



## Toolkit: Insights From OIG's Work on the Office of Refugee Resettlement's Efforts To Care for Unaccompanied Children

This toolkit compiles insights from the Office of Inspector General's (OIG's) oversight of the Unaccompanied Children Program. The insights provided are largely drawn from the findings, recommendations, and conclusions in OIG's body of work conducted since 2008, including reports that were issued following site visits at 45 facilities during the 2018 surge of children entering the Unaccompanied Children Program.

The insights provided in this toolkit focus on three priority areas: (1) ensuring that the Department of Health and Human Services (HHS) is prepared to take unaccompanied children into custody as they are transferred from immigration officials; (2) protecting children in HHS custody from harm; and (3) addressing children's medical and mental health needs. A complete list of OIG's public reports on the Unaccompanied Children Program is included on pages 8 and 9 of this toolkit. Details about OIG's ongoing oversight are available in our [Work Plan](#).

The number of unaccompanied children apprehended at the U.S. border has surged during the first months of 2021, as it has many times over the last decade. In order to respond to the 2021 surge, HHS has added capacity at State-licensed facilities and has opened new influx care facilities and emergency intake sites—two types of facilities that are not required to be State-licensed. Because these new facilities are established quickly and may have staff with limited training, they can benefit from additional focus and oversight. This toolkit outlines consequential actions that HHS program officials and facility administrators can take to ensure the health and safety of children in care, especially children at these new facilities. This toolkit contains information that may be relevant for other policymakers as well.

OIG has identified numerous aspects of the Unaccompanied Children Program that require attention, but a few key items warrant highlighting. Given the increase in the number of children in HHS custody, immediate actions that the Office of Refugee Resettlement (ORR)—the office within HHS's Administration for Children and Families that administers the program—can take to ensure children's health and safety include:

- Coordinating with local and Federal law enforcement agencies when opening new facilities that are not State-licensed in order to identify the entities that will provide emergency response services.
- Maintaining the significant incident reporting system and ensuring that facility staff have clear training on how to effectively report safety incidents.
- Ensuring that facilities meet requirements for pre-employment background screenings, including conducting timely background checks for new employees.
- Taking all reasonable steps to minimize the time that children remain in ORR custody by efficiently and effectively vetting potential sponsors.

## Background

Surges of unaccompanied children at the U.S. border—such as the current surge—present several urgent challenges that ORR must address, including adding additional bed capacity and hiring new facility staff while ensuring the health and safety of unaccompanied children in HHS custody.

In fiscal year (FY) 2019, HHS received the highest recorded number of unaccompanied children from the Department of Homeland Security (DHS)—a total of 69,488 for the year. In FY 2020, this number of referrals fell to 15,381; the low number followed a U.S. policy—implemented in March 2020—to close the border to prevent entry by certain noncitizens during the COVID-19 pandemic. Following a court injunction and a change in policy, referrals of unaccompanied children to HHS began to increase. In April 2021, DHS referred 19,154 children to HHS, an increase from 1,530 referrals in October 2020, the first month of FY 2021. The cumulative total of referrals in FY 2021 (as of May 13, 2021) was 56,459 children, as shown in Exhibit 1.

