

1 CENTER FOR HUMAN RIGHTS & CONSTITUTIONAL LAW  
2 Carlos R. Holguín (Cal. Bar No. 90754)  
256 South Occidental Boulevard  
3 Los Angeles, CA 90057  
4 Telephone: (213) 388-8693  
5 Email: crholguin@centerforhumanrights.email

6 NATIONAL CENTER FOR YOUTH LAW  
7 Leecia Welch (Cal. Bar No. 208741)  
8 Neha Desai (Cal. RLSA No. 803161)  
9 Mishan Wroe (Cal. Bar No. 299296)  
10 Melissa Adamson (Cal. Bar No. 319201)  
11 Diane de Gramont (Cal. Bar No. 324360)  
12 1212 Broadway, Suite 600 Oakland, CA 94612  
13 Telephone: (510) 835-8098  
14 Email: lwelch@youthlaw.org

13 UNITED STATES DISTRICT COURT  
14 CENTRAL DISTRICT OF CALIFORNIA  
15 WESTERN DIVISION  
16

17 JENNY LISETTE FLORES, *et al.*,

18 Plaintiffs,

19 v.

20 MERRICK GARLAND, Attorney General  
21 the United States, *et al.*,

22 Defendants.  
23  
24

No. CV 85-4544-DMG-AGR<sub>x</sub>

NOTICE OF MOTION AND MOTION TO  
ENFORCE SETTLEMENT RE EMERGENCY  
INTAKE SITES

Hearing: Sept. 10, 2021  
Time: 9:30 a.m.  
Hon. Dolly M. Gee

25  
26  
27  
28

1 To Defendants and their attorneys of record:

2 Please take notice that on September 10, 2021, at 9:30 a.m. or as soon  
3 thereafter as counsel may be heard, Plaintiffs will and do hereby move the Court  
4 for a class-wide order requiring Defendants to cure breaches of the settlement  
5 approved by this Court on January 28, 1997 (“Settlement”), as described in the  
6 accompanying memorandum of law.

7 This motion is based upon the memorandum of law and exhibits filed  
8 concurrently herewith, and all other matters of record; it is brought following  
9 several meetings of counsel pursuant to Local Rule 7-3 and ¶ 37 of the Settlement,  
10 most recently on July 30, 2021.

11  
12 Dated: August 9, 2021

CENTER FOR HUMAN RIGHTS AND  
CONSTITUTIONAL LAW  
Carlos R. Holguín

NATIONAL CENTER FOR YOUTH LAW  
Leecia Welch  
Neha Desai  
Mishan Wroe  
Melissa Adamson  
Diane de Gramont

19  
20  
21 */s/ Leecia Welch* \_\_\_\_\_  
Leecia Welch  
22 *One of the Attorneys for Plaintiffs*

23  
24  
25  
26  
27  
28

1 CENTER FOR HUMAN RIGHTS & CONSTITUTIONAL LAW  
2 Carlos R. Holguín (90754)  
3 256 South Occidental Boulevard  
4 Los Angeles, CA 90057  
5 Telephone: (213) 388-8693  
6 Email: crholguin@centerforhumanrights.email

7 *Attorneys for Plaintiffs*

8 *Additional counsel listed on following page*

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA  
WESTERN DIVISION

JENNY LISETTE FLORES, *et al.*,

Plaintiffs,

v.

MERRICK GARLAND, Attorney General  
the United States, *et al.*,

Defendants.

No. CV 85-4544-DMG-AGR<sub>x</sub>

MEMORANDUM IN SUPPORT OF  
MOTION TO ENFORCE SETTLEMENT  
RE EMERGENCY INTAKE SITES

Hearing: September 10, 2021

Time: 9:30 a.m.

Hon. Dolly M. Gee

1 NATIONAL CENTER FOR YOUTH LAW  
2 Leecia Welch (Cal. Bar No. 208741)  
3 Neha Desai (Cal. RLSA No. 803161)  
4 Mishan Wroe (Cal. Bar No. 299296)  
5 Melissa Adamson (Cal. Bar No. 319201)  
6 Diane de Gramont (Cal. Bar No. 324360)  
7 1212 Broadway, Suite 600 Oakland, CA 94612  
8 Telephone: (510) 835-8098  
9 Email: lwelch@youthlaw.org  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

## TABLE OF CONTENTS

- I. INTRODUCTION..... 1
- II. STATEMENT OF FACTS..... 5
  - A. The Fort Bliss and Pecos EISs Are Inherently Unsafe and Inappropriate Placements for Children. .... 5
    - 1. Children at the Fort Bliss and Pecos EISs Receive Wholly Inadequate Recreation and Education..... 6
    - 2. Children at the Fort Bliss and Pecos EISs Live in Unsanitary Conditions and Lack Privacy. .... 8
    - 3. Children’s Health Has Been Jeopardized at the Fort Bliss and Pecos EISs Due to Undercooked, Insufficient, and Inedible Food..... 9
    - 4. Staff at Some EISs, Including Fort Bliss and Pecos, Lack Necessary Qualifications and Provide Inadequate Care. .... 9
    - 5. EIS Standards Are Inadequate to Protect Children’s Mental Health. .. 10
  - B. Especially Vulnerable Children Are Inappropriately Placed at EISs..... 11
  - C. EISs Lack Sufficient Case Management to Promptly Release Children or Identify Children for Transfer to Licensed Facilities..... 14
  - D. ORR is Detaining Hundreds of Children for Extended Periods in Unlicensed and Unregulated EISs Designed for Short-Term Use. .... 17
  - E. ORR is Not Fully Utilizing its Licensed Bed Capacity. .... 18
- III. PROLONGED DETENTION OF CHILDREN AT EMERGENCY INTAKE SITES VIOLATES THE SETTLEMENT. .... 19
  - A. ORR Fails to Place Children in Non-Secure, Licensed Facilities “as Expeditiously as Possible”. .... 20
  - B. ORR Fails to Make “Prompt and Continuous” Efforts Toward the Release of Class Members “Without Unnecessary Delay”. .... 22
  - C. EISs are Inconsistent with the Settlement’s Requirement that Children be Held in Facilities that are Appropriate to their Age, Special Needs, and Particular Vulnerability. .... 23
  - D. Prolonged Detention at the Fort Bliss and Pecos EISs Causes Irreparable Harm to Children..... 24
- IV. CONCLUSION ..... 25

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**TABLE OF AUTHORITIES**

**Cases**

*Adams v. Johns-Manville Corp.*, 876 F.2d 702 (9th Cir. 1989) .....20

*Dacanay v. Mendoza*, 573 F.2d 1075 (9th Cir. 1978).....20

*Flores v. Johnson*, 212 F. Supp. 3d 864 (C.D. Cal. 2015) .....20

*Flores v. Lynch*, 212 F. Supp. 3d 907 (C.D. Cal. 2015).....20

*Kokkonen v. Guardian Life Ins. Co. of Am.*, 511 U.S. 375 (1994).....20

Order re Pls.’ Mot to Enforce Settlement of Class Action and Defs.’ Mot. to Amend Settlement Agreement, July 24, 2015 [Doc. # 177] .....22

Order re Pls.’ Mot. To Enforce Settlement as to “Title 42” Class Members, Sept. 4, 2020 [Doc. # 976].....20, 21, 23, 24

Order re. Defs.’ *Ex Parte* Application to Stay, Sept. 21, 2020 [Doc. # 990] .....20, 23

**Other Authorities**

Camilo Montoya-Galvez, *Migrant children in U.S. tent camp faced depression and filthy conditions, whistleblowers say*, CBS NEWS (JULY 28, 2021), <https://www.cbsnews.com/news/immigration-fort-bliss-migrant-children-whistleblower-complaint/> .....6

Government Accountability Project, *Second Protected Whistleblower Disclosures of Gross Mismanagement by the Department of Health and Human Services at Fort Bliss, Texas Causing Specific Dangers to Public Health and Safety*, July 28, 2021, <https://whistleblower.org/wp-content/uploads/2021/07/072821-2nd-Fort-Bliss-Whistleblower-Disclosure-FINAL.pdf> .....2, 3

Julia Ainsley, *Whistleblowers allege poor care for migrant kids by contractor specializing in disaster cleanup*, NBC NEWS (July 7, 2021), <https://www.nbcnews.com/politics/immigration/whistleblowers-allege-poor-care-migrant-kids-contractor-specializing-disaster-cleanup-n1273124> .....6

*Long Beach Shelter For Migrant Children Closes After Reuniting 1,500 Children With Family Members, Sponsors*, CBS LOS ANGELES (July 23, 2021), <https://losangeles.cbslocal.com/2021/07/23/long-beach-shelter-for-migrant-children-closes-after-reuniting-1500-children-with-family-members-sponsors/>...5

Members of Congress Letter to HHS Secretary Becerra and Inspector General Grimm, August 4, 2021, [https://escobar.house.gov/uploadedfiles/8.4.21\\_letter\\_to\\_hhs\\_oig\\_ftbliss\\_eis.pdf](https://escobar.house.gov/uploadedfiles/8.4.21_letter_to_hhs_oig_ftbliss_eis.pdf) .....3

Office of Refugee Resettlement, *ORR Guide: Children Entering the United States Unaccompanied* § 1, <https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-1#I.2.2> ..... 19, 24

1 Office of Refugee Resettlement, *ORR Guide: Children Entering the United States*  
2 *Unaccompanied* § 2, [https://www.acf.hhs.gov/orr/policy-guidance/children-](https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-2#2.2.1)  
3 *entering-united-states-unaccompanied-section-2#2.2.1* ..... 18

4 Office of Refugee Resettlement, *ORR Guide: Children Entering the United States*  
5 *Unaccompanied* § 7, [https://www.acf.hhs.gov/orr/policy-guidance/children-](https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-7)  
6 *entering-united-states-unaccompanied-section-7* ..... 1, 11, 14, 24

7 Office of Refugee Resettlement, Unaccompanied Children’s Program Field  
8 Guidance (FG) Documents, [https://acf.hhs.gov/orr/policy-guidance/uc-program-](https://acf.hhs.gov/orr/policy-guidance/uc-program-field-guidance)  
9 *field-guidance* ..... 11, 17

10 ORR Field Guidance #13, Emergency Intake Sites (EIS) Instructions and  
11 Standards, April 30, 2021, [https://acf.hhs.gov/orr/policy-guidance/uc-program-](https://acf.hhs.gov/orr/policy-guidance/uc-program-field-guidance)  
12 *field-guidance* ..... passim

13 ORR Field Guidance #16, Clarification That the Individual Service Plan (ISP) and  
14 the UC Case Review Are Generally Not Required for Unaccompanied Children  
15 (UC) Placed at Emergency Intake Sites (EIS), May 18, 2021,  
16 <https://acf.hhs.gov/orr/policy-guidance/uc-program-field-guidance>..... passim

17 RAICES, *RAICES demands HHS Secretary Xavier Becerra, Democrats Shut Down*  
18 *Pecos*, August 6, 2021, [https://www.raicestexas.org/2021/08/06/shut-down-](https://www.raicestexas.org/2021/08/06/shut-down-pecos/)  
19 *pecos/* ..... 4

20 U.S. Dept. of Health & Human Servs., Admin. for Children & Families, Children’s  
21 Bureau, *A National Look at the Use of Congregate Care in Child Welfare* (May  
22 13, 2015), [https://www.courts.ca.gov/documents/BTB\\_23\\_4N\\_4.pdf](https://www.courts.ca.gov/documents/BTB_23_4N_4.pdf) ..... 24

23  
24  
25  
26  
27  
28

1           **I.       INTRODUCTION**

2           Since March 2021, the Department of Health and Human Services’ Office of  
3 Refugee Resettlement (“ORR”) has detained thousands of unaccompanied children  
4 in unlicensed detention facilities dubbed “emergency intake sites” (“EIS”).

5           ORR’s use of EISs is unprecedented: During past unexpected “influxes,”  
6 ORR detained children it could not accommodate in licensed facilities in “influx  
7 care facilities,” which, although not licensed to care for dependent children, were  
8 at least nominally required to meet minimum child welfare standards.<sup>1</sup>

9           Importantly, ORR policy provided—and still provides—that particularly  
10 vulnerable children—*i.e.*, children under 13 years of age, pregnant or parenting  
11 teens, and children who do not speak English or Spanish as their “preferred  
12 language,” among others—should not be detained in influx facilities but should  
13 rather be placed in licensed dependent care facilities. *Id.* at § 7.2.1.<sup>2</sup> ORR’s influx  
14 facility standards implicitly recognize that the conditions and treatment children  
15 experience during federal custody must at least meet *some* binding standards when  
16 there is no space for them in a properly licensed, dependent care facility.

17           EISs, in contrast, need not meet even those minimum standards ORR has  
18 determined necessary during prior influxes.<sup>3</sup> Rather, the agency has issued  
19 “guidance” positing EIS standards that are in crucial regards merely aspirational.  
20

---

21 <sup>1</sup> See Office of Refugee Resettlement, *ORR Guide: Children Entering the United*  
22 *States Unaccompanied*, § 7 (“ORR Policy Guide”),  
23 [https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-](https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-7)  
[unaccompanied-section-7](https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-7).

24 <sup>2</sup> When ORR becomes aware that a child detained in an influx facility should not  
25 be, its policy provides that it “will transfer the UAC to the least restrictive setting  
26 appropriate for the child’s needs as expeditiously as possible.” *Id.* at § 7.2.1.

27 <sup>3</sup> See ORR Field Guidance #13, Emergency Intake Sites (EIS) Instructions and  
28 Standards at 1, April 30, 2021 (“ORR Field Guidance #13”),  
<https://acf.hhs.gov/orr/policy-guidance/uc-program-field-guidance> (“EIS are not  
designed or intended to provide the full range of services available at traditional  
ORR care provider facilities or even Influx Care Facilities.”).

1 See, e.g., *id.* at 3–4 (“[T]o the extent practicable, EIS should seek to provide the  
2 following services: Case management services for safe and timely release; A  
3 reasonable access to privacy, . . . Educational services; and Daily  
4 Recreational/Leisure time . . .” (emphasis added)); *id.* at 4 (“EIS facilities provide  
5 access to emergency health care. Additional health services are *site specific* and  
6 *may* include a limited initial medical exam . . . .” (emphasis added)).

7 Predictably, several EISs, most notably the Fort Bliss and Pecos EISs, have  
8 become notorious for failing to provide vulnerable children even minimum safety,  
9 care, and conditions:

- 10 • On July 28, 2021, the Government Accountability Project filed a complaint  
11 on behalf of career federal civil servants detailed to the Fort Bliss EIS with  
12 first-hand knowledge of the conditions and treatment children experience  
13 there.<sup>4</sup> According to the complaint, “Filth was commonplace. According to  
14 one contractor: ‘I’ve been into one [tent], one time, and I was like, yeah, I’m  
15 not going back there. They’re filthy. They’re dirty. There’s food on the  
16 floor. There’s wet spots all over the place. The beds are dirty.” *Id.* at 9.  
17 “The Fort Bliss children did not and *could not trust that they were safe*, that  
18 their basic needs would be met, or that their sponsorship/placement cases  
19 were being timely processed. . . . COVID was widespread among children  
20 and eventually spread to many employees. *Hundreds of children contracted*  
21 *COVID in the overcrowded conditions*. Adequate masks were not  
22 consistently provided to children, nor was their use consistently enforced.  
23 Every effort was made to downplay the degree of COVID infection at the  
24 site, and the size of the outbreak was *deliberately kept under wraps*. . . .

---

25  
26 <sup>4</sup> See Government Accountability Project, *Second Protected Whistleblower*  
27 *Disclosures of Gross Mismanagement by the Department of Health and Human*  
28 *Services at Fort Bliss, Texas Causing Specific Dangers to Public Health and Safety*,  
July 28, 2021, <https://whistleblower.org/wp-content/uploads/2021/07/072821-2nd-Fort-Bliss-Whistleblower-Disclosure-FINAL.pdf>.

1 Major depression and depressive episodes were commonplace among the  
2 children.” *Id.* at 7 (emphasis added).

3 • On August 4, 2021, 33 members of Congress wrote “to express our immense  
4 concern and horror at the whistleblower allegations that surfaced over the  
5 weekend of sexual misconduct at the Fort Bliss Emergency Intake Site (EIS)  
6 in El Paso, Texas. Audio provided by whistleblowers appears to confirm  
7 that adult staff at Ft. Bliss had been caught in sexually inappropriate  
8 situations with minors in their care at least as recently as May 2021.”<sup>5</sup>

9 “After numerous attempts calling for change over several months, the [Fort  
10 Bliss] EIS remains *dangerously mismanaged.*” *Id.* (emphasis added).

11 • On August 6, 2021, the Refugee and Immigrant Center for Education and  
12 Legal Services (“RAICES”), the ORR-contracted legal services provider for  
13 children detained at the Pecos EIS, reported this about conditions children  
14 are now experiencing at Pecos: “The legal teams at RAICES have served  
15 tens of thousands of children in ORR care since 2012, but the reports we  
16 have received from both attorneys and clients on the conditions at Pecos are  
17 the worst we’ve ever observed. . . . Pecos holds almost 1500 unaccompanied  
18 migrant children between the ages of thirteen and seventeen *and the facility*  
19 *is expected to receive an influx of children as young as six years old* in the  
20 upcoming days. . . . [O]ur legal team has witnessed disturbing conditions  
21 that put the health and welfare of these children in harm’s way including  
22 food-related abdominal pain from *undercooked and spoiled food*, and  
23 children being *kept in cage-like rooms* for most of the day. In addition, we  
24 have had clients who *have not received proper medical attention* after  
25 breaking bones, and know of children who have *waited weeks in detention*

---

27 <sup>5</sup> Members of Congress Letter to HHS Secretary Becerra and Inspector General  
28 Grimm, August 4, 2021,  
[https://escobar.house.gov/uploadedfiles/8.4.21\\_letter\\_to\\_hhs\\_oig\\_ftbliss\\_eis.pdf](https://escobar.house.gov/uploadedfiles/8.4.21_letter_to_hhs_oig_ftbliss_eis.pdf).



1           *before they were able to speak to their attorney and sponsors.”*<sup>6</sup>

2           Sadly, during interviews with Plaintiffs’ counsel, children corroborated the  
3 foregoing accounts of deplorable conditions and treatment at the Pecos and Fort  
4 Bliss EISs. Yet ORR has continued to detain children at Fort Bliss and Pecos  
5 despite having hundreds of beds available at licensed facilities, the Carrizo Springs  
6 influx facility, and even at far better EISs, including the Pomona EIS.

7           Plaintiffs appreciate that the current number of children in ORR custody  
8 may require the use of EISs for some months more given Defendants’ myopic  
9 focus on building up the EIS system to the detriment of the licensed shelter system.  
10 Plaintiffs do not, at this time, ask that the Court order the immediate closure of  
11 EISs in light of the absence of adequate alternatives to care for the thousands of  
12 children currently placed in them. But that does not excuse the agency’s placing  
13 particularly vulnerable children at its worst EISs while licensed beds, influx beds,  
14 and even beds at better EISs, remain available. There are many vulnerable  
15 children at Fort Bliss and Pecos the Court can and should protect now, and  
16 Defendants must be held accountable for ensuring that EISs do not, by default,  
17 supplant the Settlement’s fundamental requirement that children be placed as  
18 expeditiously as possible in licensed dependent care programs. *See Exs. in*  
19 *Support of Motion to Enforce Settlement, February 3, 2015 [Doc. # 101], Ex. 1*  
20 *(“FSA”), ¶¶ 1, 10.*

21           Defendants have repeatedly sought to excuse their placement of particularly  
22 vulnerable children at Fort Bliss and Pecos EIS as resulting from staff shortages, a  
23 need for unfettered “flexibility” in placements and transfers, and, paradoxically, a  
24 desire to reserve licensed beds for particularly vulnerable children. Yet as the  
25 Court is aware, even under influx conditions, the Settlement obliges ORR to place  
26

---

27 <sup>6</sup> RAICES, *RAICES demands HHS Secretary Xavier Becerra, Democrats Shut*  
28 *Down Pecos*, August 6, 2021, <https://www.raicestexas.org/2021/08/06/shut-down-pecos/> (emphasis added).

1 class members in state-licensed dependent care facilities “as expeditiously as  
2 possible... .” FSA ¶ 12.A.3. “Reserving” licensed beds for especially vulnerable  
3 children while consigning such children—some as young as six—to notoriously  
4 mismanaged EISs is both nonsensical and a clear violation of Settlement ¶ 12.A.3.

5 Settlement ¶ 12 requires ORR to “hold minors in facilities that are safe and  
6 sanitary and that are consistent with [its] concern for the particular vulnerability of  
7 minors.” But the Pecos and Fort Bliss EISs have not met even this standard and,  
8 given Defendants’ refusal to prescribe mandatory standards for EISs, they are  
9 unlikely to do so without Court intervention. The Court should accordingly issue  
10 an order requiring Defendants to issue mandatory EIS standards without further  
11 delay.

## 12 II. STATEMENT OF FACTS

### 13 A. The Fort Bliss and Pecos EISs Are Inherently Unsafe and 14 Inappropriate Placements for Children.

15 Since March 2021, in response to an insufficient number of licensed  
16 placements and an increased number of children seeking refuge in the United  
17 States, ORR has opened 14 EISs and currently operates four EISs.<sup>7</sup> As of July 21,  
18 2021, 4,578 children were detained in unlicensed EISs.<sup>8</sup> Minimal standards and  
19 inadequate oversight at EISs has exposed thousands of children to unacceptable  
20 conditions that threaten their safety and well-being. In particular, the Fort Bliss  
21 and Pecos EISs have exposed children to shockingly deplorable conditions. *See,*  
22 *e.g.*, Ex. D, Declaration of Jonathan D. Ryan, ¶¶ 18–19, July 30, 2021 (“Ryan  
23 Dec.”); Ex. H, Declaration of Hannah P. Flamm, ¶ 11, August 3, 2021 (“Flamm

---

24 <sup>7</sup> ORR Juvenile Coordinator Report at 3, July 23, 2021 [Doc. # 1148-1] (“July  
25 Juvenile Coordinator Report”). Plaintiffs understand that the Long Beach EIS is  
26 now closed. *See Long Beach Shelter For Migrant Children Closes After Reuniting*  
27 *1,500 Children With Family Members, Sponsors*, CBS LOS ANGELES (July 23,  
28 2021), <https://losangeles.cbslocal.com/2021/07/23/long-beach-shelter-for-migrant-children-closes-after-reuniting-1500-children-with-family-members-sponsors/>.

<sup>8</sup> July Juvenile Coordinator Report at 3.



1 Dec.”).

2 As noted above, ORR’s Field Guidance pertaining to EISs contains little  
3 more than aspirational standards, which are routinely disregarded at Fort Bliss and  
4 Pecos regardless. The guidance does not include any mechanism for independent  
5 oversight of EISs. This lack of mandatory standards combined with the lack of  
6 oversight places children at grave risk. Multiple volunteers at the Fort Bliss EIS,  
7 for example, witnessed alarming and harmful conditions created by lax oversight  
8 of inexperienced contractor and volunteer staff. *See, e.g.*, Ex. E, Declaration of  
9 Arthur Pearlstein, ¶¶ 5, 10–16, August 4, 2021 (“Pearlstein Dec.”); Ex. F,  
10 Declaration of Lauren E. Reinhold, ¶¶ 5, 10–17, August 4, 2021 (“Reinhold  
11 Dec.”); Ex. G, Declaration of Laurie Elkin, ¶¶ 5, 10, August 4, 2021 (“Elkin  
12 Dec.”).<sup>9</sup> One volunteer—who was assigned to provide clinical assessments and  
13 counseling to children despite having no relevant experience or training—reports  
14 that he “was actively discouraged by management at Fort Bliss from reporting [his]  
15 concerns” and that he “reported concerns to management on multiple occasions  
16 and was either ignored or admonished each time.” Pearlstein Dec. ¶¶ 4–7; *see also*  
17 Reinhold Dec. ¶¶ 6–7; Elkin Dec. ¶¶ 6–7. Legal services providers also report a  
18 lack of oversight and adherence to ORR standards at EIS facilities. *See* Ryan Dec.  
19 ¶ 33 (regarding Pecos EIS); Flamm Dec. ¶¶ 12, 29–33 (regarding Fort Bliss EIS).

20 1. Children at the Fort Bliss and Pecos EISs Receive Wholly  
21 Inadequate Recreation and Education.

