral is appropriate if the care provider suspects the child was a victim of trafficking at any point in the child's life and in any country. In addition, ORR must refer any trafficking concerns to the Homeland Security Investigations division (HSI) and the Human Smuggling and Trafficking Center (HSTC), at the Department of Homeland Security. Referrals to OTIP, HSI, and HSTC may include supporting documents relevant to investigative purposes. ORR may also request assistance from other federal agencies (e.g., Department of Labor) in assessing a child's case for potential trafficking concerns.

If OTIP identifies the child as a victim of a severe form of trafficking, OTIP issues the child an *Eligibility Letter*, which makes the child eligible for federally funded benefits and services to the same extent as a refugee, without regard to immigration status. Prior to issuing an *Eligibility Letter*, upon receipt of credible information that a child who is seeking assistance may have been subjected to a severe form of trafficking in persons, OTIP issues an *Interim Assistance Letter*, making the child or youth eligible for such benefits and services for a 90-day period (which may be extended for an additional 30 days). OTIP issues *Eligibility* and *Interim Assistance Letters* to children by name, in care of the care providers. The care providers retain the original letter until release, and keep copies after release (See Section 5.6.2 (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.6.2>) for care provider responsibilities relating to retention of original *Eligibility* and *Interim Assistance Letters*).

Additional Measures

Care providers must take additional safety steps when caring for child victims of trafficking, including:

- Carefully verifying all family and sponsor relationships in order to screen for traffickers who may attempt to coerce or threaten a child;
- Adjusting the in-care safety plan as appropriate, to allow for only supervised phone calls or to revise the list of approved phone/visitation contacts for the unaccompanied alien child (See Section 3.3.4 (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.3.4>));
- Training staff and volunteers on how victims of trafficking are subject to many different methods of coercion and control, including strong bonds with an abuser and not understanding the full reality of abuse;
- Supporting unaccompanied alien children in an age-appropriate manner to identify healthy relationships and to understand common recruitment and deception tactics used by traffickers;
- Implementing additional safety measures, such as increased staff supervision or in-depth trauma-informed interviews during the planning process;
- Creating a safety plan that includes a list of safe persons, phone numbers, places to contact, and list of unsafe persons and places;
- Engaging the unaccompanied alien child in developing a plan of action for the child to take if he or she feels threatened or unsafe..

Revised 7/3/17

3.3.4 Safety Planning

Care providers are responsible for safety planning for the facility as a whole and for developing in care individual safety plans for those children for whom it is appropriate.

Overall Safety Planning

Care providers must develop a written safety plan that includes policies and procedures for all unaccompanied alien children in its care and program staff. The safety plan must address emergency situations covering the following areas: evacuations (for example due to a hurricane, fire, or other emergency), medical and mental health emergencies, disease outbreaks, and unaccompanied alien children leaving premises without permission.

Care providers and foster care programs must meet the safety requirements maintained by State and/or local licensing entities, fire code regulations, and local zoning and building code regulations.

Care providers (with the exception of individual foster care homes) must meet the following minimum safety and security related requirements:

- Controlled entry and exit from the premises to ensure unaccompanied alien children remain within the facility perimeter and to prevent access by the public without proper authorization.
- Video monitoring in common and living areas.
- A communications system and alarm system for all areas of the residential structure.

- Effective video monitoring of the exterior of the building and surrounding premises, including the ability to permanently download footage when necessary.
- A system for physically counting the residents and a written policy that provides that staff regulate resident movement.
- A daily log on resident population movement (for example, arrivals and departures, room assignments).
- “Mirrored windows” or small windows in the doors of any rooms used for one-on-one meetings with the children.
- A facility inspection checklist that includes the safety related components of all residential operations and program functions.
- Quarterly conducted safety assessments which document any deficiencies that could impact the safety of staff or children and corrective action plans for any outstanding deficiencies.
- Spot inspections in order to note safety concerns through day-to-day observations, which are tracked and incorporated into the quarterly safety assessment.

Individualized In Care Safety Plans

Care providers must create in care safety plans for unaccompanied alien children for whom such plans are appropriate, including but not limited to those who:

- Are victims of trafficking, at high risk for trafficking, or victims of other crimes
- Have a history of criminal, juvenile justice, or gang involvement
- Have a history of behavioral issues or violence
- Have special needs, disabilities or medical or mental health issues
- Have a history of substance abuse
- Are parenting or pregnant
- May be subject to bullying (e.g., transgender youth)
- Present a risk of flight

Safety Planning for Field Trips or Other Off-Site Outings

Prior to approving a child's participation in an off-site outing (including off-site religious services) care providers must assess the child's current behavior and level of functioning to identify potential safety risks. As part of the assessment, care providers must take into consideration individualized safety plans created for children with specific safety or behavioral concerns. In addition, care providers must ensure that all staff involved in the outing are aware of and understand any individual needs of or concerns about each child being considered for participation in the outing.

Children who are currently identified as presenting a safety risk or risk of flight are not permitted to participate in outings. All assessments for safety risk or risk of flight will be evaluated on an individual basis and in no event will a care provider use a safety plan to bar children from outings based on factors unrelated to the child's behavior or a specific safety concern. If a child previously posed a risk of flight from ORR custody, the child must be assessed for thirty days leading up to the planned outing before the care provider approves or denies participation in the outing. During those thirty days, if the child exhibits any degree of behavior indicating an elevated risk of flight or other safety concern, the child is not permitted to participate in the outing. As with other assessments, care providers must keep a record of their behavioral assessments in preparation for outings.

If a child is not permitted to participate in an off-site outing, care providers must make reasonable efforts to provide comparable, comprehensive services on-site in accordance with State licensing regulations and child welfare best practices. For children approved to participate in outings, care providers must explain to the children the program's expectations for appropriate behavior during the off-site outing.

Revised 4/24/17

3.3.5 Academic Educational Services

Care providers must conduct an educational assessment within 72-hours of a UAC's admission into the facility in order to determine the academic level of the child and any particular needs he or she may have. Care providers must provide educational services based on the individual academic development, literacy level, and linguistic ability of each unaccompanied alien child.

Each unaccompanied alien child must receive a minimum of six hours of structured education, Monday through Friday, throughout the entire year in basic academic areas (Science, Social Studies, Math, Reading, Writing, Physical Education, and English as a Second Language (ESL), if applicable). Care providers adapt or modify local educational standards to develop curricula and assessments, based on the average length of stay for UAC at the care provider facility, and provide remedial education and after school tutoring as needed. Learning materials must reflect cultural diversity and sensitivity. Any academic breaks must be approved in advance by the care provider's Project Officer. In no event will any academic break be approved that is over two (2) weeks in duration.

Unaccompanied alien children may be separated into class groups according to their academic development, level of literacy, and linguistic ability rather than by chronological age. As needed, unaccompanied alien children must be provided an opportunity for learning advancement, such as independent study, special projects, pre-GED classes and college preparatory tutorials, among others. Academic reports and progress notes are included and updated in the unaccompanied alien child's case file which is either sent to another care provider in the event of a transfer or released to the unaccompanied alien child upon discharge.

Revised 4/24/17

3.3.6 Vocational Educational Services

Care providers are encouraged to create vocational training opportunities that will provide unaccompanied alien children with practical and competitive job skills and assist in the preparation for adulthood. Vocational programs may not replace academic education or be a substitute for the basic subject areas.

Care providers must document all vocational programs, including the name of the vocation or trade, staff or volunteer qualifications, frequency and duration of courses, community partnerships, course curriculum, and student capacity. If funds are generated from the sale of items made by unaccompanied alien children in the program they must be provided to the unaccompanied alien child upon release from the facility. These funds may not be used to supplement the facility's program. If care providers plan to regularly sell items made by unaccompanied alien children, they must have written standardized procedures for the sale, accounting, and dispensing of funds to unaccompanied alien children upon release.

Posted 1/28/15

3.3.7 Services Related to Culture, Language, and Religious Observation

Unaccompanied alien children entering ORR custody come from a wide array of cultures, practices, languages, and beliefs. Care providers must have the cultural awareness and systems in place to support the cultural identity and needs of each unaccompanied alien child.

ORR requires care providers to respect and support the cultural identity of unaccompanied alien children by:

- Allowing unaccompanied alien children regular contact with safe family members or other support systems through telephone calls, letters and visits.
- Addressing the unaccompanied alien child by his or her given name.
- Inclusion of cultural awareness in daily activities, such as food menus, choice of clothing, and hygiene routines.
- Celebration of culture-specific events and holidays.
- Academic education that covers various cultures within a classroom setting.

Care providers must make every effort possible to provide comprehensive services and literature in the native language of each unaccompanied alien child; provide on-site staff or interpreters as needed; and allow unaccompanied alien children to communicate in their preferred language when they choose. All ORR-required documents provided to unaccompanied alien children must be translated in the unaccompanied alien child's preferred language, either written or verbally. Translation services should be used when no written translation (assuming the child is literate) or on-site staff or interpreters are available.

Care providers must provide opportunities for unaccompanied alien children to observe and practice their spiritual or religious beliefs, including but not limited to, the celebration of religious holidays, displaying religious art, wearing religious articles of jewelry, following certain food preparation and/or dietary restrictions and attending services and activities (as long as it is safe for the unaccompanied alien child and staff). Care providers are encouraged to work with clergy or other members of the religious community to provide spiritual/religious services to unaccompanied alien children in ORR's custody. Care providers must provide access to recognized members and leaders of religious communities to ORR care provider facilities in accordance with safety policies and procedures. Upon request from an unaccompanied alien child, assuming that the request is reasonable and the safety of the unaccompanied alien child and staff is not adversely impacted, care providers must transport unaccompanied alien children to places of worship.

If an unaccompanied alien child requests religious information or other religious items, such as books or clothing, the care provider must provide the applicable materials in the unaccompanied alien child's native language, as long as the request is reasonable.

Care provider services also help unaccompanied alien children obtain the skills necessary to acculturate to the United States and to live independently and responsibly. Acculturation services include:

- Providing English language classes
- Access to community services
- Academic education, including, for example, geography
- Celebration of U.S. holidays

- Discussion of US. laws
- Food and entertainment
- Field trips to local historical, scientific or cultural points of interest

Posted 1/28/15

3.3.8 Recreation and Leisure Time Services

Care providers must develop recreation and leisure plans that include daily outdoor activities, weather permitting, for unaccompanied alien children in their care. The plan includes at least one hour per day of large muscle activity and one hour per day of structured leisure time activities other than television (three hours per day on weekends or holidays).

Recreation and leisure time activities are separate from the required physical educational requirement.

Care providers that do not have sufficient on-site recreation areas must take unaccompanied alien children to off-site parks, community recreation centers or other suitable locations and provide a higher staff-to-child ratio in those instances.

Care providers must screen television, movies, and video games for appropriateness before being provided to unaccompanied alien children and these may not be substituted for recreational or leisure activities. (Television viewing limitations and other related policies vary from facility to facility.)

Posted 1/28/15

3.3.9 Nutritional Services

Care providers must provide nutritional services in accordance with U.S. Department of Agriculture and U.S. Department of Health and Human Services nutritional guidelines and State licensing requirements. They also must establish procedures to accommodate dietary restrictions, food allergies, health issues, and religious or spiritual requirements.

Posted 1/28/15

3.3.10 Telephone Calls, Visitation, and Mail

Care providers must ensure the privacy and safety of all unaccompanied alien children by having internal policies and procedures for telephone calls, such as verifying the identity of telephone callers and the recipient of outgoing telephone calls. Unaccompanied alien children must be provided the opportunity to make a minimum of two telephone calls per week (10 minutes each) to family members and/or sponsors, in a private setting.

Unaccompanied alien children are allowed to call both family members and sponsors living in the United States and abroad. Attorneys representing unaccompanied alien children have unlimited telephone access to unaccompanied alien children and the child or youth may speak to other appropriate stakeholders, such as their consulate, the case coordinator, or child advocate.

Care providers must create a list of approved and prohibited persons that an unaccompanied alien child may contact and may only prohibit telephone calls if they can document valid reasons for concern (for example, suspected smuggler or trafficker or past trauma with a particular individual). Care providers encourage visitation between unaccompanied alien children and family members (unless there is a documented reason to believe there is a safety concern) and have policies in place to ensure safety and privacy of unaccompanied alien children and staff. Care provider policies include those that ensure that the UAC and care provider staff are safe and that the unaccompanied alien child may communicate with the visitor in private. Care providers must have an alternative public place for visits. Visitation must be supervised by staff in a way that ensures safety but respects the unaccompanied alien child's privacy and reasonably prevents the unauthorized absence of the child or youth.

Potential sponsors may only visit with the approved child, not with other unaccompanied alien children in the facility. Prior to any visitation, all visitors must be informed of visiting hours and the circumstances that could result in the termination of the visit. Visitors must provide their name, address, and relationship to the unaccompanied alien child they are visiting. All visitors must present acceptable government-issued photo identification upon entry.

Care providers also ensure that all mail, letters, packages, baggage and any other items delivered to the care provider and addressed to the unaccompanied alien child are promptly delivered to the unaccompanied alien child and that children and youth have access to postage and if possible to email in order to send letters to family members, sponsors, legal representatives, and others. (Care providers must confirm the identity of the sender prior to release of the mail.)

If there is reason to believe that contraband is included in a package or the mailed item presents a safety issue, the unaccompanied alien child must be required to open the item in the presence of a care provider staff member who may conduct an inspection. If there is reason to believe it would be dangerous for the unaccompanied alien child to open an item, the care provider must call the appropriate authorities to properly handle suspicious packages.

Posted 1/28/15

3.3.11 Clothing and Personal Grooming

Care providers must provide new clothing and footwear, items for personal hygiene, grooming, and hair as deemed appropriate and needed.

If the child arrives at the care provider facility with appropriate clothing the UAC will be allowed to wear it. Care providers will not use footwear as a means to control behavior.

Care providers also ensure that unaccompanied alien children have the appropriate time, space, and items for personal grooming and hygiene. Shaving facial hair may not be required if it violates the unaccompanied alien child's cultural norms, religious beliefs, or personal preferences, and head scarves may be worn for religious reasons.

Care providers must have standardized policies and procedures regarding gang-related symbols and tattoos. While the unaccompanied alien child is in the custody of ORR, care providers must ensure that any gang-related symbols, tattoos, accessories, or paraphernalia on an unaccompanied alien child are covered or confiscated.

Revised 4/24/17

3.3.12 Assignment of Chores

Care providers may assign individual chores to unaccompanied alien children to teach them responsibility for their own living environment, but unaccompanied alien children may not be required to clean areas they do not occupy or use, such as administrative offices. Care providers must have written policies and procedures regarding chores, chore assignments, and schedules.

Posted 1/28/15

3.3.13 Behavior Management

Behavior management strategies used by the care provider must meet child welfare best practice standards. ORR approves care provider written policies and procedures for behavior management, including rules for the program, rewards and consequences for behavior.

Posted 1/28/15

3.3.14 Transportation Services

Care providers are required to provide the following transportation services:³

- Individual transfers from one ORR care provider to another
- Group transfers due to an emergency situation or an **influx** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Influx>)
- ORR requests for special initial placements
- Local services and appointments, such as medical and dental appointments, immigration court hearings, or community services as part of the individual service plan
- Release of unaccompanied alien children to sponsors who are not able to pick up the unaccompanied alien child, as approved by ORR

The care provider must comply with all local licensing requirements and State and Federal regulations, such as meeting or exceeding the minimum staff/child ratio required by the care provider's licensing agency, maintaining and inspecting all vehicles used for transportation, etc.

Unaccompanied alien children must be transported in a manner that is appropriate to the child's physical and mental needs, including the proper use of car seats for young children.

To the greatest extent possible under the circumstances, when transporting unaccompanied alien children care providers will assign transport staff of the same gender as the child or youth.

NOTE: Sexual abuse and sexual harassment-related issues are addressed in separate policies implementing the interim final rule on standards to prevent, detect, and respond to sexual abuse and sexual harassment. See **Section 4: Preventing, Detecting, and Responding to Sexual Abuse and Harassment** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4>).

Posted 1/28/15

3.3.15 Use of Restraints or Seclusion in Emergency Safety Situations In Residential Treatment Centers (RTCs)

Summary

Restraints or seclusion should only be used in limited situations in which an unaccompanied alien child presents a risk of imminent physical harm to themselves or others, unless the use of restraints or seclusion is prohibited by State law. Restraints or seclusion should be a last resort and must be terminated as soon as the physical safety of the child and others can be ensured. This policy applies only to emergency safety situations in residential treatment centers.

Emergency Safety Situations

An emergency safety situation is a situation in which an unaccompanied alien child presents a risk of imminent physical harm to themselves or others as demonstrated by overt acts or expressed threats.

Restraints and Seclusion

Restraints may include:

- A personal restraint, which is the application of physical force without the use of any device, for the purpose of restraining the free movement of a child's body. This does not include briefly holding a child without undue force in order to calm or comfort him or her.
- A drug when it is administered to manage the child's behavior in a way that (1) reduces the safety risk to the child or others; (2) modifies their behavior; and is (3) not a standard treatment for the child's condition.⁴

Seclusion is the involuntary confinement of a child alone in a room or area from which the child is physically prevented from leaving.⁵

Use of Restraints During an Emergency Safety Situation⁶

Restraints or seclusion may only be used to ensure the immediate physical safety of the child and others during an emergency safety situation. Restraints or seclusion may never be used as a means of coercion, discipline, convenience, or retaliation by staff.

Restraints or seclusion should be a last resort and used only when less restrictive interventions prove ineffective in ensuring the immediate physical safety of the child and others. The use of restraints or seclusion must be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior and the child's chronological and developmental age; size; gender; physical, medical, and psychiatric condition; and personal history.

The use and implementation of restraints or seclusion must be in accordance with State law and licensing requirements.⁷ If ORR providers have any questions about this guidance in relation to their State law, they should contact their Project Officer.

The use of restraints or seclusion must terminate when the emergency safety situation has ended and the physical safety of the child and others can be ensured.

Types of Restraints Used During an Emergency Safety Situation

The type or technique of restraint or seclusion used must be the least restrictive intervention that will be effective to protect the unaccompanied alien child and others from immediate physical harm.

ORR does not authorize the use of mechanical restraints. A mechanical restraint is any device attached or adjacent to the child's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body.⁸

Post Intervention

Staff must provide the child with an opportunity to discuss the emergency safety situation no later than 48 hours after the child's release from restraints or seclusion. The discussion must be held in private as soon as possible and should include the staff involved. Additionally, the supervisor(s) of the staff involved in the emergency safety situation must review the use of restraints or seclusion within 72 hours of their use.

Reporting the Use of Restraints or Seclusion

Staff must report the use of restraints or seclusion during an emergency safety situation within 24 hours. The report must include a description of the circumstances that created the basis for the use of restraint or seclusion and a description of the restraint, including the length of time used. Additionally, the report must document the interventions used by staff prior to the use of restraints or seclusion.

Restraints and Seclusion Prevention Strategies

Restraints and seclusion are largely preventable, costly and traumatizing practices for children and staff that can impede the therapeutic alliance, and foster a culture of distrust and violence. For children who have experienced traumatic events, the use of restraints and seclusion often replicates the experience of abuse and poses a barrier to healing and recovery. Therefore, every effort should be made to prevent the need for use of restraints and seclusion.

Effective strategies include the following:

- **Workforce development:** Workforce training on trauma and its impact on the developing brain and behavior can help staff understand and address the underlying cause or reason for unsafe behavior, recognize the signs of trauma before immediate safety concerns arise, and provide non-aversive interventions, such as sensory regulation, positive behavioral interventions and supports, crisis prevention, and culturally responsive de-escalation techniques to prevent the need for use of restraints or seclusion.
- **Organizational leadership support:** There are a number of steps that organizations can take to support a prevention first approach to the use of restraints and seclusion. These include incorporating an understanding of the prevalence and impact of trauma, as well as the complex paths to healing and recovery, into all aspects of service delivery; reviewing agency policies, procedures and practices to ensure that the organizational culture emphasizes non-coercive, trauma-informed approaches promoting safety and respect; using data to inform practice; and incorporating prevention tools, such as crisis plans, comfort rooms, and sensory tools.

How can an ORR provider learn more about alternatives to restraints and seclusion?

The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (www.samhsa.gov (<http://www.samhsa.gov>)) is a technical assistance center dedicated to promoting alternatives to seclusion and restraint, and building the knowledge base on the implementation of trauma-informed approaches in programs, services, and systems.

Posted 3/2/15

3.3.16 Notification and Reporting of the Death of an Unaccompanied Alien Child

Summary

To appropriately respond to the death of an unaccompanied alien child in the care and custody of ORR, ORR and its care providers must immediately report the death to appropriate Federal, State, and local authorities. ORR must also notify the child or youth's parent, legal guardian, or next-of-kin; attorney; Congressional officials, and consulate officials of the death.

If an investigation is conducted, both ORR and care providers must follow-up with all investigations in order to remain informed of the progress and results of any investigation. Once ORR receives the results of any investigation, ORR will inform the unaccompanied alien child's parents, legal guardian, or next-of-kin of the results in a timely manner.

Reporting to Local Authorities and ORR

To whom must the care provider immediately report a UAC death?

The care provider must immediately report the death to:

1. Local law enforcement, as appropriate;
2. The care provider's State or local licensing authority;
3. Child Protective Services, as applicable; and
4. ORR via a Significant Incident Report.

Notification and Reporting within the US Department of Health and Human Services (HHS)

Who must ORR immediately notify after receiving a report of a UAC death?

ORR must immediately notify the appropriate staff in ORR, ACF and HHS.

Notifications to External Parties

Who must ORR notify within 24 hours of an unaccompanied alien child's death?

ORR must notify:

1. The unaccompanied alien child's parent, legal guardian, or next-of-kin;
2. The unaccompanied alien child's attorney of record or the care provider's local legal service provider;
3. The applicable consulate;
4. The child advocate, if applicable;

5. Congressional officials
6. The local U.S. Immigrations and Customs Enforcement (ICE), Field Office Juvenile Coordinator (FOJC); and
7. The Department of Homeland Security, ICE, Enforcement and Removal Operations, Juvenile and Family Residential Management Unit (ERO/JFRMU).

Method of Notification

How must care providers and ORR make notifications?

Care providers and ORR must make all notifications telephonically and follow-up within 24 hours with a written notification that includes documentation of the initial telephonic notification. Notifications must be provided in a language the recipient can understand. ORR must utilize translation services as appropriate when making notifications to individuals who may not understand or read English. All reports, notifications, and acknowledgements of receipt (if possible) must be documented and maintained in the unaccompanied alien child's case file.

Notifications to Congress

Upon certification by medical doctor of a UAC's death from an ORR care provider, ORR notifies Congressional points of contact within 24 hours of the reported death. However, if ORR has been unable to reach the child's next of kin, HHS notifies Congressional points of contact, but withholds the deceased child's name until after notifications are made to the child's next of kin.

Ongoing Reporting and Follow-Up

Are there ongoing reporting requirements?

Yes, both ORR and care providers must make reasonable efforts to remain informed of the progress and results of any investigation and post-mortem medical examination. ORR will timely inform the decedent's parents, legal guardian, or next-of-kin of the results of any investigations, examinations, and reports. ORR will provide the final investigation results, if applicable, and the original death certificate to the UAC's parents, legal guardian, or next-of-kin. The care provider must maintain a copy of the death certificate and any reports in the UAC's case file.

Will ORR internally review the care provider who had physical custody of the decedent at the time of the death?

Yes, ORR will review all investigation results, the decedent's case file and records, and any other available information. ORR will determine whether ORR policies and procedures were properly followed and whether the care provider appropriately responded to any related issues that arose prior to the death and to the death itself.

Revised 7/22/19

3.3.17 Use of Restraints during Transport and in Immigration Court

Physical restraints are devices used to physically restrict the movement of an individual at the hands, wrists, ankles, feet, waist or elsewhere on the body. ORR only allows the use of soft restraints (e.g., zip ties and leg or ankle weights) during transport when a child poses a serious risk of physical harm to self or others or a serious risk of escape from ORR custody.

Any situation involving transportation of an unaccompanied alien child to or from a secure care facility must be completed by appropriately trained care provider staff or an agency experienced in secure transportation of minors. Transportation staff must be trained in conflict resolution without the use of physical restraints, the safe and effective use of approved soft restraints, and the emergency use of safe and approved physical restraints during an emergency response.

When care providers (or transport agencies) use soft restraints when transporting an unaccompanied alien child, they must take into account the child's medical and/or mental health issues. If the care provider (or transport agency) believes the child cannot be transported safely in soft restraints to a non-emergency appointment or hearing due to the existing serious risk of violence or escape, the ORR/FFS and the secure care provider must work with the appropriate parties to schedule a new appointment or hearing for the child at a later date. In the event of a medical emergency, the care provider must safely and appropriately transport the child to the emergency room for evaluation using soft restraints or must contact 9-1-1 for crisis response and transportation to the nearest emergency room.

Care providers that provide secure transport must submit to their designated ORR Project Officer the program's internal written policies and procedures concerning secure transportation services.

Care providers must document all instances of the use of restraints in transportation logs.

Revised 7/12/16

3.3.18 Restraints in Immigration Court and Asylum Interviews

Generally, care providers must not restrain children during immigration court proceedings or asylum interviews. However, restraints may be used in the following instances:

- During transport to immigration court or an asylum interview under the guidelines at section 3.3.17.
- While at the immigration court or the asylum interview if the unaccompanied alien child exhibits imminent escape behavior, makes violent threats, or demonstrates violent behavior.
- While at the immigration court or asylum interview if the secure care provider and ORR have made an individualized determination that the unaccompanied alien child poses a serious risk of violence or escape if the child is unrestrained in court or the interview.

Notification of the Use of Restraints

If a secure care provider restrains a child during his/her hearing or interview because of events that occur during the hearing or interview, the care provider must notify the ORR/FFS through the SIR process and detail the reasons for applying the soft restraints.

If a care provider believes a child will need to be restrained at a future court appearance or interview, the care provider must notify the child and his/her attorney or legal service provider and the ORR/FFS. The care provider and the ORR/FFS must work with the attorney or legal service provider and DOJ or DHS to request a later court hearing or asylum interview. The child or his/her attorney or legal service provider may also request to have the soft restraints removed if the child or his/her attorney or legal service provider believes that there are medical, physical, or psychological reasons that would prevent the safe and humane application of soft restraints. The child or his/her attorney or legal service provider should make the request in writing to the ORR/FFS as soon as practicable before the next hearing or interview. At the time of this request, ORR and the secure care provider will conduct an individualized assessment to determine if the child poses a serious risk of violence or escape.

Posted 7/12/16

3.4 Medical Services

ORR facilitates and funds health care for all unaccompanied alien children in its custody. ORR has developed its health care policies with the goals of ensuring the children's physical and mental well-being and the safety of care providers, medical personnel and communities. Through its care providers and other health care professionals, ORR provides the following services:

- Routine medical and dental care
- Family planning services, including pregnancy tests and comprehensive information about and access to medical reproductive health services and emergency contraception
- Emergency health services
- A complete medical examination (including screening for infectious diseases) within 48 hours of admission (excluding weekends and holidays and unless the youth was recently examined at another facility)
- Immunizations
- Administration of prescribed medications and special diets
- Appropriate mental health interventions

Care providers must deliver services in a standardized manner that is sensitive to the age, culture, native language, and needs of each unaccompanied alien child. Care providers also must meet State and local licensing and public health requirements.