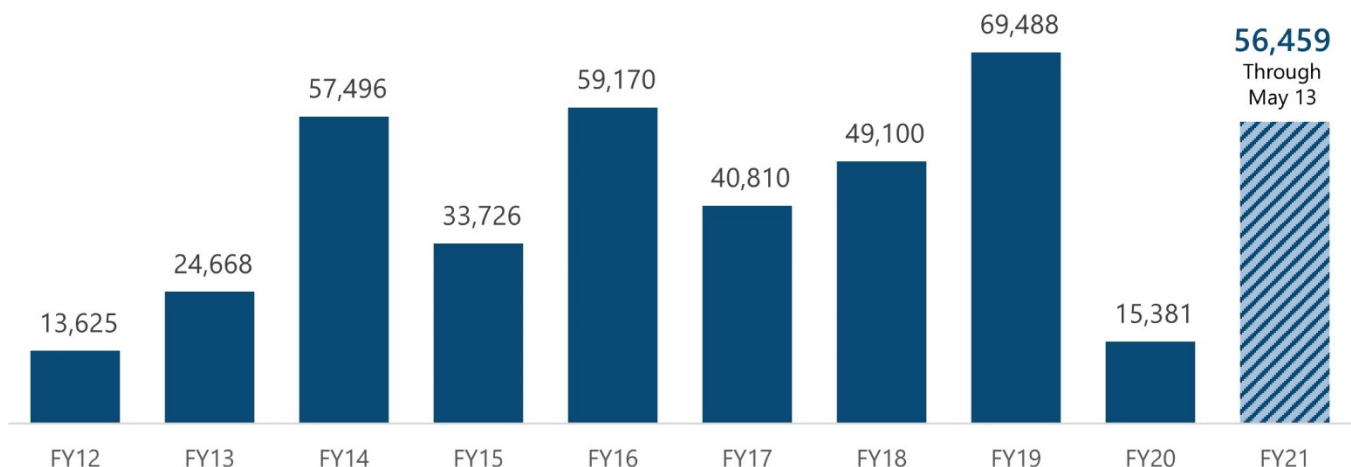
### About Unaccompanied Children

Unaccompanied children are children under the age of 18 who have no lawful immigration status in the United States and who have no parent or legal guardian in this country available to assume physical custody and provide care for them. Most unaccompanied children come into HHS custody because they are apprehended by border patrol officers with DHS. DHS must refer unaccompanied children to HHS within 72 hours unless there are exceptional circumstances.

The Unaccompanied Children Program, a program office within ORR, funds a network of facilities that provide care to unaccompanied children, generally until suitable sponsors in the United States can assume custody.

### Exhibit 1: The number of unaccompanied children referred to HHS in FY 2021 reached 56,459 on May 13, 2021, and has already exceeded referrals from 6 of the last 9 fiscal years.

Referrals in FY 2020 were the lowest since FY 2012 because of the border action during the COVID-19 pandemic.



Source: OIG analysis of HHS data on referrals from DHS, 2021.

Note: Data for FY 2021 is from October 1, 2020, through May 13, 2021. FY 2021 will end on September 30, 2021.

In response to the increasing number of referrals, ORR had added (as of April 7, 2021) 15 emergency intake sites and 2 influx care facilities. Emergency intake sites and influx care facilities open temporarily to provide emergency shelter and services for unaccompanied children. Unlike permanent facilities, emergency intake sites and influx care facilities are temporary and are therefore not required to be State-licensed. Emergency intake sites provide only basic services (e.g., food and clothing) to children before they are transferred to a permanent shelter facility or released to sponsors. Influx care facilities generally provide the same services as permanent ORR-funded shelter facilities. On April 8, 2021, 46 percent of the children in HHS custody resided in emergency intake sites and 6.5 percent in influx care facilities.

# INSIGHTS

## Preparing to take unaccompanied children into HHS custody

### Coordinating transfers and interagency communication

- To ensure the timely, seamless transfer of children from DHS to HHS, formal interagency agreements between HHS and DHS must provide clarity on each department's roles and responsibilities. The agreements should include requirements for the transport, transfer, custody, and care of unaccompanied children, as well as structures for resolving issues and sharing information. ([OEI-09-16-00260](#), [OEI-07-06-00290](#))
- Effective HHS agreements with DHS and the Department of Justice can help to ensure that ORR receives all necessary information pertinent to its ability to provide care for unaccompanied children. ([OEI-BL-18-00510](#))

### Planning for sufficient bed capacity

- Comprehensive and coordinated planning to maintain sufficient bed capacity can prepare ORR for surges in referrals of children from DHS and is critical to ensure that children can be transferred to ORR facilities within the 72-hour legal limit. ([OEI-BL-18-00510](#))
- Maintaining adequate bed capacity in specialized facilities—such as facilities that provide higher levels of security or mental health care—can help prevent safety issues from occurring in nonspecialized shelter facilities by ensuring that children who need a higher level of care can be transferred to specialized facilities. ([OEI-09-18-00431](#))
- Effective oversight of the Unaccompanied Children Program should include planning for population shifts that result from seasonal and policy changes. ([OEI-BL-18-00510](#), [A-12-20-20001](#))