22 In the absence of mandatory standards to the contrary, children at Fort Bliss

---

23  
24 <sup>9</sup> *See also* Julia Ainsley, *Whistleblowers allege poor care for migrant kids by*  
25 *contractor specializing in disaster cleanup*, NBC NEWS (July 7, 2021),  
26 <https://www.nbcnews.com/politics/immigration/whistleblowers-allege-poor-care-migrant-kids-contractor-specializing-disaster-cleanup-n1273124>; Camilo Montoya-Galvez, *Migrant children in U.S. tent camp faced depression and filthy conditions, whistleblowers say*, CBS NEWS (JULY 28, 2021),  
27 <https://www.cbsnews.com/news/immigration-fort-bliss-migrant-children-whistleblower-complaint/>.  
28

1 and Pecos spend most of the day on their cots or beds with little to no structured  
2 activity or recreation. Ex. T, Declaration of J.F.A.A., ¶ 25, July 29, 2021  
3 (“J.F.A.A. Dec.”) (I felt anguished and hopeless . . . You spend the day in bed,  
4 surrounded by thousands of kids, with thousands of thoughts racing through your  
5 head.”); Declaration of K.L.M., ¶ 16, June 4, 2021 [Doc. # 1136-5] (“K.L.M.  
6 Dec.”) (“I spend most of my time here laying down in my bunk, and sometimes  
7 crying.”); *see also* Ex. I, Declaration of O.V.P.C., ¶¶ 15, 18, July 30, 2021  
8 (“O.V.P.C. Dec.”); Ex. J, Declaration of K.M.A., ¶¶ 13–14, July 27, 2021  
9 (“K.M.A. Dec.”); Declaration of K.M.T., ¶ 25, April 28, 2021 [Doc. # 1136-11]  
10 (“K.M.T. Dec.”); Ex. K, Declaration of B.U.A., ¶ 17, July 27, 2021 (“B.U.A.  
11 Dec.”); Ex. L, Declaration of K.A.C.G., ¶¶ 20, 22, August 3, 2021 (“K.A.C.G.  
12 Dec.”).

13 In the Pecos EIS, children have no religious services, few daily activities,  
14 and what little outdoor recreation they do have takes place in unshaded areas where  
15 temperatures sometimes reach over 110 degrees. *See* Ryan Dec. ¶¶ 12, 26–30;  
16 K.M.A. Dec. ¶ 14. RAICES, the ORR-contracted legal services provider at Pecos,  
17 reports that “the conditions at Pecos [are] among the harshest and most restrictive  
18 of any ORR or ICE facility that I have visited in my career.” Ryan Dec. ¶ 35.

19 Additionally, children at multiple EISs, including the Fort Bliss and Pecos  
20 EISs, routinely describe either limited access to education or no education services  
21 at all. Ryan Dec. ¶ 26; K.M.A. Dec. ¶ 13; Ex. M, Declaration of W.V.V., ¶¶ 8, 17,  
22 July 28, 2021 (“W.V.V. Dec.”); Declaration of F.P.P., ¶ 14, June 9, 2021 [Doc. #  
23 1136-4] (“F.P.P. Dec.”); B.U.A. Dec. ¶ 16; *see also* Ex. O, Declaration of  
24 M.S.R.L., ¶ 13, July 9, 2021 (“M.S.R.L. Dec.”) (child held at the Pomona EIS).  
25 Dr. Ryan Matlow, a Stanford University child clinical psychologist who visited  
26 Fort Bliss with Plaintiffs, explains that without adequate activities and recreational  
27 opportunities, “many children experience extreme boredom, lethargy, low  
28 motivation, hopelessness, and helplessness, all of which are symptoms and

1 contributors to depression and psychological stress.” Ex. C, Declaration of Dr.  
2 Ryan Matlow, at 4, July 12, 2021 (“Matlow Dec.”). “Without developmentally-  
3 appropriate, goal-directed, and values-oriented activities to guide children’s  
4 activities and daily functioning, they began to languish in a state of increasing  
5 sadness, inactivity, agitation, anxiety, and adjustment difficulty.” *Id.* at 5.<sup>10</sup>

6 Under ORR’s current EIS standards, children are not even guaranteed  
7 regular access to fresh air.<sup>11</sup>

8 2. Children at the Fort Bliss and Pecos EISs Live in Unsanitary  
9 Conditions and Lack Privacy.

10 The lack of standards and oversight at EISs also results in children living in  
11 unsafe and unsanitary conditions. Children held at the Fort Bliss EIS describe  
12 sleeping in large areas with hundreds of other children where they have utterly no  
13 privacy. *See e.g.*, J.F.A.A. Dec. ¶¶ 21, 25; W.V.V. Dec. ¶ 7; Declaration of  
14 E.A.M.R., ¶¶ 9–10, June 4, 2021 [Doc. #1136-6] (“E.A.M.R. Dec.”); K.L.M. Dec.  
15 ¶¶ 9, 12; O.V.P.C. Dec. ¶ 21. Children at the Pecos EIS report being required to  
16 clean their own living spaces while not being provided with cleaning supplies. *See*  
17 Ryan Dec. ¶ 17; W.V.V. Dec. ¶ 21; Ex. N, Declaration of A.H.C., ¶ 10, July 27,

---

18 <sup>10</sup> Predictably, given ORR’s lack of binding EIS standards, children detained in  
19 other, now-shuttered EISs, including the Dallas and Houston EISs, were denied  
20 outdoor recreation no matter how long they were detained at these facilities. *See*  
21 Declaration of D.L.M.E., ¶¶ 9, 11, 23, May 3, 2021 [Doc. # 1136-9] (“D.L.M.E.  
22 Dec.”) (“I was very happy to leave Houston because it had been 16 days since I had  
23 seen outside – 16 days since I had seen the sky or the sun.”); Declaration of  
24 Y.A.A.V., ¶ 21, March 29, 2021 [Doc. # 1136-17] (“Y.A.A.V. Dec.”). Hundreds of  
25 children spent 50 days or more confined in the Dallas EIS without access to the  
26 outdoors. *See* Declaration of Melissa Adamson in Support of Plaintiffs’ Response  
to ORR Juvenile Coordinator’s June 4, 2021 Interim Report, June 11, 2021, Ex. 1 at  
1 n.5 [Doc. # 1136-3]; Declaration of Leecia Welch ¶ 38, April 9, 2021 [Doc.  
#1109-1].

27 <sup>11</sup> Under ORR standards, EISs “*should* seek to provide” “to the extent practicable”  
28 “one hour of large muscle activity and one hour of structured leisure time  
activities,” but this is not a requirement and does not have to include access to the  
outdoors. *See* ORR Field Guidance #13 at 3-4 (emphasis added).

1 2021 (“A.H.C. Dec.”). Children at the Fort Bliss and Pecos EISs also report  
2 lacking access to sufficient clean clothes and underwear. Ryan Dec. ¶¶ 19–20;  
3 Reinhold Dec. ¶ 15; W.V.V. Dec. ¶ 20; Ex. P, Excerpt of casefile of K.L.M. at  
4 NCYL\_KL\_0019 (“K.L.M. Excerpt”) (child at Fort Bliss expresses needing  
5 clothes and shoes).<sup>12</sup>

6 3. Children’s Health Has Been Jeopardized at the Fort Bliss and  
7 Pecos EISs Due to Undercooked, Insufficient, and Inedible  
8 Food.

9 Children at the Fort Bliss and Pecos EIS facilities also report experiencing  
10 hunger and being served raw chicken and other inedible food. Ryan Dec. ¶¶ 17–  
11 18; W.V.V. Dec. ¶ 15; Ex. Q, Declaration of A.F.H., ¶ 12, July 27, 2021 (“A.F.H.  
12 Dec.”); B.U.A. Dec. ¶ 19; O.V.P.C. Dec. ¶ 20; E.A.M.R. Dec. ¶ 22; K.M.T. Dec. ¶  
13 16; Declaration of E.Y.O.G., ¶ 17, April 29, 2021, [Doc. # 1136-8] (“E.Y.O.G.  
14 Dec.”). At the Pecos EIS, children have inadequate access to medical care for  
15 food-related illness and other ailments. *See* Ryan Dec. ¶ 17; A.F.H. Dec. ¶ 13;  
16 W.V.V. Dec. ¶ 18.

17 4. Staff at Some EISs, Including Fort Bliss and Pecos, Lack  
18 Necessary Qualifications and Provide Inadequate Care.

19 Defendants have entrusted the care of vulnerable children to staff at EISs  
20 who lack experience caring for children and in some cases cannot even  
21 communicate with the children they are supervising. Plaintiffs know of no ORR  
22 requirement that direct care staff at EISs have experience in caring for children or  
23 speak Spanish. *See* ORR Field Guidance #13; Ryan Dec. ¶¶ 21-22; Declaration of  
24 Y.F.A.G.G., ¶ 12, May 12, 2021 [Doc. # 1136-20] (“Y.F.A.G.G. Dec.”) (tender  
25 age child at Starr Commonwealth EIS describes lack of Spanish-speaking staff).  
Federal detailees at Fort Bliss report that a contractor charged with direct care of

---

26 <sup>12</sup> At the Houston EIS, teenage girls were prevented from using the bathroom,  
27 unable to shower on a regular basis, and not provided with clean clothes or  
28 underwear. *See* D.L.M.E. Dec. ¶¶ 15–16; K.M.T. Dec. ¶¶ 14–15; Declaration of  
E.M.E.O., ¶¶ 12-14, May 3, 2021 [Doc. # 1136-10].

1 children in the tents is a fire and water damage repair company with no known  
2 experience or training in childcare. *See e.g.*, Pearlstein Dec. ¶ 10; Reinhold Dec.  
3 ¶¶ 10–11; Elkin Dec. ¶ 10.

4 Unqualified EIS staff have proven unable to protect children from bullying  
5 or physical assault. *See e.g.*, Ex. R, Declaration of A.R.R., ¶¶ 16–18, April 28,  
6 2021 (“A.R.R. Dec.”); Exhibit S, Declaration of A.G.L., ¶ 6, May 12, 2021  
7 (“A.G.L. Dec.”); Declaration of G.M.Z.S., ¶¶ 17–21, April 20, 2021 [Doc. # 1136-  
8 12] (“G.M.Z.S. Dec.”); Flamm Dec. ¶¶ 12, 23–24. Girls at the Houston EIS felt  
9 unsafe because of reports of an attempted kidnapping and suffered other threats to  
10 their health and physical safety. *See* D.L.M.E. Dec. ¶¶ 19–21; K.M.T. Dec. ¶¶ 18–  
11 20.

12 5. EIS Standards Are Inadequate to Protect Children’s Mental  
13 Health.

14 Despite detaining children with serious mental health challenges, including  
15 suicidal ideation, EISs lack the standards and oversight necessary to meet  
16 children’s mental health needs and keep them safe. *See e.g.*, Matlow Dec. at 6–7  
17 (noting that children at Fort Bliss “either have to proactively refer themselves, or  
18 else decompensate to the point of severe stress and risk in order to receive  
19 supports”); Flamm Dec. ¶¶ 12, 14; Ryan Dec. ¶¶ 16, 23; Reinhold Dec. ¶ 14;  
20 A.G.L. Dec. ¶ 8 (“Sometimes I cry at night. I don’t have anyone I can talk to.”)  
21 (child held at Starr Commonwealth EIS); E.A.M.R. Dec. ¶¶ 13–17. EISs are not  
22 required to provide regular counseling and instead are told they “should” have one  
23 mental health clinician per 50 children and are only required to provide  
24 “emergency clinical services”.<sup>13</sup> ORR has assigned volunteers without relevant  
25 training or professional experience to provide mental health services to children in  
26 extreme distress, including children experiencing suicidal thoughts. *See* Pearlstein  
27 Dec. ¶¶ 4, 12–13.

28 \_\_\_\_\_  
<sup>13</sup> ORR Field Guidance #13 at 3, 5.

1 The prolonged periods of time children spend detained at EISs, particularly  
2 at the Fort Bliss and Pecos EISs, with no guidance as to when they will be  
3 released, little to no individual attention from adults, and insufficient structured  
4 activities and recreation causes many children to suffer significant mental distress.  
5 See A.F.H. Dec. ¶ 14 (“I have had about 3 or 4 anxiety attacks since I have been  
6 here.”); see also K.L.M. Dec. ¶¶ 8, 14, 16, 27–29; O.V.P.C. Dec. ¶¶ 26–27;  
7 J.F.A.A. Dec. ¶ 25; E.A.M.R. Dec. ¶¶ 13–14; Flamm Dec. ¶¶ 11–14, 16–22;  
8 Pearlstein Dec. ¶ 13; Reinhold Dec. ¶¶ 14, 19.

9 **B. Especially Vulnerable Children Are Inappropriately Placed at**  
10 **EISs.**

11 Despite the vast sums of money ORR has been spending on EISs over many  
12 months, it has not required any EIS to transition to meet even the basic standards  
13 required of unlicensed influx care facilities.<sup>14</sup> Under ORR policy, influx care  
14 facilities must provide children with an individualized needs assessment,  
15 educational services in a structured classroom setting Monday through Friday,  
16 daily outdoor activity, structured leisure time activities, regular individual and  
17 group counseling, and a reasonable right to privacy.<sup>15</sup> EISs, by contrast, are  
18 merely encouraged to “seek to provide” some of these services “to the extent  
19 practicable.”<sup>16</sup> Notably, EISs are generally not required to provide children with  
20 an Individual Service Plan (ISP) because “many of the individual services  
21 generally contemplated under an ISP may be unavailable to UC staying in EIS . . .  
22 .”<sup>17</sup>

23 <sup>14</sup> See ORR Field Guidance #13; see also Office of Refugee Resettlement,  
24 Unaccompanied Children’s Program Field Guidance (FG) Documents (“Compiled  
25 ORR Field Guidance Documents”) [https://acf.hhs.gov/orr/policy-guidance/uc-  
program-field-guidance](https://acf.hhs.gov/orr/policy-guidance/uc-program-field-guidance).

26 <sup>15</sup> See ORR Policy Guide § 7.5.1.

27 <sup>16</sup> ORR Field Guidance #13 at 2-4.

28 <sup>17</sup> ORR Field Guidance #16, Clarification That the Individual Service Plan (ISP)  
and the UC Case Review Are Generally Not Required for Unaccompanied Children



1           ORR regularly consigns tender age children, pregnant teens, children with  
2 heightened medical and mental health needs,<sup>18</sup> and children who do not speak  
3 English or Spanish as their preferred language to EISs, despite recognizing that  
4 even influx care facilities are inappropriate for these children. *See e.g.*, Declaration  
5 of Melissa Adamson, ¶ 16, April 9, 2021, [Doc #1109-2]; Flamm Dec. ¶ 14;  
6 Declaration of K.E.V.V., ¶¶ 6–9, May 26, 2021 [Doc # 1136-21] (“K.E.V.V.  
7 Dec.”) (pregnant teen); M.S.R.L. Dec. ¶¶ 2, 5 (tender age child); Y.F.A.G.G. Dec.  
8 ¶¶ 3, 5, 8–9 (tender age child); E.A.M.R. Dec. ¶¶ 13–17 (children at Fort Bliss on  
9 suicide watch); Ex. U, Excerpt of casefile of A.P.A. at NCYL\_APA\_0011  
10 (“A.P.A. Excerpt”) (child who primarily speaks Akateko with a length of stay  
11 (LOS) at the Fort Bliss EIS of 66 days). In the month of June 2021, 554 tender age  
12 children were placed at EISs from Customs and Border Protection. Ex. A,  
13 Declaration of Melissa Adamson, Ex. 1 Emergency Intake Site Data Summary at 5,  
14 August 6, 2021 (“Data Summary”). As of July 12, 2021, a total of 191 tender age  
15 children were held at five EISs. *Id.* at 4.

16           EISs housing tender age children are merely encouraged to “[m]ake  
17 concerted efforts to ramp up services to meet minimum standards of an influx care  
18  
19

---

20 (UC) Placed at Emergency Intake Sites (EIS) at 1, May 18, 2021 (“ORR Field  
21 Guidance #16”), [https://acf.hhs.gov/orr/policy-guidance/uc-program-field-  
22 guidance](https://acf.hhs.gov/orr/policy-guidance/uc-program-field-guidance).

23 <sup>18</sup> While ORR’s Field Guidance states that medically fragile children “are not  
24 eligible for EIS placement”, Plaintiffs’ counsel met with medically fragile children,  
25 some of whom have been detained at an EIS, hospitalized for medical treatment,  
26 and then returned to an EIS rather than to licensed placement. *See e.g.*, Ex. V,  
27 Declaration of S.C.R., ¶¶ 6, 9-11, July 9, 2021 (“S.C.R. Dec.”) (child held for  
28 nearly 30 days despite having spent 3 days in the hospital related to her diabetes;  
this child is Category 1 and awaiting release to her father); A.R.R. Dec. ¶¶ 2, 10,  
12, 14, 16-19 (13-year old child placed at Fort Bliss despite reporting medical  
issues in Border Patrol custody, hospitalized with kidney stones, and then returned  
to Fort Bliss EIS, where he experienced bullying).

1 facility, *either in part or in whole, whenever practicable.*<sup>19</sup> Disturbingly, ORR  
2 reportedly plans to house hundreds of tender age children as young as 6 years old  
3 at the Pecos EIS despite the harsh conditions at that remote facility. *See* Ryan Dec.  
4 ¶¶ 11, 16–18, 26–28, 35; *see also* B.U.A. Dec. ¶ 14 (“I was told they are moving us  
5 around because they are making room for younger kids to arrive here.”). Pecos  
6 already houses children with special needs—including possible Autism Spectrum  
7 Disorder—and children who primarily or exclusively speak indigenous languages  
8 and the facility is unable to meet these children’s needs. *See* Ryan Dec. ¶¶ 21–25.

9       There is nothing to suggest the Pecos EIS could safely hold tender age  
10 children. *Id.* at ¶¶ 12–35; *see also* B.U.A. Dec. ¶ 19; W.V.V. Dec. ¶¶ 18–21.  
11 Particularly concerning is that “the great distance between Pecos and any major  
12 Texas city . . . contributes to delays of a week or longer in the release of children  
13 after their approval for reunification with family” and has “presented significant  
14 barriers to the provision . . . [of] legal services . . . [and] efforts to protect children  
15 from potential mistreatment, exploitation and trafficking.” Ryan Dec. ¶¶ 31–34.  
16 “Pecos offers so few local resources to sustain the detention center’s operations  
17 and is so difficult to reach that its remote location appears to be its most  
18 distinguishing characteristic.” *Id.* at ¶ 34.

19       As Dr. Matlow explains, large congregate care facilities “are entirely  
20 inappropriate” for “children with moderate to severe mental health difficulties,  
21 children with disabilities, children with significant family stress, tender age  
22 children, children who primarily speak indigenous languages, and children who are  
23 pregnant or parenting.” Matlow Dec. at 11; *see also id.* at 9 n.3 (“[Y]ounger  
24

---

25 <sup>19</sup> ORR Field Guidance #13 at 2 (emphasis added). And although the Pomona and  
26 Starr Commonwealth EISs do offer children substantially better living conditions  
27 than the Fort Bliss or Pecos EISs, ORR has made no apparent effort to elevate  
28 either EIS to influx care standards. *See, e.g.,* M.S.R.L. Dec. ¶¶ 13, 15 (child at  
Pomona EIS reports having just one hour of class three times a week and lacking  
access to regular mental health services).



1 children are likely to be more profoundly impacted by the lack of developmentally  
2 appropriate activities and living environments, and are more susceptible to  
3 perceived threats (e.g., from older youth) in the absence of other protective  
4 supports.”); Y.F.A.G.G. Dec. ¶¶ 3, 5, 8–9 (describing bullying of 5-year old  
5 brother at EIS).<sup>20</sup>

6 **C. EISs Lack Sufficient Case Management to Promptly Release**  
7 **Children or Identify Children for Transfer to Licensed Facilities.**

8 Throughout the past five months and continuing to the present, children at  
9 EISs have received inconsistent and often chaotic case management. This virtually  
10 guarantees that children will “fall through the cracks” and be detained for extended  
11 periods in makeshift facilities even as other children are promptly released.

12 Children report having spent weeks in limbo before being assigned a case  
13 manager.<sup>21</sup> See Declaration of A.S.B.A., ¶¶ 6–7, June 8, 2021 [Doc. #1136-14]  
14 (“A.S.B.A. Dec.”) (waited approximately one month to meet with case manager  
15 about release to her mother); F.P.P. Dec. ¶ 7–8 (“I have not spoken to a case  
16 manager the entire time that I have been here. ... I have been here for a long time –  
17 it’s been 62 days now.”); Ex. X, Excerpt of casefile of M.E.B.C. at  
18 NCYL\_MEBC\_0008 (“M.E.B.C. Excerpt”) (“[T]here does not appear to have  
19 been any contact with sponsor even though she has been here over a month”);  
20

---

21 <sup>20</sup> Notably, these categories of children are generally ineligible for placement in  
22 unlicensed influx care facilities despite the higher standards in those facilities.  
23 Compare ORR Field Guidance #13, with ORR Policy Guide § 7.2.1. ORR states  
24 that it “endeavors to follow placement criteria required of Influx Care Facilities”  
25 “[t]o the extent feasible,” but does not commit to doing so. See ORR Field  
26 Guidance #13 at 1-2.

27 <sup>21</sup> Case management services are not required when an EIS opens, or by any time  
28 certain after an EIS has received children. Instead, ORR advises that case  
management services “*should*” be provided “as soon as possible and to the extent  
practicable.” ORR Field Guidance #13 at 3. Should a new EIS open in the future,  
there is no requirement it provide case management services by any date certain and  
no guarantee children will actually be assigned a case manager in a timely fashion.

1 A.P.A. Excerpt at NCYL\_APA\_0011 (child admitted to Fort Bliss EIS on 4/1/21  
2 and did not have initial intake interview until over a month later on 5/4/21); Ex. W,  
3 Excerpt of casefile of W.P.L. at NCYL\_WPL\_0021, NCYL\_WPL\_0027 (“W.P.L.  
4 Excerpt”) (child admitted to EIS on 4/12/21 and not assigned a case manager to  
5 begin reunification process until a month later, on 5/12/21).

6 Children, particularly those held at Fort Bliss and Pecos EISs, continue to  
7 report long delays in case management, frequent case manager turnover, and a lack  
8 of clear or timely information about when or if they will be reunified with family.  
9 *See* Ryan Dec. ¶¶ 13–14, 32; A.H.C. Dec. ¶¶ 3, 5–8 (15-year old child detained at  
10 Pecos EIS for 65 days did not meet with a case manager for the first month he was  
11 detained and has not met with his case manager in the last month); A.F.H. Dec. ¶¶  
12 4, 7 (child detained at Pecos EIS for nearly 50 days still awaiting reunification after  
13 switching case managers three times); E.A.M.R. Dec. ¶¶ 8, 28 (four different  
14 people in charge of her case management over nearly 60 days of detention); *see*  
15 *also* Ex. Y, Declaration of O.A.R.H., ¶¶ 12, 15, June 17, 2021 (“O.A.R.H. Dec.”)  
16 (child held at Delphi EIS reported having three different case managers during the  
17 73 days he was detained).

18 Case management services at the Fort Bliss and Pecos EISs appear  
19 especially inconsistent, with children at the same facility reporting vastly different  
20 case management experiences. *See e.g.*, Ryan Dec. ¶ 15; B.U.A. Dec. ¶¶ 4, 12;  
21 F.P.P. Dec. ¶¶ 6–9; K.M.A. Dec. ¶¶ 7–9. A federal detailee at the Fort Bliss EIS  
22 reports that “it was routine for children to get lost in the case management system”  
23 and children had no means to contact case managers to ensure progress on their  
24 cases. Pearlstein Dec. ¶ 14; *see also* Reinhold Dec. ¶¶ 18–21; Elkin Dec. ¶¶ 11–  
25 12. Some children were even told they were going home only to be pulled off  
26 airplanes before being informed that a mistake had been made, they would not be  
27 released, and they had to return to the EIS. Pearlstein Dec. ¶ 16.