Revised 5/23/16

3.4.1 Health Care Eligibility and General Standards

Health care eligibility is effective on the first day that a child has been placed in the physical custody of ORR. Eligibility for ORR coverage ends on the day the child leaves ORR's custody.

Care providers create collaborative partnerships with medical professionals and organizations to ensure children have access to medical care. To ensure quality care, ORR requires licensed medical practitioners (physicians, physician assistants, nurse practitioners) acting within their scope of practice to provide or supervise all medical evaluation and management. In addition, a licensed mental health professional must deliver mental health services. Any hospital providing services to unaccompanied alien children must be accredited by the Joint Commission or other nationally recognized accrediting body.

Posted 5/11/15

3.4.2 Initial Medical Examination

Each unaccompanied alien child must receive an initial general medical examination within 48 business hours of admission. The purposes of the initial examination are to assess general health, administer complete immunizations in keeping with U.S. standards, find out about health conditions that require further attention, and detect contagious diseases, such as influenza or tuberculosis. Care providers must ensure that healthcare professionals are following ORR's latest medical guidance and reporting the findings on ORR forms. Payment for the initial examination is pre-approved.

Revised 1/24/16

3.4.3 Requests for Health Care Services

Care providers have a responsibility to initiate health care services when they observe children in need of medical attention. As important as observing a child's need for medical care is creating an atmosphere that allows a child to request care. Therefore, care providers must have policies and procedures for unaccompanied alien children to convey written and verbal requests for emergency and non-emergency health care services. Children who have language and literacy barriers also must have the opportunity to communicate their needs. All requests from a child must be documented and maintained in the child's medical case file. Care providers must respond to non-emergency requests within 24 to 48 hours, excluding weekends and holidays. To the best of their ability, care provider staff should address questions and concerns from unaccompanied alien children regarding current or past medical care.

Posted 5/11/15

3.4.4 Medication Administration and Management

Care providers must have policies and procedures based on State or local laws and regulations to ensure the safe, discreet, and confidential provision of prescription and nonprescription medications to unaccompanied alien children, secure storage of medications, and controlled administration and disposal of all drugs.

This includes:

- Locking cabinets, closets, and refrigeration units.
- Recording all prescribed medications in the child's file.
- Training all staff or foster parents who dispense medications in the "Five Rights of Medication Administration" (right recipient, right medication, right dose, right time, and right route of administration).
- Confirming that the child has ingested the medication.
- Documenting that prescribed or over-the-counter medications have or have not been administered (by whom, and if not, for what reason, including the date, time of administration, name of medication, and dosage).
- Prohibiting one child to deliver medications to another.
- Disallowing an unaccompanied alien child's self-administration of medications, either orally or topically, outside the presence of a staff member.

A licensed health care provider (a nurse, physician, physician's assistance, nurse practitioner) must write or verbally order all nonprescription medications. Verbal orders must be documented in the child's file.

Revised 9/12/15

3.4.5 Responding to Medical Emergencies

All medical emergencies must be immediately addressed. A medical emergency is a serious medical condition caused by injury, illness, or toxic exposure that is life threatening in nature. In other words, if a child does not receive immediate medical attention his or her medical condition is likely to worsen and result in damage to vital body functions or death.

Care provider staff must follow these steps in the event of a medical emergency.

1. Contact 9-1-1 and arrange for transportation for the child to the nearest emergency room (ER) for evaluation.
2. Render first aid as necessary until 9-1-1 responders arrive on the scene. Staff providing CPR should use a mouthpiece or do hand-only CPR.
3. Employ Standard Precautions (use of protection barriers, such as gloves, gowns, aprons, masks or protective eyewear) to reduce the risk of exposure to potentially infectious materials.
4. Notify the care provider's Program Director immediately and the actions employed.
5. Submit an SIR to ORR within 4 hours of ER visit.
6. If hospitalization is recommended by the ER physician, contact the unaccompanied alien child on a daily basis by telephone and visitation.
7. Provide ORR with regular updates on the child's health status and progress.

8. If hospitalization is not required, obtain medical records or documentation verifying that the child is stable enough for release to the care provider (for example, written doctor authorization or order, discharge instructions recommending release to the program with follow-up care).
9. Discuss the case with the care provider's case management and clinical staff. Evaluate whether the care provider can meet the child's medical needs. Review the ER or hospital discharge plan and implement treatment recommendation.
10. Request medical records related to the emergency treatment and any inpatient treatment from the medical services provider.
11. Maintain records in the child's health files.

Posted 5/11/15

3.4.6 Management of Communicable Diseases

From intake to release, care providers must observe all children for signs or symptoms of communicable diseases and act accordingly to protect others against possible infection.

Facilities must be aware of the list of notifiable diseases in their States. Each facility must have policies and procedures for identifying, reporting, and controlling communicable diseases that are consistent with State and local laws and regulations. Further, each facility must inform ORR about each suspected or confirmed case and follow ORR medical guidance on managing cases and contacts, which is prepared and disseminated to care providers by the ORR/Medical Services Team. ORR has protocols for diseases of public health concern that have been diagnosed in unaccompanied alien children, including varicella and tuberculosis. The care provider is responsible for training all staff about its current communicable disease plan.

Care providers must have an identified space within the shelter facility that may be used for quarantine or isolation in the event that an unaccompanied alien child must be separated from the general population for a medical reason. The space must be suitable to house a child for days or weeks.

Unaccompanied alien children must be admitted to a hospital if clinically indicated, if public health needs require it, or if isolation at the facility cannot be achieved safely and effectively. An unaccompanied alien child's refusal of treatment that puts others at risk for spread of the disease is considered a public health justification for isolation.

Facilities must provide regular updates to ORR regarding the mental and physical health of children in isolation. Children should continue to receive tailored services (educational, recreational, social, and legal services) when feasible.

Posted 5/11/15

3.4.7 Maintaining Health Care Records and Confidentiality

Care providers are responsible for procuring and maintaining records of health care services received by unaccompanied alien children while in their care. Care providers must request records for all office visits (medical, dental, mental health), hospitalizations, radiology and lab results, and procedures.

Care providers must maintain the children's individual health files separately from the children's case files, unless State licensing requirements dictate otherwise. In addition, care providers must report health information to ORR as directed and retrieve records upon ORR's request, even after a child's release. Upon an unaccompanied alien child's transfer to another ORR program, care providers must transfer with the child all medical, dental, and mental health records. Upon release from ORR custody, unaccompanied alien children are entitled to receive copies of their health records. At a minimum, all children at release must receive:

- Initial medical screening documentation;
- Immunization records; and
- Lab test results or radiograph readings.

Also upon release, unaccompanied alien children who have been hospitalized for any medical or mental health issues must receive copies of their relevant health records, including hospitalization admission note and discharge summary.⁹

The care provider must have written policies, procedures, and practices that protect the confidentiality of medical information. To safeguard children's privacy, care providers must use discretion when communicating with an unaccompanied alien child about medical appointments in the presence of others. Care provider staff also must dispense medication in a private location. Similarly, medical disclosure to staff about a child's health condition should be determined by the Program Director on a need-to-know basis.

Posted 5/11/15

3.4.8 Medical Clearance Prior to Release or Transfer

Unaccompanied alien children who have serious physical or mental health issues or have had exposure to a communicable disease may not be transferred or moved until they have been medically cleared by a physician or ORR is consulted. Pregnant unaccompanied

alien children should be medically cleared for travel by plane if required by the air carrier (generally, after 36 weeks of pregnancy) or if they delivered within the past 7 days. Children with medical needs must have follow-up services or other arrangements in place prior to their discharge.

Unaccompanied alien children who need to remain on prescription medication must receive a minimum of a 30 day supply of medication, or the remainder of their medication if on a time-limited course, prior to transfer or release. The unaccompanied alien child and the accepting care provider (in the case of a transfer) or a sponsor (in the case of release) must be instructed in the proper administration of medications. Care providers may not release unaccompanied alien children with any narcotic medications. As part of release planning, if an unaccompanied alien child is on any chronic psychotropic medications, the care provider must address the unaccompanied alien child's situation, including likelihood of maintaining medications upon release from ORR custody, with the prescribing psychiatrist to determine if medications should be continued or if a period of weaning off the medication is required before release.

Children who are infectious with communicable diseases of public health concern, which have potential to cause outbreaks, will not be released from ORR care until they are non-infectious. However, if an infectious child must be moved internally within a facility, to another facility, or to the hospital, care providers and others having interaction with the child must follow Standard Precautions, depending on the mode of disease transmission (e.g., surgical mask should be worn by children with diseases spread by the respiratory route). The care provider must provide the medical, dental, and mental health records to the unaccompanied alien child upon release or to the accepting care provider in the event of a transfer.

Posted 5/11/15

3.4.9 Provider Reimbursement

Reimbursement of health care claims for services for children in ORR custody is paid to vendors through the Veterans Administration (VA) Financial Services Center. Reimbursement for medical and mental health services is at the Medicare or lower rate. Only ORR may approve a reimbursement rate higher than the Medicare rate, which must be negotiated prior to the provision of services and only granted in extenuating circumstances. It is not necessary for providers serving unaccompanied alien children to be Medicare participating physicians.

As of September 1, 2013, ORR no longer reimburses care providers and medical providers for transportation costs associated with mobile medical providers. Transportation for services, including but not limited to medical, radiology, laboratory, and dental services, are at the care provider's expense. Programs should take transportation fees into consideration when contracting with mobile medical providers.

Treatment authorization requests for office visits (primary care, specialty consultations, mental health, and dental care), laboratory tests, surgeries and procedures, physical therapy, and other specialized health treatments must be pre-approved before non-emergency services are rendered. Considering the high turnover and short term stay of most unaccompanied alien children in ORR custody, some services are not appropriate (e.g., cosmetic treatment, medical consultations for minor health concerns where safe and effective home remedies exist, specialty consultation for a stable condition that cannot be resolved before discharge and will not affect treatment or care while in custody, etc.) Care providers must follow ORR medical guidance, which is prepared and disseminated to care providers by the ORR/Medical Services Team.

Posted 5/11/15

3.5 Guiding Principles for the Care of Unaccompanied Alien Children Who are LGBTQI

All children and youth in ORR care are entitled to human rights protections and freedom from discrimination and abuse. Care providers must ensure that children who are lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI) are fairly treated and served during their time in ORR custody.

ORR requires care providers to operate their programs following the guiding principles below. Care providers must ensure that LGBTQI children and youth:

- are treated with the same dignity and respect as other unaccompanied alien children
- receive recognition of sexual orientation and/or gender identity
- are not discriminated against or harassed based on actual or perceived sexual orientation or gender identity
- are cared for in an inclusive and respectful environment

Care providers must:

- maintain the privacy and confidentiality of information concerning sexual orientation and gender identity
- use correct names and pronouns in accordance with the youth's gender identity

- house LGBTQI youth according to an assessment of the youth's gender identity and housing preference, health and safety needs, and State and local licensing standards
- offer an individualized assessment to determine whether additional or alternate restroom accommodations should be provided
- allow LGBTQI youth to dress and express themselves according to their gender identity
- allow LGBTQI youth to choose the gender of staff to conduct a pat-down search if one is necessary

More details about the protections of LGBTQI children can be found below and in **Section 4** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4>) of this guide.

Posted 6/17/15

3.5.1 Zero Tolerance for Discrimination and Harassment

LGBTQI children have the right to be free from discrimination and harassment based on actual or perceived sexual orientation or gender identity. More specifically, care providers may not label a child or youth as a likely abuser or punish a child for his or her sexual orientation, gender identity, or gender expression. All children and youth must be treated fairly and equally and provided with inclusive, safe, and nondiscriminatory services.

Posted 6/17/15

3.5.2 Prohibition on Segregation and Isolation

Care providers must be responsive to the needs of LGBTQI children and youth in an inclusive and respectful environment. Care providers may not isolate or involuntarily segregate children solely because of their sexual orientation, gender identity, or gender expression. In addition, one-on-one supervision may only be utilized in exigent circumstances.

Posted 6/17/15

3.5.3 Confidentiality with Regard to Sexual Orientation and Gender Identity

As noted above, the privacy and confidentiality of youth with regard to sexual orientation and gender identity must be protected. Care providers must ensure that information about sexual orientation and gender identity is kept confidential and is only shared when disclosure is necessary for medical or mental health treatment or the youth requests the information be shared for a particular purpose. As with all information gathered during the course of service provision, care providers must implement appropriate controls on information dissemination within the care provider facility in order to ensure that sensitive information is not exploited to any youth's detriment by staff or other unaccompanied alien children.

Posted 6/17/15

3.5.4 Housing

When making housing assignments for a transgender or intersex youth, the care provider must consider the youth's gender self-identification and the effects of a housing assignment on the youth's health and safety. Care providers must not base housing assignment decisions of transgender or intersex youth solely on the identity documents or physical anatomy of the youth. The child's self-identification of his or her gender and self-assessment of safety needs must always be taken into consideration as well. The care provider's housing assignment of a transgender or intersex child must be consistent with the safety and security considerations of the care provider facility and State and local licensing standards. If State and local licensing standards conflict with the care provider's determination for a youth's housing assignment, the care provider should immediately contact the ORR/FFS for further guidance.

Posted 6/17/15

3.5.5 Restroom and Dressing Area Accommodations

If a youth expresses safety or privacy concerns or the care provider otherwise becomes aware of privacy or safety concerns related to restrooms or dressing areas, the care provider must take reasonable steps to address those concerns. This may include, for example: the addition of a privacy curtain or partition; provision to use a nearby restroom or office; or a separate changing schedule. The care provider should contact the ORR/FFS for further guidance if the care provider is uncertain about the appropriate steps to take.

Posted 6/17/15

3.6 ORR Long Term Foster Care

ORR provides long term foster care placements for certain children who meet the requirements under section **1.2.6 Long Term ORR Foster Care** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.2.6>). ORR long term foster care is defined as an ORR-funded and administered family placement in a community based setting. Children placed into ORR long term foster care remain in the care and custody of ORR. ORR long term foster care programs are not

State funded and are not part of the State child welfare system. However, ORR long term foster care families are licensed by the State to serve as foster families, and as such, adhere to standards of care as outlined by the State licensed child placement agency, State licensing regulations, and any ORR policies related to long term foster care. Foster care providers must comply with all applicable State child welfare laws and regulations and all State and local building, fire, health and safety codes. Foster care providers must deliver services in a manner that is sensitive to the age, culture, native language, sexual orientation and special needs of each child. The child attends community based school and receives on-going case management and counseling services, as well as other services as needed.

Posted 10/5/15

3.6.1 ORR Long Term Foster Care Service Provision

In ORR long term foster care placements, long term foster care providers must offer every child the following services:

- A comprehensive program orientation
- Case management services
- Educational services in a community based school
- Weekly individual counseling sessions
- Legal services and representation , as applicable
- Individualized Safety Plans
- Services related to culture, language, and religious observation
- Recreation and Leisure Time Services
- Acculturation and Adaptation services
- Telephone Calls, Visitation, and Mail
- Opportunities for vocational education and independent Living

For information regarding transfers into ORR long term foster care, please see section **1.2.6 ORR Long Term Foster Care** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.2.6>).

For information about monitoring of ORR long term foster care programs please see section **5.5.3 Foster Care Monitoring** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.5.3>).

Posted 10/5/15

3.6.2 Change in Placements while in ORR Long Term Foster Care

Foster care providers must make every effort to place and keep children in the least restrictive setting. Foster care provider facilities must provide support services and appropriate interventions, when necessary, to help keep a child in the placement. A change of placement from long term foster care to a more restrictive setting or a more therapeutic setting may be considered after reasonable efforts have first been made to provide additional services or manage the child's behavior in order to maintain the current placement. If it is determined that a child requires transfer into a more restrictive placement, please see section **1.2 ORR Standards for Placement and Transfer Decisions** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.2>). For placements into an RTC please see section **1.4.6 Residential Treatment Center Placements** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.4.6>).

Posted 10/5/15

3.6.3 Additional Questions and Answers about this Topic

Is release to a sponsor possible after a transfer to ORR long term foster care?

Yes. In the event that a sponsor is identified after a transfer to ORR long term foster care has occurred, the sponsorship process must be pursued. Case managers must be continually assessing cases for potential sponsors in long term foster care. Please refer to **Section 2 Safe and Timely Release from ORR Care** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.1>) for further information.

Posted 10/5/15

Footnotes

1. The Flores Settlement Agreement also specifies what care provider may NOT do when meeting minimum service requirements.

These include: Unaccompanied alien children shall not be subjected to corporal punishment, humiliation, mental abuse, or punitive interferences with the daily functions of living, such as eating or sleeping. Any sanctions employed by the care provider must not adversely affect either the health or physical or psychological well-being of the child or youth or deny the child or youth regular meals, sufficient sleep, exercise, medical care, correspondence privileges, or legal assistance.

2. 22 U.S.C. § 7102

3. ORR transportation requirements are based on standards cited in “Caring for Our Children: National Health and Safety Performance Standards for Out-of-Home Child Care Programs”, 2nd Ed., released by the American Academy of Pediatrics, American Public Health Association and the National Resource Center for Health and Safety in Child Care.

4. See 42 CFR §483.352

5. See 42 CFR §483.352

6. The Children Health Act of 2000, (42 USC §290ii et seq.) imposed procedural reporting and training requirements regarding the use of restraints and involuntary seclusion in facilities that receive Medicaid and Medicare funding, specifically including facilities that provide inpatient psychiatric services for children under the age of 21 years. The Centers for Medicare & Medicaid Services (CMS) issued regulations implementing these requirements at 42 CFR 483, Subpart G, which establishes the federal minimum standard for restraints and seclusion in these facilities. The language in this document parallels the CMS restraints and seclusion standard.

7. Some States prohibit the use of restraints and seclusion. States may also prohibit the use of certain types of restraints (such as chemical restraints) or impose limitations on the implementation of restraints or seclusion, such as specific time limits or requirements for a written order by licensed physicians.

8. See 42 CFR §483.352

9. For hospitalizations, discharge instructions are not considered the complete medical records.

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OFFICE OF REFUGEE RESETTLEMENT

An Office of the Administration for Children & Families

Children Entering the United States Unaccompanied: Section 4 Preventing, Detecting, and Responding to Sexual Abuse and Harassment

Published: November 16, 2015

Categories: Unaccompanied Children's Services

4.1 Definitions

Posted 2/5/18

4.1.1 Sexual Abuse

For the purposes of Section 4, sexual abuse is defined at 34 U.S.C. § 20341 and in ORR regulations at 45 C.F.R. 411.6. Sexual abuse includes different acts depending on whether the perpetrator is a minor or an adult.

Sexual abuse of a minor by another MINOR includes the following acts:

1. The employment, use, persuasion, inducement, enticement, or coercion of a child to engage in, or assist another person to engage in, (2) or (3) below or the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children;
2. Actual or simulated sexual intercourse, including sexual contact in the manner of genital-genital, oral-genital, anal-genital, or oral-anal contact, whether between persons of the same or opposite sex;
3. Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation;
4. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument;
5. Bestiality;
6. Masturbation;
7. Lascivious exhibition of the genitals or pubic area of a person or animal;
8. Sadistic or masochistic abuse; or
9. Child pornography or child prostitution.

Sexual abuse of a minor by an ADULT includes the following acts:

1. The employment, use, persuasion, inducement, enticement, or coercion of a child to engage in, or assist another person to engage in, (2) or (3) below or the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children;
2. Actual or simulated sexual intercourse, including sexual contact in the manner of genital-genital, oral-genital, anal-genital, or oral-anal contact, whether between persons of the same or opposite sex;
3. Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks that is unrelated to official duties or where the staff member, grantee, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
4. Contact between the mouth and any body part where the staff member, grantee, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
5. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument that is unrelated to official duties or where the staff member, grantee, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
6. Any attempt, threat, or request by a staff member, grantee, contractor, or volunteer to engage in activities (1) through (5) above;
7. Any display by a staff member, grantee, contractor, or volunteer of his or her uncovered buttocks or breast in the presence of a child;

8. Bestiality;
9. Masturbation;
10. Lascivious exhibition of the genitals or pubic area of a person or animal;
11. Sadistic or masochistic abuse;
12. Child pornography or child prostitution; or
13. Voyeurism by a staff member, grantee, contractor, or volunteer (See definition below).

Posted 2/5/18

4.1.2 Voyeurism

Voyeurism is an invasion of privacy of a child by a staff member, grantee, contractor, or volunteer for reasons unrelated to official duties. Examples include inappropriately viewing a child perform bodily functions or bathing; or requiring a child to expose his or her buttocks, genitals, or breasts; or recording images of all or part of a child's naked body or part of a child performing bodily functions.

Posted 2/5/18

4.1.3 Sexual Harassment

Sexual harassment is defined in ORR regulations at 45 C.F.R. 411.6. Sexual harassment includes different acts depending on whether the perpetrator is a minor or an adult.

Sexual harassment of a minor by another MINOR includes: repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, phone calls, emails, texts, social media messages, pictures sent or shown, other electronic communication, or actions of a derogatory or offensive sexual nature.

Sexual harassment of a minor by an ADULT includes: repeated verbal comments, gestures, phone calls, emails, texts social media messages, pictures sent or shown, or other electronic communication of a sexual nature to a child by a staff member, grantee, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Posted 2/5/18

4.1.4 Inappropriate Sexual Behavior

Inappropriate sexual behavior is behavior that does not meet the definition of sexual abuse or sexual harassment but is sexual in nature.

Posted 2/5/18

4.1.5 Questions and Answers about the Definitions

Q: Can an act be considered sexual abuse or sexual harassment if the perpetrator is a minor, but not a UAC?

A: Yes, a minor perpetrator can include another UAC, another child or youth residing at the same care provider facility (e.g., a participant in the URM program), or a child or youth with whom a UAC may have contact (e.g., a classmate at school). If a minor perpetrates an act that meets the definition of sexual abuse as described above, whether the minor is a UAC or not, the care provider must report the incident to all appropriate entities according to federal, state, and ORR reporting policy and procedures,

Q: Can an act be considered sexual abuse or sexual harassment if the act is perpetrated by a UAC on a care provider staff member?

A: The definitions of sexual abuse and sexual harassment described above are intended to be broad to ensure the safety and wellbeing of unaccompanied alien children in the care of ORR. However, acts perpetrated on staff do not fall under these definitions. Care providers should still report these incidents according to state law and ORR reporting policy and procedures. For example, a care provider may need to report the incident to ORR as a SIR as a behavioral incident.

Q: Can an act that occurred between two UAC fall under the definition of sexual abuse if both UAC claim the act was consensual?

A: The definitions provided above do not distinguish between consensual and nonconsensual acts. Care providers should follow the reporting policies described in Section 4 regardless of whether the act was consensual or nonconsensual.

Posted 2/5/18

4.2 Zero Tolerance Policy

ORR has a zero-tolerance policy for all forms of sexual abuse, sexual harassment, and inappropriate sexual behavior at all care provider facilities, including secure care provider facilities and long term foster care providers, and will make every effort to prevent, detect, and respond to such conduct. Section 4 of the ORR Guide provides an outline for and guidance on ORR's approach to preventing, detecting, and responding to such conduct.

Posted 2/22/15

4.2.1 Application

To Whom Does This Policy Apply?

ORR policies apply not only to all care provider facilities and their staff, but also to any volunteer, contractor, sub-contractor, grantee, sub-grantee or other individual that may have regular contact with children or youth at the facility.

Adherence to ORR's policies must be included in all care provider facility agreements with volunteers, contractors, sub-contractors, grantees, and sub-grantees that may have regular contact with children or youth at the facility. Care provider facilities must also include in these agreements provisions for monitoring and evaluation to ensure that all volunteers, contractors, sub-contractors, grantees, and sub-grantees comply with ORR policies.

ORR includes provisions in all new contracts, contract renewals, cooperative agreements, or cooperative agreement renewals to ensure compliance with Interim Final Rule (IFR) standards. All current contractors and grantees with cooperative agreements must comply with Section 4 of the ORR Guide within six (6) months of the IFR's publication.

Posted 2/22/15

4.2.2 Care Provider Requirements

What Is Required of Care Provider Facilities?

All care provider facilities must have a written zero tolerance policy for all forms of sexual abuse, sexual harassment, and inappropriate sexual behavior. The policy must outline the facility's approach to preventing, detecting, and responding to such conduct through written policies and procedures that are approved by ORR.

The care provider facility's policies, procedures, and services must:

- Be culturally-sensitive and knowledgeable;
- Be age appropriate;
- Be tailored for a diverse population of children and youth, including children or youth who are LGBTQI (lesbian, gay, bisexual, transgender, questioning, and intersex);
- Ensure that children or youth with disabilities, including but not limited to children or youth who are deaf, hard of hearing, blind, or have low vision and children or youth with intellectual, psychiatric, or speech disabilities, have an equal opportunity to participate in or benefit from all care provider facility policies and procedures;
- Ensure that children or youth with limited reading ability or who are limited English proficient (LEP) have an equal opportunity to participate in or benefit from all care provider facility policies and procedures;
- Provide for effective communication with children or youth with disabilities or who are LEP, including access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary;
- Require quality in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation services; and
- Ensure that any written materials, including but not limited to notifications, orientation materials, and instruction, are translated either verbally or in written form in the child or youth's preferred language.

Posted 2/22/15

4.3 Personnel

This section covers requirements related to personnel issues. This section applies to all care provider facilities, including long-term foster care. Secure facilities are subject to the U.S. Department of Justice's National Standards to Prevent, Detect, and Respond to Prison Rape, 28 CFR part 115, and are not covered by this section.

Revised 3/11/19

4.3.1 Prevention of Sexual Abuse Coordinator and Compliance Manager

ORR's Prevention of Sexual Abuse Coordinator (PSA Coordinator) oversees compliance with the Interim Final Rule (IFR) and related policies and procedures at all care provider facilities.

Each care provider facility must have a Prevention of Sexual Abuse Compliance Manager (PSA Compliance Manager), who is responsible for compliance with the IFR and related policies. The PSA Compliance Manager must have the time and authority to oversee compliance efforts program-wide. The PSA Compliance Manager also serves as a point of contact for ORR's PSA Coordinator and must promptly respond to all requests. The PSA Compliance Manager position requires ORR pre-hire approval.

Revised 1/14/19

4.3.2 Applicant Screening

Applicant screening is critical to identifying qualified staff. Integrating sexual abuse prevention into the applicant screening and selection process is critical to ensuring the safety of children and youth. Care provider facilities must consider sexual abuse prevention as one of the components when deciding which applicant to select for a staff, contractor, or volunteer position.

Care provider facilities must take several steps to show their commitment to preventing sexual abuse. These steps may help deter some individuals who are at risk of abusing children and youth from applying for employment. One such step is to inform each applicant in writing of policies to prevent and report sexual abuse and harassment. An applicant must sign a document indicating that they have read and understood the policies. Care provider facilities must also share a copy of the code of conduct in **Section 4.3.3** with each applicant. Care provider facilities must keep a copy of these documents in the applicant's personnel file.

Care provider facilities must use a written application to collect critical information to assess the suitability of each applicant. A written application should ask open-ended questions that encourage answers that can be further clarified during a personal interview.

Conducting in-depth personal interviews is another way to look for risk factors or "red flags" in applicants. Care provider facilities may also create scenarios to use in the written application or in personal interviews to assess an applicant's judgement by revealing potential concerns or boundary issues.

Care provider facilities must ask applicants for at least one personal reference. Personal references can provide additional information about an applicant's suitability for working with children and help a care provider facility assess if the applicant has mature, adult relationships.