### Managing influx care facilities and emergency intake facilities

- Better projections of bed capacity based on historical referral data and information from other Federal departments can help ORR do the following: respond to surges; ensure that influx care facilities have beds and staff in place; and maintain sufficient capacity. ([A-12-20-20001](#), [OEI-BL-18-00510](#))
- When ORR opens new facilities that are not State-licensed, two actions that it can take to help avoid placing children at risk are (1) ensuring that facilities receive background check results for staff prior to hiring them and (2) limiting the extent to which waivers are allowed for the background check requirements. ([A-12-19-20001](#), [A-12-19-20000](#))
- Working with local and other law enforcement to address jurisdiction issues prior to opening facilities that are not State-licensed can help clarify which law enforcement agency responds to child safety incidents. (OIG law enforcement experts)

## Protecting children from harm

### Hiring, screening, and retaining facility employees

- Two actions that can help protect children are (1) ORR's ensuring that pre-employment background screenings meet minimum requirements for background checks—including FBI fingerprint checks and child abuse and neglect checks—and (2) facilities' noting proper documentation in employee personnel files. ([A-12-19-20000](#), [A-12-19-20001](#))
- Conducting timely background checks and ensuring that facility employees do not have direct access to children while checks are pending can help to ensure child safety. ([A-12-19-20001](#))
- Maintaining a sufficient number of facility staff—particularly youth care workers and mental health clinicians—to meet ORR-mandated staff-to-child ratios can help to ensure the health and safety of children in facilities. Additionally, ORR should work with facilities to maintain a sufficient number of youth care workers because they are key to preventing, detecting, and reporting safety incidents. ([OEI-09-16-00260](#), [A-12-19-20000](#), [A-12-19-20001](#), [OEI-09-18-00430](#))
- Technical assistance from ORR to facilities that addresses the topics of recruiting and retaining qualified staff; stress management; and other staffing issues can help ensure that facility staff can respond to children's health and safety needs. ([OEI-09-16-00260](#), [OEI-09-18-00431](#))

### Ensuring facility safety and security

- Proactive safety and security planning at facilities can help prevent potential child safety incidents, especially at temporary facilities. ([OEI-05-19-00210](#))
- Facilities benefit from clear and specific guidance from ORR regarding safety checklists and physical security requirements. This helps the facilities to understand, meet, and properly document security and safety requirements. ([OEI-05-19-00210](#), [A-02-16-02007](#), [A-06-17-07005](#))
- Periodic reviews of a facility's physical security checklist by ORR help to protect children from potential harm and enable ORR to provide guidance on facility-level safety. ([OEI-05-19-00210](#))
- Facility compliance with State licensing-agency requirements (e.g., requirements regarding fire safety, facility cleanliness, securing hazardous materials, maintaining first-aid supplies, etc.) is critical to ensuring a safe living environment for children. ([A-06-17-07005](#), [A-02-16-02007](#), [A-02-16-02013](#), [A-06-17-07007](#))

### Reporting and tracking significant incidents

- Maintaining a significant incident reporting system that captures necessary information—such as a facility's response to a safety incident—in an easy-to-analyze manner enables ORR to provide efficient and effective oversight and proactively spot trends in incident reports, in order to identify opportunities to better safeguard minors. ([OEI-09-18-00430](#))

- When facility employees have clear training and specific guidance on reporting safety incidents, and when they effectively report safety incidents through a robust reporting system, ORR can ensure that it has insights into specific safety incidents happening at facilities and can ensure appropriate followup action to protect children. ([OEI-09-18-00430](#))

## Coordinating with law enforcement

- When ORR opens a new facility that is not State-licensed, early coordination with local and Federal law enforcement agencies can help to prevent safety and security issues at the facility and ensure adequate emergency response and necessary investigative support. (OIG law enforcement experts)
- Followup calls from ORR and its grantees to a child’s family after the child’s release to a sponsor allow ORR to identify and report serious safety concerns to law enforcement and child protective services, where appropriate. ([OEI-09-16-00260](#))
- Alerting the public and prospective sponsors to fraud schemes involving unaccompanied children can help to protect vulnerable families from bad actors. ([OIG Fraud Alert: Scheme Targeting Families of Unaccompanied Children](#))