28 Children at the Fort Bliss and Pecos EISs often describe feeling desperate

1 because they do not know why they are at an EIS and are not given information  
2 about when they can leave or what the process is to ensure release. *See* Matlow  
3 Dec. at 5–6, 8; *see also* Ryan Dec. ¶ 16; Pearlstein Dec. ¶¶ 13–15; A.H.C. Dec. ¶  
4 14 (“Every day, I wake up and feel very sad. I am frustrated because I see other  
5 kids leave before me.”); F.P.P. Dec. ¶¶ 8–9; K.L.M. Dec. ¶ 8; K.L.M. Excerpt at  
6 NCYL\_KL\_0017–19 (child at Fort Bliss for 71 days, admitted on 4/6/21, did not  
7 receive intake interview until 5/5/21, and reported stress, sadness, and panic  
8 attacks). This desperation and sense of hopelessness about their cases has led  
9 some children to engage in self-harm or attempt to run away from EISs. *See e.g.*,  
10 Matlow Dec. at 6; Flamm Dec. ¶¶ 11-14, 16–22; O.V.P.C. Dec. ¶¶ 26–27 (“All I  
11 could think about was getting to my aunt, when they would give me a worker.  
12 They called other people giving them a worker but they never called my name.  
13 Then I got more desperate.”); J.F.A.A. Dec. ¶¶ 13, 25, 28 (“I felt anguished and  
14 hopeless. I was held hostage and I couldn’t do anything about it.”).

15 In addition to delaying release, a lack of consistent case management means  
16 case managers cannot timely identify whether a child is likely to have an extended  
17 length of stay (e.g., require a home study) and should therefore be prioritized for  
18 transfer to a licensed facility. *See e.g.*, W.V.V. Dec. ¶¶ 10–14 (child has been  
19 detained at EISs for nearly 3 months and is only now being considered for licensed  
20 placement); A.S.B.A. Dec. ¶¶ 4, 7 (child detained at Pecos EIS for two months, did  
21 not speak to a case manager for one month, and, only after that meeting, was told a  
22 home study would be needed); O.A.R.H. Dec. ¶¶ 12, 16 (children detained at  
23 Delphi EIS for over 70 days recently informed of need for home study and unable  
24 to talk to anyone about their case); Ex. Z, Declaration of M.E.D.C.L., ¶¶ 5, 7, June  
25 24, 2021 (“M.E.D.C.L. Dec.”) (child detained at San Diego EIS for 50 days and  
26 may be transferred because “they still need to do a home study of the  
27 apartment...”); Ex. AA, Excerpt of casefile of M.E.L.A. at NCYL\_MELA\_0014,  
28 NCYL\_MELA\_0017–18 (“M.E.L.A. Excerpt”) (child detained at Pecos EIS for 84

1 days, admitted 4/8/21 but Category 3 sponsor did not receive fingerprinting  
2 appointment until 6/4/21 and was then required to undergo additional vetting).

3 **D. ORR is Detaining Hundreds of Children for Extended Periods in**  
4 **Unlicensed and Unregulated EISs Designed for Short-Term Use.**

5 ORR guidance makes clear that “EIS are short-term, stop-gap facilities, and  
6 not designed for the long-term care of children . . . .”<sup>22</sup> EIS facilities were  
7 supposed to remain open “for a limited period of time (generally under 6 months),”  
8 and were not “intended to provide the full range of services available at traditional  
9 ORR care provider facilities or even Influx Care Facilities.”<sup>23</sup> ORR’s minimal EIS  
10 standards and services assume children will remain in EISs briefly and the  
11 facilities themselves will be temporary.

12 Yet ORR has now been operating EISs for nearly five months—with no end  
13 in sight—and thousands of children have been subjected to prolonged detention in  
14 these unregulated facilities.<sup>24</sup> As of July 21, 2021, 717 children were detained in  
15 EIS facilities for over 20 days, including 63 children with a length of stay over 40  
16 days.<sup>25</sup> At Pecos EIS, as of July 23, 2021, 380 children had been held for 20 days  
17 or more, including 65 children who had been held for 40 or more days and 10  
18 children who had been held 60 days or longer. Data Summary at 3.

19 ORR nowhere limits the length of time a child can be detained at an EIS or  
20 provides any specific instructions on when a child must be transferred from an EIS  
21 to a licensed facility.<sup>26</sup> As a result, some children languish in EISs for weeks or  
22 months on end when they can and should be in a licensed placement. Despite

23 \_\_\_\_\_  
24 <sup>22</sup> ORR Field Guidance #16 at 2.

25 <sup>23</sup> ORR Field Guidance #13 at 1; *see also* ORR Field Guidance #16 at 1.

26 <sup>24</sup> *See, e.g.*, ORR Juvenile Coordinator Report, at 7, June 4, 2021 [Doc. # 1124-2]  
27 (“June Juvenile Coordinator Report”).

28 <sup>25</sup> July Juvenile Coordinator Report at 8.

<sup>26</sup> *See* ORR Field Guidance #13; *see also* Compiled ORR Field Guidance Documents. ORR’s Field Guidance also expressly allows children to be transferred between EISs. *See* ORR Field Guidance #13 at 1.

1 months of discussions and multiple requests to Defendants, Plaintiffs are aware of  
2 no additional ORR policies explaining which children are transferred from EISs to  
3 licensed placements or when such transfers occur.<sup>27</sup> Nor does ORR appear to have  
4 any policy or early screening procedure to prevent EIS placement for children  
5 likely to have extended release processes because of their sponsor category.<sup>28</sup>

6 **E. ORR is Not Fully Utilizing its Licensed Bed Capacity.**

7 As of July 21, 2021, ORR had over 1,400 unoccupied shelter and transitional  
8 foster care placements, including 933 shelter beds and 488 transitional foster care  
9 beds.<sup>29</sup> A full 31 percent of transitional foster care beds and 43 percent of long  
10 term foster care beds are empty.<sup>30</sup> Although ORR states that some of these foster  
11 care beds are reserved for specific demographics such as parenting teens, tender  
12 age children, or children with special needs, *children in these same demographics*

---

14 <sup>27</sup> See e.g., Ex. B, Meet and Confer correspondence between the parties. Although  
15 ORR guidance states that it endeavors to follow influx care placement standards  
16 when feasible, ORR Field Guidance #13 at 1, in practice ORR places and maintains  
17 particularly vulnerable children in EISs. See *supra* Section II.B.

18 <sup>28</sup> ORR's lack of policy in this area is particularly concerning given that children  
19 who have Category 2B or 3 sponsors and children who are Category 4 (meaning no  
20 sponsor has been identified) have much longer average lengths of stay at EISs than  
21 children with Category 1 or 2A sponsors. See ORR Policy Guide § 2.2.1  
22 (describing sponsor categories), [https://www.acf.hhs.gov/orr/policy-](https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-2#2.2.1)  
23 [guidance/children-entering-united-states-unaccompanied-section-2#2.2.1](https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-2#2.2.1). For  
24 example, of the children released from the Pecos EIS to sponsors, Category 1  
25 children were released, on average, in less than 20 days and Category 2A children  
26 were released in an average of 22.9 days, while Category 2B children spent an  
27 average of 33 days at the Pecos EIS, Category 3 children spent an average of 39.4  
28 days at the Pecos EIS, and Category 4 children spent an average of 44 days at the  
Pecos EIS. Data Summary at 3. These longer lengths of stay are predictable  
because Category 2B and 3 sponsors are required to undergo fingerprinting and  
Category 4 children have no identified sponsor. See ORR Policy Guide §§ 2.2.1,  
2.5.1. Despite knowing this, ORR still has no policy to avoid EIS placement for  
Category 2B, 3 or 4 children.

<sup>29</sup> July Juvenile Coordinator Report at 3.

<sup>30</sup> *Id.*

1 are currently languishing in EISs, some for longer than 20 days.<sup>31</sup> See e.g., Data  
2 Summary at 4; Y.F.A.G.G. Dec. ¶¶ 3, 5, 8–9; M.S.R.L. Dec. ¶¶ 2, 5. Pregnant  
3 teenagers have also been placed at EISs for prolonged periods despite nominally  
4 having priority for transitional foster care placements under ORR Policy.<sup>32</sup> See  
5 K.E.V.V. Dec. ¶¶ 6–9. ORR has yet to offer any coherent explanation for under-  
6 utilizing licensed beds.<sup>33</sup>

7 **III. PROLONGED DETENTION OF CHILDREN AT EMERGENCY INTAKE SITES**  
8 **VIOLATES THE SETTLEMENT.**

9 Defendants’ current practices related to EIS facilities violate the  
10 Settlement’s requirements that children be placed in licensed facilities “as  
11 expeditiously as possible,” FSA ¶ 12.A, that Defendants “make and record the  
12 prompt and continuous efforts” to release class members “without unnecessary  
13 delay,” FSA ¶¶ 18, 14, and that Defendants “place each detained minor in the least  
14 restrictive setting appropriate to the minor’s age and special needs . . . in facilities  
15 that are safe and sanitary and that are consistent with [Defendants’] concern for the  
16 *particular vulnerability of minors.*” FSA ¶¶ 11–12.A (emphasis added).

17 A “motion to enforce [a] settlement agreement essentially is an action to

18 <sup>31</sup> July Juvenile Coordinator Report at 3-4.

19 <sup>32</sup> ORR Policy Guide § 1.2.2 (describing placement priority for children with  
20 special needs), <https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-1#1.2.2>.

21 <sup>33</sup> Remarkably, the Juvenile Coordinator reports that ORR’s own policies are  
22 contributing to staffing shortages at licensed facilities because “staff are viewing  
23 positions at EIS facilities more favorably due to higher wage incentives . . . .” The  
24 obvious answer—increasing wages or offering time-limited bonuses at licensed  
25 facilities—would open more licensed beds for vulnerable children, reduce the  
26 number of such children at EISs, and, a fortiori, the number of staff required at such  
27 facilities, and vastly improve the conditions and treatment such children experience  
28 during immigration-related detention. To the extent that ORR feels it must reserve  
some licensed beds for priority transfers, it is unclear why over 900 shelter beds  
must remain open for such occurrences, especially given that EISs are currently  
housing especially vulnerable children who should be receiving priority for licensed  
placement. July Juvenile Coordinator Report at 3.



1 specifically enforce a contract.” *Adams v. Johns-Manville Corp.*, 876 F.2d 702,  
2 709 (9th Cir. 1989). This Court has repeatedly affirmed its jurisdiction to enforce  
3 the Settlement and set out the principles for doing so. *See, e.g., Flores v. Johnson*,  
4 212 F. Supp. 3d 864, 869–70 (C.D. Cal. 2015) (citing FSA ¶ 37; *Kokkonen v.*  
5 *Guardian Life Ins. Co. of Am.*, 511 U.S. 375, 380–81 (1994); *Dacanay v. Mendoza*,  
6 573 F.2d 1075, 1078 (9th Cir. 1978)).

7 **A. ORR Fails to Place Children in Non-Secure, Licensed Facilities**  
8 **“as Expeditiously as Possible”.**

9 The Settlement requires that a child be placed in “a ‘licensed program’  
10 within three days of their arrest—or, in the case of an ‘emergency or influx,’ ‘as  
11 expeditiously as possible.’” Order re Pls.’ Mot. To Enforce Settlement as to “Title  
12 42” Class Members at 12, Sept. 4, 2020 [Doc. # 976]) (“Sept. 4, 2020 Order”)  
13 (citing FSA at ¶¶ 12, 19).<sup>34</sup> The “Court has previously relaxed the three-day  
14 transfer requirement when Defendants acted ‘in good faith and in the exercise of  
15 due diligence’ to expeditiously transfer minors to licensed programs.” *Id.*  
16 (quoting *Flores v. Lynch*, 212 F. Supp. 3d 907, 914 (C.D. Cal. 2015)); *see Flores v.*  
17 *Lynch*, 212 F. Supp. 3d at 914 (noting that 20 days “may fall within the parameters  
18 of Paragraph 12A” if it “is as fast as Defendants, in good faith and in the exercise  
19 of due diligence, can possibly go in screening family members . . .”).

20 Here, Defendants are not making diligent and good faith efforts to  
21 expeditiously transfer particularly vulnerable children, at the very least, from EISs  
22 to licensed programs.<sup>35</sup> Defendants have failed to issue any policy or guidance to

---

23 <sup>34</sup> Defendants are also required to “have a written plan that describes the reasonable  
24 efforts that [they] will take to place all minors as expeditiously as possible” in the  
25 event of an emergency or influx. FSA ¶ 12C.

26 <sup>35</sup> As for class members generally, it seems almost random which children are  
27 afforded licensed placement, and which are placed in EISs. “The *Flores*  
28 Agreement does not sanction such arbitrary discrimination between its Class  
Members.” Order re. Defs.’ *Ex Parte* Application to Stay at 4, Sept. 21, 2020 [Doc.  
# 990] (“Sept. 21, 2020 Order”). Moreover, while Defendants have made some

1 require licensed placement for particularly vulnerable children or for those children  
2 who will, because of the category of their sponsor, necessarily have longer lengths  
3 of stay in ORR custody. Additionally, there is no maximum length of stay in an  
4 EIS<sup>36</sup> and Defendants appear to lack *any* specific policy to prevent children from  
5 languishing in EISs for prolonged periods.

6 Notably, particularly vulnerable children are spending weeks at EISs even  
7 though licensed placements are available within ORR’s network. As of July 21,  
8 2021, ORR had over 1400 available but unused transitional foster care and shelter  
9 beds.<sup>37</sup> The 933 empty shelter beds alone could accommodate the approximately  
10 700 children detained in EISs for over 20 days as well as the 75 tender age children  
11 detained in EISs, as of July 21, 2021, even with a small reserve of beds for  
12 emergency transfers.<sup>38</sup> *See* Sept. 4, 2020 Order at 13 (noting that ORR had  
13 sufficient licensed bed capacity to accommodate children detained in hotels). To  
14 the extent there are medical obstacles to filling these beds, Plaintiffs are aware of  
15 no coherent process to medically clear children in EISs so that they can be  
16 expeditiously placed in licensed facilities.

17 Rather than serving “as a temporary stopgap in the process of cautiously  
18 sending children to licensed facilities with all deliberate speed”, EISs have “*fully*  
19 *replaced* licensed programs for” thousands of children in Defendants’ custody in  
20 violation of the Settlement. *See* Sept. 4, 2020 Order at 12. “The purpose of the  
21 [Settlement’s] licensing provision is to provide class members the essential  
22 protection of regular and comprehensive oversight by an independent child welfare  
23

---

24 progress in reducing the average length of stay for children released from EISs,  
some children continue to have extremely long lengths of stay.

25 <sup>36</sup> As of July 23, 2021, there was one child who had been held at Pecos EIS for 78  
26 days. Data Summary at 3. Children have been held for over 80 days. *See id.* at 2  
27 (child held at Pecos EIS for 86 days); M.E.L.A. Excerpt at NCYL\_MELA\_0014  
(length of stay at Pecos EIS of 84 days).

28 <sup>37</sup> July Juvenile Coordinator Report at 3.

<sup>38</sup> July Juvenile Coordinator Report at 3, 5.



1 agency.” Order re Pls.’ Mot to Enforce Settlement of Class Action and Defs.’ Mot.  
2 to Amend Settlement Agreement at 14, July 24, 2015 [Doc. # 177] (“July 24, 2015  
3 Order”). The longer children, especially those who are particularly vulnerable,  
4 spend in unlicensed, unregulated facilities without independent oversight or  
5 guarantees of suitable living conditions and appropriate recreation, education,  
6 mental health services, and other basic protections, the greater the risk of harm.  
7 *See* Matlow Dec. at 6; Ryan Dec. ¶ 16; Pearlstein Dec. ¶¶ 13–15; Reinhold Dec. ¶¶  
8 14–20; *see also* FSA Exhibit 1 (listing minimum standards for licensed programs).

9 **B. ORR Fails to Make “Prompt and Continuous” Efforts Toward the**  
10 **Release of Class Members “Without Unnecessary Delay”.**

11 To the extent Defendants are attempting to transfer children to licensed  
12 facilities when they cannot be promptly released from an EIS, inadequate case  
13 management poses an obstacle to timely identifying which children should be  
14 transferred. As soon as a child enters their custody, Defendants must “make and  
15 record the prompt and continuous efforts on [their] part toward family reunification  
16 and the release of the minor.” FSA ¶ 18. Defendants must also release minors  
17 “without unnecessary delay.” FSA ¶ 14. The lack of prompt and continuous  
18 efforts toward family reunification in EISs, including some children not being  
19 assigned a case manager for weeks after entry into an EIS, and other children  
20 experiencing long interruptions in case management and inadequate documentation  
21 of reunification efforts, have led to substantial delays in release, in violation of  
22 Paragraphs 14 and 18 of the Settlement. *See supra* Section II.C. These delays are  
23 not justified by a need to ensure the child’s safety or that of others, as no sponsor  
24 vetting occurred during these gaps in case management. *See, e.g.,* A.H.C. Dec. ¶¶  
25 6–8; A.S.B.A. Dec. ¶¶ 6–7; F.P.P. Dec. ¶ 7; W.P.L. Excerpt at NCYL\_WPL\_0021,  
26 0027; M.E.B.C. Excerpt at NCYL\_MEBC\_0008.

1                   **C. EISs are Inconsistent with the Settlement’s Requirement that**  
2                   **Children be Held in Facilities that are Appropriate to their Age,**  
3                   **Special Needs, and Particular Vulnerability.**

4                   Even when licensed placements are unavailable, the Settlement requires  
5 Defendants to “hold minors in facilities that are safe and sanitary and that are  
6 consistent with [Defendant’s] concern for the particular vulnerability of minors.”  
7 FSA ¶ 12A; *see also* FSA ¶ 11; Sept. 21, 2020 Order at 2 (facilities must be  
8 “appropriate to minors’ ages and special needs, and concerned for their particular  
9 vulnerability as minors.”); Sept. 4, 2020 Order at 14 n.9 (“While the words ‘system  
10 of care’ do not appear in the Flores Agreement, the phrase has similar connotations  
11 to concepts that are in the Agreement, such as ‘setting appropriate to the minor’s  
12 age and special needs,’ ‘special concern for their particular vulnerability as  
13 minors,’ and ‘safe.’ FSA at ¶¶ 11–12.A.”).

14                   ORR’s own guidance makes clear that EISs are designed for short-term use  
15 only and cannot meet children’s individualized needs.<sup>39</sup> *See supra* Section II.D.  
16 EISs also lack the mandatory standards and oversight required to keep children  
17 safe. *See supra* Section II; *see also* FSA ¶ 12.A (requiring Defendants provide  
18 “adequate supervision to protect minors from others”); Sept. 4, 2020 Order at 14  
19 (noting concerns with a “lack of qualified, specialized supervision, especially for  
20 younger, unaccompanied children” and explaining that a “list of amenities is not a  
21 system of care for children of different ages and developmental stages.”);  
22 Pearlstein Dec. ¶¶ 4–9. As children’s length of stay stretches into weeks,  
23 Defendants cannot “ensure that the safety and well-being of the minors detained in  
24 these facilities are satisfactorily provided for by the staff.” FSA ¶ 12.A.

25                   EISs are not suitable facilities for any child but are particularly inappropriate  
26 for children with special vulnerabilities, even for short stays. *See* Matlow Dec. at  
27 11. Tender age children, for example, require a higher level of care and  
28

---

<sup>39</sup> ORR Field Guidance #13 at 1; ORR Field Guidance #16 at 1.

1 individualized attention. *See* Matlow Declaration at 9 n.3, 11; *see also* Sept. 4,  
2 2020 Order at 14 (noting “the significant developmental differences and ‘particular  
3 vulnerability’ of younger children.”). The HHS Administration for Children and  
4 Families has explained that “[f]or young children, particularly those age 12 and  
5 under, it is particularly important for their developmental needs to be met in  
6 family-like settings.”<sup>40</sup> Recognizing this reality, ORR policy prioritizes tender age  
7 children for transitional foster care placement and generally limits placement in  
8 unlicensed influx care facilities to children over 12.<sup>41</sup> Nonetheless, in violation of  
9 the Settlement, ORR continues to place tender age children and other particularly  
10 vulnerable children in EIS facilities that are not “appropriate to the minor’s age and  
11 special needs.” FSA ¶ 11; *see supra* Section II.B; *see also* K.E.V.V. Dec. ¶¶ 6–9;  
12 M.S.R.L. Dec. ¶¶ 2, 5; Y.F.A.G.G. Dec. ¶¶ 3, 5, 8–9; E.A.M.R. Dec. ¶¶ 13–17;  
13 Ryan Dec. ¶¶ 11, 21–25; Flamm Dec. ¶ 14. It is especially alarming that hundreds  
14 of tender age children may soon be placed at the Pecos EIS, given the remoteness  
15 and serious deficiencies plaguing that facility. *See* Ryan Dec. ¶¶ 11–13, 35.

16 **D. Prolonged Detention at the Fort Bliss and Pecos EISs Causes**  
17 **Irreparable Harm to Children.**

18 Holding particularly vulnerable children for weeks or months in facilities  
19 that ORR itself acknowledges are unsuitable for them, while far better beds remain  
20 empty, places such children in danger of serious harm.<sup>42</sup> After interviewing  
21 children at the Fort Bliss EIS, Dr. Matlow concluded that “large-scale congregate  
22 care facilities such as Fort Bliss are inappropriate for housing unaccompanied  
23 immigrant children for extended periods of time (i.e., beyond a few days or 1-2  
24 weeks), due to the risk of causing clinically significant psychological harm.”

25 <sup>40</sup> U.S. Dept. of Health & Human Servs., Admin. for Children & Families,  
26 Children’s Bureau, *A National Look at the Use of Congregate Care in Child*  
27 *Welfare*, at III (May 13, 2015),  
[https://www.courts.ca.gov/documents/BTB\\_23\\_4N\\_4.pdf](https://www.courts.ca.gov/documents/BTB_23_4N_4.pdf).

28 <sup>41</sup> ORR Policy Guide §§ 1.2.2, 7.2.1.

<sup>42</sup> *See, e.g.*, ORR Field Guidance #13 at 1; ORR Field Guidance #16 at 1.

1 Matlow Dec. at 11; *see also id.* at 6 (“As children spend more time in the  
2 restrictive environment at Fort Bliss (in which they have limited freedom of  
3 movement, limited access to resources, and limited opportunities for recreation and  
4 agency, among other restrictions), they are likely to become increasingly hopeless,  
5 helpless, and despondent.”); Ryan Dec. ¶ 16 (“By my direct observation, children  
6 who have remained at [the Pecos EIS] for more than a few days, including those  
7 whom I represent, demonstrate increasing frustration, confusion and a worsening  
8 appearance of wellness that deteriorates over time.”); K.L.M. Dec. ¶ 34 (“I used to  
9 be able to cope with my anxiety and breathe through it, but now I feel like I’ve  
10 given up. I feel like I’ll never get out of here.”); J.F.A.A. Dec. ¶ 25 (“I knew this  
11 detention would happen, but I never imagined it would be like this. It was terrible.  
12 I felt anguished and hopeless.”); A.H.C. Dec. ¶ 14 (“Every day, I wake up and feel  
13 very sad . . . .”); F.P.P. Dec. ¶ 9 (“Every day, I want to cry . . . There are some  
14 other kids who have been here for about the same time as me, and there is just a lot  
15 of sadness among us.”).

16 **IV. CONCLUSION**

17 The Settlement requires Defendants, even in times of “influx,” to place children  
18 in licensed facilities “as expeditiously as possible,” to release children without  
19 unnecessary delay, and to, at all times, place children in facilities that are safe and  
20 sanitary, appropriate for their age and special needs, and concerned with their  
21 particular vulnerability.

22 For the foregoing reasons, Plaintiffs respectfully request the Court grant this  
23 motion and issue Plaintiffs’ proposed order.

24  
25  
26  
27  
28

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Dated: August 9, 2021

CENTER FOR HUMAN RIGHTS AND  
CONSTITUTIONAL LAW  
Carlos R. Holguín

NATIONAL CENTER FOR YOUTH LAW  
Leecia Welch  
Neha Desai  
Melissa Adamson  
Mishan Wroe  
Diane de Gramont

/s/ Leecia Welch  
Leecia Welch  
*One of the Attorneys for Plaintiffs*

1 CENTER FOR HUMAN RIGHTS & CONSTITUTIONAL LAW  
2 Carlos R. Holguín (90754)  
3 256 South Occidental Boulevard  
4 Los Angeles, CA 90057  
5 Telephone: (213) 388-8693  
6 Email: crholguin@centerforhumanrights.email

7 *Attorneys for Plaintiffs*

8 *Additional counsel listed on following page*

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA  
WESTERN DIVISION

JENNY LISETTE FLORES, *et al.*,

Plaintiffs,

v.

MERRICK GARLAND, Attorney General  
the United States, *et al.*,

Defendants.