A written application must ask about past work and volunteer experiences. Professional reference checks can provide more information about an applicant and verify their employment and volunteer history. Care provider facilities must contact an applicant's past employers. In particular, care provider facilities must make their best efforts, consistent with the law, to contact past employers that were ORR care provider facilities, child care entities, correctional facilities, pretrial detention facilities, community-based homes, or juvenile residential facilities.

Care provider facilities should focus on contacting past employers that provided an applicant with access to children and youth. These past employers can provide information about an applicant's judgement and how an applicant interacts with youth. As part of the screening process, a care provider facility must ask past employers about any substantiated allegations of sexual abuse and sexual harassment. A care provider facility must also ask if the applicant resigned during a pending investigation of alleged sexual abuse or sexual harassment. Care provider facilities must document any effort to contact past employers and the results in the applicant's personnel file.

Care provider facilities must ask all applicants in written applications or interviews about any previous misconduct. Misconduct includes but is not limited to any criminal behavior, abuse, and/or neglect investigation, charge, arrest, civil adjudication, administrative adjudication, or conviction. Care provider facilities can ask an applicant to clarify or provide more information about disclosed misconduct during a personal interview. Care provider facilities must document any effort to ask applicants about previous misconduct and the applicant's response in the applicant's personnel file.

Revised 3/11/19

4.3.3 Employee Background Investigations

Completing background investigations is another critical component of the screening process. Background checks provide more information about the suitability of an applicant to work with children and youth in ORR care. However, care provider facilities cannot rely solely on background checks to assess the suitability of an applicant to work with children and youth in ORR care.

ORR has minimum standards for the scope of background checks because State licensing requirements vary from State to State. Care provider facilities must complete background investigations according to ORR's minimum standards and State licensing requirements on all staff, contractors, and volunteers before their hire.

The care provider facility must complete the fingerprint check using a public or private vendor, if State licensing requirements do not require a national criminal history fingerprint check. If there is an additional cost associated with this fingerprint check, the care provider

facility may include the cost in its budget plan.

Care provider facilities cannot utilize the U.S. Department of Health and Human Services, Program Support Center (HHS/PSC) to complete staff, contractor, and volunteer background checks. HHS/PSC's priority is to complete background investigations for potential sponsors of unaccompanied alien children and lacks authority to provide background checks on behalf of care providers.

Care provider facilities must keep the results of all background checks in the employee's personnel file. The care provider must document the review and conclusions about a background investigation and keep it in the employee's personnel file. The care provider facility must provide all information about a background investigation, including the background check and conclusions, to ORR if requested.

Who Must Complete a Background Investigation?

ORR regulations require that care provider facilities conduct a background investigation prior to hiring new staff to determine whether the applicant is suitable for employment with minors in a residential setting. If State law or licensing regulations prohibit a care provider facility from conducting background checks before hiring an applicant, the care provider facility must notify ORR's Prevention of Sexual Abuse Coordinator and provide documentation of the State law or licensing requirement.

The following individuals must complete background checks before they are hired and gain access to children or youth:

- Executive and program management staff as well as administrative staff with direct access to children or youth;
- All temporary, part-time, or full-time employees and contractors with direct access to children or youth;
- Anyone who may have unsupervised, direct access to children or youth, including volunteers;
- Immigration advocates and legal service providers under policies established in an agreement between the care provider facility and service provider. ORR must approve the organization's background check policies and procedures before granting it access to any child or youth. Care provider facilities may have additional requirements according to their State licensing requirements; and
- Foster parents (transitional and long-term) and all foster parent household members aged 18 and over.

Attorneys of record do not need to complete a background check, but care provider facilities must have policies to confirm the identity and the status of attorneys of record before providing them access.

Medical and mental health professionals (e.g., doctors, nurses, nurse practitioners, psychiatrists, licensed clinicians) who provide services on site but are not employed by the care provider facility do not need to complete background investigations. Such professionals must, however, have up to date applicable state licensure requirements.

At a Minimum, What Must the Background Investigation Include?

The scope of background investigations must comply with State licensing requirements and ORR minimum standards, which include:

- A FBI fingerprint check of national and state criminal history repositories;
- A child protective services check with the staff's State(s) of U.S. residence for the last five years; and
- Background investigation updates at a minimum of every five years of the staff/contractor/volunteer's start date or last background investigation update. Care provider facilities may require the updated background investigation more frequently as necessary.

Care provider facilities must notify ORR's Prevention of Sexual Abuse Coordinator in writing if they are unable to complete all the required background investigation components. ORR will work with the care provider facility to ensure that background checks are completed.

Revised 3/11/19

4.3.4 Hiring Decisions

Care provider facilities must establish policies and procedures about hiring decisions. These policies and procedures must include clear criteria for determining an applicant's suitability and addressing barrier issues and recent criminal convictions in policy. Barrier issues are criminal convictions or child abuse and neglect findings that may prevent an applicant from working in a licensed child care facility where access to children is a part of their duties. Such policies and procedures must also comply with State licensing requirements.

Care provider facilities must submit the name of each potential staff member to ORR for final approval. This includes any applicant who will have direct access to children, such as youth care worker positions. ORR will check to see if the applicant has previously been terminated by a care provider facility for a substantiated allegation of sexual abuse, sexual harassment, or inappropriate sexual behavior. Care provider facilities do not need to submit the names of foster care parents for approval because they are subject to State licensing requirements.

How Should Care Provider Facilities Handle Possible Barrier Issues or Convictions?

If an applicant's arrest report or State child protective services check shows a potential barrier issue or recent conviction, the care provider facility's human resources representative and/or Program Director must review the arrest report with the applicant and take action consistent with State licensing requirements. The care provider facility must document this information and action in personnel files. ORR may review the care provider facility's actions to ensure consistency with both State licensing standards and ORR policies and procedures.

Care provider facilities are prohibited from hiring or utilizing the services of any applicant, contractor, or volunteer who has engaged in, attempted to engage in, or has been civilly or administratively adjudicated to have engaged in sexual abuse, sexual harassment, intimate partner (domestic) violence, or any type of inappropriate sexual behavior. Care providers facilities are also prohibited from hiring or utilizing the services of any applicant, contractor, or volunteer who, as an adult, perpetrated any crime involving a child, regardless of how long ago the incident occurred, or a violent crime within the past 10 years.

In considering whether to hire an applicant or utilize the services of any applicant, contractor, or volunteer when the screening indicates a conviction of other crimes or questionable behavior, the care provider facility must consider the following factors:

- The relationship between the incident and the type of employment or service that the applicant will provide.
- The applicant's employment or volunteer history before and after the incident.
- The applicant's efforts and success at rehabilitation.
- The likelihood that the incident would prevent the applicant from performing their responsibilities in a manner consistent with the safety and welfare of UAC.
- The circumstances and/or factors indicating the incident is likely to be repeated.
- The nature, severity, number, and consequences of the incidents disclosed.
- The circumstances surrounding each incident, including contributing societal or environmental conditions.
- The age of the individual at the time of the incident.
- The amount of time elapsed since the incident occurred.

Omitting a material fact about misconduct or providing false information during the screening process is grounds for termination or withdrawal of an offer of employment, as appropriate. Misconduct includes but is not limited to any criminal behavior, abuse, and/or neglect investigation, charge, arrest, civil adjudication, administrative adjudication, or conviction.

What Should a Care Provider Facility Do When Asked About A Former Employee?

If contacted by another care provider facility or institutional employer, such as a community-based home or correctional institution, for a reference check, a care provider facility must provide information about substantiated allegations of sexual abuse, sexual harassment, and inappropriate sexual behavior unless prohibited by law. Care provider facilities must also disclose if the former employee resigned during a pending investigation of alleged sexual abuse, sexual harassment, or inappropriate sexual behavior. If State laws prevent a care provider facility from sharing information about former employees without written permission, we encourage care provider facilities to ask employees to sign a release of information so this information can be shared in the future.

Revised 3/11/19

4.3.5 Staff Code of Conduct

ORR is committed to providing a safe environment to all UAC in its care, including protecting UAC from sexual abuse and sexual harassment. In order to ensure the safety of UAC, who are under the age of 18, care provider facility staff, contractors, and volunteers must comply with the following Code of Conduct. This code of conduct does not apply to foster parents, who are subject to State licensing requirements.

1. Staff will not engage in any form of sexual abuse or sexual harassment, as defined at Section 4.1 of ORR's UAC Policy Guide.
2. Staff will not verbally or physically abuse any unaccompanied alien child.
3. Staff will not engage in sexual contact with anyone while on duty or while acting in the official capacity of their position.
4. Staff will not exchange letters, gifts, pictures, phone numbers, e-mail addresses, or social media information with any UAC in ORR care or within three years of the child's discharge. Requests for exceptions must be submitted in writing to and approved by care provider management.
5. Staff may not have contact with any unaccompanied alien children outside of the care provider facility beyond that necessary to carry out job duties while the child is in ORR care or within three years of the child's discharge. Requests for exceptions must be submitted in writing to and approved by care provider management.
6. Staff must confine their relationships with UAC families and sponsors to those activities which fall within the scope of the staff's job duties. Requests for exceptions must be submitted in writing to and approved by care provider management.

7. Staff may not engage in a romantic or sexual relationship with a UAC while the child is in ORR care or within three years of the child's discharge.
8. Staff may not live with a UAC within three years of the child's discharge.
9. Staff must report knowledge, suspicion, or information about sexual abuse, sexual harassment, or inappropriate sexual behavior according to mandatory reporting laws, Federal laws and regulations, and ORR policies and procedures.
10. Staff with knowledge or information of a staff violating this Code of Conduct must report this knowledge or information to their supervisor.
11. Staff have a continuing affirmative duty to disclose any misconduct that occurs on or off duty.

Care provider facilities must immediately terminate any staff member who violates this Code of Conduct. Care provider facilities must suspend any staff member suspected of violating this Code of Conduct pending investigation.

Revised 3/11/19

4.3.6 Staff Training

Care provider facilities must provide training to all staff, contractors, and volunteers. Training ensures that employees understand their obligations under ORR policies. Care provider facilities must tailor trainings to the unique needs, attributes, and gender of the unaccompanied alien children in care at the individual care provider facility. For example, an employee must receive additional training if reassigned from a care provider facility that houses only male unaccompanied alien children to a care provider facility that houses only females. Care provider facilities must document the completion of all trainings in personnel files.

Care provider facilities must review and revise their training and development plan annually based on their training needs.

What Trainings Are Employees Required to Complete?

All employees who may have contact with unaccompanied alien children must complete trainings on the following:

- ORR and the care provider facility's zero tolerance policies for all forms of sexual abuse, sexual harassment, and inappropriate sexual behavior;
- The right of unaccompanied alien children and staff to be free from sexual abuse, sexual harassment, and inappropriate sexual behavior;
- Definitions and examples of prohibited and illegal sexual behavior;
- Recognition of situations where sexual abuse, sexual harassment, and inappropriate sexual behavior may occur;
- Recognition of physical, behavioral, and emotional signs of sexual abuse and methods of preventing and responding to such occurrences;
- How to avoid inappropriate relationships with unaccompanied alien children;
- How to communicate effectively and professionally with unaccompanied alien children, including unaccompanied alien children who are lesbian, gay, bisexual, transgender, questioning, or intersex;
- Procedures for reporting knowledge or suspicion of sexual abuse, sexual harassment, or inappropriate behavior as well as how to comply with relevant laws related to mandatory reporting;
- The requirement to limit reporting of sexual abuse, sexual harassment, and inappropriate sexual behavior to staff with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement, investigative, or prosecutorial purposes;
- Cultural sensitivity toward diverse understanding of acceptable and unacceptable sexual behavior and appropriate terms and concepts to use when discussing sex, sexual abuse, sexual harassment, and inappropriate sexual behavior with a culturally diverse population;
- Sensitivity regarding trauma commonly experienced by unaccompanied alien children;
- Knowledge of existing resources for unaccompanied alien children inside and outside the care provider facility, such as trauma-informed treatment, counseling, and legal advocacy for victims;
- General cultural competency and sensitivity to the culture and age of unaccompanied alien children; and
- Proper procedures for conducting professional pat-down searches, including cross-gender pat-down searches and searches of transgender and intersex unaccompanied alien children in a respectful and least intrusive manner.

New employees must complete training before gaining access to children and youth. All employees must complete refresher trainings on the above topics every year or with any policy change or update, whichever comes first. All employees must receive ORR-provided refresher training about avoiding inappropriate relationships and reporting sexual abuse and sexual harassment every six months.

What Trainings Are Required For Medical and Mental Health Care Staff?

Medical and mental health care staff employed or contracted by care provider facilities must, in addition to the trainings required above, receive specialized trainings on working with victims and potential victims of sexual abuse and sexual harassment as medical and

mental health care practitioners. Care provider facilities must ensure that all full- and part-time medical and mental health care practitioners are trained on the following additional topics specific to providing medical and mental health care:

- How to detect and assess signs of sexual abuse and sexual harassment
- How to preserve physical evidence of sexual abuse
- How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment

If medical staff employed by a care provider facility conduct forensic examinations, they must receive training to conduct such forensic examination **FOOT** for victims of sexual abuse. Care provider facilities must maintain documentation that medical and mental health care practitioners have received the specialized training listed in the previous paragraph as well as the training mandated for all employees.

What Trainings are Required for Contractors and Volunteers?

Care provider facilities must provide all trainings listed for employees to all new contractors and volunteers if they provide services on a regular basis and have contact with unaccompanied alien children. Volunteers who provide services for one day or less, such as holiday events, are not required to complete the above trainings. However, the volunteers must be directly supervised by staff at all times. Care provider facilities must maintain documentation confirming that contractors and volunteers received all required trainings and pre-service trainings and understood the training they completed.

Revised 3/11/19

4.3.7 Employee Performance Evaluations and Promotion Decisions

Care provider facilities must, at a minimum, conduct employee performance evaluations once a year. When evaluating staff and making promotion decisions, care provider facilities must again ask all staff in interviews or written self-evaluations about any prior misconduct or misconduct that arose since the staff member's last background investigation. This misconduct includes, but is not limited to:

1. Any civil or criminal convictions, charges, arrests, investigations, or adjudications;
2. Having engaged in or attempted to engage in sexual abuse, sexual harassment, or inappropriate sexual behavior, a crime involving a minor, or any violent crime;
3. Having been civilly or administratively adjudicated to have engaged in or attempted to engage in any of the activities listed above.

Care provider facilities are prohibited from promoting any employee or continuing to enlist the services of any contractor or volunteer who has engaged in any activity listed under number 2 above. The care provider facility may use discretion, depending on the type or nature of the activity, and the factors listed in section 4.3.4 if the employee, contractor, or volunteer has engaged in any activity listed under number 1 and 3 above.

All employees must be given the opportunity to read the evaluation report, to obtain a copy of the report, and to include written comments before the report is entered into the personnel record. The final signed evaluation, which includes the employee's written comments, must be placed in the employee's personnel file and provided, upon request, to ORR.

The care provider facility's efforts to ask applicants about previous misconduct and the employee's response must be documented in personnel files.

Posted 1/14/19

4.3.8 Disciplinary Sanctions and Corrective Actions

Disciplinary Sanctions for Staff

A care provider facility must take disciplinary action up to and including termination against any staff member with a substantiated allegation of sexual abuse or sexual harassment against them or for violating ORR's or the care provider facility's sexual abuse-related policies and procedures. Termination must be the presumptive disciplinary sanction for staff who engaged in sexual abuse or sexual harassment. All terminations for violations of ORR and/or the care provider facility's sexual abuse-related policies and procedures or resignations by staff who would have been terminated if not for their resignation must be reported to law enforcement agencies and to any relevant licensing bodies. All disciplinary sanctions, remedial measures, and follow-up actions must be documented in the employee's personnel file.

Care provider facilities must report to ORR all terminations against any staff member with a substantiated allegation of sexual abuse or sexual harassment or any staff member who was terminated for violating ORR's or the care provider facility's sexual abuse-related policies.

Corrective Actions for Contractors and Volunteers

Any contractor or volunteer who engaged in sexual abuse or sexual harassment must be prohibited from contact with unaccompanied

alien children and terminated from the contract or not be allowed to volunteer at the care provider facility. Such incidents must be immediately reported in accordance with Section 4.10. Contractors and volunteers suspected of perpetrating sexual abuse or sexual harassment must be removed from all duties requiring contact with children or youth pending the outcome of the investigation in accordance with Section 4.6.3. Care provider facilities must take appropriate remedial measures and must consider whether to prohibit further contact with unaccompanied alien children by any contractor or volunteer who has not engaged in sexual abuse but violated other provisions of ORR's sexual abuse-related policies and procedures or the care provider facility's sexual abuse-related policies and procedures. All corrective actions and follow-up must be documented.

Revised 3/11/19

4.3.9 Questions and Answers

Q: Can a care provider facility hire an applicant before receiving the results of both the FBI fingerprint check and the child protective services check?

A: A care provider facility may extend a conditional offer of employment prior to receiving the results of both components of the background check. However, the applicant's start date must be after the care provider facility receives the results of both the FBI fingerprint check and the child protective services check.

Q: Can an applicant begin the mandatory trainings outlined in Section 4.3.6 and the Cooperative Agreement before the care provider facility has received the results of the FBI fingerprint check and the child protective services check?

A: The care provider cannot provide a start date to an applicant before receiving the results of both components of the background check. Orientation and mandatory trainings cannot begin until after the care provider facility has received the results of both background checks. However, a care provider may begin providing trainings before receiving the results of both components of the background check if the trainings are provided in a facility that is completely separate from the facility in which they provide care to children and youth. Care providers must provide documentation to their PO showing that the training facility will not provide direct access to children and youth.

Q: Can reference checks be completed after an applicant is hired?

A: ORR regulations require that care provider facilities make their best efforts, consistent with law, to contact past employers before hiring an applicant. A care provider facility can show they made their "best effort" by providing documentation that they attempted to contact a reference several times. The care provider facility must show that these attempts occurred prior to the start date of the applicant. A care provider facility may, however, continue attempting to contact a reference after an applicant has started employment, if the facility was previously unable to contact the reference.

Q: When does a care provider facility request final approval of an applicant?

A: Care provider facilities must submit the name of an applicant as a last step before they extend an offer of employment. This submission should be after the care provider facility has completed reference checks and received the results of both components of the background check.

Q: Section 4.3.4 prohibits care provider facilities from hiring an applicant or enlisting the services of a contractor or volunteer who was convicted of violent crime in the last 10 years. What is a violent crime?

A: Violent crime includes simple assault, and aggravated assault. Violent crime also includes burglary or robbery, which is the unlawful or forcible entry or attempted entry of a permanent residence, other residence (e.g., a hotel room or vacation room), or other structure (e.g., a garage or shed) by a person who had no legal right to be there. Care providers are prohibited from hiring staff or enlisting the services of a contractor or volunteer who was convicted of murder.

Posted 3/11/19

4.4 Staffing and Supervision

This section covers requirements related to staffing and supervision; video monitoring; searches; and facility and technology upgrades. This section applies to all care provider facilities, unless indicated otherwise. This section does not apply to individual foster care homes but does apply to foster care provider facilities where children and youth may receive group services during the day.

Posted 3/16/15

4.4.1 Staffing Levels

ORR requires that care provider facilities supervise children and youth in their facilities in accordance with State licensing requirements. Staff-children ratios, however, must be maintained at a minimum of:

- One (1) on-duty Youth Care Worker for every eight (8) children or youth during waking hours; and
- One (1) on-duty Youth Care Worker for every sixteen (16) children or youth during sleeping hours²

On-duty Youth Care Workers must provide line of sight and sound supervision of children in order to be counted towards ratio requirements. In addition, the primary responsibility of on-duty Youth Care Workers must be the supervision of children in order to be counted towards ratio requirements.

Additional or backup personnel should be available for emergency situations or to meet the special needs of children or youth during busier periods. Rotating after-hours and holiday coverage personnel must also be available in crisis situations. Same gender supervision must be provided when indicated by individual treatment needs.

Revised 5/31/16

4.4.2 Staffing Plans and Video Monitoring Restrictions

Staffing Plans

Care provider facilities must develop and document staffing plans that provide for adequate levels of staffing that includes, at a minimum, the above required staffing ratio levels at all times. Additionally, ORR requires that, where available under State and local licensing standards, care provider facilities must have video monitoring technology to assist in supervising and protecting children and youth at the care provider facility. Any video monitoring system should include the ability to permanently download footage when necessary. Care provider facilities must provide video monitoring footage to ORR upon request.

In creating a staffing plan and determining the placement of video monitoring technology, care provider facilities must take into consideration the following:

- The physical layout of the facility, including the exterior of the building and the surrounding premises;
- The composition of the population of children and youth;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse and sexual harassment in certain physical areas;
- The prohibition of cross-gender pat-down searches of children and youth except in exigent circumstances;
- If a child or youth has special needs and requires assistance with showering, performing bodily functions, and changing clothing, the care provider staff member assisting the child or youth must be of the same gender when assisting with such activities;
- Viewing restrictions as described below; and
- Any other relevant factors

As part of staffing plans, care provider facilities must conduct frequent unannounced rounds during both day and night shifts to identify and deter sexual abuse and sexual harassment. Care providers must prohibit staff from alerting others that rounds are occurring, unless the announcement is related to the legitimate operational function of the facility. For example, staff may announce their presence before entering a restroom.

Care provider facilities must assess their personnel and staffing needs as part of annual planning and prepare for anticipated needs by comparing the composition of facility's current workforce with projected workforce needs. If a care provider facility's staffing plan does not meet the cultural and racial diversity needs of the population of children and youth at the facility, the care provider facility must document the reasons why they are not meeting these needs and work with local communities to meet the needs of children and youth through other means, such as working with diverse local service providers.

Viewing and Video Monitoring Restrictions

Video monitoring equipment may not be placed in any bathroom, shower or bathing area, or other area where children or youth routinely undress. Care provider facilities must permit children and youth to shower and bathe, perform bodily functions, and change clothing without being viewed by staff members, except:

- In exigent circumstances;
- When such viewing is incidental to routine room checks;
- Is otherwise appropriate in connection with a medical examination or monitored bowel movement;
- If a child or youth is under age 6 and needs assistance;
- If a child or youth with special needs is in need of assistance; or
- If a child or youth requests and requires assistance.

If a child or youth requires assistance with using the bathroom, showering or bathing, or changing clothes for any of the reasons listed above, then the staff member assisting the child or youth must be of the same gender as the child or youth.

Posted 3/16/15

4.4.3 Searches of Children and Youth

Care provider facilities are prohibited from conducting strip searches or visual body cavity searches of children or youth. Secure care providers may conduct such searches in accordance with the Department of Justice's Final Rule to Prevent, Detect, and Respond to Prison Rape.

Care providers may conduct pat-down searches. All pat-down searches:

- Must be conducted by a staff member that is the same gender as the child or youth being searched unless the child or youth identifies as transgender or intersex. Cross-gender pat-down searches are prohibited except in exigent circumstances. An exigent circumstance is any set of temporary or unforeseen circumstances that require immediate action in order to combat a threat to the security of a care provider facility or a threat to the safety and security of any person.
- Must be conducted in the presence of one additional care provider facility staff member that is the same gender as the child or youth being searched unless there are exigent circumstances.
- Must be documented and reported to ORR via a significant incident report.

If a child or youth identifies as transgender or intersex, who may conduct a pat-down search, if necessary?

Care provider facilities must ask the child or youth to identify the gender of staff with whom he/she would feel most comfortable conducting the search. The care provider facility must then respect the child or youth's selection and provide a staff member of the selected gender to conduct the search and a second staff member of the same selected gender to be present when the search is conducted.

Are there other restrictions on searches generally?

Care provider facilities may not search or physically examine a child or youth for the sole purpose of determining the child or youth's sex. If the child or youth's sex is unknown, it may be determined during conversations with the child or youth, by reviewing medical records, or, if necessary, learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Posted 3/16/15

4.4.4 Upgrades to Facilities and Technologies

What must care provider facilities consider when upgrading facilities?

When designing or acquiring any new facility and in planning on any substantial expansion or modification of existing facilities, care provider facilities must consider, as appropriate, the effect of the design, acquisition, expansion, or modification of the physical building on their ability to protect children and youth from sexual abuse and sexual harassment. Consideration must be made to ensure clear line-of-sight and elimination of rooms or spaces that prevent visual access. Care provider facilities must document these considerations and actions or inactions taken.

What must care provider facilities consider when upgrading technologies?

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the care provider facility, as appropriate, must consider how such technology may enhance its ability to protect children and youth from sexual abuse and sexual harassment while maintaining the privacy and dignity of children and youth. Care provider facilities must document these considerations and actions or inactions taken.

Posted 3/16/15

4.5 Responsive Planning

All children and youth receive, among other services, weekly individual and group counseling; an initial medical examination; ongoing and emergency medical and dental services; referrals to local legal service providers; and case management services. Any child or youth who has notified ORR of sexual abuse or harassment that occurred prior to ORR care and custody is provided the services listed above and additional crisis intervention and trauma-focused services as needed. For any child or youth that is a victim of sexual abuse or sexual harassment that occurred in ORR care and custody, care provider facilities must offer the services of external, independent service providers so the child or youth has an opportunity to speak with someone outside of the care provider facility if he/she prefers.

Responsive planning refers to care provider facility preparations to work with outside service providers in the event there is an incident of sexual abuse or sexual harassment that occurs at the care provider facility. This section applies to all care provider facilities, including secure care provider facilities, but does not apply to long term foster care provider facilities unless otherwise specified.

Posted 3/23/15

4.5.1 Access to Community Service Providers and Resources

Care provider facilities must develop written policies and procedures to include community service providers and other external resources, such as child advocacy centers or rape crisis centers, to provide valuable expertise and support to victims of sexual abuse and sexual harassment incidents that occur in ORR care and custody. Care provider facilities must establish specific written procedures to offer any victim of sexual abuse or sexual harassment that occurred in ORR care and custody the services of a confidential external victim advocate from a community or immigrant service provider to provide:

- Crisis intervention and trauma-focused services;
- Counseling and medical referrals;
- Emotional support and processing of the event; and
- Legal support and other assistance during any investigation and prosecution.

If a community or immigrant service provider is not available or if the victim prefers, the care provider facility may provide a licensed clinician at the care provider facility to provide the services listed above for the child or youth. Care provider facilities must document that they offered the above services and the child or youth's response for any child or youth that was sexually abused or harassed at the care provider facility.

Memoranda of Understanding or Other Agreements with Service Providers

In order to establish the required procedures above, care provider facilities must maintain or attempt to enter into memoranda of understanding (MOUs) or other agreements with local child advocacy centers, rape crisis centers, immigrant victim service providers, and/or other community service providers to provide services to victims of sexual abuse and sexual harassment that occurred at the care provider facility. If local service providers are not available, care provider facilities must maintain or attempt to enter into MOUs or other agreements with national service provider organizations. All agreements must have provisions that require the community or immigrant service provider to report any allegations received to ORR. Care provider facilities must maintain copies of its agreements or documentation showing attempts to enter into such agreements and provide copies to ORR upon request.

Informing Children and Youth of Service Providers

During every child or youth's orientation, care provider facilities must provide information about the local and/or national service providers and organizations available to assist them. Care provider facilities must provide this in writing to every child or youth and document it in the child or youth's case file. The written information must include:

- Names and descriptions of the organizations;
- Mailing addresses; and
- Telephone numbers, including toll-free hotline numbers where available.