## Screening potential sponsors and supporting family reunification

- Efficiently identifying and vetting potential sponsors shortens the time that children remain in ORR custody and can help to prevent unnecessarily long stays that may worsen mental health issues for children in care. ([OEI-09-18-00431](#))
- ORR’s maintenance of centralized data systems that contain accurate, reliable, and consistent data about whether unaccompanied children were separated from family members, and information about those family members, helps with reunification efforts. ([OEI-BL-18-00510](#))
- Reconciling and verifying data between facility and ORR data systems can support reunification efforts. ([A-06-17-07005](#), [A-06-17-07007](#))
- Communicating ORR operational guidance and policy changes quickly and accurately, in a searchable location with clear issuance and effective dates, ensures that facility staff can easily find current guidance on practices for sponsor screening and other policies. ([OEI-BL-18-00510](#))
- Contacting unaccompanied children after they have been released to sponsors can help connect children and their sponsors to post-release services such as locating legal representation, enrolling children in school, and obtaining health care. ([OEI-09-16-00260](#))

# Addressing children’s medical and mental health

## Preventing infectious disease

- Ensuring that facilities are able to quarantine children who test positive for COVID-19—or any other communicable disease—protects the health and safety of children and facility employees. ([A-04-20-02031](#))
- Establishing clear policies and procedures on addressing communicable diseases can help protect children’s health, especially during a pandemic. ([A-04-20-02031](#))
- Expanding access to telehealth services allows children to receive care while mitigating the risk of potential infection. ([A-04-20-02031](#))

## Providing medical and mental health services

- Conducting thorough intake assessments when children enter facilities is critical to help identify immediate medical or mental health concerns; current medications; and any concerns about the child’s personal safety. ([A-03-16-00250](#))
- Completing medical exams within the required time and maintaining case files with complete documentation are steps that facilities can take to help ensure that children receive necessary services. ([A-03-16-00250](#), [A-06-17-07005](#), [OEI-07-06-00290](#))
- Promptly addressing children’s mental health needs is essential—not only to stabilize each child in crisis, but also to minimize the risk that the child may negatively influence or harm others. ([OEI-09-18-00431](#))
- Telehealth capability can help facilities fill gaps in providing medical and mental health care and help ensure that children receive timely assessments and services. ([OEI-09-18-00431](#), [A-04-20-02031](#))
- Ensuring that facilities have enough mental health clinicians to maintain the ORR-mandated ratio of mental health clinicians to children can enable staff to devote more attention to children’s needs. ([OEI-09-18-00431](#), [A-12-19-20001](#))
- Because the level of trauma that many unaccompanied children experience is greater than what many mental health clinicians would typically encounter in other settings, more training in facilities is an important supplement for mental health clinicians. ([OEI-09-18-00431](#))