No. CV 85-4544-DMG-AGR<sub>x</sub>

DECLARATION OF LEECIA WELCH  
IN SUPPORT OF MOTION TO  
ENFORCE SETTLEMENT RE  
EMERGENCY INTAKE SITES

Hearing: September 10, 2021

Time: 9:30 a.m.

Hon. Dolly M. Gee

1 NATIONAL CENTER FOR YOUTH LAW  
2 Leecia Welch (Cal. Bar No. 208741)  
3 Neha Desai (Cal. RLSA No. 803161)  
4 Mishan Wroe (Cal. Bar No. 299296)  
5 Melissa Adamson (Cal. Bar No. 319201)  
6 Diane de Gramont (Cal. Bar No. 324360)  
7 1212 Broadway, Suite 600 Oakland, CA 94612  
8 Telephone: (510) 835-8098  
9 Email: lwelch@youthlaw.org  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**DECLARATION OF LEECIA WELCH**

I, Leecia Welch, declare as follows:

1. I am the Senior Director of Legal Advocacy and Child Welfare at the National Center for Youth Law (NCYL). I represent Plaintiffs in the above-titled action. The following statements are true and to the best of my knowledge, information, and belief, formed after a reasonable inquiry under the circumstances. If called upon to testify, I could and would competently testify hereto.
2. Attached as Exhibit B to Plaintiffs’ Motion to Enforce Re Emergency Intake Sites are true and correct copies of meet and confer correspondence between Plaintiffs’ counsel and Defendants’ counsel.
3. Attached as Exhibit P to Plaintiffs’ Motion to Enforce Re Emergency Intake Sites is a true and correct copy of an excerpt of class member K.L.M.’s ORR casefile received through ORR’s records request process.
4. Attached as Exhibit U to Plaintiffs’ Motion to Enforce Re Emergency Intake Sites is a true and correct copy of an excerpt of class member A.P.A.’s ORR casefile received through ORR’s records request process.
5. Attached as Exhibit W to Plaintiffs’ Motion to Enforce Re Emergency Intake Sites is a true and correct copy of an excerpt of class member W.P.L.’s ORR casefile received through ORR’s records request process.
6. Attached as Exhibit X to Plaintiffs’ Motion to Enforce Re Emergency Intake Sites is a true and correct copy of an excerpt of class member M.E.B.C.’s ORR casefile received through ORR’s records request process.
7. Attached as Exhibit AA to Plaintiffs’ Motion to Enforce Re Emergency Intake Sites is a true and correct copy of an excerpt of class member M.E.L.A.’s ORR casefile received through ORR’s records request process.



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

I declare under penalty of perjury that the foregoing is true and correct. Executed on this 6th day of August, 2021 at San Francisco, California.

    /s/ Leecia Welch    

Leecia Welch

1 CENTER FOR HUMAN RIGHTS & CONSTITUTIONAL LAW  
2 Carlos R. Holguín (Cal. Bar No. 90754)  
256 South Occidental Boulevard  
3 Los Angeles, CA 90057  
4 Telephone: (213) 388-8693  
5 Email: crholguin@centerforhumanrights.org

6 NATIONAL CENTER FOR YOUTH LAW  
7 Leecia Welch (Cal. Bar No. 208741)  
8 Neha Desai (Cal. RLSA No. 803161)  
9 Mishan Wroe (Cal. Bar No. 299296)  
10 Melissa Adamson (Cal. Bar No. 319201)  
11 Diane de Gramont (Cal. Bar No. 324360)  
12 1212 Broadway, Suite 600 Oakland, CA 94612  
13 Telephone: (510) 835-8098  
14 Email: lwelch@youthlaw.org

15 UNITED STATES DISTRICT COURT  
16 CENTRAL DISTRICT OF CALIFORNIA  
17 WESTERN DIVISION

18 JENNY LISETTE FLORES, *et al.*,  
19 Plaintiffs,  
20 v.  
21 MERRICK GARLAND, Attorney General of  
22 the United States, *et al.*,  
23 Defendants.  
24

No. CV 85-4544-DMG-AGR<sub>x</sub>  
[PROPOSED] ORDER ENFORCING  
SETTLEMENT  
Hearing: Sept. 10, 2021  
Time: 9:30 a.m.  
Hon. Dolly M. Gee

25  
26  
27  
28

1 Plaintiffs’ Motion to Enforce Settlement Regarding Emergency Intake  
2 Sites, which seeks a class-wide order requiring Defendants to comply with the  
3 settlement approved by this Court on January 28, 1997 (“Settlement”), came on  
4 regularly for hearing on September 10, 2021.

5 The Court, having read and considered the parties’ respective memoranda  
6 and evidence in support of and in opposition to Plaintiffs’ motion, and having  
7 heard oral argument from counsel, now GRANTS Plaintiffs’ motion.

8 IT IS HEREBY ORDERED as follows:

9 1. In accordance with Settlement ¶¶ 12.A and 14, Defendants shall, as  
10 expeditiously as possible, release class members detained at Emergency Intake  
11 Sites (“EIS”) to qualified custodians. Defendants shall make reasonable efforts to  
12 identify and eliminate any barriers to expeditious release of class members at  
13 EISs. As Settlement ¶ 18 requires, Defendants shall make and record their prompt  
14 and continuous efforts toward family reunification and the release of minors  
15 detained at EISs in accordance with Settlement ¶ 14.

16 2. For each child detained in an EIS for more than 20 days and who is not  
17 suitable for placement in an Influx Care Facility (“ICF”) pursuant to Section 7.2.1  
18 of the ORR Policy Guide, ORR shall attach to monthly reports (e.g., the ORR  
19 Juvenile Coordinator Report) the individual record of Defendants’ prompt and  
20 continuous efforts toward family reunification and the release of such minors  
21 indicating the individual reasons why each such child has not been released to an  
22 available custodian or transferred to a licensed program as defined in Settlement ¶  
23 6.

24 3. In accordance with Settlement ¶¶ 12.A and 12.C, Defendants shall place all  
25 minors in a licensed program<sup>1</sup> as expeditiously as possible. Defendants shall,  
26

---

27 <sup>1</sup> Pursuant to Texas Governor Abbott’s recent executive order, currently licensed ORR programs  
28 in Texas will, as of August 30, 2021, no longer be licensed by the Texas Health and Human  
Services Commission Child Care Regulation. For purposes of this Order only, a “licensed

1 within 30 days of this Order, submit a written plan that describes the reasonable  
2 efforts it will take to place all minors in licensed facilities as expeditiously as  
3 possible, including specific plans to expand licensed bed capacity.

4 4. No class member ineligible for placement in an ICF pursuant to the criteria  
5 set out in ORR Policy Guide § 7.2.1, i.e. no class member who: (1) is age 12 or  
6 younger; (2) does not speak English or Spanish as their preferred language; (3)  
7 has known special needs (including mental health or identified disabilities),  
8 behavioral health issues, or medical issues; (4) is a pregnant or parenting teen; or  
9 (5) requires a home study in order to be released to their proposed sponsor, shall  
10 be placed at the Fort Bliss EIS or Pecos EIS for more than 10 days, unless the  
11 class member's release is imminent, the transfer would require separation of  
12 sibling groups, or no bed is available in a licensed program, an ICF, or any other  
13 EIS. Upon determining a class member fits within one of the categories listed  
14 above, ORR shall transfer the class member to a licensed program, an ICF, or any  
15 other EIS within 10 days of making said determination, unless the class member's  
16 release is imminent, the transfer would require separation of sibling groups, or no  
17 bed is available in a licensed program, an ICF, or any other EIS. If all such beds  
18 are unavailable, such class members described in this paragraph shall be  
19 transferred to a licensed program, an ICF, or any other EIS as soon as space  
20 becomes available, unless their release is imminent or the transfer would require  
21 separation of sibling groups.

22 5. In accordance with Settlement ¶¶ 11, 12, 14, and 18, and in consultation  
23 with the Independent Monitor, her medical expert, and Plaintiffs, Defendants  
24 shall, within 30 days of this Order, adopt mandatory standards, and procedures for  
25 monitoring compliance with such standards, ensuring that EIS placements are  
26 appropriate to minors' age and special needs, are consistent with concern for the  
27

---

28 program" shall include programs in Texas that were licensed by the Texas Health and Human  
Services Commission as dependent care facilities as of August 30, 2021.

1 particular vulnerability of minors, and are safe and sanitary. At a minimum, these  
2 standards shall: (1) ensure class members detained at EISs receive continuous case  
3 management and do not experience a gap in active case management; and (2)  
4 comply with ORR standards for influx care facilities found at ORR Policy Guide  
5 §§ 7.2.1 and 7.5.

6 Dated: \_\_\_\_\_, 2021

7  
8  
9 \_\_\_\_\_  
United States District Judge

10 Presented by:  
11  
12 \_\_\_/s/ Leecia Welch \_\_\_\_\_  
13 Leecia Welch  
14 One of the attorneys for Plaintiffs

15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

*Jenny L. Flores, et al. v. Merrick Garland, et al.*  
Case No. CV 85-4544-DMG (AGRx)

**Exhibit Index to Plaintiffs' Motion to Enforce Re Emergency Intake Sites**

August 9, 2021

<b>Exhibit No.</b>	<b>Exhibit Description</b>
A	Declaration of Melissa Adamson, Ex. 1, Emergency Intake Site Data Summary.
B	Meet and Confer letter and email correspondence between Plaintiffs' counsel and Defendants' counsel
C	Declaration of Dr. Ryan Matlow
D	Declaration of Jonathan D. Ryan
E	Declaration of Arthur Pearlstein
F	Declaration of Lauren Reinhold
G	Declaration of Laurie Elkin
H	Declaration of Hannah P. Flamm
I	Declaration of O.V.P.C.
J	Declaration of K.M.A.
K	Declaration of B.U.A.
L	Declaration of K.A.C.G.
M	Declaration of W.V.V.
N	Declaration of A.H.C.
O	Declaration of M.S.R.L.
P	Excerpt of K.L.M. Case File
Q	Declaration of A.F.H.
R	Declaration of A.R.R.
S	Declaration of A.G.L.
T	Declaration of J.F.A.A.
U	Excerpt of A.P.A. Case File
V	Declaration of S.C.R.
W	Excerpt of W.P.L. Case File
X	Excerpt of M.E.B.C. Case File
Y	Declaration of O.A.R.H.
Z	Declaration of M.E.D.C.L.
AA	Excerpt of M.E.L.A. Case File

**Previously Filed Declarations**

<b>Description</b>	<b>Docket No.</b>
Declaration of D.L.M.E.	1136-9
Declaration of E.Y.O.G.	1136-8
Declaration of K.L.M.	1136-5
Declaration of K.M.T.	1136-11
Declaration of F.P.P.	1136-4
Declaration of Y.A.A.V.	1136-17
Declaration of E.A.M.R.	1136-6
Declaration of E.M.E.O.	1136-10
Declaration of G.M.Z.S.	1136-12
Declaration of Melissa Adamson	1109-2
Declaration of Melissa Adamson in Support of Plaintiffs' Response to ORR Juvenile Coordinator's June 4, 2021 Interim Report	1136-3
Declaration of Leecia Welch	1109-1
Declaration of Y.F.A.G.G.	1136-20
Declaration of A.S.B.A.	1136-14
Declaration of K.E.V.V.	1136-21



# **EXHIBIT A**

1 CENTER FOR HUMAN RIGHTS & CONSTITUTIONAL LAW  
2 Carlos R. Holguín (90754)  
256 South Occidental Boulevard  
3 Los Angeles, CA 90057  
4 Telephone: (213) 388-8693  
5 Email: crholguin@centerforhumanrights.org

6 NATIONAL CENTER FOR YOUTH LAW  
7 Leecia Welch (Cal. Bar No. 208741)  
8 Neha Desai (Cal. RLSA No. 803161)  
9 Mishan Wroe (Cal. Bar No. 299296)  
10 Melissa Adamson (Cal. Bar No. 319201)  
11 Diane de Gramont (Cal. Bar No. 324360)  
12 1212 Broadway, Suite 600 Oakland, CA 94612  
13 Telephone: (510) 835-8098  
14 Email: lwelch@youthlaw.org

13 UNITED STATES DISTRICT COURT  
14 CENTRAL DISTRICT OF CALIFORNIA  
15 WESTERN DIVISION

17 JENNY LISETTE FLORES, *et al.*,  
18 Plaintiffs,  
19 v.  
20 MERRICK GARLAND, Attorney General  
21 the United States, *et al.*,  
22 Defendants.  
23  
24

Case No. CV 85-4544-DMG-AGR<sub>x</sub>  
DECLARATION OF MELISSA ADAMSON IN  
SUPPORT OF PLAINTIFFS’ MOTION TO  
ENFORCE SETTLEMENT RE EMERGENCY  
INTAKE SITES  
Hearing: September 10, 2021  
Time: 9:30 am  
Hon. Dolly M. Gee

25  
26  
27  
28

**DECLARATION OF MELISSA ADAMSON**

I, Melissa Adamson, declare as follows:

1. I am counsel of record for Plaintiffs in the above-captioned case. I execute this declaration in support of Plaintiffs’ Motion to Enforce Settlement Re Emergency Intake Sites.

2. This declaration is based on my personal knowledge, except as to those matters based on information and belief, which I believe to be true. If called to testify in this case, I would testify competently about these facts.

3. Attached hereto is a true and correct copy of Exhibit 1 (“Emergency Intake Site Data Summary”). I authored Exhibit 1, which includes a description of the total numbers of children and lengths of stay at ORR emergency intake sites, a description of the numbers and lengths of stay of tender age children held at ORR emergency intake sites, and a description of individual children’s time in emergency intake sites while in ORR custody.

4. In preparing the Emergency Intake Site Data Summary, I reviewed the monthly statistical data reports produced by the Department of Health and Human Services (“HHS”) pursuant to ¶¶ 28 and 29 of the *Flores* Settlement Agreement for the months of March 2021 (“March HHS data report”); April 2021 (“April HHS data report”); May 2021 (“May HHS data report”); and June 2021 (“June HHS data report”).

5. The census tabs of the March, April, May and June HHS data reports provide the following information for each class member in custody: “ALIEN\_NO,” “FIRST\_NAME,” “LAST\_NAME,” “DOB,” “COB,” “ORR\_PLACEMENT\_DATE,” “GENDER,” “DATE\_ADMITTED,” “PROGRAM\_NAME,” and “PROGRAM\_TYPE.”

6. In preparing the Emergency Intake Site Data Summary, I also reviewed two census data reports produced by Defendants prior to *Flores* Counsel’s monitoring site

1 visit conducted at Pecos EIS on July 27-28, 2021: (1) “Pecos EIS” census provided by  
2 Defendants on July 23, 2021; and (2) “Evening ORR Pecos Census Report 7.26.2021  
3 - 1700hr” census provided by Defendants on July 26, 2021.

4 7. The March HHS data report is a snapshot of ORR data as of April 12, 2021 at  
5 8:00 AM. The April HHS data report is a snapshot of ORR data as of May 14, 2021 at  
6 8:00 AM. The May HHS data report is a snapshot of ORR data as of June 1, 2021 at  
7 8:00 AM. The June HHS data report is a snapshot of ORR data as of July 12, 2021 at  
8 8:00 AM. The “Pecos EIS” is a snapshot of children placed at Pecos EIS as of July 23,  
9 2021. The “Evening ORR Pecos Census Report 7.26.2021 - 1700hr” is a snapshot of  
10 children placed at Pecos EIS as of July 26, 2021. Upon information and belief, the  
11 “Discharge” tab of the “Evening ORR Pecos Census Report 7.26.2021” contains the  
12 dates children were discharged from Pecos EIS.

13 8. I used the methodology described in ¶¶ 9-12 to calculate the information  
14 presented in the Emergency Intake Site Data Summary.

15 9. To determine each child’s “length of stay” I calculated the number of days  
16 between each class member’s “DATE\_ADMITTED” to their current EIS placement  
17 and the snapshot date of the particular data file, as listed in ¶ 7. For example, in the  
18 analysis of the June HHS data report (snapshot date July 12, 2021), a class member  
19 that was admitted to an EIS on June 15, 2021 was calculated as having spent 27 days  
20 at that EIS. This method was chosen to avoid overcounting days spent in custody, as  
21 the monthly data reports do not list the exact time that class members arrive at each  
22 placement.

23 10. For the purposes of this Data Summary, the “length of stay” calculated in each  
24 table reflects the children’s time held in their current EIS placement. It does not  
25 include time that children may have been held in a prior Emergency Intake Site or  
26 time that children were held in Customs and Border Protection.

27  
28

1 11. To determine each child’s age, and therefore which children were “tender age  
2 children,” I calculated the difference between each class member’s listed date of birth  
3 and the snapshot date of the particular data file, as listed in ¶ 7.

4 12. To describe individual class member declarants’ length of custody, I cross-  
5 referenced the “Referrals,” “Discharges,” “Census”, and “Transfers” tabs of the  
6 March, April, May and June HHS data reports. The “Referrals” tabs list “all UAC  
7 referred to ORR care” in the given month, the “Discharges” tabs list “all UAC  
8 discharged from ORR care” in the given month, and the “Transfers” tabs list “all UAC  
9 transferred from one ORR facility to another” in the given month.

10 13. The information contained in Exhibit 1 is true and correct to the best of my  
11 knowledge and belief.

12 14. I declare under penalty of perjury that the foregoing is true and correct.  
13 Executed this 6th day of August, 2021 at San Mateo, California.

14  
15  
16 

17  
18 

---

Melissa Adamson

19  
20  
21  
22  
23  
24  
25  
26  
27  
28

# **EXHIBIT 1**

**EMERGENCY INTAKE SITE DATA SUMMARY**

**I. Length of Stay at ORR Emergency Intake Sites (EIS)**

*Figure 1: ORR Emergency Intake Sites Operational as of July 12, 2021<sup>1</sup>*

<b>EIS Facility Name</b>	<b>Number of children at the EIS Facility</b>	<b>Days in Operation (as of 7/12/21)<sup>2</sup></b>	<b>Range of children’s length of stay at the EIS Facility</b>
Fort Bliss EIS	2,774	104	0 – 57 days
Pecos EIS	1,805	98	0 – 86 days
Pomona EIS	941	72	1 – 43 days
Long Beach EIS	220	82 <sup>3</sup>	14 – 43 days
Starr Commonwealth EIS	126	92	0 – 16 days

<sup>1</sup> “HHS Flores Data-June 2021,” provided by Defendants on July 16, 2021.

<sup>2</sup> See Dep’t Health & Human Servs., *Pomona Fairplex Emergency Intake Site*, May 1, 2021, <https://www.hhs.gov/about/news/2021/05/01/pomona-fairplex-emergency-intake-site.html> (listing opening dates for each emergency intake site).

<sup>3</sup> Long Beach EIS was opened on April 22, 2021, however the April Flores Data Report shows that one child was admitted to Long Beach EIS on April 21, 2021. See Dep’t Health & Human Servs., *Long Beach Emergency Intake Site for Unaccompanied Children Opens Today*, April 22, 2021, <https://www.hhs.gov/about/news/2021/04/22/long-beach-emergency-intake-site-unaccompanied-children-opens-today.html>.



Figure 2: Length of Stay at ORR Emergency Intake Sites as of July 12, 2021<sup>4</sup>

EIS Facility Name	Number of children with length of stay at the EIS Facility for:					
	20 or more days	30 or more days	40 or more days	50 or more days	60 or more days	70 or more days
Fort Bliss EIS <sup>5</sup>	71	56	10	7	0	0
Pecos EIS <sup>6</sup>	799	337	187	63	8	5
Pomona EIS <sup>7</sup>	131	14	1	0	0	0
Long Beach EIS	122	4	3	0	0	0
Starr Commonwealth EIS	0	0	0	0	0	0
<b>Total</b>	1,123	411	201	70	8	5

For example, as of July 12, 2021:

- 17-year-old B.G.G.P. ( [REDACTED] ) had been held at Pecos EIS for 86 days.
- 15-year-old J.M.M. ( [REDACTED] ) had been held at Pecos EIS for 72 days.
- 15-year-old N.C.A. ( [REDACTED] ) had been held at Pecos EIS for 70 days.
- 16-year-old J.O.A. ( [REDACTED] ) had been held at Fort Bliss EIS for 57 days.
- 14-year-old C.E.D.V.C. ( [REDACTED] ) had been held at Fort Bliss EIS for 54 days.
- 13-year-old J.L.P.S. ( [REDACTED] ) had been held at Fort Bliss EIS for 52 days.
- 14-year-old A.C.P. ( [REDACTED] ) had been held at Pecos EIS for 51 days.

<sup>4</sup> “HHS Flores Data-June 2021,” provided by Defendants on July 16, 2021.

<sup>5</sup> Of the 2,774 children placed at Fort Bliss EIS as of July 12, 2021, 120 children did not have a listed “Date\_Admitted,” and thus their length of stay at Fort Bliss EIS could not be calculated. These children’s “ORR\_Placement\_Date” ranged from July 7 to July 11, 2021.

<sup>6</sup> Of the 1,805 children placed at Pecos EIS as of July 12, 2021, 118 children did not have a listed “Date\_Admitted,” and thus their length of stay at Pecos EIS could not be calculated. These children’s “ORR\_Placement\_Date” ranged from July 10 to July 11, 2021.

<sup>7</sup> Of the 941 children placed at Pomona EIS as of July 12, 2021, 136 children did not have a listed “Date\_Admitted,” and thus their length of stay at Pomona EIS could not be calculated. These children’s “ORR\_Placement\_Date” ranged from July 10 to July 11, 2021.

Figure 3: Length of Stay of Children at Pecos EIS as of July 23, 2021<sup>8</sup>

As of July 23, 2021, there were 1,388 children held at Pecos EIS. The range of these children’s length of stay at Pecos EIS was 5-78 days.

EIS Facility Name	Number of children with length of stay at Pecos EIS for:					
	20 or more days	30 or more days	40 or more days	50 or more days	60 or more days	70 or more days
Pecos EIS	380	282	65	25	10	1

For example, as of July 23, 2021:

- 16-year-old L.H.C. ( [REDACTED] ) had been held at Pecos EIS for 78 days.
- 17-year-old K.B.F. ( [REDACTED] ) had been held at Pecos EIS for 64 days.
- 15-year-old P.R.U.I. ( [REDACTED] ) had been held at Pecos EIS for 63 days.
- 16-year-old J.H.L. ( [REDACTED] ) had been held at Pecos EIS for 62 days.
- 14-year-old D.A.H.C. ( [REDACTED] ) had been held at Pecos EIS for 61 days.

Figure 4: Length of Stay by Sponsor Category of Children Discharged from Pecos EIS as of July 26, 2021<sup>9</sup>

The July 26, 2021 census report provided by Defendants included a “Discharge” tab. The “Discharge” tab listed 3,743 children discharged from Pecos EIS that were reunified with individual sponsors between April 13 and July 26, 2021. The “Discharge” tab listed the children’s “Category” information (“1”, “2A”, “2B”, “3” and “4”).

Category	Average length of stay at Pecos EIS	Number of children
1	19.3 days	1,468
2A	22.9 days	837
2B	33 days	1,292
3	39.4 days	143
4	44 days	3

<sup>8</sup> “Pecos EIS” census provided by Defendants on July 23, 2021, prior to Flores Counsel’s site visit to the Pecos EIS conducted on July 27-28, 2021.

<sup>9</sup> “Evening ORR Pecos Census Report 7.26.2021 - 1700hr” census provided by Defendants on July 26, 2021, prior to Flores Counsel’s site visit to the Pecos EIS conducted on July 27-28, 2021.

**II. Length of Stay of Tender Age Children<sup>10</sup> at ORR Emergency Intake Sites**

A total of 191 tender age children were held at five EIS facilities as of July 12, 2021.

*Figure 6: Tender Age Children at Emergency Intake Sites Operational as of July 12, 2021<sup>11</sup>*

Facility Name	Number of tender age children held at the EIS	Age range	Range of tender age children’s length of stay at the facility
Fort Bliss EIS	1	12 years old	6 days
Pecos EIS	1	12 years old	6 days
Long Beach EIS	5	6 – 12 years old	16 – 25 days
Pomona EIS	167	5 – 12 years old	4 – 31 days
Starr Commonwealth EIS	17	7 – 12 years old	12 – 14 days

*Figure 7: Length of Stay of Tender Age Children at Emergency Intake Sites Operational as of July 12, 2021<sup>12</sup>*

EIS Facility Name	Number of children with length of stay at the EIS Facility for 20 or more days
Fort Bliss EIS	0
Pecos EIS	0
Pomona EIS <sup>13</sup>	16
Long Beach EIS	4
Starr Commonwealth EIS	0
<b>Total</b>	<b>20</b>

For example, as of July 12, 2021:

- 12-year-old C.H.F.D. (██████████) had been held at Pomona EIS for 31 days.
- 10-year-old J.M.P. (██████████) had been held at Pomona EIS for 27 days.