Care provider facilities must also explain to the child or youth the extent to which communications with the service providers will be confidential and provide access to pre-programmed telephones at the care provider facility to provide direct access to service providers without the assistance of staff at the care provider facility.

Posted 3/23/15

4.5.2 Forensic Medical Examinations

If an allegation involves oral, genital, or anal contact by or to another person or object, then the care provider facility, with the victim's consent, must arrange for the victim to undergo a forensic medical examination as soon as possible at a local hospital. Any minor age 14 and over may provide consent for him- or herself. For any minor under the age of 14 and where the location and contact information of a parent is known, the care provider facility must obtain parental consent to conduct the examination. If the care provider facility has documentation to show, however, that contacting a parent would present a safety risk or if the location of a parent is unknown, then the ORR/FFS will provide consent to conduct the examination. Where possible, the forensic medical examination must be performed by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE). If a local SAFE or SANE is not available, the examination may be performed by a qualified medical professional at a local hospital. Long term foster care providers are required to arrange a forensic medical examination.

Care provider facilities must ask the child or youth if he/she would like his/her victim advocate, other external service provider, or the care provider facility's clinician to be present during any forensic examination or investigatory interview, to the extent possible. Other external service providers may also include victim advocacy services offered at a hospital conducting a forensic medical examination. Care provider facilities must document that they offered the above services and the child or youth's response.

To the extent possible and with consideration of the child or youth's preference, care provider facilities must request that the investigating agency and medical examiner allow victim advocates, other external service providers, or the care provider facility's clinicians to be present and provide support to any child or youth during any medical examination or other investigation.

Posted 3/23/15

4.6 Coordinated Response

This section addresses the responsibilities of care provider facilities immediately following an incident of sexual abuse or sexual harassment as well as the follow-up necessary to ensure the safety of all children and staff. This section applies to all care provider facilities, including secure care providers and long term foster care providers.

Posted 4/6/15

4.6.1 Coordinated Response Policies and Procedures

Care provider facilities must develop written policies and procedures to coordinate actions taken by staff first responding to an incident; emergency services providers; medical and mental health practitioners; community service providers; outside investigators such as Child Protective Services and local law enforcement, as needed; facility leadership; and any other relevant parties as necessary to ensure that: victims receive all necessary immediate and ongoing medical, mental health, and support services; all required services and examinations are complete; and investigators are able to obtain usable evidence. The policies and procedures should address sexual abuse that occurs in ORR care and custody as well as sexual abuse that occurs prior to ORR care and custody and the necessary response. The care provider facility's policies and procedures must utilize a coordinated, multi-disciplinary team approach and be approved by ORR.

Posted 4/6/15

4.6.2 Responder Duties

The written policies and procedures must include a provision that requires any staff member that learns of an incident of sexual abuse that occurs in ORR care and custody to immediately and in accordance with state laws and licensing requirements:

1. Separate the alleged victim, perpetrator, and any witnesses and ensure the safety of all children and staff;
2. Ensure the alleged perpetrator is separated from all children and youth until the safety of all children and staff is established and a safety plan is developed and implemented;
3. Contact emergency services as needed;
4. Preserve and protect, to the greatest extent possible, any crime scene until the appropriate authorities are called and arrive to collect evidence;
5. Request that the alleged victim, perpetrator, and any witnesses not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating if the abuse occurred within a time period that still allows for the collection of physical evidence; and
6. Work with the appropriate authorities to arrange a forensic medical examination in accordance with section **4.5.2 Forensic Medical Examinations** as soon as possible.

The time period to collect physical evidence may vary depending on the nature of the incident and the type and location of the evidence. If there could be any possible traces of evidence, protect the item, location, or person, to the extent possible, until the proper investigating authority is contacted and able to physically collect the evidence.

After the safety of all minors and staff is secured and the crime scene and any evidence, as appropriate, are protected, the staff member must immediately call emergency services, if necessary, report the incident to all appropriate investigating authorities, report the incident to all necessary staff at the care provider facility, and report the incident to ORR in accordance with significant incident reporting policies and procedures.

For an allegation of past sexual abuse, the care provider facility must ensure that the allegation is reported to all appropriate authorities and provide any necessary follow-up services, including emergency and ongoing medical and mental health services; referrals to local legal service providers; and case management services. If there could be any possible traces of evidence from the allegation of past abuse, care provider facilities must ensure that the proper investigating authorities are called and a forensic medical examination is arranged in accordance with section **4.5.2 Forensic Medical Examinations** so that any evidence may be properly collected. Note that time limits for obtaining evidence may vary due to factors such as the location of the evidence or the type of sample collected. For example, evidence on clothing may be collected long after an incident occurs.

Posted 4/6/15

4.6.3 Protecting Children and Youth

Following an allegation of sexual abuse or sexual harassment, care provider facilities must ensure that alleged victims are safe and provided a supportive environment in the least restrictive housing option and setting possible while considering the safety and security of the child or youth as well as other children and youth at the care provider facility.

To ensure the continued safety and well-being of a child or youth who is an alleged victim of sexual abuse or sexual harassment, the care provider must consider if the following actions should be taken:

- Change housing assignments within the care provider facility;
- Transfer the victim and/or perpetrator to another care provider facility in order to better meet the needs of a particular child or youth or to ensure the safety and security of the child or youth or other children or youth. If there is an ongoing investigation, the care provider facility should work with the investigating agency prior to any transfer to ensure that all investigatory needs have been met;
- Prevent perpetrators from being in contact with victims; and/or
- Provide support services for children, youth, and staff who fear retaliation for reporting sexual abuse or harassment or cooperating with an investigation.

Care provider facilities should make every effort to protect an alleged victim without placing the child or youth on one-on-one supervision. If there is an exigent circumstance, however, care provider facilities may place an alleged victim on one-on-one supervision to protect the safety and security of the child or youth. An exigent circumstance is defined as any set of temporary or unforeseen circumstances that require immediate action in order to combat a threat to the security of a care provider facility or a threat to the safety and security of any person. Once an alleged victim is on one-on-one supervision, the care provider facility clinician must re-assess the minor as soon as possible but no later than 48 hours after placing the child or youth on one-on-one supervision so that the child or youth is not on one-on-one supervision longer than necessary. The child or youth may not be taken off one-on-one supervision until the clinician has completed the re-assessment. The clinician must consider any increased vulnerabilities as the result of the sexual abuse or sexual harassment when assessing the child or youth and create a safety plan that is documented in the child or youth's case file. The care provider facility must ensure that any child or youth placed on one-on-one supervision continues to receive all required services, education services, and recreation time.

If the alleged perpetrator is a care provider facility staff member, contractor, or volunteer, the care provider facility must immediately suspend that individual from all duties that would involve or allow any contact or access to unaccompanied alien children until the investigation of the incident is completed. If the alleged perpetrator is a child or youth, the care provider facility must develop and implement a safety plan for the child or youth that may include one-on-one supervision if the child or youth continues to pose a threat to self or others. If an alleged perpetrator is placed on one-on-one supervision, the care provider facility must ensure that the child or youth continues to receive all required services, education services, and recreation time.

Protection Against Retaliation

Care provider facility staff, contractors, volunteers, and all children and youth are prohibited from retaliating against any person who reports, complains about, or participates in an investigation of alleged sexual abuse or harassment. For any child, youth, staff member, contractor, or volunteer that is involved in an allegation of sexual abuse or sexual harassment, whether he or she was a victim, perpetrator, reporter, witness, or other participant, the ORR/FFS, ORR/PO, and care provider facility staff must monitor the individual to see if there is any indication that there is possible retaliation against him/her. Monitoring for retaliation must continue for the remainder of the child or youth's stay at the care provider facility.

The care provider facility staff should monitor, among other things, the following:

- Child or youth behavioral reports or loss of behavioral points;
- Child or youth housing or service changes;
- Negative staff performance reviews; and
- Reassignments of staff.

The existence of any of the above actions alone does not necessarily indicate retaliation. The ORR/FFS, ORR/PO, and the care provider facility must determine if any of the above actions are taking place, and, if so, whether the actions were properly taken. To determine if actions are properly taken, the care provider facility must discuss any actions taken with the appropriate child, youth, staff member, contractor, or volunteer to determine if retaliation is taking place. If retaliation is taking place, the care provider facility must take steps to ensure the protection and safety of the individual. Care provider facilities must document their monitoring efforts to ensure retaliation is not taking place at the facility and any steps taken if retaliation is taking place.

Ongoing Protection Duties

If a care provider facility staff member reasonably believes that a particular child or youth is subject to substantial risk of imminent sexual abuse or harm, he or she must immediately take action to protect the minor. To protect the child or youth, the staff member should immediately:

- Remove the child or youth from a situation that would expose him or her to risk of abuse if the risk appears to be imminent and immediate;

- Report the concern of suspected risk of abuse to the appropriate staff at the care provider facility and request assistance in enacting measures to ensure child or youth safety; and
- Report the risk and actions taken to ORR.

Posted 4/6/15

4.6.4 Interventions for Children or Youth Who Engage in Sexual Abuse

If a child or youth perpetrates sexual abuse or sexual harassment against another child, youth, or staff member while in ORR care and custody or admits to perpetrating prior sexual abuse, the care provider facility must respond with appropriate interventions for the child or youth. The goal of intervention is to achieve improved behavior and ensure the safety and well-being of other children and youth. Possible types of intervention could include but is not limited to specialized counseling, treatment, and/or educational programming and must take into account the social, sexual, emotional, and cognitive development of the child or youth as well as the child or youth's mental health status.

Posted 4/6/15

4.7 Educating Children and Youth

Care providers must inform all unaccompanied alien children of policies for preventing, detecting, and responding to sexual abuse and harassment. This includes educating children and youth in a manner that is appropriate for their age and culture on a variety of topics, including but not limited to, the care provider's zero tolerance policy, how to report incidents of sexual abuse and harassment, and the services provided to victims of sexual abuse and harassment. Care providers also must have policies and procedures in place and appropriate materials available to ensure that information related to sexual abuse and harassment reporting and response is readily available to all children and youth. This section applies to all care providers, including secure and long term foster care providers.

Posted 6/22/15

4.7.1 Educating Children and Youth on Sexual Abuse and Sexual Harassment

Orientation

Within 48 hours of admission, care providers must provide every unaccompanied alien child with an orientation on topics related to preventing, detecting, and responding to sexual abuse and harassment. Care providers also must provide a refresher orientation to children and youth every 90 days from the initial orientation. The orientation must include, at a minimum, the following topics:

- The care provider's zero tolerance policy towards sexual abuse and sexual harassment;
- The child's right to be free from sexual abuse or sexual harassment;
- The child's right to be free from retaliation for reporting sexual abuse or sexual harassment;
- The child's rights and responsibilities related to sexual abuse and sexual harassment;
- Definitions, explanations, and examples of: child on child sexual abuse, adult on child sexual abuse, coercive sexual activity, inappropriate sexual behavior, appropriate and inappropriate relationships, and sexual harassment;
- How to report sexual abuse and sexual harassment, including:
 - Reporting to any care provider staff member, volunteer, or contractor either verbally, in writing, or via a grievance;
 - Reporting to ORR by telling an FFS or calling the ORR Hotline;
 - Informing an outside community service provider via telephone or in writing;
 - Reporting to consular officials via telephone or in writing;
- The child's right to receive treatment, services, and counseling if the child or youth has been sexually abused or harassed and what those services include; and
- Boundaries and respecting one another.

In accordance with **Section 4.2.2 Care Provider Requirements**, the orientation must be provided by properly trained care provider staff in an age and culturally appropriate manner and in a language that the child understands. The orientation must be separate from any immigration-related orientation that a child receives. The care provider must document the completion of the orientation and any refresher orientations in the child or youth's case file.

Accessible Policies and Procedures

The care provider is responsible for ensuring that every child and youth in its care understands the orientation and materials provided.

If the care provider has concerns about a child or youth's ability to comprehend the orientation or any other materials provided, the care provider should consult with a Clinician, the care provider's Prevention of Sexual Abuse Compliance Manager, and/or the care provider's assigned ORR/FFS. Efforts to ensure comprehension should be documented in the child or youth's case file (e.g. use of translation services, accommodations provided, etc.).

Care provider staff must ensure that all children and youth understand how to report any incident of sexual abuse, sexual harassment, or inappropriate sexual behavior and request assistance without fear of retaliation. The care provider must ensure that the child understands that he/she can report at any time any concerns, allegations, information, or suspicions of sexual abuse or sexual harassment. The child may also request and utilize the assistance of another individual to make a report, including any adult, youth, or staff member inside or outside the care provider facility. If a child requests the assistance of another child, care provider staff member, family member, legal representative, or any other individual, the care provider must take reasonable steps to expedite the request for assistance.

Posted 6/22/15

4.7.2 Bulletin Board Postings

Care providers must display **ORR posters** (<https://www.acf.hhs.gov/programs/orr/resource/orr-guide-children-entering-the-united-states-unaccompanied-section-473>) and notices in prominent locations throughout the facility, including on housing bulletin boards, next to telephones, and throughout the care provider facility. The posters must contain at a minimum the phone numbers for care provider staff, ORR, Child Protective Services, and a community service provider that children and youth can contact if they are a victim of sexual abuse or sexual harassment, feel in danger, or feel unsafe. The bulletin board notice should be posted in prominent and visible places throughout the facility where children and youth may easily see it. Posters must be in English and Spanish and any other language, as needed, if the care provider regularly provides services to a specific population of children and youth.

Posted 6/22/15

4.7.3 Pamphlets on Sexual Abuse and Harassment

Within 48 hours of admission, the care provider must provide every child and youth an **ORR pamphlet** (<https://www.acf.hhs.gov/programs/orr/resource/orr-guide-children-entering-the-united-states-unaccompanied-section-473>) as well as a care provider pamphlet that contains, at a minimum, the following:

- The care provider's policies and procedures related to sexual abuse and sexual harassment;
- The child or youth's rights and responsibilities related to sexual abuse and sexual harassment and
- How to contact diplomatic or consular personnel.

The pamphlets must be made available throughout the care provider facility and accessible to any child or youth in the event he/she loses the original pamphlet or would like an additional copy. Care providers must document in case files that every child and youth received the pamphlet. Pamphlets must be in English and Spanish and any other language, as needed, if the care provider regularly provides services to a specific population of children and youth.

Posted 6/22/15

4.8 Assessment for Risk

Care providers must assess all children and youth for risk of being a victim or a perpetrator of sexual abuse while in ORR care and custody and use the results of the assessment to inform the minor's housing, education, recreation, and other service assignments. This section applies to all care providers, including secure care providers and long term foster care providers, unless otherwise stated.

Posted 6/22/15

4.8.1 Assessment for Risk

To reduce the risk that a child or youth is sexually abused or abuses someone else while in ORR care and custody, all care providers must individually assess every child or youth within 72 hours of admission and every 30 days thereafter via the *Assessment for Risk*. Care providers must then use the *Assessment for Risk*, along with any other completed assessments, to inform the child's housing, education, recreation, and other service assignments by making an individualized determination on how to ensure the safety and health of each child and youth. If other assessments are completed at a later date that would change the housing, education, recreation, and other service assignments of the child or youth, the care provider must update the *Assessment for Risk* accordingly. Completion of the initial *Assessment for Risk* and all updates must be documented in the child's case file. Information obtained in the *Assessment for Risk* should also be used to inform later assessments conducted on the child, such as the *UAC Assessment*.

Long term foster care providers must complete the *Assessment for Risk* for all children and youth within 72 hours of admission and every 90 days thereafter.

Who May Conduct the Assessment

The Assessment for Risk must be completed by the child or youth's Clinician or a Qualified Case Manager. 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 5 years of experience providing direct social services to child clients and training in conducting child assessments. Care providers

must provide children and youth an opportunity to discuss any safety concerns or sensitive issues privately while they are completing the assessments.

How to Conduct the *Assessment for Risk*

The *Assessment for Risk* must be conducted in a private space and in a child-friendly, culturally sensitive manner. Clinicians and Qualified Case Managers must consider, at a minimum, the following information to assess children and youth for risk of sexual victimization or sexual abusive behaviors:

- Prior sexual abusive behaviors;
- Any current charges or offense history;
- Prior sexual victimization;
- Age;
- Level of emotional and cognitive development;
- Physical size and stature;
- Any mental, physical, or developmental disability or illness;
- Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, questioning, or intersex;
- The child or youth's own perception of vulnerability; and
- Any other specific information that may indicate heightened needs for supervision, additional safety precautions, or separation from other specific youth.

The assessment must be completed in a holistic manner informed from a variety of sources, including but not limited to:

- Conversations with the youth or child during the intake process and when completing various assessments and screenings ; and
- Court records, case files, care provider and other facility behavioral records, and other relevant documentation from the child or youth's record/case file.

Posted 6/22/15

4.8.2 Use of Assessment Information

Care providers must use information gathered in the *Assessment for Risk* to inform a child or youth's housing, education, recreation, and other activity or service assignments by making an individualized determination on how to ensure the safety and health of each child.

If the *Assessment for Risk* indicates that the child experienced prior sexual victimization or perpetrated sexual abuse, the Clinician must ensure to follow-up, as appropriate, with any necessary medical or mental health services. Qualified Case Managers must ensure such cases are referred to the Clinician for further evaluation or follow-up. If the Clinician determines that a medical or mental health referral is necessary, the child must receive a medical and/or mental health evaluation no later than 72 hours after the referral.

Care providers must implement appropriate controls on disseminating information contained in the *Assessment for Risk* within the care provider facility in order to ensure that sensitive information is not exploited to the child or youth's detriment by staff or other children or youth. Care providers must ensure that information about sexual orientation and gender identity is kept confidential and is only shared when disclosure is necessary for medical or mental health treatment or the youth requests the information be shared for a particular purpose.

Determining Housing and Other Service Assignments for Transgender and Intersex Youth

When making housing and other service assignments for transgender or intersex youth, care providers must consider the youth's gender self-identification and the effects of housing and service assignments on the youth's health and safety. Care providers must not base housing and other service assignment decisions of transgender and intersex youth solely on identity documents (e.g., official U.S. or foreign government documents, birth certificates, etc.) or the physical anatomy of the youth. The child's self-identification of his or her gender and safety needs must always be taken into consideration as well. The care provider's housing assignment of a transgender or intersex child must be consistent with the safety and security considerations of the care provider and State and local licensing standards. If State and local licensing standards conflict with the care provider's determination for a youth's housing assignment, the care provider should immediately contact the ORR/FFS for further guidance.

If a youth expresses safety or privacy concerns or the care provider otherwise becomes aware of privacy or safety concerns related to restrooms or dressing areas, the care provider must take reasonable steps to address those concerns. This may include, for example: the addition of a privacy curtain or partition; provision to use a nearby restroom or office; or a separate changing or restroom schedule. The care provider should contact the ORR/FFS for further guidance if the care provider is uncertain about the appropriate steps to take.

One-On-One Supervision

Care providers may not use the results of the *Assessment for Risk* to place a child on one-on-one supervision unless there are exigent circumstances that require it to keep the child or youth, other children or youth, or staff safe. An exigent circumstance is any set of temporary or unforeseen circumstances that require immediate action in order to combat a threat to the security of the care provider facility or a threat to the safety and security of any person. This does not restrict a care provider's ability to place a child or youth on one-on-one supervision for other reasons, such as a medical quarantine.

If a child or youth is placed on one-on-one supervision because of exigent circumstances as a result of this assessment, the care provider may only keep the minor on one-on-one supervision until an alternative means of keeping all children, youth, and staff safe can be arranged. Care providers must document in the child's case file all actions taken as a result of this assessment, including placing the child on one-on-one supervision and the exigent circumstance that required it. Placing a child on one-on-one supervision does not include physically separating the child from other minors but means providing the child direct line-of-sight-and-sound supervision by an individual staff member. During any period of one-on-one supervision, care providers must provide the child all required services. Care providers must ensure that any child or youth on one-on-one supervision receives daily reviews by a Clinician. Before taking a child off of one-on-one supervision, the care provider must create an in care safety plan for the child. Care providers may never isolate or involuntarily segregate children solely because of their sexual orientation, gender identity, or gender expression.

Posted 6/22/15

4.9 Medical and Mental Health Care

ORR provides routine and emergency medical and mental health care for all unaccompanied alien children in its care, including an initial medical examination, any appropriate follow-up care, and weekly individual and group counseling sessions with care provider Clinicians. If a child is sexually abused while in ORR care, the care provider must ensure that the child is offered and/or provided, with specific medical and mental health care services.

This section applies to all care provider facilities, including secure care providers and long term foster care providers.

Posted 6/22/15

4.9.1 Emergency Medical and Mental Health Care Services Following an Incident of Sexual Abuse

If a child is sexually abused while in ORR care, the care provider must ensure the child is provided immediate, unimpeded access to the following:

- Emergency medical treatment at a local hospital or urgent care facility;
- Crisis intervention services in accordance with **Section 4.5**;
- Emergency contraception; and
- Sexually transmitted infections prophylaxis.

These services must be provided in accordance with professionally accepted standards of care, where appropriate under medical or mental health professional standards.

Emergency Contraception

When an allegation involves penetration, no matter how slight, of the vagina with any body part, the care provider must ensure that the child victim is provided information on emergency contraception within 24 hours of the incident; and has access to lawful emergency contraception within 72 hours. To ensure the minor makes an informed decision, care provider staff should engage the minor in discussions with a medical provider, family member, and/or attorneys of record to provide complete and comprehensible information about the types of emergency contraception available and the risks and benefits of each. Care provider facilities must follow applicable Federal and State laws regarding parental consent and notification.

Sexually Transmitted Infections Prophylaxis

Care providers must ensure that unaccompanied alien children who are victims of sexual abuse that occurred while in ORR care and custody are offered tests for sexually transmitted infections when the allegation involves oral, genital, or anal contact by or to another person.

Care providers must ensure the minor is provided complete and comprehensible information about the types of sexually transmitted infections prophylaxis available to ensure the youth makes an informed decision. Care provider facilities must follow applicable State laws regarding age of consent, parental consent, and parental notification for sexually transmitted infections testing.

Posted 6/22/15

4.9.2 Medical Services for Victims at Risk of Pregnancy

If a minor is sexually abused while in ORR care, care providers must ensure that victims who are at risk of pregnancy are offered pregnancy tests when the allegation involves penetration, no matter how slight, of the vagina with any body part.

If pregnancy results from an instance of sexual abuse, the care provider must ensure that the victim receives comprehensive information about all lawful pregnancy-related medical services within 24 hours of the positive pregnancy test. Care providers also must ensure the victim has access to all lawful pregnancy-related medical services within the time frame the services may be provided under applicable State laws.

To ensure the minor makes informed decisions, care provider staff should engage the minor in discussions with medical providers, family members, and/or attorneys of record to understand the risks and benefits of pregnancy-related medical services. Care provider facilities must follow applicable State laws regarding age of consent, parental consent, and parental notification. If parental consent or notification is not required by State law, care provider staff should still encourage the minor to involve parents or family members in the decision-making process.

Posted 6/22/15

4.9.3 Ongoing Medical and Mental Health Care

Care providers must offer ongoing medical and mental health evaluations and treatment to all unaccompanied alien children who are victimized by sexual abuse or sexual harassment while in ORR care and custody. The evaluation and treatment of victims must include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to or placement in other care provider facilities or their release from ORR care and custody. The care provider must provide victims with medical and mental health services consistent with the community level of care.

The care provider must conduct a mental health evaluation of all known minor-to-minor abusers within 72 hours of learning of such abuse and/or abuse history and offer treatment when deemed appropriate by mental health practitioners.

Posted 6/22/15

4.9.4 Religious Objections

If a care provider has a religious objection to providing information for and/or access to any of the required services for a child victim of sexual abuse as outlined in this policy, the care provider must immediately notify its ORR/PO, ORR/FFS, and the ORR/PSA Coordinator. The care provider must work with ORR to put in place a plan to ensure every child victim will be provided all required information and services in an equal, fair, and timely manner that is respectful to the principles and beliefs of the care provider. The plan must be pre-approved by ORR.

Posted 6/22/15

4.10 Reporting and Follow-up

This section discusses care provider requirements to report sexual abuse, sexual harassment, and inappropriate sexual behavior occurring in ORR care, any retaliatory actions resulting from reporting allegations, and staff neglect or violations of responsibilities that have contributed to incidents. The ability of unaccompanied alien children, staff, volunteers, and contractors to freely and immediately report sexual abuse, sexual harassment, and inappropriate sexual behavior is essential for the protection and safety of all children at a care provider. This section applies to all care providers, including secure and long term foster care providers and individual foster homes.

Revised 3/21/16

4.10.1 Methods for Children and Youth to Report

ORR is committed to providing multiple, easily accessible methods for children and youth to report sexual abuse, sexual harassment, and inappropriate sexual behavior. The care provider must develop policies and procedures to ensure that minors, including minors with disabilities and minors with limited English proficiency, have multiple ways to report the following:

- Sexual abuse, sexual harassment, or inappropriate sexual behavior;
- Retaliation for reporting sexual abuse, sexual harassment, or inappropriate sexual behavior; and
- Staff neglect or violations of responsibilities that may have contributed to incidents of sexual abuse, harassment, or inappropriate sexual behavior.

The care provider's policies and procedures must include provisions for staff to accept reports made verbally, in writing, anonymously, and via a grievance. Staff must promptly document any verbal reports.

In accordance with section **4.7 Educating Children and Youth** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.7>), care providers must provide youth access and instructions on how youth may report incidents to:

- Care provider staff;
- Child Protective Services (CPS);
- The UAC Sexual Abuse Hotline;
- A local community service provider or national rape crisis hotline if a local provider is unavailable; and
- Consular officials.

The care provider must ensure that the local community service provider or rape crisis hotline is able to immediately forward reports of sexual abuse and harassment to ORR.

Care providers must provide unaccompanied alien children access to telephones with preprogrammed numbers for the UAC Sexual Abuse Hotline, CPS, and the local community service provider or national rape crisis hotline. Care providers should include other preprogrammed telephone numbers, such as telephone numbers for consulates or a legal service provider, in order to avoid any stigma in using the preprogrammed telephones. Preprogrammed telephones must be placed in areas of the facility where children may easily access them without assistance from staff but where they are also afforded some level of privacy so that other children and staff cannot easily listen to telephone conversations. The care provider must ensure that all youth are taught how to access and use preprogrammed telephones as part of educational sessions when describing available reporting methods.

Secure care providers may have modified requirements for preprogrammed telephones to ensure the security of the facility. Secure care providers seeking a modification must obtain approval from their assigned Project Officer.

Grievances

All care providers must have a grievance process to handle any type of complaint or grievance a child may have. Children and youth may use the care provider's current grievance process to report sexual abuse, sexual harassment, and inappropriate sexual behavior to the care provider.

Care providers must implement policies and procedures to identify and handle time-sensitive incidents reported through a grievance that involve an immediate threat to the health, safety, or welfare of a child or youth. In the case of medical emergencies, staff must ensure the minor receives proper medical attention for further assessment. This may include providing the minor with an assessment by a qualified health practitioner or calling emergency services when appropriate.

Although the care provider must issue a written decision or response to the grievance within 5 days of receipt, all allegations of sexual abuse or harassment reported via a grievance must be immediately responded to in accordance with the reporting policies described below. If the grievance involves an immediate threat to the health, safety, or welfare of an unaccompanied alien child, the care provider must immediately respond as needed.