# OIG Oversight of the Unaccompanied Children Program

| OIG oversight of the Unaccompanied Children Program   | Month of Publication | Report number   |
|---|----------------------|-----------------|
| <b>Preparing to take unaccompanied children into HHS custody</b>  |                      |                 |
| <a href="#">The Office of Refugee Resettlement Did Not Award and Manage the Homestead Influx Care Facility Contracts in Accordance With Federal Requirements</a>                        | December 2020        | A-12-20-20001   |
| <a href="#">Communication and Management Challenges Impeded HHS's Response to the Zero-Tolerance Policy</a>   | March 2020           | OEI-BL-18-00510 |
| <a href="#">Unaccompanied Alien Children Care Provider Facilities Generally Conducted Required Background Checks but Faced Challenges in Hiring, Screening, and Retaining Employees</a> | September 2019       | A-12-19-20001   |
| <a href="#">The Tornillo Influx Care Facility: Concerns About Staff Background Checks and Number of Clinicians on Staff</a>   | November 2018        | A-12-19-20000   |
| <a href="#">HHS's Office of Refugee Resettlement Improved Coordination and Outreach To Promote the Safety and Well-Being of Unaccompanied Alien Children</a>                            | July 2017            | OEI-09-16-00260 |
| <a href="#">Division of Unaccompanied Children's Services: Efforts To Serve Children</a>  | March 2008           | OEI-07-06-00290 |
| <b>Protecting children from harm</b>  |                      |                 |
| <a href="#">The Office of Refugee Resettlement's Incident Reporting System Is Not Effectively Capturing Data To Assist Its Efforts To Ensure the Safety of Minors in HHS Custody</a>    | June 2020            | OEI-09-18-00430 |
| <a href="#">Unaccompanied Alien Children Program Care Provider Facilities Do Not Include All Required Security Measures in Their Checklists</a>   | June 2020            | OEI-05-19-00210 |
| <a href="#">Southwest Key Programs Did Not Always Comply With Health and Safety Requirements For The Unaccompanied Alien Children Program</a>   | August 2019          | A-06-17-07005   |
| <a href="#">The Children's Village, Inc., an Administration for Children and Families Grantee, Did Not Always Comply with Applicable Federal and State Policies and Requirements</a>    | April 2019           | A-02-16-02013   |
| <a href="#">Lincoln Hall Boys' Haven, an Administration for Children and Families Grantee, Did Not Always Comply With Applicable Federal and State Policies and Requirements</a>        | February 2019        | A-02-16-02007   |
| <a href="#">BCFS Health and Human Services Did Not Always Comply With Federal and State Requirements Related to the Health and Safety of Unaccompanied Alien Children</a>               | December 2018        | A-06-17-07007   |



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|---|----------------------|-----------------|
| <b>Addressing children’s medical and mental health</b>  |                      |                 |
| <a href="#">Office of Refugee Resettlement Ensured That Selected Care Providers Were Prepared To Respond to the COVID-19 Pandemic</a>   | November 2020        | A-04-20-02031   |
| <a href="#">Youth For Tomorrow - New Life Center, Inc., an Administration for Children and Families Grantee, Did Not Comply With All Applicable Federal Policies and Requirements</a> | September 2020       | A-03-16-00250   |
| <a href="#">Care Provider Facilities Described Challenges Addressing Mental Health Needs of Children in HHS Custody</a>   | September 2019       | OEI-09-18-00431 |
| <b>Other reports</b>  |                      |                 |
| <a href="#">Southwest Key Programs Failed To Protect Federal Funds Intended for the Care and Placement of Unaccompanied Alien Children</a>  | September 2020       | A-06-17-07004   |
| <a href="#">Southwest Key Did Not Have Adequate Controls in Place To Secure Personally Identifiable Information Under the Unaccompanied Alien Children Program</a>                    | August 2019          | A-18-18-06001   |
| <a href="#">Separated Children Placed in Office of Refugee Resettlement Care</a>  | January 2019         | OEI-BL-18-00511 |
| <a href="#">Florence Crittenton Services of Orange County, Inc., Did Not Always Claim Expenditures in Accordance With Federal Requirements</a>  | October 2018         | A-09-17-01002   |
| <a href="#">Heartland Human Care Services, Inc., Generally Met Safety Standards, but Claimed Unallowable Rental Costs</a>   | September 2018       | A-05-16-00038   |
| <a href="#">Florence Crittenton Services of Orange County, Inc., Did Not Always Meet Applicable Safety Standards Related to Unaccompanied Alien Children</a>                          | June 2018            | A-09-16-01005   |
| <a href="#">BCFS Health and Human Services Did Not Always Comply With Federal Requirements Related to Less-Than-Arm's-Length Leases</a>   | February 2018        | A-06-16-07007   |
| <a href="#">Office of Refugee Resettlement Unaccompanied Alien Children Grantee Review—His House</a>  | December 2017        | A-04-16-03566   |

# APPENDIX

## Standards

OIG conducted the audits referenced in this toolkit in accordance with the *Generally Accepted Government Auditing Standards* issued by the U.S. Government Accountability Office and conducted the evaluations in accordance with the *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency.

## Contact

To obtain additional information concerning this report, contact the Office of Public Affairs at [Public.Affairs@oig.hhs.gov](mailto:Public.Affairs@oig.hhs.gov). OIG reports and other information can be found on the OIG website at [oig.hhs.gov](http://oig.hhs.gov).

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