<sup>10</sup> ORR defines “tender age children” as 0-12 years old. See Dep’t Health & Human Servs., *Latest UAC Data – FY 2021*, <https://www.hhs.gov/programs/social-services/unaccompanied-children/latest-uc-data-fy2021/index.html> (“Tender Age (0-12) UC”).

<sup>11</sup> “HHS Flores Data-June 2021,” provided by Defendants on July 16, 2021.

<sup>12</sup> “HHS Flores Data-June 2021,” provided by Defendants on July 16, 2021.

<sup>13</sup> Of the 167 tender age children placed at Pomona EIS as of July 12, 2021, 42 children did not have a listed “Date\_Admited,” and thus their length of stay at Pomona EIS could not be calculated. These children’s “ORR\_Placement\_Date” ranged from July 10 to July 11, 2021.

- 8-year-old B.T.A. ( [REDACTED] ) had been held at Long Beach EIS for 25 days.
- 6-year-old E.A.A. ( [REDACTED] ) had been held at Pomona EIS for 25 days.
- 11-year-old Q.M.C. ( [REDACTED] ) had been held Long Beach EIS for 25 days.
- 5-year-old M.J.P.T. ( [REDACTED] ) had been held at Pomona EIS for 24 days.

Figure 8: HHS Placement of Tender Age Children in June 2021<sup>14</sup>

In the month of June 2021, there were approximately 2,033 tender age children referred and placed in ORR custody from Customs and Border Protection (“CBP”). These children were placed directly in EIS facilities, an influx facility, shelters, a “group home,” or transitional foster care placements.

Type of Initial ORR Program Placement	Number of Tender Age Children Placed at Program Type	Age Range
Emergency Intake Sites	554	5 – 12 years old
Influx Care Facility	26	2 – 12 years old
Shelter	1,062	0 – 12 years old
Group Home	2	1 year old
Transitional Foster Care	389	0 – 12 years old

### III. Individual Class Member Declarant’s Length of Custody

The following class members are individually referenced in Plaintiffs’ Motion to Enforce Settlement re Emergency Intake Sites and Plaintiffs’ Response to ORR Juvenile Coordinator’s June 4, 2021 Interim Report (Doc. #1136).

15-year-old A.S.B.A. ( [REDACTED] ) [Doc. #1136-14]

- Held at Pecos EIS for 69 days before she was released to her sponsor.
  - Date Admitted: 4/8/21
  - Date Discharged: 6/16/21
- Interviewed by *Flores* Counsel on 6/8/21 at Pecos EIS.

16-year-old A.F.H. ( [REDACTED] )

- Held at Pecos EIS for 47 days as of 7/27/21, the date that she was interviewed by *Flores* Counsel.
  - Date Admitted: 6/10/21<sup>15</sup>
- Interviewed by *Flores* Counsel on 7/27/21 at Pecos EIS.

<sup>14</sup> “HHS Flores Data-June 2021,” provided by Defendants on July 16, 2021.

<sup>15</sup> *Flores* Counsel are not aware of whether or not A.F.H. has been discharged as of the date of this filing.

16-year-old A.G.L. (██████████)

- Held at Starr Commonwealth EIS for 31 days before he was transferred to Heartland International Children’s Center Shelter.
  - Date Admitted: 4/12/21
  - Date Transferred: 5/13/21
- Held at Heartland International Children’s Center Shelter for 36 days before he was released to his sponsor.
  - Date Discharged: 6/18/21
- Interviewed by *Flores* Counsel on 5/12/21 at Starr Commonwealth EIS.

15-year-old A.H.C. (██████████)

- Held at Pecos EIS for 65 days as of 7/27/21, the date that he was interviewed by *Flores* Counsel.
  - Date Admitted: 5/23/21<sup>16</sup>
- Interviewed by *Flores* Counsel on 7/27/21 at Pecos EIS.

13-year-old A.R.R. (██████████)

- Held at Fort Bliss EIS for 38 days before he was released to his sponsor.
  - Date Admitted: 3/30/21
  - Date Discharged: 5/7/21
- Interviewed by *Flores* Counsel on 4/28/21 at Fort Bliss EIS.

17-year-old B.U.A. (██████████)

- Held at Pecos EIS for 65 days as of 7/27/21, the date that she was interviewed by *Flores* Counsel.
  - Date Admitted: 5/23/21<sup>17</sup>
- Interviewed by *Flores* Counsel on 7/27/21 at Pecos EIS.

17-year-old D.L.M.E. (██████████) [Doc. #1136-9]

- Held at NACC Houston EIS for 14 days before she was transferred to Carrizo Springs ICF.
  - Date Admitted: 4/3/21
  - Date Transferred: 4/17/21
- Held at Carrizo Springs ICF for 24 days before she was released to her sponsor.
  - Date Discharged: 5/11/21
- Interviewed by *Flores* Counsel on 5/3/21 at Carrizo Springs ICF.

17-year-old E.M.E.O. (██████████) [Doc. #1136-10]

- Held at NACC Houston EIS for 14 days before she was transferred to Carrizo Springs ICF.
  - Date Admitted: 4/3/21
  - Date Transferred: 4/17/21

---

<sup>16</sup> *Flores* Counsel are not aware of whether or not A.H.C. has been discharged as of the date of this filing.

<sup>17</sup> *Flores* Counsel are not aware of whether or not B.U.A. has been discharged as of the date of this filing.

- Held at Carrizo Springs ICF for 42 days before she was transferred to Children’s Home of Poughkeepsie – Nuevas Alas Program Shelter.
  - Date Transferred: 5/29/21
- Held at Children’s Home of Poughkeepsie – Nuevas Alas Program Shelter for 19 days before she was released to her sponsor.
  - Date Discharged: 6/17/21
- Interviewed by *Flores* Counsel on 5/3/21 at Carrizo Springs ICF.

13-year-old E.C.O. (██████████) [Doc. #1136-19]

- Held at Freeman (San Antonio) EIS for 28 days before he was released to his sponsor.
  - Date Admitted: 3/30/21
  - Date Discharged: 4/27/21
- Interviewed by *Flores* Counsel on 4/19/21 at Freeman (San Antonio) EIS.

13-year-old E.A.M.R. (██████████) [Doc. #1136-6]

- Held at Fort Bliss EIS for 61 days before she was transferred to Cayuga Centers TFC.
  - Date Admitted: 4/6/21
  - Date Transferred: 6/6/21
- Held at Cayuga Centers TFC for 13 days before she was released to her sponsor.
  - Date Discharged: 6/19/21
- Interviewed by *Flores* Counsel on 6/4/21 at Fort Bliss EIS.

16-year-old E.S.G.V. (██████████) [Doc. #1136-15]

- Held at Freeman (San Antonio) EIS for 32 days before he was released to his sponsor.
  - Date Admitted: 3/30/21
  - Date Discharged: 5/1/21
- Interviewed by *Flores* Counsel on 4/20/21 at Freeman (San Antonio) EIS.

14-year-old E.Y.O.G. (██████████) [Doc. #1136-8]

- Held at NACC Houston EIS for 14 days before she was transferred to Fort Bliss EIS.
  - Date Admitted: 4/3/21
  - Date Transferred: 4/17/21
- Held at Fort Bliss EIS for 40 days before she was released to her sponsor.
  - Date Discharged: 5/27/21
- Interviewed by *Flores* Counsel on 4/29/21 at Fort Bliss EIS.

16-year-old J.F.A.A. (██████████)

- Held at Fort Bliss EIS for 11 days before he was stepped up to Children’s Village Staff Secure.
  - Date Admitted: 4/25/21
  - Date Transferred: 5/6/21
- Held at Children’s Village Staff Secure for 30 days before he was stepped down to Children’s Village Shelter.
  - Date Transferred: 6/5/21

- Held at Children’s Village Shelter for 37 days as of 7/12/21, the most recent HHS *Flores* data report date.

16-year-old F.P.P. ( [REDACTED] ) [Doc. #1136-4]:

- Held at Pecos EIS for 72 days before he was released to his sponsor.
  - Date Admitted: 4/8/21
  - Date Discharged: 6/19/21
- Interviewed by *Flores* Counsel on 6/9/21 at Pecos EIS.

17-year-old G.M.Z.S. ( [REDACTED] ) [Doc. #1136-12]

- Held at NACC Houston EIS for 15 days before she was transferred to Carrizo Springs ICF.
  - Date Admitted: 4/2/21
  - Date Transferred: 4/17/21
- Held at Carrizo Springs ICF for 43 days before she was released to her sponsor.
  - Date Discharged: 5/30/21
- Interviewed by *Flores* Counsel on 4/20/21 at Carrizo Springs ICF.

17-year-old K.A.C.G. ( [REDACTED] )

- Held at Fort Bliss EIS for 18 days before he was stepped up to Children’s Village Staff Secure.
  - Date Admitted: 4/18/21
  - Date Transferred: 5/6/21
- Held at Children’s Village Staff Secure for 13 days before he was released to his sponsor.
  - Date Discharged: 5/19/21

17-year-old K.E.V.V. ( [REDACTED] ) [Doc. #1136-21]

- Held at Long Beach EIS for 54 days before she was released to her sponsor.
  - Date Admitted: 4/27/21
  - Date Discharged: 6/20/21
- Interviewed by *Flores* Counsel on 5/26/21 at Long Beach EIS.

17-year-old K.L.M. ( [REDACTED] ) [Doc. #1136-5]:

- Held at Fort Bliss EIS for 74 days before she was transferred to Cayuga Centers TFC.
  - Date Admitted: 4/6/21
  - Date Transferred: 6/19/21
- Held at Cayuga Centers TFC for 14 days before she was released to her sponsor.
  - Date Discharged: 7/3/21
- Interviewed by *Flores* Counsel on 6/4/21 at Fort Bliss EIS.

17-year-old K.M.A. ( [REDACTED] )

- Held at Pecos EIS for 57 days as of 7/27/21, the date that he was interviewed by *Flores* Counsel.
  - Date Admitted: 5/31/21
- Interviewed by *Flores* Counsel on 7/27/21 at Pecos EIS.



17-year-old K.M.T. ( [REDACTED] ) [Doc. #1136-11]

- Held at NACC Houston EIS for 13 days before she was transferred to Fort Bliss EIS.
  - Date Admitted: 4/4/21
  - Date Transferred: 4/17/21
- Held at Fort Bliss EIS for 41 days before she was transferred to CHS Trail House Shelter.
  - Date Transferred: 5/28/21
- Held at CHS Trail House Shelter for 33 days before she was released to her sponsor.
  - Date Discharged: 6/30/21
- Interviewed by *Flores* Counsel on 4/28/21 at Fort Bliss EIS.

15-year-old M.A.L. ( [REDACTED] ) [Doc. #1136-18]

- Held at Fort Bliss EIS for 28 days before she was transferred to Youth For Tomorrow Shelter.
  - Date Admitted: 4/5/21
  - Date Transferred: 5/3/21
- Held at Youth For Tomorrow Shelter for 16 days before she was released to her sponsor.
  - Date Discharged: 5/19/21
- Interviewed by *Flores* Counsel on 4/28/21 at Fort Bliss EIS.

13-year-old M.E.D.C.L. ( [REDACTED] )

- Held at San Diego Convention Center EIS for 51 days before she was transferred to Southwest Key Casa Quetzal Shelter.
  - Date Admitted: 5/6/21
  - Date Transferred: 6/26/21
- Held at Southwest Key Casa Quetzal Shelter for 16 days as of 7/12/21, the most recent HHS *Flores* data report date.
- Interviewed by *Flores* Counsel on 6/24/21 at San Diego Convention Center EIS.

14-year-old M.E.L.A. ( [REDACTED] ) [Doc. #1136-13]

- Held at Pecos EIS for 62 days as of 6/9/21, the date that he was interviewed by *Flores* Counsel.
  - Date Admitted: 4/8/21
  - M.E.L.A. is not listed in the June HHS *Flores* Data Report census (reflecting the 7/12/21 census), transfers, or discharges tabs.
- Interviewed by *Flores* Counsel on 6/9/21 at Pecos EIS.

8-year-old M.S.R.L. ( [REDACTED] )

- Held at Pomona Fairplex EIS for 24 days as of 7/9/21, the date that she was interviewed by *Flores* Counsel.
  - Date Admitted: 6/15/21
  - M.S.R.L. is not listed in the June HHS *Flores* Data Report census (reflecting the 7/12/21 census), transfers, or discharges tabs.
- Interviewed by *Flores* Counsel on 7/9/21 at Pomona Fairplex EIS.

17-year-old O.A.R.H. ( [REDACTED] )

- Held at Delphi EIS for 72 days before he was released to his sponsor.

- Date Admitted: 4/6/21
- Date Discharged: 6/17/21
- Interviewed by *Flores* Counsel on 6/17/21 at Delphi EIS.

17-year-old O.V.P.C. ( [REDACTED] )

- Held at Fort Bliss EIS for 13 days before he was stepped up to Children's Village Staff Secure.
  - ORR Placement Date (No Date Admitted Listed): 4/23/21
  - Date Transferred: 5/6/21
- Held at Children's Village Staff Secure for 19 days before he was released to his sponsor.
  - Date Discharged: 5/25/21

13-year-old S.C.R. ( [REDACTED] )

- Held at Pomona Fairplex EIS for 30 days as of 7/12/21, the most recent HHS *Flores* data report date.
  - Date Admitted: 6/12/21<sup>18</sup>
- Interviewed by *Flores* Counsel on 7/9/21 at Pomona Fairplex EIS.

16-year-old W.P.L. ( [REDACTED] ) [Doc. #1136-16]

- Held at Starr Commonwealth EIS for 45 days before he was released to his sponsor.
  - Date Admitted: 4/12/21
  - Date Discharged: 5/27/21
- Interviewed by *Flores* Counsel on 5/12/21 at Starr Commonwealth EIS.

17-year-old W.V.V. ( [REDACTED] )

- Held at Fort Bliss EIS for 39 days before he was transferred to Pecos EIS.
  - Date Admitted: 5/7/21
  - Date Transferred: 6/15/21
- Held at Pecos EIS for 43 days as of 7/28/21, the date that he was interviewed by *Flores* Counsel.
- Interviewed by *Flores* Counsel on 7/28/21 at Pecos EIS.

17-year-old Y.A.A.V. ( [REDACTED] ) [Doc. #1136-17]

- Held at Kay Bailey Hutchison Convention Center (Dallas) EIS for 31 days before he was released to his sponsor.
  - Date Admitted: 3/20/21
  - Date Discharged: 4/20/21
- Interviewed by *Flores* Counsel on 3/29/21 at Kay Bailey Hutchison Convention Center (Dallas) EIS.

9-year-old Y.F.A.G.G. ( [REDACTED] ) [Doc. #1136-20]

- Held at Starr Commonwealth EIS for 33 days before he was released to his sponsor.
  - Date Admitted: 4/12/21
  - Date Discharged: 5/15/21
- Interviewed by *Flores* Counsel on 5/12/21 at Starr Commonwealth EIS.

---

<sup>18</sup> *Flores* Counsel are not aware of whether or not S.C.R. has been discharged as of the date of this filing.

# **EXHIBIT B**



## National Center for Youth Law

### BOARD OF DIRECTORS

President

**Dr. Jason Okonofua**  
University of California, Berkeley

Vice President

**Christopher Wu**  
National Center for State Courts

Secretary

**Mary Bissell**  
ChildFocus

Treasurer

**Sidharth Kakkar**  
Freckle Education

**David E. Brown**

The Annie E. Casey Foundation

**Sophie Fanelli**

The Stuart Foundation

**Denise Forte**

The Education Trust

**Laura K. Lin**

Munger Tolles & Olson LLP

**Jack Londen**

Morrison & Foerster LLP

**Mary E. McCutcheon**

Farella, Braun + Martel LLP

**Peter B. Edelman**

Georgetown University Law Center

**Brian Rocca**

Morgan, Lewis & Bockius LLP

**Lori A. Schecter**

McKesson Corporation

**Sandeep Solanki**

Facebook

**Mona Tawatao**

Equal Justice Society

Executive Director

**Jesse Hahnel**

Sarah B. Fabian

Senior Litigation Counsel  
Office of Immigration Litigation  
[Sarah.B.Fabian@usdoj.gov](mailto:Sarah.B.Fabian@usdoj.gov)

*Via email*

May 14, 2021

Dear Sarah,

While we understand that unlicensed Emergency Intake Sites (EISs) resulted from the urgent need to alleviate overcrowding and extended detention at Customs and Border Protection (CBP) facilities, we have serious concerns regarding the conditions at several of the EIS facilities, the lack of critical services at several EIS facilities, the use of EIS facilities for tender age children, and the length of time children of all ages are being detained at EISs. These concerns are only underscored by the fact that a huge percentage, if not the majority, of children are now being detained at EISs and ORR's licensed bed capacity has increased minimally over the last several months. We would like to set up a time to meet and confer with you about these concerns, especially in light of the shocking conditions children who were detained at the National Association of Christian Churches EIS in Houston have reported to us and the fact that the Freeman Coliseum EIS and Dallas Convention Center EIS will be closing on May 25, 2021. I have detailed our proposed meet and confer topics below. Are you available to meet and confer Tuesday, May 18 between 2:00pm-4:00pm; or Wednesday, May 19 between 9:00am-12:00pm or 2:00pm-4:00pm; or Thursday, May 20 between 10:30am-12:00pm (all times PST)?

### 1. Placement of Children Previously Detained in Houston (FSA ¶¶ 12, 14, 19)

As you know, the conditions at National Association of Christian Churches EIS were so egregious the EIS had to be closed. Further, based on our interviews with children transferred from Houston, we are aware of a significant security breach that left the girls feeling understandably

unsafe. Given the ways in which the health and safety of these girls was compromised, we believe each child who was previously detained there must be prioritized for release to their sponsors, and if release to sponsors is not possible within 72 hours, they must be immediately transferred to a licensed placement, appointed a child advocate, and offered enhanced mental health services. While all children are entitled to a licensed placement under the Settlement Agreement, these children, are particularly vulnerable and therefore should be prioritized in an effort to mitigate the trauma they may have experienced.

## **2. Closure of Freeman Coliseum EIS and Dallas Convention Center EIS (FSA ¶¶ 12, 14, 19)**

Based on our current information, hundreds, if not thousands, of children who are currently placed at the Freeman Coliseum EIS and Dallas Convention Center EIS may need a new placement when these facilities close on May 25. Most of those children will have spent several weeks at these facilities (after having spent approximately 5-20 days in CBP custody), and some much longer. These children should not be transferred to yet another unlicensed placement once these EISs close. If ORR does not release these children to their sponsors prior to the closure of these facilities, they must be provided a licensed placement while the reunification process continues. ORR should also flag these children at their new placements to ensure continuity of case management.

## **3. Tender Age Youth at EIS facilities (FSA ¶¶ 12, 19)**

It is fundamentally inappropriate for tender age children to be held at unlicensed EISs. We are concerned that these children are not being provided adequate services given their particular vulnerabilities. We would like to discuss ORR's plans to end the use of EISs for tender age children.

## **4. Lack of Mental Health Clinicians (FSA ¶ 19 and Exhibit 1)**

It has been publicly reported that at least one EIS currently does not have any mental health clinicians available, and based on our site visits, we are concerned that several others are not adequately staffed to provide mental health services. We would like to discuss the current ratio of mental health clinicians to children at each EIS.

## **5. Lack of Educational Services (FSA ¶ 19 and Exhibit 1)**

Several EISs that have been open for more than 20 days do not provide children with any educational services. Field Guidance #13 says educational services will be provided "as soon as possible and to the extent practicable." We would like to discuss whether current EIS contracts require the development of meaningful educational services and the timeline for doing so.

## **6. Length of time at EISs (FSA ¶ 12)**

Numerous children have been placed in EISs since they first opened with no indication of when they will be released to sponsors or transferred to licensed facilities. We would like to discuss whether there are plans to limit the number of days children spend in EISs and, if so, what the maximum number of allowable days will be.

## **7. Fort Bliss EIS (FSA ¶ 12)**

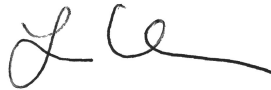
Housing over four thousand children in a single facility is antithetical to child welfare principles, inherently inappropriate, and makes it impossible to ensure each child is safe and receiving the services and support necessary. Ft. Bliss is already far too large to adequately address the needs of the children

held there, as we experienced first-hand on our site visit. It has been publicly revealed that ORR intends to place tender age youth at Ft. Bliss and expand capacity to 10,000 children. We would like to discuss our serious concerns regarding these proposals.

**8. Placement at EISs (FSA ¶ 12)**

Based on the information we currently have, it appears ORR is not using any metric or policy rationale to determine which children are afforded licensed placements in compliance with the Settlement Agreement, and which are denied licensed placement and put in Influx Sites or EISs. We would like to discuss the rationale being used, if any, to determine where a child is placed.

Sincerely,

A handwritten signature in black ink, appearing to read 'Leecia Welch', with a long horizontal flourish extending to the right.

Leecia Welch

Cc: Andrea Ordin (aordin@strumwooch.com)  
Dr. Paul Wise (pwise@stanford.edu)



Mishan Wroe <mwroe@youthlaw.org>

## Report of Dr. Ryan Matlow and further meet/confer

Leecia Welch <lwelch@youthlaw.org>

Tue, Jul 27, 2021 at 6:28 PM

To: "Fabian, Sarah B (CIV)" <Sarah.B.Fabian@usdoj.gov>

Cc: Mishan Wroe <mwroe@youthlaw.org>, Andrea Sheridan Ordin <aordin@strumwooch.com>, Carlos Holguín <crholguin@centerforhumanrights.email>, "Batool, Fizza (CIV)" <Fizza.Batool2@usdoj.gov>, "Paul H. Wise" <pwise@stanford.edu>, "Miranda-Maese, Aurora (ACF) (CTR)" <Aurora.Miranda-maese@acf.hhs.gov>

Hi Sarah - Given the time constraints, we suggest that we find another time for Dr. Matlow to join a call to the extent Defendants have questions regarding his statement or recommendations. We are happy to coordinate with him to find a time, if you'd like.

We would like to spend the bulk of the call on Friday meeting and conferring one last time about the concerns we have raised relating to the use of EISs - in an effort to avoid filing a motion to enforce. The topics we would like to discuss are:

1. Does ORR have any new written policies addressing children's length of stay in EISs and/or how ORR determines which children receive licensed placement and which do not?
2. Will ORR commit to using EISs only for Cat 1 and Cat 2A children who do not have any particular vulnerabilities? As we have stated previously, we believe ORR should not place Category 2B, 3, or 4 children, children with disabilities, children who identify as LGBTQ, children who primarily speak an indigenous language, tender age children, or pregnant or parenting teens, in EISs. We similarly believe that within 5 days of determining that a child detained at an EIS needs a home study or is a Category 2B, 3 or 4, the child should be given a licensed placement.
3. Why is the Pomona EIS, which has better living conditions than Ft. Bliss and Pecos, under utilized?
4. Will ORR commit to not placing tender age children at Ft. Bliss or Pecos?

We are still reviewing the JC report and may have a couple of questions, but, at this point, we do not have specific topics to propose and do not anticipate needing to spend much time discussing the report.

Please let me know if you have any additional questions. Best, Leecia

On Mon, Jul 26, 2021 at 3:28 PM Fabian, Sarah B (CIV) <Sarah.B.Fabian@usdoj.gov> wrote:

Mishan:

Confirmed, but please be aware that I have another call at 3pm ET so we will have one hour and then there will need to be a hard stop for our call.

Given that there seem to be a few different topics to cover, Defendants propose that we start the call with Dr. Matlow presenting anything that he would like to present, and we will ensure that someone from DHUC is present to listen to that presentation. After that, we would ask that Dr. Matlow leave the call for the meet and confer portion, and with an agreement that any information exchanged after that would be subject to the protective order, Defendants are willing to hear and discuss as appropriate any issues you believe need to be addressed related to your response to the Juvenile Coordinator report, or if you believe that a meet and confer in anticipation of a motion to enforce is still necessary, Defendants would ask that you identify those issues separately and we can address those as appropriate as well.