Youth may obtain assistance from another youth, care provider staff, family members, or legal representatives to prepare a grievance. Care provider staff must take reasonable steps to expedite requests for assistance from these other parties.

Revised 3/21/16

4.10.2 Care Provider Reporting Requirements

Care provider staff, volunteers, and contractors must immediately report the following to all appropriate investigating entities as described below:

- Any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or inappropriate sexual behavior;
- Retaliation against children, staff, volunteers, or contractors for reporting an incident of sexual abuse, sexual harassment, or inappropriate sexual behavior; and
- Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Care providers must have written reporting policies and procedures that are approved by ORR.

Reporting to State and Local Authorities

In accordance with mandatory reporting laws, State licensing requirements, Federal laws and regulations, and ORR policies and procedures, the above must be reported immediately but no later than 4 hours after learning of the allegation to:

- The State licensing agency;
- CPS; and/or

- Local law enforcement.

If the State licensing or CPS agency directly reports an allegation to local law enforcement, the care provider does not need to make a separate report but must confirm and document when such a report has been made. Care providers must report allegations of sexual abuse involving an adult to local law enforcement, regardless of whether State licensing or CPS reports the allegation.

Care providers must report allegations of sexual abuse involving an adult to local law enforcement. If the State licensing or CPS agency directly reports an allegation to local law enforcement, the care provider does not need to make a separate report but must confirm and document when such a report has been made.

Care providers must maintain or attempt to enter into a written memorandum of understanding or other agreement specific to investigations of sexual abuse and harassment with CPS, the State licensing agency, and the local law enforcement agency. Care providers must maintain a copy of the agreement or documentation showing attempts to enter into an agreement.

Reporting to ORR

Care providers must report immediately but no later than 4 hours after learning of the allegation any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or inappropriate sexual behavior; retaliation; or staff neglect/violation of responsibilities that occurs in ORR care via the Sexual Abuse Significant Incident Report (SA/SIR). Allegations of prior sexual abuse and harassment that occurred in the minor's home country, during the journey to the U.S., in the U.S., in DHS custody, or in any other context must be reported to ORR via the Significant Incident Report (SIR) according to ORR's policies and procedures.³

Care providers must use the official SA/SIR for the timely reporting and documentation of allegations of sexual abuse, sexual harassment, and inappropriate sexual behavior that occur in ORR care. Care providers must ensure that SA/SIRs include sufficient detail regarding the incident, including a list of witnesses, the reporter, and all parties involved. Care providers must create an Addendum to an existing SA/SIR when information in the original SA/SIR was incorrect, incomplete, or new or more detailed information has become available since the care provider submitted the original report. Care providers must submit an SA/SIR Addendum within 24 hours of learning of incorrect, incomplete, or new information.

An SA/SIR must be filed for each child involved in an incident, and multiple SA/SIR Addendums may be required to provide all updated and additional information. SA/SIRs must not be provided to any outside entity or individual unless it is expressly stated in this policy, or the care provider obtained prior permission from ORR.

Care providers must submit a completed SA/SIR to ORR immediately but no later than 4 hours after becoming aware of the allegation and maintain a copy in the child's case file. The SA/SIR and any SA/SIR Addendums must be sent to:

- Project Officer
- Federal Field Specialist
- Case Coordinator
- Contract Field Specialist

If a victim of sexual abuse is transferred between ORR care providers, the ORR/FFS must inform the receiving care provider of the incident and the victim's need for medical and/or other services and follow-up care to the extent necessary.

Reporting to the Federal Bureau of Investigation (FBI)

Care providers must report immediately but no later than 4 hours after learning of an allegation of sexual abuse as defined in 34 U.S.C. § 20341 to the FBI. Care providers must submit a completed SA/SIR to the FBI, HHS' Office of the Inspector General (OIG), and to ORR's SA/SIR mailbox. The SA/SIR must include, at a minimum, the following information:

- A summary of the alleged abuse;
- Date of the alleged incident;
- Date of the report;
- Names and contact information for potential witnesses;
- Names and contact information for appropriate contacts at the care provider; and
- Relevant contact information for all other parties receiving the report, including but not limited to:
 - CPS;
 - The State licensing agency; and
 - Local law enforcement.

For any incident that is reported to the FBI, all related SA/SIR Addendums should be reported to OIG and to ORR's SA/SIR mailbox. SA/SIR Addendums should not be reported to the FBI.

Reporting an Allegation of Sexual Abuse or Harassment that Occurred at Another Care Provider

Upon receiving an allegation that a child was sexually abused or harassed at another care provider, the care provider that received the allegation must report the allegation to CPS and State licensing and to ORR according to the reporting procedures described above. The care provider must report the allegation to both the CPS and State licensing agencies where the abuse or harassment occurred and to the CPS and State licensing agency where the care provider making the report is located, if the care providers are located in different states. ORR will then notify the care provider where the alleged abuse or harassment occurred. The receiving care provider must then take all appropriate actions to protect the health and safety of any minors involved in the incident that are still at the facility and make all appropriate reports in accordance with ORR reporting policies and procedures.

QUICK REFERENCE CHART: Reporting Incidents Related to Sexual Abuse and Sexual Harassment

NOTE: The chart is intended as a quick reference guide and does not cover every type of reportable incident.

TYPE OF INCIDENT	CARE PROVIDER REPORTING REQUIREMENTS
INCIDENTS THAT OCCURRED IN ORR CARE	
SEXUAL ABUSE IN ORR CARE	<ol style="list-style-type: none"> 1. Report to CPS and/or state licensing in the state of the reporting care provider 2. Report to CPS and/or state licensing in the state where the allegation took place, if in a different state 3. Report to local law enforcement if the perpetrator is an adult or if required by state licensing 4. Send an SA/SIR to the FBI within 4 hours by emailing VCACU_ORR_Reporting@ic.fbi.gov 5. Send an SA/SIR to HHS/OIG within 4 hours by emailing UAC@oig.hhs.gov 6. Submit an SA/SIR to ORR within 4 hours by emailing PSAC@acf.hhs.gov and appropriate ORR staff
SEXUAL HARASSMENT IN ORR CARE	<ol style="list-style-type: none"> 1. Report to state licensing according to state licensing requirements 2. Submit an SA/SIR to ORR within 4 hours
INAPPROPRIATE SEXUAL BEHAVIOR IN ORR CARE	<ol style="list-style-type: none"> 1. Report to state licensing according to state licensing requirements 2. Submit an SA/SIR to ORR within 4 hours
INCIDENTS THAT DID NOT OCCUR IN ORR CARE	
SEXUAL ABUSE THAT OCCURRED IN THE UNITED STATES (BUT NOT IN ORR CARE)	<ol style="list-style-type: none"> 1. Report to CPS and/or state licensing according to state licensing requirements 2. Report to local law enforcement according to state licensing requirements 3. Submit an SIR to ORR within 4 hours by emailing PSAC@acf.hhs.gov and appropriate ORR staff
SEXUAL ABUSE THAT OCCURRED OUTSIDE THE UNITED STATES	<ol style="list-style-type: none"> 1. Report to CPS and/or state licensing according to state licensing requirements 2. Submit an SIR to ORR within 4 hours
SEXUAL ABUSE THAT OCCURRED IN DHS CUSTODY	<ol style="list-style-type: none"> 1. Report to CPS in the state of the reporting care provider according to state mandatory reporting laws 2. Report to CPS in the state where the allegation took place, if in a different state, according to state mandatory reporting laws 3. Submit an SIR to ORR within 4 hours by emailing PSAC@acf.hhs.gov and <u>appropriate ORR staff</u>

Revised 1/07/19

4.10.3 Sexual Abuse and Harassment Follow-up

Care providers must remain informed of and track any CPS, State licensing, and/or local law enforcement investigation that results from reports of sexual abuse and harassment and cooperate with all investigating authorities. Communications from these agencies, particularly information regarding the investigation, must be documented and retained by the care provider and provided to ORR via an SA/SIR or SA/SIR Addendum. Care providers must attach to the SA/SIR any documentation received from any investigating agency or issued by the care provider, such as a warning to staff or termination letter. Additionally, care providers must respond immediately to information requests from ORR regarding the incident.

After an investigation by appropriate investigating authorities is complete, the ORR/FFS must notify the victim of the result of the investigation if the minor is still in ORR care. If the minor has been released when the investigation is completed, the ORR/FFS should attempt to notify the minor at his/her last known address. The ORR/FFS should notify the investigating agency of any individuals

involved in the incident, such as other complainants or other additional parties and encourage the investigating agency to notify the other individuals involved.

Revised 3/21/16

4.10.4 Notification and Access to Attorneys/Legal Representatives, Families, Child Advocates, and Sponsors

Notification and Access to Attorneys and Legal Service Providers

If a minor has an attorney of record, the care provider must notify the attorney of any allegations of sexual abuse or harassment that occur in ORR care within 48 hours, provided the child consents to the disclosure of information and is 14 years old or older. If a child does not have an attorney of record and is 14 years old or older, the care provider must inform the child that the allegation may affect his/her eligibility for immigration relief and ask whether the minor would like to speak with an attorney. If the child agrees, the care provider must notify its local legal service provider within 48 hours of the allegation. If the child is under 14 years old, the care provider must notify the child's attorney of record or the local legal service provider. If the child has a diagnosed developmental disability and is 14 years old or older, the care provider must notify its ORR/FFS prior to asking the child for consent to notify the child's attorney of record or asking whether the child would like to speak with a local legal service provider. Care providers must provide a notification only and may not send SA/SIRs.

Figure 4.10.1: Notification to Attorneys and Legal Service Providers

MINOR'S AGE	DOES THE MINOR HAVE AN ATTORNEY OF RECORD?	CARE PROVIDER REQUIREMENTS
14 Years Old or Older	Yes	Follow minor's decision
14 Years Old or Older	No	1. Inform minor that the allegation may affect the minor's eligibility for immigration relief 2. Ask whether the minor would like to speak with an attorney 3. Follow minor's decision
14 Years Old or Older with a Diagnosed Developmental Disability	Yes or No	Notify the ORR/FFS prior to speaking with the minor
Under 14 Years Old	Yes or No	Notify the minor's attorney of record or if the minor does not have an attorney of record the local legal service provider

Care providers must ensure minors have access to their attorney or other legal representative in accordance with the care provider's attorney-client visitation policies and procedures. These visitation policies and procedures must include provisions for immediate access in the case of an emergency or exigent circumstance. The care provider's attorney-client visitation policies and procedures must be approved by ORR to ensure the policies and procedures are reasonable and appropriate.

Notification and Access to Families and Sponsors

Care providers must notify a child's parent or legal guardian of any allegations of sexual abuse or harassment that occur in ORR care within 48 hours unless the care provider has evidence showing the parents or legal guardians should not be notified or the victim is 14 years old or older and does not consent to the disclosure. If a minor is released to a sponsor or a non-ORR facility, care providers must notify the sponsor or receiving facility of the incident and the victim's potential need for medical and/or social services unless the child is 14 years old or older and does not consent to the disclosure. If the child is under 14 years old, the care provider must notify the ORR/FFS to ensure disclosure to a child's parent, legal guardian, sponsor, or receiving facility is safe. If the child has a diagnosed developmental disability and is 14 years old or older, the care provider must notify its ORR/FFS prior to asking the child for consent to notify the child's parent or legal guardian, sponsor, or receiving facility. Care provider facilities must ensure children have access to their families, including legal guardians, unless ORR has documentation that certain family members or legal guardians should not be provided access due to safety concerns. Care providers must provide a notification only and may not send SA/SIRs.

Figure 4.10.2: Notification to Parents/Legal Guardians and Sponsors

MINOR'S AGE	CARE PROVIDER REQUIREMENTS
14 Years Old or Older	1. Follow minor's decision whether to notify the parent or legal guardian unless there is evidence showing they should not be notified 2. Follow the minor's decision whether to notify the sponsor or receiving facility, if different from the parent or legal guardian
14 Years of Age or Older with a Diagnosed Developmental Disability	Notify the ORR/FFS prior to speaking with the minor
Under 14 Years of Age	1. Notify the minor's parent or legal guardian unless there is evidence showing they should not be notified 2. Notify the minor's sponsor or receiving facility, if different from the parent or legal guardian

Notification to Child Advocates

Care providers must notify, if applicable, child advocates of any allegations of sexual abuse or harassment that occur in ORR care within 48 hours if the minor is 14 years old or older and consents to the disclosure. If the minor is under 14 years old, the care provider must notify the child advocate, if applicable. If the minor has a diagnosed developmental disability and is 14 years of age or older, the care provider must notify the ORR/FFS prior to asking the child for consent to notify the minor's child advocate, if applicable. Care providers must notify child advocates of incidents by sending a copy of the SA/SIR.

Figure 4.10.3: Notification to Child Advocates

MINOR'S AGE	CARE PROVIDER REQUIREMENTS
14 Years Old or Older	Follow minor's decision
14 Years of Age or Older with a Diagnosed Developmental Disability	Notify the ORR/FFS prior to speaking with the minor
Under 14 Years of Age	Notify the minor's child advocate

Revised 3/21/16

4.10.5 Confidentiality

Care providers must ensure that any information related to a sexual abuse or harassment report is protected and kept confidential within the care provider facility and is only disclosed to the extent necessary for medical and mental health treatment, investigations, notice to local law enforcement, or for other security and management decisions. As with all information gathered during the course of service provision, care providers must implement appropriate controls on information dissemination within the care provider facility in order to ensure that sensitive information is not exploited to any youth's detriment by staff or other children.

Posted 9/28/15

4.10.6 UC Sexual Abuse Hotline

Any child or third party, including family members, sponsors, legal service providers, child advocates, and any other individual with knowledge or suspicion of sexual abuse or harassment occurring at a care provider may report allegations of sexual abuse and harassment to the UAC Sexual Abuse Hotline at 1-855-232-5393.

ORR will immediately notify the care provider, CPS, the State licensing agency, and/or the Department of Justice and the HHS Office of the Inspector General, as appropriate, of any allegations received directly from any child or third party. The care provider must immediately follow-up to ensure all children and youth are safe and provided with appropriate services and that all required reports to ORR and outside entities are completed in accordance with this section.

Revised 3/21/16

4.11 Incident Reviews and Data Collection

This section covers requirements related to sexual abuse and sexual harassment incident reviews and data collection. This section applies to all care provider facilities, including secure facilities and long-term foster care.

Posted 7/08/19

4.11.1 Incident Reviews

Care provider facilities must conduct incident reviews of all allegations of sexual abuse and sexual harassment that occur in ORR care and custody. Incident reviews are internal reviews completed by care provider facilities and are separate from investigations completed by an oversight entity (i.e., by CPS, a state or local licensing authority, or law enforcement). Incident reviews provide care provider facilities the opportunity to review an incident and determine whether any change in policy, procedure, or practice could prevent a similar incident from occurring again. Incident reviews ensure that care provider facilities and ORR develop best practices to better prevent, detect, and respond to sexual abuse and sexual harassment.

A care provider facility's incident review team should be multi-disciplinary and include staff involved in detecting, reporting, and responding to an incident. This may include first responders, medical and mental health practitioners, security staff, and facility leadership. The incident review team must include the care provider facility's Prevention of Sexual Abuse (PSA) Compliance Manager.

Incident reviews must be conducted within 30 days of the conclusion of every investigation of sexual abuse and sexual harassment completed by an oversight entity. Incident reviews must not interfere with any ongoing investigation. The goals of an incident review are to:

- Identify any ways in which the incident could have been prevented;
- Ensure appropriate actions were taken to protect the victim and provide follow up services;
- Ensure appropriate actions were taken for the perpetrator to protect the victim and other children and staff at the facility; and
- Consider whether any policies or procedures can be improved or changed in light of the allegation or incident.

Posted 7/08/19

Written Incident Reviews

Care provider facilities must provide a written incident review report for certain types of sexual abuse and sexual harassment incidents. Written incident reviews collect specific information about the incident, including information about when and where the incident occurred, actions taken with regard to the perpetrator, and services provided to and actions taken for the victim. The completed incident review must include recommendations for changes in policy, procedures, or practices that could lead to improvements in preventing, detecting, and responding to sexual abuse and sexual harassment in the future. These recommendations may result from the internal review or from an outside investigation. The care provider facility must implement the recommendations included in the incident review or document why it is unable to do so.

Care provider facilities must conduct an incident review and complete an incident review form within 30 days of the conclusion of every investigation by an oversight entity of minor-on-minor sexual abuse or sexual harassment where the allegation was substantiated or unsubstantiated. Please see the definitions section below for more information on when an allegation is considered substantiated or unsubstantiated.

For allegations of sexual abuse and sexual harassment involving an adult (i.e., staff or non-staff adults), care provider facilities must conduct an incident review and complete an incident review form within 30 days of the conclusion of any investigation or 60 days after reporting the allegation. Care provider facilities must subsequently update the initial incident review every 90 days as appropriate until the conclusion of all investigations by oversight entities.

For allegations of inappropriate sexual behavior involving an adult, care provider facilities must conduct an incident review and complete an incident review form within 30 days of the conclusion of every investigation by an oversight entity where the allegation was substantiated or unsubstantiated.

The completed incident review form must be forwarded to ORR's Prevention of Sexual Abuse Coordinator. ORR will review the care provider facility's incident review and any attached investigation reports to determine whether additional action is required, including monitoring, compliance audits, or corrective actions.

Definitions

A *substantiated allegation* is an allegation that was formally investigated and determined to have occurred. For example, an outside investigative entity determined there was sexual abuse sexual harassment or determined the allegation did occur.

An *unsubstantiated allegation* is an allegation that was formally investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred. Allegations may be unsubstantiated for a variety of reasons, including lack of evidence or that a victim refuses to cooperate or is unavailable.

An *unfounded allegation* is an allegation that was formally investigated and determined not to have occurred. For example, an allegation was investigated but an outside investigative entity determined abuse did not occur or the allegation did not occur, even if a deficiency was issued related to another licensing requirement.

An allegation is *administratively closed* if a state agency did not complete a formal investigation. After conducting an initial review, a state agency may administratively close a case for a number of reasons, including when the allegation does not meet the criteria for a formal investigation, lack of jurisdiction or lack of information about the alleged perpetrator.

Posted 7/08/19

4.12 Compliance Audits

This section outlines a care provider facility's responsibilities during a compliance audit and explains the auditor certification process. This section applies to all care provider facilities, except long-term foster care, secure facilities, and influx facilities. Secure facilities are subject to the audit process described in the U.S. Department of Justice's National Standards to Prevent, Detect, and Respond to Prison Rape, 28 CFR part 115.

Posted 12/10/18

4.12.1 Compliance Audit Process

Compliance audits determine a care provider facility's compliance with standards in the IFR and relevant ORR policies and procedures during the preceding 12 months. Each care provider facility must undergo a compliance audit by February 22, 2019, as required by the IFR. After February 2019, care provider facilities must be undergo a compliance audit once every three years. ORR may expedite a compliance audit for a particular care provider facility that is experiencing problems related to sexual abuse or sexual harassment. For example, ORR may expedite a compliance audit after a particularly serious or egregious incident of sexual abuse at a care provider facility.

Auditors request relevant information and documentation before beginning a compliance audit. Auditors review policies and a sampling of relevant documents and records, such as SA/SIRs or video footage, during the audit. During the onsite visit, auditors tour the facility and interview a representative sample of unaccompanied alien children and staff. Auditors also work with the FFS to solicit input from members of the community who may have relevant information regarding the care provider facility.

For each standard in the IFR, auditors determine whether a care provider facility reaches one of the following findings:

- Exceeds standard (substantially exceeds requirement of standard)
- Meets standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet standard (requires corrective action)

Care provider facilities bear the affirmative burden of demonstrating to the auditor compliance with IFR standards and relevant ORR policies and procedures. After completing a compliance audit, the auditor produces a report indicating whether the care provider facility's policies and procedures comply with the IFR standards and relevant ORR policies and procedures.

ORR and the auditor develop a corrective action plan if a care provider facility receives a finding of "does not meet standard." The purpose of the corrective action plan is to ensure that the care provider facility achieves compliance with the standard. The care provider facility has 90 days to comply with the corrective action plan. After the 90-day corrective action period, the auditor issues a final determination.

A care provider facility may appeal a specific audit finding that it believes is incorrect. To request an appeal, the care provider facility must contact ORR's Prevention of Sexual Abuse Coordinator within 90 days of the auditor's final determination. If ORR determines there is good cause for re-evaluation, the care provider facility is re-audited by a mutually agreed upon auditor. The care provider facility is responsible for the costs of the re-audit. The findings of the re-audit are final.

Posted 12/10/18

4.12.2 Care Provider Facility Responsibilities

Care provider facilities must be responsive to and work with auditors in scheduling an audit. Additionally, care provider facilities must do the following during a compliance audit:

- Provide the auditor with access to all areas of the care provider facility;
- Provide all relevant documentation requested by the auditor;
- Provide space to the auditor for interviews of staff and unaccompanied alien children;
- Allow the auditor to conduct private interviews with unaccompanied alien children; and
- Allow unaccompanied alien children to send confidential information or correspondence to the auditor.

The auditor must retain all the documentation reviewed during the compliance audit. The auditor takes appropriate measures to safeguard sensitive information. The care provider facility is not provided with confidential information related to an audit, such as interviews with staff or youth. The auditor must provide all documentation and information related to an audit to ORR upon request. The auditor must, however, have independent authority to conduct an audit and to draw their own conclusions about the facility's compliance.

Posted 12/10/18

4.12.3 Auditor Certification

Auditors must have relevant monitoring, evaluation, and/or child welfare experience. When possible, auditors should be proficient in Spanish.

In order to prevent a conflict of interest all auditors must be external to ORR. Additionally, no individual may audit a care provider facility if the individual has received financial compensation from that care provider facility, the care provider's agency, or ORR (except for compensation for conducting reviews) within three years prior to becoming an ORR auditor.

Training

Prior to certification, auditors must complete an ORR-approved training, which covers each of the standards in the IFR, including ORR's zero tolerance policies; definitions and examples of sexual abuse, sexual harassment, and inappropriate sexual behavior; and procedures for reporting allegations of sexual abuse, sexual harassment, or inappropriate behavior. The training also covers the following topics:

- Building competency regarding the culture and age of unaccompanied alien children;
- Communicating effectively and professionally with unaccompanied alien children, including unaccompanied alien children who are lesbian, gay, bisexual, transgender, questioning, or intersex;

- Understanding past trauma that unaccompanied alien children may have experienced;
- Recognizing situations where sexual abuse, sexual harassment, and inappropriate sexual behavior may occur; and
- Recognizing physical, behavioral, and emotional signs of sexual abuse.

Background Investigations

Prior to certification, each auditor must undergo a background investigation, the scope of which complies with ORR's minimum requirements described in Section **4.3.2** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.3.2>). ORR does not certify as an auditor any individual who has engaged in, attempted to engage in, or has been civilly or administratively adjudicated to have engaged in sexual abuse, sexual harassment, or any type of inappropriate sexual behavior. ORR does not certify as an auditor any applicant who, as an adult, perpetrated any crime involving a child, regardless of how long ago the incident occurred, or any violent crime within the past 10 years.

Auditors have a continuing affirmative duty to disclose any misconduct that arises after certification, whether the conduct occurs on or off duty. Misconduct includes but is not limited to any criminal behavior, abuse, and/or neglect investigation, charge, arrest, civil adjudication, administrative adjudication, or conviction.

Certification Process

To be certified to perform ORR compliance audits, auditors must submit the following documentation to ORR's Prevention of Sexual Abuse Coordinator:

- Resume;
- Conflict of interest form;
- Background check documentation; and
- Documentation that the applicant completed required training.

ORR reviews the submitted documentation and makes a determination regarding the applicant's suitability to conduct compliance audits.

Posted 12/10/18

Footnotes

1. In order to preserve the integrity of the exam, if the allegation of abuse is against a care provider facility employee, forensic examinations should be conducted by an outside provider.

2. If a care provider facility must adjust its staff-children ratios to meet this requirement and the adjustment increases a care provider facility's current budget, then the care provider facility may request an exemption from this requirement until the start of fiscal year 2016. The care provider facility must obtain written approval from its assigned Project Officer for this exemption. During the exemption period, care provider facilities must continue following their state licensing minimum requirements.

3. Please see **5.8 Significant Incident Reports and Notification Requirements** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.8>).

<**Back** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3>) - **Next**> (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5>)

OFFICE OF REFUGEE RESETTLEMENT

An Office of the Administration for Children & Families

Children Entering the United States Unaccompanied: Section 5

Section 5: Program Management

Published: March 20, 2015

Categories: Unaccompanied Children's Services

5.1 Responding to Inquiries from the Media

ORR has policies in place to ensure that ORR and ORR funded **care providers** ([https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Care Provider](https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#CareProvider)) consider the best interests of unaccompanied alien children when responding to inquiries from the media. As a federally funded program, ORR is committed to public transparency and accountability. As a service provider, we are committed to protecting the privacy and safety of the children in our care. Accordingly, ORR requires that grantees make a case-by-case evaluation of each media inquiry in a timely manner, while recognizing the overarching mission of providing for the physical and mental well-being of unaccompanied alien children in our care.

ORR funded care providers may be approached by members of the media for background information, requests for interviews with staff and unaccompanied alien children, and requests for tours of the facility. ORR grantees can respond to any and all media inquiries about their organization and any of the organization's activities as described in **5.1.1**. ORR works with the ACF Office of Public Affairs (OPA) to address media requests that are outside the scope for care providers as described in **5.1.2**.

Posted 3/16/15

5.1.1 Policies for ORR Grantees

When handling requests from the media, the following standards apply to grantees:

- The care provider organization may discuss activities of their own organization, but not those of other grantees. For questions about ORR or its programs, or about Federal or administration policy related to unaccompanied alien children, the reporter should be referred to the ACF Office of Public Affairs at 202-401-9215.
- In order to ensure the privacy and security of the children in its care, ORR and its grantees do not discuss specific cases or individuals with members of the media or others.
- Addresses of shelters must not be published or publicized. If a reporter obtains an address by other means, the organization should explain the security reasons for not publishing those addresses. Grantees may not have media at shelters, or arrange for tours or visits without going through ORR. (Requests for facility tours will be handled by ORR as described in **5.1.4** in a manner to protect the security and privacy of the unaccompanied alien children and with minimal disruption to the program).

In addition to these policies, ORR recommends that care providers use "best practices" in media relations. These include: developing talking points, which help representatives of an organization communicate clearly and effectively with the media; directing the media to the ORR website and other resources for more information about ORR's UAC Program; and preparing individuals who are handling press inquiries to answer the most common questions and respond in ways that effectively communicate the organization's achievements and contributions. Facilities experiencing a high volume of inquiries or facing difficulties in responding to complex requests should contact ORR.

Revised 4/20/15

5.1.2 How ORR Responds to Press Inquiries

ORR care providers may receive inquiries on topics outside their expertise and authority or that would not meet the standards described above. These inquiries may include questions about ORR policies, activities at the national level, requests to interview specific unaccompanied alien children, and requests for data, such as the number of children in ORR care, names, nationalities, background and other aggregate information about the program. In those instances, ORR care providers must forward these requests to their ORR Project Officer (PO), with a copy to the ORR Federal Field Specialist (FFS) and ORR communications staff. ORR then

works with the Office of Public Affairs (OPA) to provide to the media an official, up-to-date and accurate response. During an influx, ACF may create special procedures to address the high volume of inquiries.

Posted 3/16/15

5.1.3 Requests to Interview a Specific Child

To safeguard the privacy and well-being of unaccompanied alien children in ORR care, it is ORR's policy to decline requests by the media to interview youth in ORR custody. In exceptional circumstances, ORR may consider a media request for an interview with a particular child and will evaluate the following factors in conjunction with OPA prior to making a decision about allowing the press to interview a specific child.

- Is the interview in the best interest of the child? (taking into consideration the child's placement, mental health situation, education, physical condition, culture, background and family in the United States)
- Is the child represented by counsel? If yes, does the attorney support an interview with the press?
- Does the DHS believe there may be an adverse impact on the child's immigration case?
- Will the interview be disruptive to the facility or other children in the facility?
- Will special arrangements be needed? (e.g., interpreter, security)
- How will the interview be conducted (e.g., video, phone)? How long will the interview be?
- Are there preferable alternatives?

Posted 3/16/15

5.1.4 Requests to Visit a Facility

The press may want to see a facility but not speak with the children.

To maintain the privacy, security and well-being of the children, we generally do not do media tours of facilities when children are present.

However, in certain circumstances, ORR will consider a request and evaluate the following factors in conjunction with OPA prior to making a decision about allowing the press to visit a particular facility.

- To what extent will the visit be disruptive to the facility or children in the facility?
- Will special arrangements be needed? (e.g., security)
- How will the visit be conducted? (e.g., interviews with facility staff, number of reporters) How long will the visit be?
- Are there preferable alternatives?

Posted 3/16/15

5.1.5 Requests for General Information and Data

The media may ask for general information and data about the program, such as the number of youth in ORR's care, and the names, nationalities and backgrounds of children. ORR releases a wide range of data that is posted to the ACF website. This data includes number of children in the program, aggregate information on country of origin, and county-level data for counties where more than 50 children have been released. Grantees may always refer media or others to this website:

www.acf.hhs.gov/programs/orr/programs/ucs/about (<https://www.acf.hhs.gov/programs/orr/programs/ucs/about>). ORR does not release the names of unaccompanied alien children or other private, identifying information. In addition, ORR generally does not allow photographs or videos to be taken that could reveal the identity of a youth in ORR care. OPA can provide still and, in some cases, video images of facilities for the media to use.

Posted 3/16/15

5.2 ORR Policies on Requests to Visit ORR Care Provider Facilities

Interested parties, including advocacy groups, faith-based organizations, researchers, government officials, and other relevant stakeholders who wish to visit a care provider facility must request a visit through ORR. ORR considers various factors when responding to these requests as described in 5.2.1 with the best interests of the child of paramount importance. For media requests please refer to section **5.1 Responding to Inquiries from the Media**.

Posted 3/30/15

5.2.1 Evaluation Criteria

ORR will use the following criteria to evaluate the visit request:

1. Requestor has a legitimate mission or business purpose for participating on a visit (e.g. State, local government matter, child welfare advocacy, legal issue, etc.).
2. The privacy and well-being of children at the care provider facility will not be adversely affected by the visit.
3. There are sufficient staffing and ground resources to conduct the visit and protect the privacy and well-being of children. ORR will also consider the number of visitors subject to the request.
4. There is sufficient notice of a request. Requests should be submitted two weeks prior to the visit. Requests not received within this time frame may be considered if there are exigent circumstances.

Posted 3/30/15

5.2.2 Special Arrangements

Special arrangements, such as additional security and accessibility issues, may be necessary for certain types of visits. Such arrangements must be included in the submitted request and will be coordinated prior to the approved visit. Requests which include access to specific individuals, such as care provider staff or children, during the visit will be coordinated with the ORR/FFS. Any specific individual who the requestor wishes to speak with during the visit must be identified prior to the visit. ORR will only approve such requests if it is consistent with the best interest of the child.

Posted 3/30/15

5.2.3 Protocol for Tours of Care Provider Facilities

Interested parties and stakeholders may tour ORR care provider facilities under certain conditions, which may include congressional oversight visits, UAC interviews, and observation (see **Section 5.2.1 Evaluation Criteria** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.2>)). The protocol described in this section does not apply to UAC visits by family members, potential sponsors, legal representation, child advocates, or consular officials. For policies governing visits by family members, please refer to **Section 3.3.10 Telephone Calls, Visitation, and Mail** (<http://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.3.10>). For consular visits, please refer to **Section 5.4.4 Visitation** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.4.4>).

All visits must also be conducted in a manner that is consistent with ORR's legal and child welfare obligations to treat all children in care with dignity, respect, and special concern for their particular vulnerability as unaccompanied alien children.

Visitors may tour State-licensed facilities (shelters, residential treatment centers, staff secure and secure facilities, etc.) and temporary influx care facilities. Tours must be conducted in accordance with ORR's policies and procedures, as well as the internal policies and procedures of the individual care provider facility.

In general, a maximum of six people, counting interpreters or others acting in a support capacity, may enter a care provider facility during a single tour. Visitors whose names are not provided in advance of the visit will not be accommodated. Tours must take place during normal business hours, and may last no longer than one and a half hours.

Generally, tours must be conducted in a manner that minimizes disruption to the normal functioning of the care provider facility. Visitors must also be sensitive to staff responsibilities and must stay with their ORR federal guide at all times. Visitors may not interact with staff or children unless specifically approved (see **Section 5.2.2 Special Arrangements** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.2>)). Visitors are prohibited from searching cabinets, drawers, the personal belongings of staff and UAC, and other unauthorized areas operated by the care provider facility, which may contain sensitive information about the children in care.

It is important to note that children housed in ORR care provider facilities are living with significant trauma; therefore, visitors must demonstrate appropriate adult role-modeling at all times (e.g., conveying respect and empathy toward others, including facility staff, in words and actions), as children may be observing the visit.

ORR does not allow any type of recording device, including phones and cameras, inside the care provider facilities during tours. Also, identifying information, such as the care provider facility's physical address, may not be shared with individuals who are not approved for tours.

ORR reserves the right to end the tour of any visitor who violates this tour protocol policy, other ORR policies, or the care provider facility's policies and procedures.

Posted 12/20/19

5.2.4 Congressional Visits

Members of the United States Congress (that is, members of the United States House of Representatives and the United States Senate) may, for the purposes of conducting oversight, visit ORR care provider and influx care facilities, provided:

- Members of Congress coordinate the oversight visit with ORR no less than two business days prior to the visit. This time frame ensures that operations at ORR facilities will not be disrupted and that Congressional visits do not interfere with the child welfare and child safety operations of the facility.¹
- Members of Congress, upon request, shall provide official, government-issued photo identification to show that the visitor is a member of Congress (such as a Congressional I.D. card).
- Staff accompanying any elected official must show current identification from the respective legislative body to confirm they serve in an official governmental role for an elected official.

Congressional staff, including those from a member's office, are required to adhere to the general requirements of **Section 5.2 ORR Policies on Requests to Visit ORR Care Provider Facilities** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.2>), including the requirement to submit a request two weeks prior to the visit, unless they are accompanying the member of Congress.

Posted 10/3/19

5.3 Testimony by Employees and Production of Documents Where the United States is Not a Party

Information about requesting the testimony of an ORR employee or production of documents where the United States is not a party is available at **45 CFR Part 2** (<http://www.gpo.gov/fdsys/granule/CFR-2002-title45-vol1/CFR-2002-title45-vol1-part2>).

Posted 3/30/15

5.3.1 Care Provider Testimony and Views

ORR care provider (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Care Provider>) staff should follow their organization's policy regarding testimony. This may include talking to the care provider's attorney. If care provider staff do testify, they must make clear that they do not represent ORR and that their testimony does not reflect the opinion or position of ORR.

Posted 3/30/15

5.3.2 Confidentiality of Information

Care providers must maintain the confidentiality of children's information, and must protect it from unauthorized disclosure. Therefore, as a general matter, they may not reveal client information in affidavits or testimony, where not legally required to do so, and without ORR approval. However, care providers may allow a youth 14 and older, who wishes the staff to testify or provide a declaration, to consent, in writing, to the testimony, and then ORR could approve the disclosure of the confidential information.

For children younger than 14, or who do not have the capacity to consent, the care provider should seek the written consent of the child's parent or legal guardian in order to include confidential information in an affidavit or written or verbal testimony. If such consent is not available, the care provider should contact ORR.

Posted 3/30/15

5.3.3 Release of Records Without Prior Approval

The records of unaccompanied alien children are the property of ORR, and care providers may not release records without prior approval from ORR.

Posted 3/30/15

5.4 ORR Policies on Communication and Interaction with Consulates

ORR and its care providers must follow consulate notification protocols established under international and federal law. Under most circumstances, ORR must notify an unaccompanied alien child's consulate that the child is in ORR custody and provide the location of the care provider facility. Unaccompanied alien children must have reasonable access to consulate officials, and in some cases may be required to meet with consulate officials at the request of the consulate. ORR's policies cover notification, access, visitation and documentation of contact with consulates. These policies at section 5.4.7 also highlight the areas in which ORR and consulates partner to improve program procedures and the treatment of children.

Posted 4/27/15

5.4.1 Notifications to Consulates

How does ORR notify consulates that their citizens are in ORR custody?

- Children from countries requiring Mandatory Notification²

If the youth is from a country requiring mandatory notification, the care provider working with their ORR/FFS must notify the child's consulate as soon as practicable. The care provider must notify the consulate even if notification is against the child's wishes. If the youth or child is claiming credible fear or seeking asylum, the care provider must still notify the consulate that the child is in ORR custody; however, under no circumstances should a care provider, ORR/FFS, or other stakeholder notify the consulate that the child is claiming credible fear or seeking asylum.

- Children from countries NOT requiring Mandatory Notification

If the youth is from a country not requiring mandatory notification, the care provider is not required to notify the consulate. However, if a particular consulate or region has made a formal request for standing notification of its citizens, ORR may, in its discretion, instruct the care provider to provide notice on terms agreed to between ORR and the consulate. For example, ORR and a consulate may agree on the frequency of notifications and the information provided, balancing the consulate's need for information about its citizens and ORR's need to ensure the effective functioning of the program and the privacy of the children. Even if ORR has entered into an agreement with a consulate, the care provider and ORR/FFS may not under any circumstances share the name of a child or any other information about a child claiming credible fear or seeking asylum from a country not requiring mandatory notification.

Posted 4/27/15

5.4.2 Right of UAC to Contact and Meet with the Consulate

During the admission orientation (within 48 hours of arrival into care), the care provider must inform unaccompanied alien children of their right to contact their consulate and give the youth reasonable access to a telephone and contact information for the consulate. If a child requests to meet with a consulate official, the child's **Case Manager** ([https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Case Manager](https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Case%20Manager)) will arrange, with the consulate, a time to meet with the child at the care provider facility.

Posted 4/27/15

5.4.3 Consulate Officials: Access to Their Citizens and ORR Care Provider Facilities

To meet with a child in ORR care, consulate officials must make a request by following ORR's facility visit policy at section **5.2 ORR Policies on Requests to Visit ORR Care Provider Facilities**. Consulate access to a child depends on whether the child is from a country requiring "mandatory notification" or a country NOT requiring "mandatory notification."

- Children from countries requiring mandatory notification:
If the youth is from a country that requires mandatory notification, the care provider makes arrangements for the visit as soon as reasonably possible, regardless of whether the child wishes to meet with the consulate official. This is true even if the child is claiming credible fear or seeking asylum.
- Children from countries NOT requiring mandatory notification:
If the youth is from a country not requiring mandatory notification, the care provider must attempt to make contact with the child's parent or legal guardian to seek permission for the child to meet with a consulate official.³ However, if the parent or legal guardian is unavailable or unable to respond within 72 hours of the request, the care provider may presume the visit is authorized, unless the child objects or is claiming credible fear or seeking asylum, in which case, the care provider must deny access to the specific child.

What if consulate officials wish to visit a facility, but not meet with a particular child?

Consulates requesting general visits, such as requests to tour care provider facilities or meet with program staff, must submit a visit request following **ORR's facility visit policy at section 5.2 ORR Policies on Requests to Visit ORR Care Provider Facilities** and ORR will evaluate the request as described in the policy.

Can consulate officials bring other visitors with them on visits to a care provider facility?

If consulate officials wish to bring non-consulate officials, such as foreign dignitaries or third-parties, they must submit a request following ORR's facility visit policy at section 5.2 ORR Policies on Requests to Visit ORR Care Provider Facilities [hyperlink] and include in their request all individuals wishing to visit the facility. ORR will evaluate the request as described in the policy.

Posted 4/27/15

5.4.4 Visitation

Case Managers will arrange for consular visits by providing a private space for the consulate official and the unaccompanied alien child to meet. The visits will follow the care provider's general time, place and manner restrictions regarding visits so as to minimize the disruption to care provider facility operations.

Posted 4/27/15

5.4.5 Information Requests

If consulate officials want to receive information on children in ORR care (other than whether the children are currently placed at a particular ORR care provider facility) they must make a request to ORR. ORR, in its discretion, may approve or deny the request. In making a decision, ORR takes into consideration the availability of the information and the children's privacy concerns. As a general policy, ORR does not release private information, such as medical and mental health records, unless the child provides consent.

Posted 4/27/15

5.4.6 Documentation

Care providers must maintain documents in individual unaccompanied alien child case files regarding requests for access to individual children and meetings between children and their consulate. Case Managers must document this information in Case Manager notes. Care providers must maintain documents of general visits or other requests from consulates that are not specific to individual children.

Posted 4/27/15

5.4.7 ORR and Consulate Joint Activities

ORR partners with foreign consulates in a number of areas including:

- The authentication of foreign documents, such as birth certificates. ORR or its care providers may contact consulates to authenticate documents to assist in age determinations and the establishment of familial relationships between youth and potential sponsors.
- Family tracing activities. Through family tracing activities, consulates often assist Case Managers so that unaccompanied alien children can communicate with their families in their home countries. This assistance is critical to the work of Case Managers, especially when a child's family is located in remote or rural towns that lack telephone access, or cases where the youth's family is unknown or the child is too young to communicate.
- Provision of information related to crimes to which the UAC may be a perpetrator, witness or victim in their home country. When consulates are able to assist ORR in locating this information, it informs ORR's decisions concerning placements, services and release options.

Posted 4/27/15

5.5 ORR Monitoring and Compliance

This section covers ORR's monitoring activities, the roles and responsibilities of ORR staff, foster care monitoring, and care provider internal monitoring activities.

ORR conducts monitoring visits at least monthly to ensure that care providers meet minimum standards for the care and timely release of unaccompanied alien children, and that they abide by all Federal and State laws and regulations, licensing and accreditation standards, ORR policies and procedures, and child welfare standards. ORR increases the frequency of monitoring if it is warranted by issues identified at a facility. In addition, if ORR monitoring finds a care provider to be out of compliance with requirements, ORR issues corrective action findings and requires the care provider to resolve the issue within a specified time frame. ORR also provides technical assistance, as needed, to ensure that deficiencies are addressed.

As described below, the 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, particularly in areas of licensing and cases involving specific children, and for program 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 alien children in its custody. Therefore, ORR may discontinue funding, halt placements and remove children from a facility, and/or close programs that fail to address findings needing 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.

Posted 6/15/15

5.5.1 ORR Monitoring Activities

ORR monitoring is an ongoing, multi-layered process that provides consistent oversight of all components of a care provider's program, including program design, management, services, safety and security, child protection, case management, personnel management, stakeholder relations, and fiscal management. The monitoring policies addressed in this section are those that create formal accountability standards and check points at regularly scheduled intervals.

ORR monitoring activities include the following:

- **Desk Monitoring:** Ongoing oversight based on the HHS grants management model, which includes monthly check-ins with the care provider's Project Officer (PO), regular record and report reviews, financial/budget statements analysis, and communications review.
- **Routine Site Visit Monitoring:** Day long visits to every facility on a once or twice monthly basis, both unannounced and announced, to review policies, procedures, and practices and guidelines compliance. Generally, these visits are limited to review of case management services.
- **Site Visits in Response to PO or Other Requests:** Visits for a specific purpose or investigation, for example, in response to a corrective action plan.
- **Monitoring Visits:** Week long monitoring to the site not less than every two (2) years to conduct a comprehensive review of the program.

Desk Monitoring

Desk monitoring refers to ongoing oversight from ORR headquarters. Desk monitoring includes regular reviews of records and reports, such as annual goals and objectives, quarterly program reports, Significant Incident Reports (SIRs), ORR reports about the timely and accurate use of the UAC Portal Database, and financial reports. It also includes regular calls with care provider Program Directors and others, to become knowledgeable about the infrastructure and management systems of the individual programs and to review data found in required documents and reports. To ensure compliance with policies and procedures and to follow-up on SIRs, ORR staff also request facility case files and spot check them for accuracy and completeness.

Routine Site Visits

ORR staff conducts routine day long site visits at least once a month at each facility to observe service delivery and to review records and procedures. During site visits, ORR representatives attend "case staffings" (meetings that take place with care provider staff, Case Coordinators and others, where individual UAC cases are discussed) at care provider facilities to observe how care provider teams are collaborating and the effectiveness of the case management system as a whole. ORR receives monthly reports on all care provider facilities based on the findings from these site visits as well as quarterly reports on each facility identifying strengths and weaknesses, identified concerns and training needs.

All issues from desk monitoring or site visits that concern safety or security issues or otherwise need elevation are reported to ORR supervisors immediately.

Monitoring Visits

The monitoring visit, conducted not less than every two years, consists of a comprehensive inspection based on information submitted by the care provider prior to the visit and during the visit and interviews with staff, unaccompanied alien children, and stakeholders. The formal monitoring visit utilizes templates and checklists and other tools that must be completed at each site. The last step in the process is ORR's submission of a monitoring report to the provider (30 days after the visit) with a list of corrective actions that must be addressed. A corrective action is any finding that indicates noncompliance with explicit policies or procedures defined by ORR. The care provider has up to 30 days to submit a response to the corrective action plan, indicating how the program has corrected or will remedy any noncompliance. However, ORR may require more immediate action when appropriate and will notify the care provider.

Prior to the Monitoring Visit, the care provider must provide to ORR written responses to standardized questions about their operations (the Site Visit Guide), including questions on internal quality assurance practices, child protection, case management, health, education, and other services, and administration and financial management. As detailed below, care providers also provide documents to ORR prior to the visit and during the visit.

Relevant documents, reports, and files examined prior to and during a monitoring site visit include but are not limited to:

- Grant application/cooperative agreements
- Completed answers to the Site Visit Guide
- Recent organizational chart of facility staff
- Educational curriculum and weekly class schedule
- Food services/menus, and applicable employee food safety certification
- Facility lease
- Copies of applicable State and local licenses, State licensing requirements (or links to those requirements) and recent State licensing inspection reports

- Recent Audit Report and Financial Status Report
- Recent vehicle inspection
- Safety and sanitation certificates—Fire inspection report
- Quality assurance procedures and internal monitoring resources
- Most recent Quarterly Report
- Current approved Fiscal year budget
- Recent SIRs
- Reports from previous monitoring visits (including corrective action plans) and site visit reports by other ORR staff or contractors.
- UAC case files
- Care provider staff personnel files
- Care provider's internal policies and procedures
- Care provider's UAC grievance policy, and copies of UAC grievances
- Materials and reports about the provider's timely and accurate use of the UAC Portal Database

The week-long Monitoring Visit includes, but is not limited to, standardized interviews with the lead teams of every program component (for example, the Lead Teacher, Lead Clinician) as well as the Program Director, stakeholders (such as the local Legal Service Provider, the Case Coordinator, the Medical Provider, non-HHS Federal agency partners, and others) and unaccompanied alien children. The visit includes a thorough inspection of the physical facility. As with any monitoring activity, care providers must comply with ORR requests for access to the physical facility, program information and case files.

Each site visit generally involves the review of 3-15 randomly chosen case files and related documentation; review of personnel files, review of related documents from the list above; and review of submitted SIRs and internal incident reports from the care provider.

In secure care facilities, the Monitoring PO will review the Further Assessment Swift Track (FAST) Assessment information (used to reevaluate the placement of youth in **secure care** ([https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Secure Care](https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Secure%20Care)) facilities) in the case file to make sure youth placed in secure care are assessed every 30 days for the possibility of a transfer to a less restrictive setting.

The Monitoring PO consults with the assigned Project Officer, FFS, Case Coordinator, CFS, and DCS Medical Coordinator and meets with the PO and FFS to discuss any findings and any positive or negative trends identified.

ORR monitoring and compliance responsibilities are divided among the teams noted in the table below. The teams work collaboratively but also independently in order to provide a higher level of scrutiny and focused attention on various tasks.

Roles and Responsibilities in ORR Monitoring and Compliance Model

Team	Responsibilities	Time Frame
<i>ORR Monitoring Team:</i> Project Officers who are assigned exclusively to monitoring and overseeing compliance with program management, services, safety and security, child protection, case management, personnel management, and fiscal management.	The review includes review of policies and procedures, reports, and case files and includes a 5-day visit and inspection of the facility to review additional reports/case files/ other documents, interviews with staff, children and youth, and stakeholders. A monitoring report (30 days after the visit) documents corrective actions. Care providers must respond with a corrective action plan within 30 days.	Every two years
<i>Contractor Field Specialist (CFS) Team:</i> Conduct regular independent site visits to all care provider facilities to provide technical assistance and to identify practices that deviate from ORR policies and procedures.	Routine site visits to every care provider (each CFS is assigned to specific care providers) to observe the facility first hand. Visits may be announced or unannounced. CFS provide ORR with monthly reports on all findings and quarterly reports that summarize the particular strengths and weaknesses, concerns and training needs of each facility, with special attention given to the provision of case management services. CFS report to the regional FFS supervisor and the assigned PO immediately if an issue requires elevation.	Monthly or twice a month to every care provider
<i>ORR Project Officer (PO) Team:</i> Project Officers that are assigned to oversee specific care provider facilities and who may elevate issues that arise based on day-to-day oversight.	Conducts ongoing desk monitoring by reviewing all required documents and reports. POs are responsible for overseeing the care provider's implementation of its corrective action plans.	Ongoing; Monthly conference calls with assigned care providers.
<i>ORR Federal Field Specialist (FFS) Team</i>	As the local ORR liaison with care providers and stakeholders, FFS are ORR's "eyes and ears" on the ground in specified regions and serve as the regional approval authority for transfer and release decisions. FFS may issue corrective actions (along with the Program POs and the Monitoring POs).	Ongoing

5.5.2 Follow Up and Corrective Actions

If a care provider is found to be out of compliance with ORR policies or procedures based on monitoring activities, ORR will communicate the concerns in writing to the Program Director or appropriate person through a written monitoring or site visit report, with corrective actions and child welfare best practice recommendations. The need for a corrective action occurs when the care provider is in noncompliance with explicit ORR policy and procedures.

The following table summarizes how the ORR corrective action team divides up responsibilities to make sure that all areas are reviewed for each care provider.

Individual Issuing the Corrective Action	Areas Covered
ORR Project Officer	<ul style="list-style-type: none">• Program Design• Personnel• Compliance with ORR Policy and Procedures• Any items with budgetary impact<ul style="list-style-type: none">Staffing RatiosCompliance with grants terms and conditions• Licensing Standards Compliance• UAC Safety/Risk Issues
ORR FFS	<ul style="list-style-type: none">• Compliance with ORR Policy and Procedures• UAC Safety/Risk Issues• Licensing Standards Compliance• Any Child Specific Issues

Posted 6/15/15

Following the issuance of corrective actions, the PO or FFS will request a response to the corrective action findings from the Program Director and determine a time frame for resolution and the disciplinary consequences for not responding within the required timeframes.

The care provider's corrective action plan must include:

- The cause of noncompliance, because effective corrective action cannot be taken without first making a determination of the cause of noncompliance;
- Clear and concise statements of corrective actions (include person/s responsible and timelines);
- Thorough descriptions of corrective actions that reference specific documents, procedures, etc.;
- The date of completion of the corrective actions; and
- Evidence supporting the claim that a corrective action has been fully and effectively implemented and that the corrective action has been performed in the way that it was described.

For more information about the termination of grants and enforcement, see **45 CFR Part 74** (<http://www.gpo.gov/fdsys/pkg/CFR-2002-title45-vol1/xml/CFR-2002-title45-vol1-part74.xml>).

Posted 6/15/15

5.5.3 Foster Care Monitoring

Care providers who provide care and services for unaccompanied alien children through a sub-contract or sub-grant with a foster care home are responsible for conducting annual monitoring or site visits of the sub-recipient, as well as weekly desk monitoring. This includes evaluating the recipient's compliance with applicable Federal, State and local laws. Upon request, care providers must provide findings of such reviews to the designated ORR PO.

To assess care providers with foster home arrangements, ORR evaluates and monitors the care provider on-site and through desk monitoring, but may also conduct monitoring at foster homes, as necessary.

Care providers with foster home arrangements are subject to the same monitoring schedule as other care provider facilities but the activities are tailored to the foster care arrangement. For example, ORR Monitors, during on site monitoring visits, may schedule a visit with the grantee staff of a particular foster care home to conduct a first-hand assessment of the home environment and the care provider oversight of the home.

See also **Section 4: Preventing, Detecting, and Responding to Sexual Abuse and Harassment, 4.3.5 Disciplinary Sanctions and Corrective Actions** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.3.5>).

Posted 6/15/15

5.5.4 Abuse Review Team

In addition to the routine monitoring process, ORR has an Abuse Review Team (ART) that quickly reviews allegations of abuse that are particularly serious or egregious in nature. The team is composed of ORR staff with the appropriate expertise to assess these allegations, including members of ORR's Monitoring Team, the Division of Health for Unaccompanied Children, and ORR's Prevention of Sexual Abuse Coordinator.

The ART evaluates and conducts a desktop monitoring of all allegations that fall into one of the categories below. ORR leadership may also ask the ART to review other abuse allegations of particular interest.

- Sexual abuse of an unaccompanied alien child by a staff member or other adult as defined at 45 CFR 411.6;
- Sexual abuse of an unaccompanied alien child by another unaccompanied alien child as defined at 45 CFR 411.6, with the exception of allegations involving intentional touching;
- Physical injury of an unaccompanied alien child by a staff member or another unaccompanied alien child that includes lacerations, fractured bones, burns, internal injuries, severe bruising or serious bodily harm;
- Negligent treatment of an unaccompanied alien child or children that includes failure to provide adequate food, clothing, or shelter so as to seriously endanger the physical health of the child;
- Inappropriate use of discipline, including corporal punishment, that result in humiliation, mental abuse, or punitive interference with the daily functions of living, such as eating or sleeping;⁴
- Negligent treatment of an unaccompanied alien child or children that includes failure to provide routine or urgent medical, mental, or dental care, and necessary medications, so as to seriously endanger the physical or mental health of the child;
- Inappropriate use of health interventions, including quarantine, isolation, physical or chemical restraints, or delayed discharge.

In addition to desktop monitoring, the ART may identify measures that are necessary to ensure the safety of the children and youth in the care provider facility where the allegation occurred. These measures may include:

- On-site monitoring of the care provider where the allegation occurred conducted by members of the ART;
- Monitoring of the corporate offices to review internal policies and reporting structures, as well as supervisory response to events;
- Limiting new placements of unaccompanied alien children at the care provider facility;
- Stopping placement at the care provider facility where the allegation occurred;
- Removing all minors in the unaccompanied alien children program from the care provider facility and placing them into other local care provider facilities;
- Issuing corrective actions; or
- Closing the care provider facility.