Please confirm that you agree with the above approach to the call and I will circulate a video link/dial-in for us to use.

Thank you,



Sarah

Sarah B. Fabian

Senior Litigation Counsel

Office of Immigration Litigation – District Court Section

(202) 532-4824

**From:** Mishan Wroe <[mwroe@youthlaw.org](mailto:mwroe@youthlaw.org)>

**Sent:** Monday, July 26, 2021 5:04 PM

**To:** Andrea Sheridan Ordin <[aordin@strumwooch.com](mailto:aordin@strumwooch.com)>

**Cc:** Fabian, Sarah B (CIV) <[Sarah.B.Fabian@usdoj.gov](mailto:Sarah.B.Fabian@usdoj.gov)>; Carlos Holguín <[crholguin@centerforhumanrights.email](mailto:crholguin@centerforhumanrights.email)>; Batool, Fizza (CIV) <[Fizza.Batool2@usdoj.gov](mailto:Fizza.Batool2@usdoj.gov)>; Paul H. Wise <[pwise@stanford.edu](mailto:pwise@stanford.edu)>; Miranda-Maese, Aurora (ACF) (CTR) <[Aurora.Miranda-maese@acf.hhs.gov](mailto:Aurora.Miranda-maese@acf.hhs.gov)>; Leecia Welch <[lwelch@youthlaw.org](mailto:lwelch@youthlaw.org)>

**Subject:** Re: Report of Dr. Ryan Matlow and further meet/confer

Sarah, could you please confirm Friday at 11am PST works on your end? I'm happy to circulate a call-in if you'd like.

**Mishan Wroe** (*Pronouns: she / her / hers*)

**Senior Attorney, Immigration & Legal Advocacy**

National Center for Youth Law

Phone: 510-920-3512

Fax: 510-835-8099

1212 Broadway, Suite 600, Oakland, CA 94612



On Fri, Jul 23, 2021 at 3:23 PM Andrea Sheridan Ordin <[aordin@strumwooch.com](mailto:aordin@strumwooch.com)> wrote:

That time works for me as well.

Thanks!

Andrea

**From:** Mishan Wroe <[mwroe@youthlaw.org](mailto:mwroe@youthlaw.org)>  
**Sent:** Friday, July 23, 2021 2:59 PM  
**To:** Fabian, Sarah B (CIV) <[Sarah.B.Fabian@usdoj.gov](mailto:Sarah.B.Fabian@usdoj.gov)>  
**Cc:** Carlos Holguín <[crholguin@centerforhumanrights.email](mailto:crholguin@centerforhumanrights.email)>; Batool, Fizza (CIV) <[Fizza.Batool2@usdoj.gov](mailto:Fizza.Batool2@usdoj.gov)>; Andrea Sheridan Ordin <[aordin@strumwooch.com](mailto:aordin@strumwooch.com)>; Paul H. Wise <[pwise@stanford.edu](mailto:pwise@stanford.edu)>; Miranda-Maese, Aurora (ACF) (CTR) <[Aurora.Miranda-maese@acf.hhs.gov](mailto:Aurora.Miranda-maese@acf.hhs.gov)>; Leecia Welch <[lwelch@youthlaw.org](mailto:lwelch@youthlaw.org)>  
**Subject:** Re: Report of Dr. Ryan Matlow and further meet/confer

Thanks, Sarah. Plaintiffs are available during that time on Friday, July 30 and have a preference for 11am PST/2pm EST if that works for everyone else.

**Mishan Wroe** (*Pronouns: she / her / hers*)

**Senior Attorney, Immigration & Legal Advocacy**

National Center for Youth Law

Phone: 510-920-3512

Fax: 510-835-8099

1212 Broadway, Suite 600, Oakland, CA 94612

[DONATE](#)



On Fri, Jul 23, 2021 at 8:55 AM Fabian, Sarah B (CIV) <[Sarah.B.Fabian@usdoj.gov](mailto:Sarah.B.Fabian@usdoj.gov)> wrote:

Carlos – I did not hear back from you about scheduling this call, and it now looks like Andrea, Paul, Mishan, and I will all be unavailable for much of Thursday. Would Friday work for you instead? I think the best time for Defendants would be between 1-3pm ET that day. Please let me know if there is a time in there that works for your group.

Best,

Sarah

Sarah B. Fabian

Senior Litigation Counsel

Office of Immigration Litigation – District Court Section

(202) 532-4824

---

**From:** Fabian, Sarah B (CIV)  
**Sent:** Tuesday, July 20, 2021 11:39 AM  
**To:** Carlos Holguín <[crholguin@centerforhumanrights.email](mailto:crholguin@centerforhumanrights.email)>

**Cc:** Batool, Fizza (CIV) <Fizza.Batool2@usdoj.gov>; Andrea Sheridan Ordin <aordin@strumwooch.com>; Paul H. Wise <pwise@stanford.edu>; Miranda-Maese, Aurora (ACF) (CTR) <Aurora.Miranda-maese@acf.hhs.gov>; Leecia Welch <lwelch@youthlaw.org>; Mishan Wroe <mwroe@youthlaw.org>

**Subject:** RE: Report of Dr. Ryan Matlow and further meet/confer

Carlos – as you're aware ORR's next interim Juvenile Coordinator report is due this Friday, July 23. Given the substantial amount of work that goes into preparing and filing that report, and the fact that we expect the next report to address some of the issues you raise in your email, we would propose that if you want to meet and confer on these issues the meet and confer should occur during the following week. The only day that all of us are available to discuss is Thursday 7/29; therefore, we would ask that you please let us know your availability to talk on 7/29 so we can figure out a time that works.

Best,

Sarah

Sarah B. Fabian

Senior Litigation Counsel

Office of Immigration Litigation – District Court Section

(202) 532-4824

---

**From:** Carlos Holguín <crholguin@centerforhumanrights.email>

**Sent:** Monday, July 19, 2021 6:10 PM

**To:** Fabian, Sarah B (CIV) <Sarah.B.Fabian@usdoj.gov>

**Cc:** Batool, Fizza (CIV) <Fizza.Batool2@usdoj.gov>; Andrea Sheridan Ordin <aordin@strumwooch.com>; Paul H. Wise <pwise@stanford.edu>; Miranda-Maese, Aurora (ACF) (CTR) <Aurora.Miranda-maese@acf.hhs.gov>; Leecia Welch <lwelch@youthlaw.org>; Mishan Wroe <mwroe@youthlaw.org>

**Subject:** Report of Dr. Ryan Matlow and further meet/confer

Sarah,

Plaintiffs remain very concerned about the extended lengths of stay of children in EIS facilities. We are also concerned about the apparent lack of policies addressing: (1) how long a child can remain in an EIS and (2) which children are placed in EISs and which are afforded licensed placements.

While we appreciate ORR is working to close many EISs, the fact remains that ORR has an obligation to expeditiously move children from EISs to licensed facilities. Please let us know if ORR has any new policies addressing children's length of stay in EISs and/or how ORR determines which children receive licensed placement and which do not. If no such policies exist, please so advise.

We have already met and conferred about these issues extensively, but we wanted to reach out once more before seeking court involvement. As we have stated previously, we believe ORR should not place Category 2B, 3, or 4 children, children with disabilities, children who identify as LGBTQ, children who primarily speak an indigenous language, tender age children, or pregnant or parenting teens, in EISs. We similarly believe that within 5 days of determining that a child detained at an EIS needs a home study or is a Category 2B, 3 or 4, the child should be given a licensed placement.

We are attaching Dr. Matlow's report of his visit to Ft. Bliss in June. He is available to discuss his findings and recommendations with you and your clients if you would like to do so.

#44336

We proposed meeting re the foregoing on Friday, July 23 or Monday, July 26, at whatever hour may be convenient for Defendants and their counsel. Please advise.

Thank you.

—

Carlos Holguín  
General Counsel  
Center for Human Rights & Constitutional Law  
256 S. Occidental Blvd.  
Los Angeles, California 90057  
(213) 388-8693 x.309 (v)  
(213) 290-1642 (direct)  
(213) 386.9484 (fax)  
<http://www.centerforhumanrights.org>

--

CONFIDENTIALITY NOTICE: This communication, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and legally privileged information. Any unauthorized interception, review, use, distribution, or disclosure not authorized by the intended recipient(s) is prohibited and may violate applicable laws, including the Electronic Communications Privacy Act of 1986, Pub. L. 99-508, 100 Stat. 1848, codified at 18 U.S.C. §§ 2510 et seq. If you are not the intended recipient, please contact the sender and destroy all copies of the original communication.

**Disclaimer**

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by Mimecast, a leader in email security and cyber resilience. Mimecast integrates email defenses with brand protection, security awareness training, web security, compliance and other essential capabilities. Mimecast helps protect large and small organizations from malicious activity, human error and technology failure; and to lead the movement toward building a more resilient world. To find out more, visit our website.

--

**Leecia Welch** (*Pronouns: she / her / hers*)  
**Senior Director, Legal Advocacy and Child Welfare**  
National Center for Youth Law

1212 Broadway, 6th Floor, Oakland, CA 94612  
Phone: (510) 835-8098 ext. 3023  
Fax: (510) 835-8099



# EXHIBIT C

## PSYCHOLOGICAL EVALUATION OF CHILDREN AND CONDITIONS AT FORT BLISS EMERGENCY INTAKE SITE

### INTRODUCTION

I am a practicing licensed child clinical psychologist and a Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences at the Stanford University School of Medicine. In this position, I serve as the Director of Community Programs for Stanford's Early Life Stress and Resilience Program, and I am a core faculty member in the Stanford Human Rights in Trauma Mental Health Program. I obtained my Ph.D. in Clinical Psychology from the University of Denver, with a Specialization in Developmental Cognitive Neuroscience. I completed my predoctoral internship and postdoctoral fellowship at the Multicultural Clinical Training Program at the University of California, San Francisco, which entailed extensive training and experience in trauma-focused clinical intervention for immigrant children and families. I received a Master of Arts degree in Psychological Research from San Francisco State University, and a Bachelor of Science degree in Cognitive Science from the University of California, San Diego. My clinical and research efforts and experiences focus on understanding and addressing the impact of stress, trauma, and adversity in children, families, and communities.

I have published research manuscripts in peer-reviewed journals and I have authored chapters on trauma in published volumes on mental health. I have given numerous presentations at national and international professional conferences and have delivered workshops and trainings on child traumatic stress, trauma-focused intervention, and trauma-informed practice for mental health professionals, trainees, and multidisciplinary audiences. I have served as a peer reviewer for the Annual Meeting of the International Society of Traumatic Stress Studies (ISTSS), the Journal of Traumatic Stress, the Journal of Psychiatric Research, the Journal of Interpersonal Violence, and Psychological Trauma: Theory, Research, and Practice.

I have worked extensively with immigrant children and families from Mexico, Central America, and South America. I am fluent in Spanish and I provide bilingual psychological evaluation and treatment services. I have developed and implemented clinical interventions specifically tailored to address immigration-related stress including common traumas experienced before, during, and after migration. Furthermore, I have participated in the monitoring and psychological evaluation of migrant children in federal immigration custody. In 2018 and 2019, I visited ORR-contracted shelters and influx facilities including Southwest Key Casa Padre (Brownsville, Texas), BCFS Tornillo Influx Facility (El Paso, Texas), and Homestead Influx Facility (Homestead, Florida). During these visits, I conducted site inspections and child interviews for the purposes of evaluating the mental health and physical wellness of the children detained at these facilities, as part of ongoing monitoring under the *Flores* Settlement Agreement. In 2019 and 2020, I conducted similar monitoring and evaluation of the psychological impact of the Migrant Protection Protocol through observation and interviewing at various shelter and child care facilities in Tijuana (Baja California, Mexico) and Ciudad Juarez (Chihuahua, Mexico). Based on these experiences, I have prepared and submitted expert reports and declarations, including for the cases of *Flores v. Barr* and *Lucas R. v. Azar*, and in briefings for the U.S. Senate and House of Representatives. I have also conducted review, evaluation, and expert reporting related to child trauma exposure in individual cases, including

habeas filings, federal tort claims, and in the case of *DJCV v. United States*. For further information regarding my experiences and affiliations, see attached curriculum vitae.

I visited the Fort Bliss Emergency Intake Site (EIS) on June 3, 2021, and June 4, 2021, at the request of attorneys who represent detained children as part of the settlement agreement in *Flores v. Garland*. My clinical impressions of the detained children and the detention conditions are based on: (1) a tour of the facility provided by Commander Gregory Davis on June 3, 2021; and (2) face-to-face individual interviews with 4 boys and 4 girls aged from 13 to 17 at the Fort Bliss Emergency Intake Site (Fort Bliss) on June 3 and 4, 2021. The children I interviewed were from Guatemala, Honduras, Nicaragua, and El Salvador. The children I interviewed had lengths of stay at Fort Bliss ranging from approximately 51 days through 62 days, and many had been previously placed at other EIS facilities, following stays in Customs and Border Protection (CBP), before being placed at Fort Bliss. All were seeking to reunite with family members or known family friends in the United States (however, one child believed his proposed sponsor was being denied, resulting in his apparent placement in Category 4).

I have detailed my findings and recommendations below. In sum, Fort Bliss is a restrictive environment where children have limited freedom of movement, limited access to resources, and limited opportunities for recreation and agency, among other restrictions. The general conditions, experiences, and daily routines of children at Fort Bliss pose risks to their physical and psychological well-being, especially considering their particular vulnerability as immigrant children who have frequently faced significant prior exposure to adversity and trauma. In particular, children experience intense psychological distress regarding their case status and their limited access to information about the release process. Additionally, increased duration of detention corresponds with declining psychological functioning and well-being and, as children spend more time at Fort Bliss, they are likely to become increasingly hopeless, helpless, and despondent. Children are not able to access adequate supports and services from the staff and facility at Fort Bliss, and the available mental health supports are inadequate for meeting the needs of the population. Children also suffer distress due to insufficient quantity and quality of contact with their families. The general experiences and treatment of children at Fort Bliss are not consistent with principles and practices of trauma-informed care.

It is my professional opinion that large-scale congregate care facilities such as Fort Bliss are inappropriate for housing unaccompanied immigrant children for extended periods of time (i.e., beyond a few days or 1-2 weeks), due to the risk of causing clinically significant psychological harm. Furthermore, such facilities are entirely inappropriate – and potentially harmful – for any duration of stay for children with moderate to severe mental health difficulties, children with disabilities, children with significant family stress, tender age children, children who primarily speak indigenous languages, and children who are pregnant or parenting.

This declaration is based on my personal knowledge. If called to testify in this case, I would testify competently about these facts.

### **POPULATION AT FORT BLISS EMERGENCY INTAKE SITE**

Children are generally vulnerable based on their dependence on adult caregivers and their sensitivity to environmental experiences in shaping their long-term development. From infancy through early adulthood, children are continually developing their psychological skills and sense of self and the world, and these outcomes – along with children’s neurobiological structure and function – are deeply influenced by their life experiences. Immigrant children are particularly



vulnerable because they are known to have experienced significant childhood adversities and traumas, often across or within multiple stages of development (Betancourt et al., 2017). Immigrant children have heightened rates and risk for trauma exposure before, during, and after migration. Children currently and recently arriving at the U.S. Southern Border (from countries such as El Salvador, Guatemala, and Honduras) have commonly experienced extreme poverty, severe health risk, domestic abuse and violence (including witnessing and/or experiencing physical and sexual abuse), community violence (including witnessing and/or experiencing assault, murder, or gang persecution), discrimination based on identity (e.g., ethnicity, sexual orientation, indigenous heritage), extortion, kidnapping or attempted kidnapping, and loss of family members or loved ones (Keller et al., 2017; Physicians for Human Rights, 2019). Unaccompanied immigrant children have yet another level of vulnerability because, by nature, they are experiencing the temporary but ambiguous loss of the primary protective factor that supports healthy child development: the consistent presence of a stable and supportive caregiver.

Childhood exposure to adversity and trauma is known to increase risk for future mental health difficulty, physical health problems, and functional impairment, and, through these mechanisms, has been associated with shortened life expectancy (Bucci et al., 2016; Felitti et al., 1998; Felitti & Anda, 2010). Exposure to discrete incidents of trauma is associated with the presence of a range of psychological symptoms and psychiatric disorders including, but not limited to, depression and other mood disorders, anxiety disorders, posttraumatic stress disorder, adjustment disorders, and substance use disorders. Additionally, the presence of multiple traumas in childhood across multiple stages of development is known to result in more pervasive and pernicious difficulties in cognitive, emotional, behavioral, and relational functioning, with response styles that emphasize survival, impulsivity, and hypervigilance as adaptive reactions to dangerous environments (Shonkoff, 2016; Blaustein & Kinniburgh, 2018; National Scientific Council on the Developing Child, 2005/2014; van der Kolk, 2014). These developmental impacts of trauma influence children's independent functioning, self-care, health functioning, cognitive and academic functioning, occupational functioning, and social or interpersonal functioning.

The experience of being detained in government custody has clear, demonstrated negative consequences for the psychological health and general functioning of immigrant children (Linton, Griffin, & Shapiro, 2017; von Werthern et al., 2018). For many children, experiences of involuntary placement in restrictive custody settings constitute a form of traumatic stress exposure that puts them at increased risk for suffering the various health and psychological harms described above.<sup>1</sup> As an indicator of prevalence in the current population, a 2019 study of Central American immigrant children detained in an ICE facility with a caregiver showed that these children demonstrated two times the rates of abnormal emotional and behavioral difficulties, and three to four times the rates of PTSD prevalence compared with children in the general U.S. population (MacLean et al., 2019). For immigrant children in

---

<sup>1</sup> While involuntary placements for purposes of maintaining safety are standard practice in the field of medicine and mental health, such decisions are only made when there are clear and acute safety risks identified via in-depth evaluation to ensure that the acute safety risks of non-secure care outweigh the harms of restrictive care. In standard medical and mental health practice, involuntary placements are never pre-emptively applied to entire populations of individuals. In the current context, the experience of restrictive custody is often the driving factor contributing to the severe mental health decline and associated safety risks.



detention, particular concerns have been raised regarding the development of thoughts of suicide and acts of self-harm, behavioral difficulties (e.g., disruptive conduct, mutism, and social and behavioral withdrawal), somatic symptoms and health complaints, and difficulties with sleeping and eating (Robjant et al., 2009; von Werthern, et al., 2018). Additional concerns are present for children who are held in custody in institutionalized, congregate care settings (such as Fort Bliss), due to the impacts of regimented routines, lack of individualized care, and barriers to personal investment in children. Experts conclude that providing for children's basic needs (e.g., food, sleep, health) is insufficient for promoting typical development in the absence of individualized and reliable caregiver-child relationships (Center on the Developing Child, 2013). Furthermore, the harms to children in these settings only increase when detention is prolonged. Research has demonstrated that increased time in immigration detention is associated with greater psychological distress and increased impairment in mental health functioning for children (Mares, 2016; Newman & Steel, 2008; Robjant et al., 2009; von Werthern et al., 2018). Separation from family members due to detention adds further risk and is associated with poorer mental health outcomes relative to children who stay with caregivers or family members (von Werthern et al., 2018). The negative mental health outcomes associated with restrictive custody, congregate care, and separation from family can be long-lasting, as the symptoms of psychological distress described above have been shown to endure for years beyond release from detention (von Werthern et al., 2018). The developmental impact of adversity experienced due to restrictive care can alter a child's future trajectory and functioning, and may increase the risk for future traumatic stress, as children's resilience and resources are undermined.

## **OBSERVATIONS OF CHILDREN AND CONDITIONS AT FORT BLISS EIS**

**The general conditions, experiences, and daily routines of children at Fort Bliss pose risks to their physical and psychological well-being.** Through the Fort Bliss tour and interviews, I learned that children spend approximately 21-22 hours per day inside their tents, in which they are closely quartered with hundreds of other similar-age children. They leave their tents only for brief periods of recreation (usually – though not always – offered on a daily basis, but often during hot mid-day hours), to move to dining halls, and to attend occasional case management, medical, or counseling appointments. They have limited opportunities for recreation and activity within their tents (sometimes playing cards or making beaded jewelry) and are generally offered 1-2 hours of optional English lessons most days of the week. In general, children appear to spend the majority of their time talking with peers, sleeping, or reading.

In these circumstances, many children experience extreme boredom, lethargy, low motivation, hopelessness, and helplessness, all of which are symptoms and contributors to depression and psychological stress. The majority of children I spoke with endorsed or demonstrated at least one of these symptoms, and generally indicated that these difficulties were present most of the time – if not all of the time – in recent weeks. Many children also reported regular (i.e., daily or near everyday) sleep difficulties, which can be attributed to experiences of depression and psychological stress, disruption in sleep patterns (e.g., due to extended daytime sleep), and/or exposure to light throughout the night (in some areas of the tents, bright lights remain illuminated 24 hours/day).

One child described her struggle with the crowded living conditions, noting that she feels uncomfortable around large groups of people (a common symptom of social anxiety), with the

result that she experiences chronic stress in her living environment and is not able to fully engage with the available recreational and educational activities in her tent. Some children struggled with the lack of privacy in their living environment, noting that time alone, as well as the ability to talk to family members in confidence, typically helps to reduce their stress, but they don't have such opportunities at Fort Bliss. Many children complained about the food (including multiple specific reports that they were served raw and bloody chicken with feathers) and reported experiencing a reduced appetite, which is both a symptom and contributor to depression and psychological stress. Without developmentally-appropriate, goal-directed, and values-oriented activities to guide children's activities and daily functioning, they began to languish in a state of increasing sadness, inactivity, agitation, anxiety, and adjustment difficulty.

**Children experience intense psychological distress about their case status.** Nearly all children I spoke with endorsed clinically significant<sup>2</sup> and severe stress and anxiety about the status of their case, particularly related to the lack of knowledge about their case and the lack of accurate information on their timeline for release. All children stated that their primary need and desire was to be released from Fort Bliss and to be united with their potential sponsor(s). Communication with case managers varied widely, with some children reporting regular recent contact with case managers, and others reporting a complete absence of contact during the entirety of their stay. Nearly all children reported having no contact with a case manager in the first 3-4 weeks of their stay, and most stated that they primarily receive updates on their case status through second-hand reporting via conversations with their sponsors and family.

Most children directly stated that having more contact and information from their case managers would lessen their stress and anxiety, and that news about their case served as a primary motivator for staying active and engaged in their daily activities. However, children were generally told that they cannot meet with their case managers by request and were instead instructed to wait for case managers to call for them (at the case managers' discretion). This inability to request information and assistance when needed contributes to children's sense of helplessness and lack of agency. In the absence of clear and consistent information, many children were experiencing unmitigated worry and anxiety, as they had begun to envision worst-case scenarios, such as that they will never see their family, that they will be transferred to a new (and potentially worse) facility, and that they will have to re-start their cases.

Similarly, many children did not understand why their cases were delayed (especially when comparing themselves to peers who had come and gone from Fort Bliss), which led them to worry that there was something wrong with their cases that would result in an undesired outcome. Many children attributed sleep difficulties to their anxieties about their cases, noting that they stay awake at night worrying about what will happen to them. Some children demonstrated significant frustration regarding their case status (and/or lack of information and communication) that linked with experiences of irritability and anger with a resulting impact on their social functioning and their interactions with facility staff. Other children described and demonstrated sadness and helplessness about their situation (including their inability to get information or do anything about their case) that manifest as symptoms of depression. Many children had been told that they would be at Fort Bliss for a specific duration (typically, either 40 or 60 days); those children that were approaching these marks therefore experienced increasing anxiety as they feared they were about to experience another setback in their release to family

---

<sup>2</sup> The term "clinically significant" is used when stressors or psychiatric symptoms are present the majority of the time, cause significant distress, and result in impairment in functioning.

and community and no one had communicated to them what would happen when they reached the 40- or 60-day mark.

**Increased duration of detention corresponds with declining psychological functioning and well-being.** Within these circumstances and experiences, children's psychological functioning appears to deteriorate and decompensate over time as their stay at Fort Bliss is extended. Multiple children noted that their symptoms of anxiety and/or depression began after approximately 4-5 weeks at Fort Bliss. They reported that the frequency and intensity of their sadness, tearfulness, worry, and anxiety gradually increased over time. Many noted that they had never experienced symptoms of pervasive anxiety and/or depression prior to their placement at Fort Bliss.