Posted 8/30/18

5.5.5 Care Provider Internal Program Monitoring, Evaluation, and Quality Assurance

Care provider facilities must have their own internal monitoring processes that may be set by the care provider's organization and the professional accreditation agency with which they are associated or by which they are licensed.

Care providers are expected to conduct internal monitoring, evaluation, and continuance quality assurance assessments on a quarterly basis in order to identify areas in need of improvement and/or modification. The care provider's monitoring, evaluation, and quality assessment plan must include measures to evaluate how the facility:

- Complies with Federal laws and regulations, ORR policies and procedures, and state and local licensing requirements
- Fulfills the program's Statement of Work with ORR as well as the terms of the cooperative agreement or contract
- Identifies issues subject to corrective action plans
- Fulfills requirements for any affiliate accreditation agency, if applicable
- Provides for the timely processing and release of unaccompanied alien children

Care providers are required to evaluate their program's strengths and weaknesses based on the following performance indicators:

- Number/type of grievances filed by unaccompanied alien children and staff
- Adverse state and local licensing citations
- Allegations and findings of staff misconduct
- On-site accidents
- The use of restraints
- Timeliness of service delivery and discharges for unaccompanied alien children
- Activities related to corrective action plans, if applicable

Posted 6/15/15

5.6 Reporting and Record Keeping

ORR funded care providers submit quarterly and annual performance and financial status reports, and comply with other measures to ensure program integrity and accountability.

If a care provider submits a report that requires revising, the provider must submit a revised report by the indicated due date. Failure to do so may result in immediate issuance of corrective action or other enforcement action.

Posted 7/27/15

5.6.1 Program Reporting Requirements⁵

Type of Report	Reporting Requirements	Time Frame
Performance Progress Reporting	In accordance with the terms of the grant or contract. <i>SS-PPR ACF Performance Progress Report (PPR)</i>	Quarterly basis, starting October 1, to the ACF Office of Grants Management and the ORR PO
Financial Reporting	<i>SF-425 Federal Financial Report (FFR)</i> , which reflects the cumulative actual Federal funds, unliquidated obligations incurred and the unobligated balance of Federal funds. (NOTE: the FFR represents a claim to the Federal government and filing a false claim may result in civil or criminal penalties.) Supporting documentation to information in an <i>SF-425</i> may be requested.	Within 30 days after the end of each quarter to the ACF Office of Grants Management and the ORR PO. A revision is required if any discrepancies are discovered in the <i>SF-425</i> .
Program Reports	Additional programmatic or statistical information upon request from ORR (may be one time request or ongoing).	As specified by ORR. If clarification is needed regarding a request, care providers must seek clarification in a timely manner.

Posted 7/27/15

5.6.2 Maintaining Case Files

Care providers must maintain comprehensive, accurate, and up-to-date case files as well as electronic records on unaccompanied alien children that are kept confidential and secure at all times and must be accessible to ORR upon request. (Electronic records include those on the care provider's network drive as well as those on the ORR UAC Portal.) Care providers must have written policies and procedures for organizing and maintaining the content of active and closed case files that incorporate State licensing requirements and/or accrediting agency requirements, and ORR policies and procedures.

To ensure accurate recordkeeping and the provision of quality care to children, care providers must create an individual case file for each child or youth in its care which includes the child's name, alien number, date of services, and Federal fiscal year. The file documents all services provided, information about the child or youth's progress, barrier's to the child's progress, and the outcome of the case.

Each unaccompanied alien child's case file must, minimally, include the following:

UAC Information

- Name and Alien Number
- Birth certificate
- Photograph

Admission Documents

- *Initial Intakes Assessment*
- *Placement Authorization form*
- Inventory of property and cash (signed by UAC)
- List of clothing and supplies distributed to UAC

- *Notice of Placement in a Restrictive Setting* (If applicable)
- Acknowledgment by the unaccompanied alien child that he or she has received the Orientation in his or her language regarding program rules and policies; notification regarding self-disclosures made while in ORR custody; grievance procedures; information on boundaries; abuse and neglect; and, emergency and evacuation procedures
- Acknowledgment by the unaccompanied alien child that he or she has received information regarding the local and/or national service providers and organizations (local child advocacy centers, rape crisis centers, immigrant victim service providers, and/or other community service providers to provide services to victims of sexual abuse and sexual harassment that occurred at the care provider facility) available to assist UAC.

Legal Information

- Acknowledgment of receiving **Legal Resource Guide** (<https://www.acf.hhs.gov/programs/orr/resource/unaccompanied-childrens-services#legal>) at admission and discharge
- G-28 (if applicable)
- Executive Office of Immigration Review (i.e., immigration court) documents, including those from *Flores* bond hearings
- Court Documents/Criminal History Records (if applicable)
- Authorization for Release of Records (if applicable)

Medical Records

- *Authorization for Medical, Dental, and Mental Health Care*
- Documentation of *Initial Medical Exam*
- Copies of Referrals for Medical Services
- Medical and Mental Health Records (including over-the-counter medications), diagnosis, and documentation of communicable diseases
- *Immunization Records*
- Prescriptions (including prescription logs)
- Record of Dental Exam(s)
- TB Screening results
- Records of office visits/ER visits/Hospital, surgery
- Progress notes related to medical or mental health services (if applicable)
- Diagnosis list

Assessments

- *UAC Assessments*
- *UAC Case Review* and updates
- *Sponsor Addendum(s)* (If Applicable)
- *Individual Service Plan (ISP)* and updates

Educational Services

- Summary of Educational Assessments
- *Individualized Education Program (IEP)*, if applicable.
- Education Plan (UAC class placement, curriculum/course descriptions, and Records (academic reports, progress notes))

Case Management Records

- Case Worker Progress Notes
- Recreation/Activity log
- Telephone Log
- Religious Services Log
- Stipend log (if stipends are mandated by State licensing)
- 30 Day Restrictive Placement Case Review summaries/notes (If applicable)

Clinical Services

- Progress notes from individual counseling
- Group counseling notes or records

Incident Reports

- *Significant Incident Reports*
- Documentation of the facility's Internal Incidents or reports
- Grievances/Grievance Reports

Discharge/Exit Information

- Family Reunification Packet
- Verification of Release form
- Transfer Request and Tracking Form
- For transfers only, notice of transfer to ICE Chief Counsel (Change of Address/Change of Venue information)
- Log/ checklist including all documents provided to the UAC at discharge
- Log of Property Returned/ disbursed at Discharge
- Discharge checklist for medical records
- Copy of Order of Removal (If applicable)
- (See also Legal Information above)
- Copy of the Trafficking Eligibility Letter, if applicable

In preparing and managing case files and documentation, the care provider must ensure compliance with all requirements imposed by Federal statutes concerning the collection and maintenance of data that includes personal identifying information.

Revised 10/10/18

5.6.3 Record Management, Retention and Safekeeping

Care providers must ensure that all records are maintained and protected so that confidential information and data are secure and not accessed, used, or disclosed to unauthorized parties or improperly altered. There must be established administrative and physical controls to prevent unauthorized access to both electronic and paper records. The care provider's policies and procedures must also address preventing the physical damage or destruction of records. For sensitive unaccompanied alien child's information pertaining to sexual abuse or clinical records, care providers must implement appropriate controls on the dissemination of such information in order to ensure that sensitive information is not exploited to the unaccompanied alien child's detriment by staff or other children or youth.

Care Providers are also responsible for the timely entry of all required information into the ORR database. For specific timeframes related to assessment of unaccompanied alien children and potential sponsors, reporting, and release see:

Section 2.2.3 The Application for Release (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.2.3>)

Section 3.3.1 UAC Assessment and Case Review (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.3.1>)

Section 3.4.2 Initial Medical Exam (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.4.2>)

Section 3.4.5 Responding to Medical Emergencies (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.4.5>)

Section 4.8.1 Assessment for Risk (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.8.1>)

Section 2.8.2 Transfer of Physical Custody (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.8.2>)

Section 2.8.3 Closing the Case File (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.8.3>)

Care providers must provide timely and unrestricted access of all files to ORR or an individual or entity that ORR designates to have access.

Care providers must establish an internal file review system to periodically (once per quarter, at the minimum) review individual case files for completeness and accuracy.

ORR will determine prior to the end of the grant or contract with the care provider how the care provider will handle the retention or disposition of case files and program information created during the period of the agreement. Case files must be stored for the period specified in State licensing standards or its accrediting agency or three years (five for records kept in the UAC Portal) from the date the unaccompanied alien child was released, whichever is longer. (Cases involving litigation must be maintained until the case is resolved.)

Complete closed case files may be scanned and saved electronically, if State licensing regulations permit. The care provider must state in its internal policies and procedures the length of time the care provider will retain records in compliance with ORR requirements, State licensing regulations, and/or the accrediting agency requirements.

Once the term for records retention matures, the care provider must inform ORR and seek guidance on how to dispose of or transfer the records. Care providers may never destroy, keep, or transfer records without prior authorization from ORR.

Active and closed case files must be maintained in a locked file cabinet when not in use. At the minimum, care providers must ensure:

- Records, both paper or electronic, are protected from public access
- The area where paper records or electronic storage equipment is stored is supervised and/or securely locked during business hours to prevent unauthorized persons from accessing the records
- Records are inaccessible to unauthorized persons
- Records are not shared with unauthorized persons or under unauthorized circumstances in either oral or written form
- Safeguards are in place to prevent the misuse of documents
- All care provider sub-contractors, consultants, and outside parties are prohibited from using or disclosing information regarding the program for any purpose other than those detailed in the governing contract or agreement
- Sub-contractors or consultants return all ORR documents or destroy non-ORR documents at the completion of the contract
- ORR consent is obtained prior to destroying any documentation (disposable documents must be properly disposed of by shredding or by hiring a reputable company to take care of proper disposal)

Posted 7/27/15

5.7 ORR Policies to Protect Sponsors from Fraud

ORR does not charge any fee to prospective or approved sponsors as a condition of release of an unaccompanied alien child. Any demand for payment of fees is not authorized by ORR and should not be paid.

Prospective sponsors should immediately report any suspicious calls or requests for payment to the care provider facility, ORR directly, or the ORR National Call Center Help Line at 1 (800) 203-7001.

Posted 7/27/15

5.7.1 ORR Efforts to Help Prevent Fraud

Care providers notify all potential sponsors that ORR, its care providers, volunteer agencies, and grantees/contractors do not collect or require fees for any services related to the release of unaccompanied alien children from HHS custody.⁶

In order to detect potential fraud schemes, ORR also asks all approved sponsors at the time of a child's release if they have been approached by anyone asking for money at any point in the release process.

The FBI recommends that all members of the public should exercise caution and adhere to the following guidelines before making a payment or donation of any kind:

- Be skeptical of individuals representing themselves as officials and asking for payments or donations door-to-door, via phone, mail, e-mail, or social networking sites.
- Be skeptical of individuals requesting payment or contributions by courier or wire, or those who request your bank account or credit card number.
- Verify the legitimacy of the government agency or non-profit organization by utilizing various Internet-based resources which may confirm the correct phone number, e-mail, and/or the group's existence and its non-profit status rather than following a link to an e-mailed site.
- Call the official telephone number of the government agency seeking money to ensure the request for payment is legitimate.
- Do not respond to any unsolicited (spam) incoming e-mails. Do not click links contained within those messages.
- Be cautious of e-mails that claim to show pictures of intended recipients in attached files which may contain viruses. Only open attachments from known senders.
- Make contributions directly to known organizations rather than having others make the donation on your behalf to ensure contributions are received and used for intended purposes.
- Do not give your personal or financial information to anyone who seeks payment or solicits contributions. Providing such information may compromise your identity and make you vulnerable to identity theft.

See www.fbi.gov/sanantonio/press-releases/2014/new-fraud-schemes-targetin... (<http://www.fbi.gov/sanantonio/press-releases/2014/new-fraud-schemes-targeting-families-of-unaccompanied-children>) for the Spanish translation of this warning.

ORR also requests that sponsors:

- Report any suspicious calls or contact to the care provider facility and ORR directly.
- Call the ORR National Call Center Help Line at 1 (800) 203-7001. Sponsors may call the help line to inform ORR if a person defrauds or attempts to defraud them of money.

Posted 7/27/15

5.7.2 Responding to Fraud Attempts

If a care provider determines that a sponsor or prospective sponsor has been the target of a fraud attempt, the care provider must report the incident to ORR through a Significant Incident Report (SIR) and to local law enforcement.

ORR reviews the information in the SIR and reports all fraud schemes, whether attempted or successfully perpetrated, to HHS/Office of the Inspector General (OIG). ORR and the care provider cooperate fully with the HHS/OIG investigation.

If the fraud scheme involves care provider staff, ORR instructs the care provider to contact local law enforcement and to follow their local licensing guidelines regarding reports of inappropriate employee behavior and to inform their local licensing agency that the case was referred to HHS/OIG and local law enforcement. A care provider facility must take disciplinary action including termination of any staff for criminal behavior, including fraud. ORR issues corrective action findings and requires the care provider to take appropriate action. See **Section 5.5.2 Follow Up and Corrective Actions** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.5.2>).

Posted 7/27/15

5.8 Significant Incident Reports and Notification Requirements

ORR is committed to protecting the unaccompanied alien children in its custody, and therefore, requires all care providers to report incidents affecting a child's health, well-being and safety. Care providers must report on a wide range of incidents from, for example, verbal threats by one youth against another youth to physical altercations or allegations of sexual abuse; all of these incidents are referred to as "significant incidents."

ORR requires care providers to report and document all significant incidents in accordance with mandatory reporting laws, State licensing requirements, Federal laws and regulations, and ORR policies and procedures. Care providers must use the official ORR Significant Incident Report (SIR) for the timely reporting and documenting of significant incidents. Care providers must ensure that SIRs include sufficient detail regarding the incident. In some cases, an updated report, called an SIR Addendum, may be required to provide additional information obtained after the initial report. An SIR must be filed for each child involved in an incident, and multiple SIR Addendums may be required to provide all updated and additional information.

Depending on the incident, care providers may be required to notify outside entities, such as law enforcement, State licensing, and child welfare authorities. Some SIRs also require notification to the U.S. Department of Justice (DOJ) or the U.S. Department of Homeland Security (DHS). SIRs cannot be provided to any outside entity or individual without prior permission from ORR. In some cases, a significant incident rises to the level of an emergency, and, as described below, requires immediate notification by phone to ORR in addition to the timely completion of an SIR.

Revised 3/21/16

5.8.1 Emergency Incidents

Emergency incidents include:

- Death of a child, staff, or other person in a care provider facility
- Situations in which the lives of children or staff are in immediate danger (e.g., active shooter, earthquake or other natural disaster, medical emergency requiring immediate hospitalization)
- Unauthorized absence of a child from a care provider

Reporting:

Care providers must immediately report emergencies, as appropriate, to 9-1-1, local law enforcement, and Child Protective Services (CPS). Care provider facilities also must immediately report emergencies to the ORR Intakes Hotline at (202) 401-5709, and submit to ORR an SIR as outlined at Section **5.8.2** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.8.2>).

Care providers and ORR must report the death of an unaccompanied alien child as described in Section **3.3.16**⁷ ORR will notify the DHS/ICE Field Office Juvenile Coordinator (FOJC), by telephone.

ORR notifies appropriate Congressional officials of a UAC's death through the HHS/Assistant Secretary for Legislation and the HHS/Assistant Secretary for Financial Resources.

Revised 7/22/19

5.8.2 Significant Incidents

As noted above, significant incidents may range in severity from a verbal argument between two children to a sexual assault. The goal of the SIR process is to ensure that serious issues are immediately elevated to ORR and that all incidents are resolved quickly to protect children in ORR care.

Significant incidents include, but are not limited to:

- Abuse or neglect in ORR care, including sexual abuse
- Past abuse and neglect
- Behavioral incidents that threaten safety, such as physical aggression, assaults, or suicide attempts
- Incidents involving law enforcement
- Pregnancy and pregnancy-related issues
- Safety measures, such as the use of restraints
- Criminal history
- Contact or threats to a child while in ORR care from smuggling syndicates, organized crime or other criminal actors
- Potential fraud schemes
- Any type of non-emergency incident that endangers the safety and well-being of the minor

Significant incidents that are “Incidents of Violence”: Care providers must report incidents of violence, perpetrated by a minor on another minor or on a staff member, as “physical aggression” on a SIR. Violence includes inflicting or attempting to inflict bodily injury or harm. Violence also includes, in the instance of a minor perpetrating violence on a staff member, penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument.

Reporting:

Care providers must submit a completed SIR to ORR within 4 hours of the significant incident (or within 4 hours of the care provider becoming aware of the incident) and maintain a copy in the child's case file. The SIR must be sent to:

- Project Officer
- Federal Field Specialist
- SIR Hotline Mailbox
- Case Coordinator
- Contract Field Specialist
- Medical Coordinator (Only if it is a medical incident)

Care providers also must report appropriate significant incidents to CPS, the State licensing agency, and/or local law enforcement in accordance with mandatory reporting laws, State licensing requirements, Federal laws and regulations, and ORR policies and procedures.

Revised 6/7/18

5.8.3 Allegations of Sexual Abuse and Harassment in ORR Care

ORR has a zero-tolerance policy for all forms of sexual abuse, sexual harassment, and inappropriate sexual behavior at all care provider facilities and makes every effort to prevent, detect, and respond to such conduct. For detailed information on reporting allegations of sexual abuse, sexual harassment, and inappropriate sexual behavior, see Section **4.10**

(<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.10>).

Revised 3/21/16

5.8.4 Allegations of Abuse that Occurred in DHS Custody

If an unaccompanied alien child makes an allegation of abuse, other than sexual abuse, that occurred while he or she was in the custody of DHS, care providers must report the incident to DHS by emailing a copy of the SIR to the DHS Office for Civil Rights and Civil Liberties (CRCL) no later than 4 hours after learning of the allegation.

If an unaccompanied alien child makes an allegation of sexual abuse that occurred while he or she was in DHS custody, care providers must report the allegation according to State mandatory reporting laws and to ORR no later than four hours after learning of the allegation by emailing a copy of the SIR. ORR reports the allegation to the appropriate components of DHS.

5.8.5 Reporting SIRs to DHS

In addition to submitting a SIR to ORR, care providers must report some significant incidents to DHS. The following chart outlines care provider reporting requirements for significant incidents that must be reported to DHS.

QUICK REFERENCE CHART: Care Provider Reporting Requirements for Significant Incidents to DHS

NOTE: The chart is intended as a quick reference guide and does not cover every type of reportable incident.

TYPE OF INCIDENT	CARE PROVIDER REPORTING REQUIREMENTS
Incidents that Occurred in ORR Care	
Unauthorized Absence	<ol style="list-style-type: none"> 1. Report to 9-1-1 or local law enforcement, as appropriate 2. Report to CPS and/or State licensing 3. Report to the ORR Intakes Hotline at (202) 401-5709 4. Contact the FOJC by telephone 5. Submit an Emergency SIR to ORR within 4 hours 6. Submit an Emergency SIR to the DHS/FOJC within 4 hours 7. Call the NCMEC Hotline at 1-800-THE-LOST (1-800-843-5678)
Arrest	<ol style="list-style-type: none"> 1. Submit a SIR to ORR within 4 hours 2. Submit a SIR to the FOJC via email 3. Contact the FOJC by telephone
Incidents of Violence by a Child (see 5.8.2)	<ol style="list-style-type: none"> 1. Report to CPS and/or state licensing according to state licensing requirements 2. Report to local law enforcement, as appropriate 3. Submit a SIR to ORR within 4 hours 4. Submit a SIR to the DHS/FOJC via email within 4 hours
Incidents that Did Not Occur in ORR Care	
Physical Abuse that Occurred in DHS Custody	<ol style="list-style-type: none"> 1. Report to CPS in the State of the reporting care provider, according to State mandatory reporting laws 2. Report to CPS in the State where the allegation took place, if in a different State, according to State mandatory reporting laws 3. Submit a SIR to ORR within 4 hours 4. Submit a SIR to CRCL via email
Sexual Abuse that Occurred in DHS Custody	See the quick reference guide in Section 4.10.2

FFS are required to report certain significant incidents to DHS. Care providers also have reporting requirements related to these incidents, but do not report these incidents to DHS. The following chart outlines FFS reporting requirements for significant incidents that must be reported to DHS.

QUICK REFERENCE CHART: FFS Reporting Requirements for Significant Incidents to DHS

NOTE: The chart is intended as a quick reference guide and does not cover every type of reportable incident.

TYPE OF INCIDENT	FFS REPORTING REQUIREMENTS
Alleged or Suspected Fraud	<ol style="list-style-type: none"> 1. For all types of fraud allegations, email the SIR and any supporting documentation within one business day of receiving the SIR to HHS/OIG via email 2. For document and information fraud allegations only, email the SIR and any supporting documentation within one business day of receiving the SIR to the ICE/HSI Tip Line via email
Gang-related Activity	<ol style="list-style-type: none"> 1. Email the SIR to the ICE/HSI Tip Line within one business day of receiving the SIR
Human Smuggling, Drug Trafficking, and Weapons Trafficking	<ol style="list-style-type: none"> 1. Email the SIR to the ICE/HSI Tip Line within one business day of receiving the SIR
Human Trafficking	

	<ol style="list-style-type: none"> 1. Email the SIR to the ICE/HSI Tip Line within one business day of receiving the SIR 2. Email the SIR to the ICE Human Trafficking Help Desk within one business day of receiving the SIR
Death of a UAC (See 3.3.16)	<ol style="list-style-type: none"> 1. Contact the child's parent, legal guardian, or next-of-kin 2. Contact the child's attorney of record or the care provider's local legal service provider 3. Contact the applicable consulate 4. Contact the child advocate, if applicable 5. Contact the FOJC by telephone

Revised 8/2/18

5.8.6 Allegations of Past Abuse that Occurred Outside the United States

If a child or youth reports past abuse that occurred in his or her home country or on the way to the United States, care providers must submit an SIR pursuant to Section 5.8.2 and also follow State licensing requirements to report the allegations of abuse.

Revised 8/2/18

5.8.7 Allegations of Past Abuse that Occurred Inside the United States

All allegations of abuse that occurred within the United States (but not when the child was in the custody of the Federal government) must be reported to the care provider's State licensing agency, CPS, and to local law enforcement in accordance with State licensing requirements.

Revised 3/21/16

5.8.8 SIR Addendums

Care providers must create an Addendum to an existing SIR when information in the original SIR was incorrect or incomplete, or new or more detailed information has become available since the care provider submitted the original SIR. Examples of new information include but are not limited to: a discussion with the sponsor about the incident, media inquiries about the incident, and receipt of official reports from State or local government agencies. Care providers must submit Addendums to the individuals on the notification list for SIRs at Section 5.8.2 within 24 hours of learning of the incorrect, incomplete, or new information.

5.8.9 Notification to Attorneys/Legal Representatives, Child Advocates, Families, and Sponsors

Care providers must notify, as appropriate, attorneys of record, legal service providers, child advocates, parents/legal guardians, and sponsors of any type of abuse and neglect, regardless of where it occurred, in accordance with Section **4.10.4**

(<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.10.4>) and Figures **4.10.1** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#fig4.10.1>), **4.10.2** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#fig4.10.2>), and **4.10.3** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#fig4.10.3>). Care providers must also notify, as appropriate, the parties listed above of unauthorized absences. For any minor that is hospitalized or requires a serious medical service, care providers must notify the minor's child advocate, parent or legal guardian and sponsor, in accordance with Section **4.10.4**

(<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.10.4>) and Figure **4.10.2** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4#fig4.10.2>). Care providers must document notifications made.

Revised 3/21/16

5.8.10 Elevation of Emergencies and Serious Incidents

ORR elevates emergencies and serious incidents within its leadership structure to ensure children receive care and protection, and facilities and ORR field staff get support in handling the most difficult and sensitive situations.

In the following cases, ORR staff members receiving the report shall immediately elevate the case to the Senior Federal Field Specialist Supervisor, who in turn elevates the case simultaneously to the Director of the Division of Children's Services, the ORR Deputy Director – Children's Services, and the ORR Director. In cases of sexual abuse and harassment, the Senior Federal Field Specialist Supervisor also elevates the case to the ORR Prevention of Sexual Abuse Coordinator.

- Death of a child, staff, or other person in a care provider facility
- Situations in which the lives of children or staff are in immediate danger (e.g., shooting/terrorist attack, earthquake or other natural disaster, medical emergency requiring immediate hospitalization)
- Unauthorized absence of a minor from a care provider

- Any situation which is reasonably likely to require ORR leadership oversight or escalation to ACF and/or HHS leadership

Posted 3/21/16

5.9 Sharing Information with Local Communities

In order to better protect our communities, and in response to requests for such information, when releasing a UAC from secure or staff secure care, ORR notifies local law enforcement in an unaccompanied alien child's community. In doing so, ORR provides the name and other identifying information of the UAC, taking care to safeguard personal information. ORR in its discretion may notify local law enforcement when releasing unaccompanied alien children from any level of care if ORR identifies or a community makes ORR aware of special circumstances that would make such a notification advisable.

Posted 10/30/17

Footnotes

1. Emergency Supplemental Appropriations for Humanitarian Assistance and Security at the Southern Border Act, 2019, Pub. L. 116-26

2. At this time the Central American countries of El Salvador, Guatemala and Honduras are not mandatory notification countries. Mexico is not a mandatory notification country, but the U.S. does have a bilateral agreement that confers similar protocols for minors, therefore Mexican consulate officials will be given access to UAC under similar arrangements as a mandatory notification country.

3. See Exhibit 1, para. C of the Flores settlement agreement.

4. If there has been a court ordered termination of parental rights, a fear that the child is a victim of abuse or trafficking, or that contacting the parent or legal guardian would place the UAC in danger, the care provider will contact the consulate without the parent/legal guardian's permission (unless the child is claiming credible fear or asylum). If the care provider is unsure, they should immediately elevate their concerns to the ORR/FFS assigned to the care provider.

5. For report templates, see www.acf.hhs.gov/grants/grants_resources.html#reporting (https://www.acf.hhs.gov/grants/grants_resources.html#reporting)

6. Sponsors may be required to pay for the transport of a UAC (and the travel of any escorts). See Section 2.82, Transfer of Physical Custody [www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-st...] (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.8>)]

7. Please see **3.3.16 Notification and Reporting of the Death of an unaccompanied alien child** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.3.16>) for more information on how to report the death of an unaccompanied alien child.

<Back (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-4>) - Next> (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-6>)

OFFICE OF REFUGEE RESETTLEMENT

An Office of the Administration for Children & Families

Children Entering the United States Unaccompanied: Section 6 Resources and Services Available After Release from ORR Care

Published: June 15, 2016

Categories: Unaccompanied Children's Services

6.1 Summary of Resources and Services Available After Release from ORR Care

The Office of Refugee Resettlement (ORR) has resources and services in place for children once they are released from ORR custody. These resources and services may include:

- **Post-Release Services (PRS):** ORR provides post-release services for children who would benefit from ongoing assistance by a social service agency. These services include assistance in connecting children and their sponsors to community based resources. All children who have a home study (See Section 2.4.2 Home Study Requirement (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.4.2>)) receive PRS following their release. Children released without a home study may also receive PRS if they are specially identified as needing additional assistance in connecting to appropriate resources in the community.
- **Safety and Well Being Follow-Up Call:** All children released to a sponsor receive a Safety and Well Being Follow-Up Call. Care providers must conduct a Safety and Well Being Follow-Up Call with a child and his or her sponsor 30 days after the child's release from ORR custody. The purpose of the follow up call is to determine whether the child is still residing with the sponsor, is enrolled in or attending school, is aware of upcoming court dates, and is safe.
- **ORR National Call Center:** The ORR National Call Center (ORRNCC) is a help line that fields calls from released children and families and links released children and their families or sponsors with services in their local communities.¹ Released children, family members, sponsors, legal service providers, child advocates, and other members of the community can request assistance or report concerns to the ORRNCC. The ORRNCC reports, as appropriate, matters of concern to ORR, local law enforcement, and/or local child protective services.
- **UAC Sexual Abuse Hotline:** Released children, family members, sponsors, legal service providers, child advocates, and other members of the community can report confirmed or suspected incidents of sexual abuse or sexual harassment that occurred at ORR care providers to the UAC Sexual Abuse Hotline. The hotline reports, as appropriate, allegations to ORR, local law enforcement, and local child protective services.
- **Notification of Concern:** ORR requires that ORR grantees and contractors who work or come in contact with unaccompanied alien children after their release from ORR care and custody to a sponsor report concerns about the children's safety and well-being to appropriate investigative agencies (including local law enforcement and child protective services), as applicable. ORR grantees and contractors must also notify ORR of immediate dangers to a released child's safety and well-being. This may include the child becoming a victim of human trafficking, being involved with a gang, running away, or suffering abuse. ORR reviews the matter to determine what, if any, additional action should be taken, including but not limited to: reporting the matter to local law enforcement; child protective services; or state child welfare licensing authorities; providing post-release services to the released child and his or her sponsor; requiring corrective action to be taken to remedy any failure to comply with Federal and State laws and regulations, licensing and accreditation standards; ORR policies and procedures, and child welfare standards; or providing technical assistance, as needed, to ensure that deficiencies are addressed.

Revised 9/11/17

6.2 Post Release Services

Post-release services (PRS) promote the safety and well-being of certain unaccompanied alien children who have been released from ORR's custody to a sponsor in the United States (See Section 2.8 Release from Office of Refugee Resettlement (ORR) Custody (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.8>)). ORR facilitates the provision of PRS services through its network of PRS providers. PRS providers coordinate supportive services in the community where the child resides.

ORR refers for post-release services cases in which:

- The child received a home study (See **Section 2.4.2 Home Study Requirement** (<http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.4.2>)), or
- The child was released to a non-relative sponsor, or
- The release was determined to be safe and appropriate but the unaccompanied alien child and sponsor would benefit from ongoing assistance from a community-based service provider.

PRS providers must be culturally and linguistically appropriate when connecting the child and sponsor to resources within their local community. The PRS provider coordinates services that promote access to services in the areas of: placement and stability; immigration proceedings; guardianship; legal services; education; medical services; individual mental health services; family stabilization and counseling; substance abuse; and gang prevention, as needed and appropriate for the specific child and/or sponsor. (See **Section 6.2.3 Post Release Service Areas**)

The PRS provider must adjust services in response to the changing needs of the child and sponsor. If the child moves to a new home the PRS provider must ensure continuation of PRS services at the child's new residence. PRS providers must contact ORR with any Notifications of Concern.

PRS providers will establish caseloads of 1:25 but have the flexibility to go up to 1:40, if needed. Caseloads shall not exceed 40 cases per case manager.

Posted 9/11/17

6.2.1 Levels of Post Release Services

In determining the level of PRS for an unaccompanied alien child, PRS providers assess the child's needs and the sponsor's need for supportive services to assist in providing for the child's physical and mental well-being. There are two levels of PRS, Level 1 and Level 2. PRS providers must offer one or both levels of services during the UAC's service period.

Level One (1) Services:

Children and their sponsors receive Level One (1) Services if they need additional assistance connecting to resources in the community or could benefit from ongoing assistance from a social welfare agency to address specific needs, such as mental health. Level One (1) services include:

- In-home engagements for the purpose of assessing the needs of and assisting children and their sponsors in accessing community services with particular focus on the post release service areas (see Section 6.2.23 Post Release Service areas [hyperlink] below), and
- A referral to Level Two (2) Services, if necessary.

Level Two (2) Services:

This level of service is for children who previously received Level One (1) Services but have been assessed to be in need of more intensive case management by a PRS provider or for children referred to Level Two (2) Services during the safe and timely release process from ORR residential care. This level of service provides a high level of engagement between the PRS provider and the sponsor in order to promote the safety, permanency, and well-being of the child. Level Two (2) services include:

- Regularly scheduled home visits (at least once a month),
- On-going needs assessments of the child,
- Comprehensive case management, and
- Access to therapeutic supports.

For Level One (1) and Level Two (2) cases, providers must submit to ORR:

- Monthly follow-up reports;
- Notifications of concern, as applicable; and
- Case closure reports.

Posted 9/11/17

6.2.2 Post Release Service Areas

PRS providers must assist the UAC and sponsor in accessing services in the areas listed below. They must provide the services in a manner that is sensitive to the individual needs of the UAC.

Placement Stability and Safety: PRS providers must work with sponsors to address challenges in parenting a UAC. This may include guidance about maintaining a safe home; supervision of the UAC; protecting the UAC from threats by smugglers, traffickers, and gangs; and information about child abuse, neglect, separation, grief and loss, and how these issues affect children.

Immigration Proceedings: The PRS provider must monitor and help facilitate the sponsor's plan to ensure the UAC's attendance at all immigration court proceedings and compliance with DHS requirements.

Guardianship: If the sponsor is not a parent or legal guardian of the child, then the PRS provider must provide the sponsor information about the benefits of obtaining legal guardianship of the child. If the sponsor is interested in becoming the child's legal guardian, then the provider may assist the sponsor in identifying the legal resources to do so.

Legal Services: PRS providers must assist the sponsor in accessing relevant legal service resources including resources for immigration matters and unresolved juvenile justice issues.

Education: PRS providers must assist the sponsor with school enrollment and monitor the UAC's progress in school. PRS providers may also assist with alternative education plans for UAC who exceed the state's minimum age requirement for mandatory school attendance.

Medical Services: PRS providers must assist the sponsor in obtaining medical insurance for the UAC and in locating medical providers that meet the individual needs of the child and the sponsor. If a child requires specialized medical assistance, the PRS provider must assist the sponsor in making and keeping medical appointments and monitoring the UAC's medical requirements.

Individual Mental Health Services: PRS providers must provide the sponsor with relevant mental health resources and referrals for the UAC. The resources and referrals must take into account the individual needs of the UAC and sponsor. If a UAC requires specialized mental health assistance, PRS providers must assist the sponsor in making and keeping mental health appointments and monitoring the UAC's mental health requirements. PRS providers must provide guidance on the administration and monitoring of psychotropic medications, as needed.

Family Stabilization/Counseling: PRS providers must provide the sponsor with relevant resources and referrals for family counseling and/or individual counseling that meet individual needs of the child and the sponsor.

Substance Abuse: PRS providers must assist the sponsor in locating resources to help address any substance abuse-related needs of the UAC.

Gang Prevention: PRS providers must provide the sponsor information about gang prevention programs in the sponsor's community.

Other Services: PRS providers may assist the sponsor and UAC with accessing local resources in other specialized service areas based on the needs and at the request of the UAC.

Posted 9/11/17

6.2.3 Timeframe for Post Release Services

TVPRA Cases

For children who receive post release services as the result of a home study required under the TVPRA (See **Section 2.4.2 Home Study Requirement (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.4.2>)**), the PRS provider must start services within two days of the UAC's release from ORR custody. However, ORR does not delay release of the UAC if PRS are not in place before the release of the UAC, unless the UAC's Case Manager conducts an individualized assessment and determines that, given the particularized needs of the UAC, the sponsor would not be suitable if PRS were not in place prior to release. The UAC's Case Manager must document the specific reasons that PRS must be in place in the release request.

PRS continue during the pendency of a UAC's removal proceedings. PRS must end when the UAC turns 18 years of age or when the UAC's immigration case is terminated. A UAC's case is considered terminated when the UAC:

- is granted voluntary departure,
- receives an order of removal, or
- obtains immigration status.

Post release services must end once the child is granted voluntary departure or immigration status or the child receives an order of removal, regardless of the case type. In the event the child is granted voluntary departure or receives an order of removal, services

cannot continue until the child is repatriated; they must end once the case is terminated.

PRS TVPRA cases that have been active for more than one year and have been assessed to have no major concerns may be moved into once a month check-ins by the PRS provider. This check-in must be documented in the PRS file.

All Other Cases

Children who receive PRS through an ORR-mandated home study or discretionary home study, or without a home study (See **Section 2.4.2 Home Study Requirement** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.4.2>)) must be referred for post release services prior to release. The PRS provider does not have to accept the referral prior to the child's release for the child to receive PRS. The PRS provider must begin services within 2 days of accepting a referral. PRS end after 90 days or when the child turns 18, whichever happens first. PRS services may also be terminated where a child welfare professional assesses that such services are no longer needed.

Revised 9/05/18

6.2.4 Post Release Service Providers: Case Reporting (Effective 10/1/16)

PRS providers are required to maintain records of case files and make regular reports to ORR. PRS providers must ensure all communication with children and their sponsors is documented. PRS providers must also document the outcomes of the services provided. At a minimum, PRS providers must report to ORR information about a child's case, including all service areas that were accessed by the child and/or sponsor, on a monthly basis and upon the case's service period closure. PRS providers are required to report concerns about the children's safety and well-being to appropriate investigative agencies, as applicable. PRS providers must also notify ORR of immediate dangers of which they become aware to a released child's safety and well-being.

Posted 7/12/16

6.2.5 Post-Release Service Records Management, Retention and Information Sharing (Effective 10/1/16)

PRS providers must maintain children's information in an ORR-provided database. PRS providers are required to maintain a high standard of record keeping and must safeguard child and sponsor case information. PRS providers must also develop a system that preserves the confidentiality of children's and sponsor's information and protects the records from unauthorized use or disclosure. Case files must be stored for the period specified in State licensing standards or its accrediting agency, or three years from the date the post-release service period concluded, whichever is longer. Cases involving litigation must be maintained until the case is resolved.

The records of children served under the post-release services program are the property of ORR to the extent the child is in ORR custody at the time the records are developed. PRS providers may not release these records without prior approval from ORR (See **Section 5.3.3 Release of Records Without Prior Approval** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.3.3>)). Records generated while post-release services were initiated are grantee records, but are subject to ORR access provisions in **45 C.F.R. Part 75** (<http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>). PRS providers must provide records to ORR or an individual or entity that ORR designates access upon request.

Posted 7/12/16

6.4 ORR National Call Center

The ORR National Call Center (ORRNCC) is a help line available to children, family members, sponsors, legal service providers, child advocates and other members of the community while a child is in ORR custody or after a child is released to a sponsor. Any child or third party can request assistance or report concerns to the ORRNCC. The Call Center offers the following assistance to children released from ORR care:

- Locate resources in the sponsor's community, such as:
 - Legal service providers
 - Educational support
 - Medical care
 - Emotional support
 - Juvenile justice
 - Substance abuse treatment
 - Safety support
- Report child abuse or neglect allegations to law enforcement and/or appropriate child welfare authorities
- Create safety plans for children or sponsors experiencing the following circumstances:
 - Domestic violence

- Child abuse or neglect
- Self-harm, including suicide attempts
- Placement disruption
- Trafficking
- Refer potential trafficking victims to the Office on Trafficking in Persons
- Provide assistance with filing a “change of venue”/“change of address” motion in immigration proceedings
- Provide vaccination records upon request

ORRNCC staff provides separate services than those offered by post-release service providers. Unlike post-release service providers, ORRNCC does not provide case management services. Rather, ORRNCC staff provides safety planning to and makes community referrals for children and their families as a response to requests for assistance, and conducts one follow-up call to children and their sponsors after a safety plan or community referral is made. ORRNCC staff refers children to receive post-release services if they are within 180 days of release and their placement has disrupted or is at risk of disruption. If a child contacts the help line for assistance but the child is already receiving post-release services, ORRNCC staff alerts ORR that the child is in need of assistance.

All reports made to the ORRNCC must be documented and reported in accordance with mandatory reporting laws, State licensing requirements, Federal laws and regulations, and ORR policies and procedures. ORRNCC is required to report concerns about the children’s safety and well-being to appropriate investigative agencies, as applicable. ORRNCC must also notify ORR of immediate dangers to a released child’s safety and well-being.

Posted 7/12/16

Footnotes

1. The ORR National Call Center also has other functions including providing confirmation to a child’s family that he/she is in ORR custody (See Section **1.5.1 ORR National Call Center** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.5.1>)) and assisting potential sponsors in beginning the safe and timely release process (See Section **2.2.3 The Application for Release** (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.2.3>)).

<Back (<https://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-5>)

OFFICE OF REFUGEE RESETTLEMENT

An Office of the Administration for Children & Families

Children Entering the United States Unaccompanied: Section 7 Policies for Influx Care Facilities

Published: September 18, 2019

Categories: Unaccompanied Children's Services

ORR modified its policies regarding influx care facilities to recognize language adopted as part of the bipartisan Emergency Supplemental Appropriations for Humanitarian Assistance and Security at the Southern Border Act, 2019, Pub. L. 116-26 (July 1, 2019). These revised policies are intended to recognize the expectations of the U.S. House of Representatives leadership with respect to a 90-day length of stay for minors placed in influx care facilities (with some exceptions, such as for cases where a minor is soon to be reunified). See generally <https://www.speaker.gov/newsroom/7219-2> (<https://www.speaker.gov/newsroom/7219-2>). These standards are intended to build upon and further protect minors placed in Influx Care Facilities. These standards are not intended to expand placement criteria for children who may be placed into such a facility. These policies replace section 1.7 of the prior ORR Policy Guide. The provisions related to services apply to the contract or grant terms and conditions of ORR's non-State licensed Influx Care Facilities.

Posted 9/18/19

Section 7.1 Overview

As noted in **Section 1.3.5** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.3.5>), ORR may experience periods of **influx** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Influx>), in which the number of unaccompanied alien children (UAC) entering the United States exceeds the standard capabilities of ORR to process referrals in a timely manner and designate placements with existing resources. Annually, ORR reviews contingency plans based on actual and anticipated UAC referral numbers to monitor available resources in light of expected needs.

During an influx, ORR may not have sufficient bed space available within its licensed care provider network to place UAC. In this situation, ORR arranges for the use of **influx care facilities** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Influx%20Care%20Facility>) to provide supplemental bed capacity.

An influx care facility is a type of care provider facility that opens temporarily to provide emergency shelter and services for UAC during an influx or emergency. Influx care facilities are not secure facilities.

Because of the emergency nature of influx care facilities, they may not be licensed or may be exempted from licensing requirements by State and/or local licensing agencies. Influx care facilities may also be operated on Federally-owned or leased properties, in which case, the facility may not be subject to State or local licensing standards. Influx care facilities may or may not be able to accept UAC placements directly from the U.S. Department of Homeland Security.

Posted 9/18/19

7.2 Placement into Influx Care Facilities

The following section covers placement criteria and describes when ORR activates and ceases placement at an influx care facility.

Posted 9/18/19

7.2.1 Criteria for Placement

UAC-designated placement into an unlicensed influx care facility must, to the extent feasible, meet the following criteria:

1. Is expected to be released to a sponsor within 30 days;
2. Is age 13 or older;

3. Speaks English or Spanish as his or her preferred language;
4. Does not have known special needs (including mental health or identified disabilities), behavioral health issues, medical issues, or dental issues that would be better served at an alternative care provider facility;
5. Is not a pregnant or parenting teen;
6. Would not have a diminution of legal services as a result of the transfer to an unlicensed facility; and/or
7. Is not a danger to self or others (including not having been charged with or convicted of a criminal offense).

Additional considerations for initial placement or transfer into an unlicensed influx care facility include that the UAC:

- Not be part of a sibling group with a sibling(s) age 12 years or younger;
- Not be subject to a pending age determination (see **Section 1.6** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.6>));
- Not be involved in an active State licensing, child protective services, or law enforcement investigation, or an investigation resulting from a sexual abuse allegation reported in accordance with **Section 4.10** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.10>);
- Not have a pending home study (see **Section 2.4** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.4>));
- Not be turning 18 years old within 30 days of the transfer;
- Not be scheduled to be discharged in three days or less;
- Not have a current set docket date in immigration court or State/family court (juvenile included); not have a pending adjustment of legal status; and not have an attorney of record;
- Be medically cleared and vaccinated as required by the influx care facility (for instance, if the influx care facility is on a U.S. Department of Defense site);
- Have a completed Medical Checklist for Influx Transfers; and
- Have no known mental health, dental, or medical issues, including contagious diseases requiring additional evaluation, treatment, or monitoring by a healthcare provider.

If ORR becomes aware that a child does not meet the seven criteria (in 1-7 above) after placement into an influx care facility, ORR will transfer the UAC to the least restrictive setting appropriate for the child's needs as expeditiously as possible.

ORR prioritizes transferring children who do not meet such criteria to other ORR State-licensed facilities, ahead of ordinary referrals from U.S. Customs and Border Patrol. An ordinary placement is a placement where special considerations – such as considerations for pregnant or parenting teens, or teens with special needs – are not present.

Posted 9/18/19

7.2.2 Operational Capacity

ORR may activate and open an influx care facility when ORR's operational capacity is at or exceeds 85 percent for a period of three days. (*Operational capacity* refers to the net bed capacity of ORR's State-licensed shelters and transitional foster care programs. See **Section 7.2.1**.)

ORR ceases UAC placements at an influx care facility if operational capacity drops below 85 percent for a period of at least seven consecutive days.

ORR provides for the orderly transfer of UAC from an influx care facility provided operational capacity is below 75 percent and the transfer of UAC from influx care facilities into ORR's licensed permanent network does not raise operational capacity above 75 percent.

Posted 9/18/19

7.3 Transfers during an Influx

Except as specified below, ORR transfers or discharges UAC from an influx care facility within 90 days of admission into the facility. The day of admission and the day of discharge or transfer will count as part of the 90 days. UAC approaching 90 days should receive priority for transfers to State-licensed, permanent facilities. If a child is not transferred from an influx care facility after 90 days, the case manager documents the reason for not transferring the child, and then documents, on a weekly basis, the reason(s) why the child has not been transferred until the child is transferred or discharged.

ORR does not transfer a UAC from an influx care facility if:

- The UAC is approaching the 90-day mark, but is likely to be released to a sponsor in less than 30 days;
- There is no available bed in a State-licensed, permanent facility appropriate for the UAC;

- The UAC and the child's parent or legal guardian objects to the child's transfer to a licensed facility; or
- The child has, or was exposed to, an infectious disease of public health concern, and based on a medical professional's assessment, should not be transferred during the recommended isolation or quarantine period in order to reduce transmission of disease and protect public health.

ORR may consider delaying transfer if:

- State or local law enforcement requests the child not be transferred if doing so would prevent law enforcement or other State or local government officials from interviewing the child or securing the child's presence for a judicial or administrative hearing, as part of a lawful investigation;
- The child is not physically placed at the influx care facility, but in an out-of-network State-licensed facility; or
- The UAC's attorney of record requests that the child not be transferred, and the child agrees.

Posted 9/18/19

7.4 Influx Care Facility Admissions and Orientation

As expeditiously as possible, but within four hours of an UAC's placement into an influx care facility, the provider will:

- Admit the child to the program in the ORR database;
- Offer the child a meal and/or snack;
- Offer the child an opportunity to shower, provide lice treatment if indicated, and give clean clothing;
- Complete an inventory of the child's belongings and DHS paperwork; and
- Review and have the UAC sign the *Notice of Placement in an Influx Care Facility* form.

Within twenty-four hours of arrival, the influx care facility:

- Provides the UAC with all documents from the **Legal Resource Guide** (<https://www.acf.hhs.gov/orr/resource/unaccompanied-childrens-services#legal>);
- Explains rules and responsibilities, grievance procedures, and sexual abuse reporting procedures;
 - Rules and responsibilities
 - Grievance procedures
 - Sexual abuse reporting procedures.
- Provides the child with an orientation on topics related to sexual abuse and sexual harassment (see **Section 4.7** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-4#4.7>));
- Completes the Initial Intakes Assessment in the ORR database
- Contacts the child's family (following safety protocols) to notify them of the child's placement and determines if the child has a potential sponsor who resides in the United States;
- Informs the child's family about the application process for the safe and timely release of an UAC to a sponsor (see **Section 2.2.4** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-2#2.2.4>)); and
- Informs 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.

Posted 9/18/19

7.5 Influx Care Facility Required Services

Influx care facilities must comply, to the greatest extent possible, 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 to non-State licensed facilities.¹

Influx care facilities must deliver services in a manner that is sensitive to the age, culture, native language, and needs of each UAC. Influx care facilities must develop an **individual service plan** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-guide-to-terms#Individual%20Service%20Plan>) for the care of each child.

The influx care facility maintains records of case files and make regular reports to ORR. Influx care facilities must have accountability systems in place, which preserve the confidentiality of client information and protect the records from unauthorized use or disclosure.

Posted 9/18/19

7.5.1 Influx Care Facility Minimum Services

Influx care facilities must provide the following minimum services for each UAC in their 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, including pregnancy tests and comprehensive information about and access to medical reproductive health services and emergency contraception, and emergency health care services; a complete medical examination (including screenings for infectious diseases) within 48 hours of admission, excluding weekends and holidays, unless the UAC was recently examined at another ORR care provider facility; appropriate immunizations as recommended by the Advisory Committee on Immunization Practices' Child and Adolescent Immunization Schedule and approved by HHS' Centers for Disease Control and Prevention; administration of prescribed medication and special diets; appropriate mental health interventions when necessary.
3. An individualized needs assessment, which includes the various initial intake forms, collection of essential data relating to the identification and history of the child and his or her family, identification of the UAC's special needs including any specific problems which appear to require immediate intervention, an educational assessment and plan, and an assessment of family relationships and interaction with adults, peers and authority figures; a statement of religious preference and practice; an assessment of the UAC's personal goals, strengths and weaknesses; 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 connecting the child with family members.
4. Educational services appropriate to the UAC's level of development and communication skills in a structured classroom setting Monday through Friday, which concentrates primarily on the development of basic academic competencies, and secondarily on English Language Training. The educational program shall include instruction and educational and other reading materials in such languages as needed. Basic academic areas should include Science, Social Studies, Math, Reading, Writing and Physical Education. The program must provide UAC with appropriate reading materials in languages other than English for use during leisure time.
5. Activities according to a recreation and leisure time plan that include daily outdoor activity – weather permitting – with at least one hour per day of large muscle activity and one hour per day of structured leisure time activities (that should not include time spent watching television). Activities should be increased to a total of three hours on days when school is not in session.
6. At least one individual counseling session per week conducted by trained social work staff with the specific objective of reviewing the child's progress, establishing new short- term objectives, and addressing both the developmental and crisis-related needs of each child.
7. Group counseling sessions at least twice a week. Sessions are usually informal and take place with all UAC present. The sessions give new children the opportunity to get acquainted with 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 and other activities. The sessions allow staff and unaccompanied alien children 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 interpersonal skills which contribute to those abilities necessary to live independently and responsibly.
9. 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 child's choice.
11. Visitation and contact with family members (regardless of their immigration status), which is structured to encourage such visitation. The staff must respect the child's privacy while reasonably preventing the unauthorized release of the UAC.
12. A reasonable right to privacy, which includes the right to wear his or her own clothes when available, retain a private space in the residential facility, group or foster home for the storage of personal belongings, talk privately on the phone and visit privately with guests, as permitted by the house rules and regulations, receive and send uncensored mail unless there is a reasonable belief that the mail contains contraband.
13. 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 unaccompanied alien child.
14. 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. This information is included in the **Legal Resource Guide for Unaccompanied Alien Children** (<https://www.acf.hhs.gov/orr/resource/unaccompanied-childrens-services#legal>).

Posted 9/18/19

7.5.2 Influx Care Facility Medical Service

As part of contract or grant terms and conditions, ORR requires non-State licensed influx care facilities to follow and comply with **Section 3.4.** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-3#3.4>)

Influx care facilities may require children to be medically cleared and vaccinated prior to arrival at the facility. All children transferred into influx care facilities from other ORR care facilities must have a completed Medical Checklist for Influx Transfers.

Posted 9/18/19

7.6 Temporary Waivers for Influx Care Facilities

1. Initial Waiver

ORR may grant an initial waiver to an influx care facility from standards in Section **7.5.1 (5)-(8)**, or **(11)** and Section **7.7** if such standards are operationally infeasible, and the facility is activated for a period of less than six consecutive months.

2. Subsequent waivers after six months

ORR may grant a subsequent 60-day waiver for the contractor's or grantee's non-compliance if ORR determines such standards remain operationally infeasible. ORR does not grant more than four 60-day consecutive waivers to individual influx care facilities.

All influx care providers must provide emergency clinical services in the event a child requests to meet with a mental health care clinician or requires immediate clinical interventions.

Posted 9/18/19

7.6.1 Notifications to Congress of Waivers

ORR notifies Congress of any waivers made pursuant to Sections **7.6(2)** or **7.7**, including certification of a contractor or grantee's good faith efforts and progress towards compliance.

Posted 9/18/19

7.7 Influx Care Facility Staffing Levels

ORR requires non-State-licensed influx care facilities that are in operation for more than six consecutive months to maintain the following minimum staff ratios standards:

- One (1) on-duty Youth Care Worker for every eight (8) children or youth during waking hours; and
- One (1) on-duty Youth Care Worker for every sixteen (16) children or youth during sleeping hours²
(<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-4#foot2>)
- The same clinician- and mental health staff-to-children ratio as required in standard ORR cooperative agreements or contracts for State-licensed facilities.

To the extent practicable, ORR may grant a 60-day waiver for contractors or grantee's non-compliance with this section. ORR is prohibited from granting more than four consecutive waivers.

Posted 9/18/19

7.8 Influx Care Facility Federal Staffing Plan

ORR identifies Federal staff to deploy to each influx care facility on federally leased or owned property to oversee the implementation of all policies and procedures while children are placed and cared for at each location.

Posted 9/18/19

7.9 Requests to Visit Influx Care Facilities

ORR applies the same policies included in **Section 5.1** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.1>) and **5.2** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.2>). All visitors and potential visitors must comply with the requirements of those sections.

Posted 9/18/19

7.10 Influx Care Facility Monitoring

For any unlicensed influx care facility in operation for more than three consecutive months, ORR will conduct a minimum of one comprehensive monitoring visit during the first three months of operation, with quarterly monitoring visits thereafter. The comprehensive

monitoring visit taking place within the first three months of operation includes all the monitoring activities outlined in **Section 5.5.1** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.5.1>).

All influx care facilities are required to comply with **Section 5.5.1** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.5.1>), **Section 5.5.2** (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.5.2>), and **Section 5.5.5**. (<https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied-section-5#5.5.5>)

Posted 9/18/19

7.11 Agreements with Federal, State, and/or Local Security Providers

ORR enters into agreements with Federal, State, and/or local security providers or law enforcement entities to protect life and property and investigate crimes, within the confines of influx care facilities.

Posted 9/18/19

Footnotes

1. It is likely that many such laws would not be applicable, either because the UAC are in Federal and not State legal custody; or because the State or local government officials lack jurisdiction. In such cases, ORR may include in contract or grant terms and conditions state or local zoning or fire codes, in accordance with Federal requirements, including use of fire, life, and safety inspections and food safety inspections.

Last Reviewed: September 18, 2019