Children reported particular difficulty in seeing other peers arrive and get discharged from Fort Bliss, while they remained in an uncertain limbo. In addition to the concerns about their own case status that get triggered by seeing other peers leave, many children endorsed sadness directly resulting from the loss of social support stemming from friends' departures. Indeed, many children rely on the mutual support that comes from their companions in custody, but children with extended stays experience multiple losses of this important peer resource, thereby contributing to their grief and despair.

As children spend more time in the restrictive environment at Fort Bliss (in which they have limited freedom of movement, limited access to resources, and limited opportunities for recreation and agency, among other restrictions), they are likely to become increasingly hopeless, helpless, and despondent. Patterns of behavioral inactivity become routine, habitual, and engrained as children's motivation and energy for positive and productive activity deteriorates. In contrast to normative adolescent development which entails increased independence over time, children experience prolonged periods of limited agency, leading them to either succumb to a state of helpless despair, or to resort to acts of desperation. Such acts can include self-harm or attempts to escape, both of which children I interviewed at Fort Bliss had witnessed. As children's concerns, worries, and anxieties about their case disposition are unaddressed and unmitigated, their fears and preoccupations intensify. One child endorsed significant distress caused by persistent and intrusive negative thoughts that "I won't ever get out; I'm going to die here" ("nunca voy a salir; voy a morir aqui"). Multiple children reported that, with extended time at Fort Bliss, they increasingly lost hope that they would reach their destination, be reunified with their family, or achieve the positive outcomes they had hoped for at the start of the journey to the United States.

**Children are not able to access adequate supports and services from the staff and facility.** On the whole, interactions and supports from facility staff and counselors appear to be inadequate – and in some cases harmful – for children's psychological health. While some children stated that facility staff are helpful and supportive, others reported and demonstrated distress stemming from their interactions with staff. One child stated that, in her tent, children are not permitted to speak or converse with staff, leaving them devoid of support from adults during the vast majority of their time in custody. Other children reported being told by staff that they would be deported if they tried to leave their tent or the facility, and that receiving an incident report would prolong their stay or negatively impact their immigration case.

Instances of staff using threats and misinformation as a means of behavior management can have negative psychological consequences for children. These comments, from staff, not only exacerbate children's worries and anxieties about their case status, but also engender distrust and lack of confidence in the adults around them. The use of threats (including

presentation of false information) as a form of behavior management is an indication of staff overwhelm, potentially due to insufficient qualifications to work with this population, insufficient staffing, inadequate training, general burnout, and/or vicarious traumatization. Furthermore, the apparent constant rotation of staff in and out of children's living environments and daily activities prevents children from developing supportive relationships that provide a consistent source of trust, stability, and security. For normative and healthy development, children need access to consistent, trustworthy, and supportive adults to support their emotional and behavioral regulation and to instill confidence in their abilities and functioning. Such opportunities appear to be lacking in the Fort Bliss milieu, which is of particular concern for children who spend extended periods of time in this placement.

**Available mental health supports are inadequate for meeting the needs of the population.** Mental health counseling supports appear to be generally available to children based on their request. When a child makes a request (by adding their name to a sign-up sheet), they generally receive a single session of counseling within the day, though these requests are not always fulfilled. Counseling sessions are with different support providers each time, meaning there is no continuity of care, and there are minimal opportunities to build rapport and trust with a stable provider. Counseling sessions are not always held in private locations and therefore do not provide the safety and confidentiality that are fundamental for mental health service, and are important conditions for effectively addressing emotional or psychological distress. While children generally appear to appreciate the opportunity to receive support from counselors, this is an inadequate level of care for children with moderate to severe mental health concerns who are placed at Fort Bliss for more than 1-2 weeks. Children with severe mental health concerns (e.g., demonstration of self-harm behavior, extreme anxiety and panic) can be placed under 1:1 supervision but do not receive therapeutic supports or intervention (beyond the counseling sessions described above), which is below general standards of care. The qualifications for mental health counseling and clinical service providers are unclear. There do not appear to be standards for preventive screening and identification of children in need of socioemotional support, meaning that children either have to proactively refer themselves, or else decompensate to the point of severe stress and risk in order to receive supports.

**Children suffer distress due to insufficient quantity and quality of contact with family.** Concerns about family members' well-being was another primary source of distress for many children. Children typically reported having access to phone calls for 10 minutes twice per week; however, these phone calls occur in the context of the loud and crowded tent environment, without the privacy or comfort to allow them to express their distress. Some children reported that they avoid talking to their family members (usually in their communities of origin) because it was too sad and too emotional for them (and, in some cases, they didn't want to experience overwhelming emotions in the public tent setting), and also because they didn't want to cause additional distress for their family members by disclosing the adverse circumstances that they are living in. Some children struggled with having to decide between using their limited phone time to communicate with potential sponsors (to receive case updates) or to communicate with family in their home community. Children consistently stated that having more time to talk to family members in privacy (without the loud and disruptive noise from the crowded tent environment) would help to mitigate their distress. The lack of ability to both receive and provide updates on well-being with family members, and to seek reassurance and encouragement from family, contributes to children's experiences of worry, anxiety, sadness, and depression. One child also had a younger sibling housed at Fort Bliss, and stated that he had benefited from weekly 90-

minute visits with her, particularly given that he felt responsible for her safety and well-being. However, he learned from his sponsor that his sister had been unexpectedly transferred to a facility in New York without his knowledge; upon receiving this notice, he entered immediate despair and stated that he had never experienced such sadness before in his life.

**The general experiences and treatment of children at Fort Bliss are not consistent with principles and practices of trauma-informed care.** In general, children are able to tolerate experiences of stress and adversity when such experiences are *temporary and brief*, and when children are *supported by stable and protective caregivers*. Neither of these conditions are met for many children at Fort Bliss, as they endure prolonged and seemingly indefinite stays and do not have adequate contact or support from stable, familiar caregivers. Such conditions therefore increase the likelihood for traumatization due to children's experience in custody. Trauma is defined as "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014, p. 7). Trauma is known to be subjective in nature, meaning that an individual's *perception* of experiences of potential threat or adversity determines whether such experiences are 'traumatic' and entail risk for subsequent posttraumatic stress.

Two primary factors influencing individuals' perceptions of potential threat or adversity are whether they have *knowledge and information* about their experience, and whether they feel a *sense of agency and control* over their experience. These two elements are clearly lacking in children's experiences and perceptions of their placements at Fort Bliss. In particular, failures to provide clear and accurate information, and to answer children's questions, about their case status results in confusion, disorientation, and disempowerment. Without reliable knowledge, information, and communication about their cases, children remain in a state of ambiguous uncertainty, and are rendered helpless to adequately prepare themselves for their stay or to take action to advocate for themselves in their cases. The difficulties children encounter in simply getting answers to their questions about their cases indicates an inability on the part of the system to respond appropriately to children's needs and concerns (which includes concerns about their well-being). As described above, lack of information about cases is a primary source of children's distress, worry, and sadness. Most children arrive at Fort Bliss under circumstances of stress, adversity, and significant transition and uncertainty, and the failure to provide clear and accurate information about their stay and case disposition further exacerbates their distress, thereby increasing risk for traumatic stress.

Many children reported feeling like they had no control over their situation and that they had limited agency over both their case status and their activities of daily life. Giving children options and agency to inform both significant life decisions and quotidian activities can influence their perceptions and subjective experiences within the context of ongoing stress and adversity. Children in EISs like Fort Bliss are not given the opportunity to advocate for themselves in placement determinations (both across and within EIS facilities), and they have limited options and agency to determine the services and supports they need during their time in custody. Restrictions on options for self-determination and self-care in activities of daily living are neither trauma-informed, developmentally appropriate, nor culturally-sensitive. Specific examples of these restrictions that were described as stressful for interviewees included: inability to practice a preferred religion; restrictions on freedom of movement and access to privacy and outdoor space; inability to clean one's own clothes (or to receive clean clothes in a timely manner); not being



able to get a haircut; inability to follow a preferred diet (with the added insult of receiving raw meat); inability to contribute to their families and communities; and, notably, not being able to access sufficient family supports. These large and small limitations to child agency, self-determination, and empowerment while at Fort Bliss once again exacerbate existing distress and increase the risk that children will perceive their experience in custody as harmful and/or traumatic.

Furthermore, trauma-informed care requires attention and response to a specific individual's (or set of individuals') historical context, experiences, and needs. The care of children on a mass scale in a congregate setting creates significant barriers and challenges to providing care based on individualized needs and contexts. In such circumstances, children can feel isolated and insignificant. Congregate care can also impact children's sense of safety; multiple children reported incidents of peer conflict and bullying in which they either felt unsupported by staff, or felt that they could not report the concern to staff out of fear of repercussions. Children with special vulnerabilities are frequently not adequately served, supported, and protected in congregate care settings, due to the inability of the system to attend to their individual needs. This was exemplified at Fort Bliss by the experiences of interviewees experiencing moderate to severe psychological stress.

Placement at congregate care EIS settings such as Fort Bliss is likely to entail increased risk for physical or psychological harm to children who: are tender-age,<sup>3</sup> primarily speak indigenous languages, have a disability, and/or are pregnant or parenting. During the tour, it was clearly acknowledged by facility leadership that Fort Bliss is not an appropriate placement for all children. However, it also appears that children are placed at Fort Bliss without discretion or screening. Based on what I was told, children are screened at intake for sponsor status and for severe medical conditions (e.g., communicable disease, COVID status). However, there was no clear indication of preventive screening for mental health, psychological distress, or other vulnerabilities. Thus, identification of children who are not appropriate for Fort Bliss based on psychological risk appears to occur only in response to outward, observable displays of risk behavior (e.g., aggression, self-harm, panic attack). Mental health services appear to be limited to the universal program of single-session counseling that relies on proactive requests by children (described above). However, within the population of children at Fort Bliss, there is a range of mental health needs: while some children may benefit from the universal single-session counseling approach, many are likely to require access to regular therapeutic support with a stable and consistent mental health professional, with whom they can develop trust and rapport, utilizing evidence-based treatment approaches for depression, anxiety, posttraumatic stress disorder, and other psychiatric conditions. Such an approach would be consistent with standard

---

<sup>3</sup> While I did not meet with any children age 12 or younger (as they are not currently placed at Fort Bliss), I understand that such tender-age children are held at some EIS facilities. I would be particularly concerned about their vulnerability in being housed in congregate care facilities, as younger children require increased structure and caregiver oversight to ensure healthy development. Furthermore, younger children are likely to be more profoundly impacted by the lack of developmentally appropriate activities and living environments, and are more susceptible to perceived threats (e.g., from older youth) in the absence of other protective supports. In general, younger children are more vulnerable to trauma and threat exposure due to the earlier and more pervasive impact on developmental capacities.

practices in mental health service delivery that allow for adaptation and tailoring of support based on children's individual needs, histories, and changes in functioning over time.

Finally, a trauma-informed service system attends not only to the needs and circumstances of its clients, but also to those of its staff and service providers. Children's experiences at Fort Bliss are clearly impacted by the nature of their relationships and interactions with staff, and I received multiple reports of incidents in which children felt unsupported and mistreated by staff, resulting in children's psychological distress. Staff must receive adequate training, professional development experience, and vicarious trauma support in order to maintain a care setting that resists re-traumatization (of both children and staff) and provides developmentally-appropriate care.

## **CONCLUSIONS AND RECOMMENDATIONS**

Despite the efforts to quickly build EIS care facilities and programs that provide physical safety and stability for unaccompanied children (UC), the size, scale, and context of the operation does not offer the capacity and flexibility to appropriately care for the full population, resulting in a system that exacerbates the individual and historical traumas impacting these children. While there are some children that appear able to navigate and tolerate the detention experience without significant lasting consequence, it is clear that there are numerous children (likely the majority) who are under-equipped to manage the challenges and adversities of extended placement at Fort Bliss or similar sites and do not receive adequate supports to this end.

The chronic stress, adversity, and trauma that stem from the conditions and children's experiences and perceptions of their stays at Fort Bliss are compounded with the prior traumas and adversities that are prevalent in this population. As children spend more time in detention at Fort Bliss, their resource capacity and resilience are gradually eroded as they adapt to the conditions of detention (which are generally not conducive for healthy development). For example, many of the youth I interviewed were accustomed to being active and industrious in their daily lives, having had previous roles in contributing to their families and communities through labor and employment, caring for younger family members, and leading youth groups. In custody, they have little to no opportunity to continue or advance such efforts, resulting in a developmental arrest and an insult to their capacities for resilience. They describe experiencing increasing hopelessness and helplessness about their situation, and ongoing psychological distress that is not adequately addressed or treated. Together, the cumulative impact of lifetime adversity and trauma (which includes time in detention at Fort Bliss) increases risk for future and potentially long-lasting psychological distress, poor physical health, and general impairment in functioning.

Specific aspects of children's experiences at Fort Bliss that contribute to risks associated with time in custody include:

- Lack of clear and accurate information about case status, including restrictions on access to case managers;
- Failures to identify and address children's individual physical and mental health needs, including paucity of preventive supports (such as screening and assessment; consistent, private, and evidence-based mental health services; strategic group and peer supports);
- Inability to access consistent and responsive supports from adults, including continuous clinical care, when needed;

- Restrictions on children’s autonomy and agency in determining significant life outcomes, placement settings and conditions, and general activities of daily living;
- Insufficient access to family and community supports (via phone, videoconference, or live visitation);
- Failure to understand and attend to the individual histories, needs, and contexts of children.

It is my professional opinion that large-scale congregate care facilities such as Fort Bliss are inappropriate for housing unaccompanied immigrant children for extended periods of time (i.e., beyond a few days or 1-2 weeks), due to the risk of causing clinically significant psychological harm. Furthermore, such facilities are entirely inappropriate – and potentially harmful – for any duration of stay for certain subgroups of the UC population. These subgroups include children with moderate to severe mental health difficulties, children with disabilities, children with significant family stress, tender age children, children who primarily speak indigenous languages, and children who are pregnant or parenting. In general, children’s psychological health will be maximized if they are placed in minimally-restrictive family and community settings, and/or in placements that provide opportunities for individualized support and care.

However, bearing in mind current constraints, I provide the following advisory recommendations as potential measures that could mitigate the psychological harm – and reduce risk for further traumatization of immigrant children – due to the conditions in which children are detained in EIS settings such as Fort Bliss:

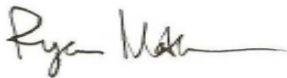
- As quickly as possible, release children into family and community settings where they may have increased access and options for ongoing and continuous case management, monitoring, medical, mental health, and social services;
- Take all measures possible to limit stays at EIS facilities to 1-2 weeks, and to increase the intensity and frequency of case management, mental health, and general staff support services for any children that exceed this time limit;
- To the maximum extent possible, provide children and families with choices and input over their placement location and living conditions;
- Increase options and opportunities for developmentally-appropriate education, activities of independent living, and recreation (for example, education in applied science, arts, service, or career development; increased independence and access to materials for self-care and personal hygiene; increased freedom of movement and access to privacy; and increased dietary options);
- Reduce “tent” size, or the number of children who cohabit in a defined living space (i.e., no more than 10-15 children cohabiting a shared space, and ideally fewer);
- Ensure that children can meet regularly (e.g., weekly) with their case managers to receive accurate information about their cases and are provided the opportunity to ask questions about their cases;
- Increase frequency and quality of opportunities for contact and communication with family members (e.g., via private phone conversation, videoconference, or live visitation), particularly for children with vulnerabilities (e.g., due to extended stays, pre-existing conditions or disabilities, and/or mental health difficulties);
- Implement standardized universal mental health screening to proactively identify children who (1) are in need of more intensive services, and/or (2) are inappropriate for this care



setting and should be transferred to a foster care or least restrictive licensed shelter placement;

- Develop a stepped-care model of support services (e.g., a multi-tiered system of support) to be able to respond to the range of needs of unaccompanied children, with increasingly intensive case management and mental health supports for children with moderate to severe mental health concerns and/or extended lengths of stay in custody, for example:
  - Provide universally-available support groups for children to understand and process the psychological impacts of the detention experience, and to facilitate development of peer supports;
  - For children with moderate to severe mental health concerns, provide regular, continuous mental health care with a consistent mental health professional trained in culturally-sensitive evidence-based treatment approaches for depression, anxiety, and posttraumatic stress disorder;
- Provide opportunities for community-building and structured peer supports, including affinity groups and specific cultural groups;
- Enlist children's participation in advisory and advocacy committees, providing opportunities for them to voice their concerns and needs;
- Provide staff with support, consultation, and training on relevant topics, including: best practices in crisis response intervention for children (e.g., Psychological First Aid, Skills for Psychological Recovery), supportive responses to child behavior challenges, supporting children who have experienced trauma, and management of secondary traumatic stress.

I, Ryan Matlow, declare under penalty of perjury that the foregoing is true and correct. Executed this 12th day of July, 2021, at Palo Alto, California.



## REFERENCES

- Betancourt TS, Newnham EA, Birman D, Lee R, Ellis BH, & Layne CM (2017). Comparing trauma exposure, mental health needs, and service utilization across clinical samples of refugees, immigrant, and U.S.-origin children. *J Trauma Stress* 30(3): 209-218. doi:10.1002/jts.22186.
- Blaustein ME & Kinniburgh KM (2018). *Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency* (2nd ed.). New York, NY: Guilford Press.
- Bucci M, Marques SS, Oh D, & Harris NB (2016). Toxic stress in children and adolescents. *Advances in Pediatrics*, 63(1), 403–428. <https://doi.org/10.1016/j.yapd.2016.04.002>
- Center on the Developing Child, Harvard University. (2013). InBrief: The science of neglect. <https://developingchild.harvard.edu/resources/inbrief-the-science-of-neglect/>
- Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, & Marks JS (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Felitti VJ & Anda RF (2010). The relationships of adverse childhood experiences to adult medical disease, psychiatric disorders, and physical behavior: Implications for healthcare. In R. A. Lanius, E. Vermetten, & C. Pain (Eds.). *The hidden epidemic: The impact of early life trauma on health and disease* (pp. 77–87). Cambridge, UK: Cambridge University Press.
- Keller A, Joscelyne A, Ganski M, & Rosenfeld B (2017). Pre-migration trauma exposure and mental health functioning among Central American migrants arriving at the US border. *PLoS ONE* 12(1): e0168692. Doi: 10.1371/journal.pone.0168692.
- Linton, JM, Griffin M, Shapiro AJ, & Council on Community Pediatrics. (2017). Detention of immigrant children. *Pediatrics*, 139(5). <https://doi.org/10.1542/peds.2017-0483>
- MacLean SA, Agyeman PO, Walther J, Singer EK, Baranowski KA, & Katz CL (2019). Mental health of children held at a United States immigration detention center. *Social Science & Medicine*, 230, 303–308. <https://doi.org/10.1016/j.socscimed.2019.04.013>
- Mares S. (2016). Fifteen years of detaining children who seek asylum in Australia—Evidence and consequences. *Australasian Psychiatry*, 24(1), 11–14. <https://doi.org/10.1177/1039856215620029>
- National Scientific Council on the Developing Child. (2005/2014). Excessive stress disrupts the architecture of the developing brain: Working Paper 3. *Center on the Developing Child, Harvard University*. <https://developingchild.harvard.edu/resources/wp3/>
- Newman LK & Steel Z (2008). The child asylum seeker: Psychological and developmental impact of immigration detention. *Child and Adolescent Psychiatric Clinics of North America*, 17(3), 665–683. <https://doi.org/10.1016/j.chc.2008.02.009>
- Physicians for Human Rights (2019). “There is No One Here to Protect You”: Trauma Among Children Fleeing Violence in Central America. Retrieved from: <https://phr.org/our-work/resources/there-is-no-one-here-to-protect-you/>
- Robjant K, Hassan R, & Katona C (2009). Mental health implications of detaining asylum seekers: Systematic review. *British Journal of Psychiatry*, 194(4), 306–312. <https://doi.org/10.1192/bjp.bp.108.053223>

Shonkoff JP (2016). Capitalizing on advances in science to reduce the health consequences of early childhood adversity. *JAMA Pediatrics*, 170(10), 1003–1007.

<https://doi.org/10.1001/jamapediatrics.2016.1559>

van der Kolk B (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Penguin Books.

von Werthern M, Robjant K, Chui Z, Schon R, Ottisova L, Mason C, & Katona, C. (2018). The impact of immigration detention on mental health: A systematic review. *BMC Psychiatry*, 18(32). <https://doi.org/10.1186/s12888-018-1945-y>

# **EXHIBIT D**

**DECLARATION OF JONATHAN D. RYAN**

I, Jonathan D. Ryan, declare as follows:

1. My name is Jonathan D. Ryan and I am a resident of Texas. I am an attorney and I am licensed to practice law in Texas.

2. This declaration is based on my own personal knowledge, observations and legal work with children who are or who previously were detained at the Emergency Intake Site (“EIS”) located in Pecos, TX (“Pecos”), except as to those matters based on information and belief which I believe to be true. If called to testify in this case, I would testify competently about the following facts.

Experience Serving Youth in ORR Custody

3. Since 2008, I have been an attorney with and currently serve as the CEO & President for the Refugee and Immigrant Center for Education and Legal Services (“RAICES”), a legal service provider that defends the rights of immigrants and refugees, empowers individuals, and advocates for liberty and justice. We envision a compassionate society where all people have the right to migrate and human rights are guaranteed.

4. I have personally represented individuals in my capacity as an attorney and managed legal service programs in both U.S. Immigration and Customs Enforcement (“ICE”) detention centers and U.S. Office of Refugee Resettlement (“ORR”) facilities since 2005. In my tenure as an attorney representing individuals in their immigration cases, I have visited almost every ICE detention center and HHS facility in the jurisdiction of the U.S. Immigration Courts in San Antonio, TX and have also visited numerous other such facilities throughout the state.

5. Starting in 2009, RAICES began serving unaccompanied noncitizen children in ORR custody by providing Know your Rights Presentations (KYR), individual intake interviews, referrals and matching

1 with *pro bono* legal representation. Since then, our legal teams have served tens of thousands of children  
2 in ORR care, as well as after their reunification with a sponsor in the United States. RAICES also provides  
3 direct *pro bono* representation and legal services to children during and after their time in ORR care  
4 though our network of offices across Texas.

5  
6 6. RAICES has also provided services at ERCs in San Antonio, TX in 2012 and 2014; at Fort Bliss near El  
7 Paso, TX in 2016-2017; the ERC in Carrizo Springs, TX in 2019, and at the ERC in Tornillo, TX in 2019.

8  
9 7. At present, our nonprofit provides legal services to children at fifteen ORR facilities in San Antonio, TX  
10 and in Corpus Christi, TX. In addition, RAICES has been providing legal services in 2021 at an  
11 Emergency Reception Center (“ERC”) in Carrizo Springs, TX, the EIS in Dimmit County, TX; and an EIS  
12 in San Antonio, TX. RAICES also currently provides services at Pecos.

13  
14 8. The ORR facilities where RAICES provides services to unaccompanied noncitizen children are  
15 normally located close to populated metropolitan centers with large hiring pools and access to professional  
16 service providers, government oversight agencies, and that facilitate the reunification process. None of  
17 these qualities describes Pecos.

18 Pecos Emergency Intake Site

19  
20 9. As the legal service provider for Pecos, our legal team maintains regular contact with the youth being  
21 held there. We provide ongoing consultations and presentations concerning the legal rights of detained  
22 minors, as well as direct legal representation and legal services. RAICES also maintains contact with  
23 children after their release from Pecos and provides continuing legal services, case management, referrals,  
24 and direct legal representation in their immigration cases before the U.S. Immigration Court and the U.S.  
25 Immigration Service.

26  
27 10. To date, RAICES has provided Know Your Rights presentations to over 2800 unaccompanied youth  
28 detained at Pecos, and conducted individual intake interviews with more than 1500 children.

1 11. Pecos holds unaccompanied noncitizen children between the ages of thirteen and seventeen. Upon  
2 information and belief, the facility will soon receive children as young as six years old. It is my  
3 understanding that Pecos is unlicensed and provides only emergency services to youth detained there. The  
4 current population of unaccompanied children detained at Pecos is under one thousand youth. We have  
5 seen the population grow to more than fifteen hundred children, and I anticipate the population will rise  
6 when Pecos begins to receive very young children.

7  
8 12. Having toured Pecos and subsequently walked through it several times, I would compare it to a vast  
9 outdoor maze. Rows of long, prefabricated buildings are used to house the children, and larger  
10 prefabricated buildings serve as a cafeteria and administrative offices. Several large tent structures are  
11 used for all other activities. Housing units are long prefabricated buildings containing small rooms with  
12 two bunks each on both sides of a narrow central hallway. The ground outside is covered in gravel and  
13 there is almost no shade anywhere. The hot sun reflects from every surface, and temperatures in Pecos this  
14 summer have already topped one hundred and ten degrees Fahrenheit.

15  
16 13. During the time RAICES has spent working at Pecos, we have developed significant concerns  
17 regarding case management, including inconsistent case management provision, inefficiencies in the case  
18 management process, lack of communication with youth and sponsors. These inefficiencies and  
19 inconsistencies have a negative impact on children being detained by Endeavors.

20  
21 14. Generally, children with whom we speak have little to no information about the status of their  
22 reunification process. The predominant condition of almost all children with whom RAICES  
23 representatives have spoken is confusion: they don't know what to expect from day-to-day and have no  
24 information or means to get information about the status of their reunification cases. Children have  
25 reported meeting with multiple Endeavors contractors about their reunification case, and that the process  
26 appears to start over from the beginning with each change in personnel. The children's reported  
27 experiences are consistent with the lack of information received by intending sponsors with whom I have  
28

1 spoken who express high levels of anxiety and distress related to the lack of updated information about  
2 their reunification case.

3  
4 15. RAICES has met with siblings and close relatives who have been separated inside of Pecos. Children  
5 have described receiving only one hour per week of visitation time with their siblings and, in some cases,  
6 no visitation time with non-sibling relatives. The separation of these family units within the detention  
7 center appears to cause a particular anxiety and stress with children who ask questions about the health and  
8 welfare of their sibling or relative, whether they can spend time together, and whether they will be released  
9 together. RAICES is aware of at least one case of separated siblings at Pecos who received different  
10 reunification case managers, resulting in one child reunifying with their mother while their sibling  
11 remained behind at Pecos.

12  
13 16. Children I have met with and represent whose length of stay at Pecos extends beyond a few days  
14 describe feeling confined, distressed, and like they are being punished. By my direct observation, children  
15 who have remained at the facility for more than a few days, including those whom I represent, demonstrate  
16 increasing frustration, confusion and a worsening appearance of wellness that deteriorates over time.  
17 Despite this visibly negative impact on children's mental health after relatively short periods of time at  
18 Pecos, approximately four in ten children we interviewed stayed longer than thirty days with numerous  
19 children staying over ninety days.

20  
21 17. Children our office represents have commented that they and others experienced long waiting times for  
22 medical services. Numerous children report food-related abdominal pain and illness, however many  
23 express that they do not seek medical services because of long waiting times at the medical area. Multiple  
24 children have described medical staff instructing them to return during late overnight hours to avoid long  
25 waiting times. RAICES team members on the ground at Pecos have reported to me their observations that  
26 disinfectant and other cleaning supplies were generally in short supply.

27  
28 18. Children I have met describe the food at Pecos as often being undercooked, including numerous  
descriptions from children of uncooked meat and chicken, and report that eating this food makes them and



1 their peers feel sick to their stomachs. Additionally, children describe that many times their food is served  
2 cold.

3  
4 19. Children, particularly girls, report that they receive too few undergarments, such that they are  
5 compelled to wear the same ones for multiple days. Children also report they must wash their clothes in  
6 their dormitory bathroom sinks with hand soap in order to have enough clean underwear to last between  
7 their assigned laundry times.

8  
9 20. Children report that they access laundry services at most once per week. Children I represent have  
10 explained to me that their clothes were washed together in large batches, and they frequently received the  
11 wrong clothing back from the laundry. Due to a notable increase in the transfer of children from one  
12 dormitory to another, numerous children report missing out on laundry services for extended periods of  
13 time as a direct result of the conflicting dormitory schedules.

14  
15 21. A significant number of the children at Pecos, particularly those from Guatemala, primarily or  
16 exclusively speak an indigenous language. There is no evidence of any training for Pecos employees in  
17 cultural competence when working with these communities. RAICES pays for telephonic interpretation  
18 services to assist with any languages not spoken by our on-site legal teams. However, with respect to  
19 Endeavors, these interpretation services do not appear available to the contractors who care for the  
20 children directly.

21  
22 22. By my own observation, and as described to me by other RAICES team members, indigenous  
23 language-speaking children appear to be treated as if they speak Spanish even when they speak little to no  
24 Spanish. In describing this divide, children we represent have expressed that Pecos workers communicate  
25 more with and pay more attention to the needs of Spanish-speaking children compared to those who speak  
26 indigenous languages. The observable result is that any indigenous language-speaking children who are  
27 not Spanish proficient are marginalized, excluded and often confused about what is happening around  
28 them.

1 23. Our team reports that they have met with children living with mental health conditions, including  
2 apparent Autism Spectrum Disorder (“ASD”), residing together with the general population of children  
3 and receiving no identifiable additional support. In one case, the child was accompanied by their cousin,  
4 also a child, upon whom the Endeavors workers appeared to rely as their relative’s primary advocate and  
5 caregiver.

6  
7 24. In a second instance, our team reports meeting another child possibly living with ASD who appeared  
8 not to understand what was happening around them. In this case, the children who were detained along  
9 with the child expressed a high level of concern, confusion and empathy about what they could or should  
10 do to help their peer.

11 25. In both of these cases we observed that the Pecos staff lacked sufficient training, facilities, protocols or  
12 resources to effectively manage these types of individual circumstances. The only reason one of the  
13 children appeared to fare better was directly related to interventions by their cousin, and not the result of  
14 any action taken by Endeavors.

15  
16 26. Children I represent describe a schedule of activities that regulates their daily lives at Pecos. Each  
17 dormitory follows its own schedule, which causes significant disruption for the increasing number of  
18 children being transferred from one dormitory to another. By our observation, school at Pecos consists of  
19 one so-called English class every two to three days. I have heard no other descriptions from any child of  
20 any other structured school or education access. Children report that the English class takes place in a soft-  
21 sided tent structure, which by the declarant’s observation is an unfit location for educational purposes.  
22 Other than a provided workbook, there does not appear to be any additional education curriculum. Based  
23 on my own observation and understanding, Pecos does not have a dedicated school building.

24  
25 27. Children whom I represent and with whom I have spoken do not describe having access to routine  
26 religious observation services, and some children have asked our legal team if they are permitted to leave  
27 the detention center to attend religious services. Children access bibles in Spanish that they read in their  
28 dormitories. Inability to attend religious services has been described by numerous children to our

1 representatives as a source of distress. There appear to be individuals identified as chaplains on site, but it  
2 is unclear how many are available, what religions are represented, or what services they provide.

3  
4 28. I have observed some of the available recreational spaces, which are little more than gravel expanses  
5 with no shade from the hot Texas sun. There is a small soccer field with artificial grass on the property that  
6 also, at last view, did not have any shade. Children have expressed to me directly their distress over the  
7 general lack of recreation and almost total restriction from unstructured, outdoor play.

8  
9 29. Due to the frequency of transferring children from one dormitory to another, numerous children report  
10 not going outside for recreation in some cases for multiple days because the change in dormitory activity  
11 schedules caused them to miss out on outdoor recreation.

12 30. In some cases, the lack of access to outdoor recreation might relate directly to the harsh weather  
13 conditions, with triple-digit temperatures and occasional torrential rain. The children with whom we have  
14 spoken report that any outdoor recreation time only takes place in the hours before 4 pm, which are among  
15 the hottest, after which time their activities are finished and they remain inside their dormitory rooms for  
16 the rest of the day.

17  
18 31. Pecos is located two hours from the nearest airport in Midland, TX; three hours from El Paso, TX; five  
19 hours from San Antonio, TX; and over six hours from Dallas, TX. The highways connecting Pecos to  
20 these major cities include long stretches of undivided desert highway dominated by large trucks  
21 transporting consumer goods, industrial materials and large oil field equipment.

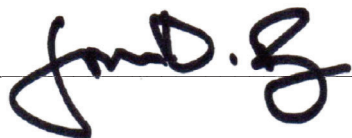
22  
23 32. As I observed in my capacity as an attorney advocating for my client's release, the great distance  
24 between Pecos and any major Texas city also contributes to delays of a week or longer in the release of  
25 children after their approval for reunification with family.

26 33. It has been the general experience of the RAICES team that the Office for Refugee Resettlement  
27 Federal Field Specialist ("FFS") position has been covered by remote federal workers, resulting in delayed  
28 communications and an apparent lack of local federal oversight.

1 34. These long distances and difficult travel conditions to Pecos have presented significant barriers to the  
2 provision by RAICES of *pro bono* legal services, representation in legal proceedings, and our efforts to  
3 protect children from potential mistreatment, exploitation and trafficking. This is true for any other legal,  
4 medical or other professionals seeking to provide *pro bono* services to these children. Pecos offers so few  
5 local resources to sustain the detention center's operations and is so difficult to reach that its remote  
6 location appears to be its most distinguishing characteristic.

7  
8 35. Based upon my direct observations and experience working since 2005 as an attorney who primarily  
9 represents immigrants detained in Texas, I find the conditions at Pecos among the harshest and most  
10 restrictive of any ORR or ICE facility that I have visited in my career.

11  
12  
13 Executed on this 30th day of July, 2021 at San Antonio, TX.

14  
15  
16   
17  
18 Jonathan D. Ryan, J.D.

19  
20  
21  
22  
23  
24  
25  
26  
27  
28

# **EXHIBIT E**

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**DECLARATION OF ARTHUR PEARLSTEIN**

I, Arthur Pearlstein, declare as follows:

1. My name is Arthur Pearlstein and I am a resident of Virginia; I am a dispute resolution professional and am licensed to practice law in the state of Maryland.

2. This declaration is based on my personal knowledge, except as to those matters based on information and belief which I believe to be true. If called to testify in this case, I would testify competently about the following facts.

Experience at Fort Bliss Emergency Intake Site

3. From April 25, 2021, to June 20, 2021, I served in a temporary assignment with Health and Human Services (“HHS”) caring for unaccompanied immigrant children in HHS custody.

4. I was assigned to the Fort Bliss Emergency Intake Site (“Fort Bliss”) and my primary job responsibilities at Fort Bliss were (1) to perform clinical assessments on individual children, including psychological and risk assessment and (2) to serve on the mental health/wellness team to provide wellness modules and group/individual counseling. I had no professional experience or training in these types of work prior to my assignment at Fort Bliss.

5. The conditions I witnessed at Fort Bliss were deeply concerning and caused physical, mental, and emotional harm to dozens of children detained at Fort Bliss. I was especially concerned about the apparent lack of oversight of the services provided to children at Fort Bliss.

1 Health and Human Services was Unwilling to Receive Feedback

2 6. I was actively discouraged by management at Fort Bliss from reporting my  
3 concerns.  
4

5 7. During my time at Fort Bliss, I reported concerns to management on multiple  
6 occasions and was either ignored or admonished each time.  
7

8 8. I am speaking out as a whistleblower in the interest of accountability and  
9 with the hope that the many avoidable failures in the program at Fort Bliss will not  
10 be repeated. Gross mismanagement, waste, and abuse of authority by those at the  
11 top who insisted on utmost secrecy led to mistreatment of thousands of children at  
12 Fort Bliss.  
13

14 9. The resulting whistleblower complaint was filed with federal oversight  
15 agencies by the Government Accountability Project on July 28, 2021 and can be  
16 accessed at [https://whistleblower.org/wp-content/uploads/2021/07/072821-2nd-](https://whistleblower.org/wp-content/uploads/2021/07/072821-2nd-Fort-Bliss-Whistleblower-Disclosure-FINAL.pdf)  
17 [Fort-Bliss-Whistleblower-Disclosure-FINAL.pdf](https://whistleblower.org/wp-content/uploads/2021/07/072821-2nd-Fort-Bliss-Whistleblower-Disclosure-FINAL.pdf).  
18  
19

20 Contractors at Fort Bliss

21 10. At Fort Bliss, I personally observed the work of staff employed by  
22 contractors. I learned that a contractor providing direct supervision of the children  
23 in the dormitory tents — Servpro — is a fire and water damage repair company.  
24 Many of the Servpro staff's shirts bore the Servpro corporate logo found on the  
25 internet. Upon information and belief, many of the Servpro staff had received no  
26 training prior to beginning work and had little guidance about what their role was.  
27  
28

1 Upon information and belief, childcare is not among the services Servpro typically  
2 offers customers.

3  
4 11. At Fort Bliss, I personally observed Chenega Corporation contractors  
5 (“Chenega”) providing case management and tent management. Additionally, I  
6 observed Chenega providing clinical mental health services.

7  
8 12. At Fort Bliss, I personally observed federal detailees who, like me, had no  
9 relevant skills or experience perform duties on the EIS Clinical Assessment Team,  
10 which worked directly with children to assess their history of abuse, their mental  
11 and emotional health, and their exposure to sex or labor trafficking. These federal  
12 detailees interviewed and assessed over 5,000 children before management finally  
13 decided that most team members, including myself and the director of the group,  
14 were not qualified to do clinical assessment and needed to be reassigned.

15  
16  
17 13. I was personally asked and expected to interview and work with dozens of  
18 children, many of whom had symptoms of serious depression, including suicidal  
19 thoughts, despite my not having relevant training or experience with this type of  
20 work. Many, if not most, of the children I interviewed—if they had been at the  
21 facility more than a few days—told me they felt like they were in prison and often  
22 begged “please get me out of here, I don’t know if I can take it anymore.”  
23  
24

25 Mismanaged Case Management for Children

26  
27 14. At Fort Bliss, it was routine for children to get lost in the case management  
28 system. I am unaware of any official mechanism in the dormitory tents for children



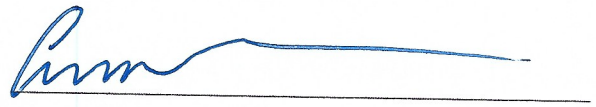
1 to report that their case seemed to have fallen through the cracks, or to  
2 communicate relevant information to a case manager that they may have learned  
3 from a phone call to their family. They simply had to wait, sometimes for weeks,  
4 for a case worker to contact them. Failures to effectively manage children's cases  
5 resulted in unnecessary emotional distress to the children at Fort Bliss.  
6

7  
8 15. I personally spoke to dozens of children who had been at Fort Bliss for  
9 more than 30 days, including some who had been there for more than 60 days. A  
10 great many had not spoken to their case managers in over a month. Some were not  
11 told they had been assigned a case manager at all, even after many weeks. Most  
12 reported that they typically had no information about the progress of their  
13 placement with sponsors. The most frequent complaint I heard from children was  
14 that they were in a state of total uncertainty and anxiety, with no idea of what to  
15 expect next.  
16

17  
18 16. The supervisor of the mental health team informed us of groups of children  
19 who were told they were going home, and in some instances were already at an  
20 airport and sometimes even already aboard an airplane, when suddenly told there  
21 was a mistake and they had to be brought back to Fort Bliss. Members of the  
22 mental health team were assigned to comfort the distressed children once they were  
23 returned to Fort Bliss.  
24  
25  
26  
27  
28

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Executed on this 4<sup>th</sup> day of August, 2021 at Arlington, Virginia.



Arthur Pearlstein

# **EXHIBIT F**

**DECLARATION OF LAUREN E. REINHOLD**

I, Lauren E. Reinhold, declare as follows:

1. My name is Lauren E. Reinhold and I am a resident of Kansas. I am an attorney and I am licensed to practice law in Kansas. I am employed by the Social Security Administration.

2. This declaration is based on my personal knowledge, except as to those matters based on information and belief which I believe to be true. If called to testify in this case, I would testify competently about the following facts.

Experience at Fort Bliss Emergency Intake Site

3. From May 5, 2021, to June 1, 2021, I served in a temporary assignment with the Department of Health and Human Services (“HHS”) caring for unaccompanied immigrant children in HHS custody.

4. I was assigned to the Fort Bliss Emergency Intake Site (“Fort Bliss”). From May 5, 2021 to May 16, 2021, my primary job responsibility at Fort Bliss was to provide youth care (“line of sight”) on the Emergency Services Team (“EST”). I had no professional experience or training in this type of work prior to my assignment at Fort Bliss. From May 17, 2021 to June 1, 2021, I worked on the Call Center Team, helping children make phone calls to their family and sponsors.

1 5. The conditions I witnessed at Fort Bliss were deeply concerning and caused  
2 physical, mental, and emotional harm to dozens of children detained at Fort Bliss. In  
3 particular, I was concerned by the lack of qualifications of contractors, the lack of  
4 oversight of the services provided to children in ORR custody, and the lack of efficient  
5 use of the skills of federal detailees.  
6

7  
8 HHS Unwilling to Receive Feedback

9 6. I was actively discouraged by management at Fort Bliss from reporting my  
10 concerns. Each time I utilized the internal reporting mechanisms available, I was  
11 ignored. If I stated a concern, leadership typically reminded me that the Fort Bliss EIS  
12 was an emergency site.  
13

14 7. During my time at Fort Bliss on the Emergency Services Team, I submitted three  
15 complaints to HHS Management regarding my concerns and received no response.  
16

17 8. My profound concerns regarding the gross mismanagement of Fort Bliss and the  
18 lack of response to my complaints led me to report my findings as a whistleblower. I am  
19 speaking publicly about these concerns with the hope that these failures will not be  
20 repeated.  
21

22 9. The resulting whistleblower complaint was filed with federal oversight agencies by  
23 the Government Accountability Project on July 28, 2021 and can be accessed at  
24 [https://whistleblower.org/wp-content/uploads/2021/07/072821-2nd-Fort-Bliss-](https://whistleblower.org/wp-content/uploads/2021/07/072821-2nd-Fort-Bliss-Whistleblower-Disclosure-FINAL.pdf)  
25  
26  
27 Whistleblower-Disclosure-FINAL.pdf.  
28

1 Unsuitable Contractor Staff and Lack of Training

2 10. At Fort Bliss, I personally observed the use of wholly unsuitable contractor  
3 organizations. There were several contractors on site performing various functions and  
4 staff and volunteers, including myself, were not informed about which contractor was  
5 handling which function. Contractor roles often changed as well. I eventually learned  
6 that one contractor providing direct supervision of the children in the dormitory tents —  
7 Servpro — is a fire and water damage repair company. Upon information and belief,  
8 many of the Servpro staff had received no training prior to beginning their direct  
9 supervision of children and guidance about what their role was. Upon information and  
10 belief, childcare is not among the services Servpro typically offers customers. Similarly,  
11 another contractor, Chenega, also provided direct supervision of children and, upon  
12 information and belief, many of the Chenega staff had received no training prior to  
13 beginning their direct supervision of children and had little guidance about what their role  
14 was.  
15  
16  
17  
18  
19

20 11. At Fort Bliss, I personally observed various contractors providing case  
21 management, tent management, and clinical mental health services. Upon information  
22 and belief, the contractor entities had no experience providing childcare, case  
23 management, social work, or mental health services to children.  
24  
25  
26  
27  
28

1 12. Upon information and belief, contractor staff on site at Fort Bliss did not undergo  
2 background checks until the last week of May 2021, after they had already been working  
3 with and around children for weeks.  
4

5 13. At Fort Bliss, I personally observed federal detailees with various professional  
6 skills and experience working in undefined roles with little direction in the children's  
7 dormitory tents. I observed many federal detailees choosing to demobilize early because  
8 there was no defined role for them at the site.  
9

10 14. I personally observed as many as 900 children housed in the girls' tent, where I  
11 was assigned to provide "line of sight" supervision. On a daily basis, I personally  
12 observed dozens of children who appeared depressed and lethargic, sometimes sleeping  
13 much of the day in their cots, including sleeping through meals. Many children told me  
14 they felt "locked up" at the site. In the girls' tent, I observed approximately two dozen  
15 contractor staff members assigned to one-on-one supervision of girls who were deemed at  
16 risk of self-harm or suicide. In mid-May 2021, I was informed that the contractor for tent  
17 youth care workers told its employees to ignore the children unless approached by one of  
18 them with a question or concern.  
19  
20  
21  
22

23 Inadequate Supply of Necessities from the Contractors

24 15. Upon information and belief, the contractors were independently responsible for  
25 supplying necessities to the children, including toiletries, clothing and shoes. During my  
26 time at Fort Bliss, I spoke to many dozen, likely over 100, children who reported having  
27  
28

1 no clean clothing to wear. Even though I complained to several HHS management  
2 leaders on site, the contractor refused to issue fresh, clean clothing in a timely manner.  
3 The children often went days without a change of clothing, including underwear and  
4 socks. I observed that this lack of clean clothing caused children to be uncomfortable,  
5 unhappy, and upset, as well as unwilling to bathe or exercise. Menstruating females were  
6 particularly upset and this situation added to their trauma. Numerous federal detailees  
7 purchased undergarments with their own funds, but struggled to distribute them in a fair  
8 manner.  
9  
10  
11

12 16. Shoes were not distributed or replaced for the children in a timely manner and the  
13 children often wore shoes in disrepair or inappropriate for the rock and sand terrain on  
14 the site (such as thin rubber sandals).  
15

16 17. The contractor offered little or no recreational supplies for the children inside or  
17 outside the tents. Hundreds of federal detailees (and their friends and family) donated  
18 many craft items, sporting equipment, puzzles and books, for use by the children. One  
19 detailee spent \$1,000 to purchase Spanish language books. The site eventually had a  
20 library and recreational tent, but while I was on the site, it appeared that the federal  
21 detailees continued to supply and oversee the library and activities.  
22  
23

24 Mismanaged Case Management for Children  
25

26 18. At Fort Bliss, it was routine for children to get lost in the case management  
27 system. There was no official mechanism in the dormitory tents for children to report  
28



1 that their case seemed to have fallen through the cracks, or to communicate relevant  
2 information they may have learned from a phone call to their family. Federal detailees  
3 were discouraged (and sometimes outright prevented) from contacting Case Management  
4 on behalf of a child. The children simply had to wait, sometimes for weeks, for a case  
5 worker to contact them or give them any status updates.  
6

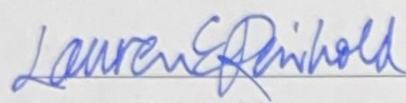
7  
8 19. I personally spoke to dozens of children who had been at Fort Bliss for more than  
9 30 days. A large number of these children had not spoken to their case managers in over  
10 a month. Some of these children stated that they had not been assigned a case manager at  
11 all, even after they had already been at Fort Bliss for many weeks. Most children had no  
12 information about the progress of their placement with sponsors. The most frequent  
13 complaint I heard from children was that they were in a state of total uncertainty and  
14 anxiety, with no idea of what to expect next.  
15

16  
17 20. While serving on the Call Center Team, I observed many children learning new  
18 information about their case status during their short 5-10 minute calls with their  
19 sponsors—information that they had not received from Case Management. While  
20 serving on the Call Center Team, I witnessed and reported several Case Management  
21 lapses or problems. Failures to effectively manage children’s cases resulted in  
22 unnecessary emotional distress to the children at Fort Bliss.  
23  
24  
25  
26  
27  
28

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

21. The release process was often chaotic, resulting in mistakes. For example, I learned of situations where sponsors were instructed to pick up children at certain locations, but the children were still housed at Fort Bliss.

Executed on this 4th day of August, 2021 at Lawrence, Kansas.

  
\_\_\_\_\_  
Lauren Reinhold

# EXHIBIT G

**DECLARATION OF LAURIE ELKIN**

I, Laurie S. Elkin, declare as follows:

1. My name is Laurie Elkin and I am a resident of Illinois. I am an attorney and I am licensed to practice law in Illinois.

2. This declaration is based on my personal knowledge, except as to those matters based on information and belief which I believe to be true. If called to testify in this case, I would testify competently about the following facts.

Experience at Fort Bliss Emergency Intake Site

3. From May 8, 2021, to June 2, 2021, I served in a temporary assignment with the Department of Health and Human Services (“HHS”) caring for unaccompanied immigrant children in HHS custody.

4. I was assigned to the Fort Bliss Emergency Intake Site (“Fort Bliss”) and my primary job responsibility at Fort Bliss was to provide line of sight supervision in the girls’ dormitory tent. I had no professional experience or training in this type of work prior to my assignment at Fort Bliss.

5. The conditions I witnessed at Fort Bliss were deeply concerning and caused physical, mental, and emotional harm to dozens of children detained at Fort Bliss. In particular, I was concerned by the lack of qualifications of contractors and the lack of oversight of the services provided to children in HHS custody.

1 HHS Unwilling to Receive Feedback

2 6. I was actively discouraged by management at Fort Bliss from reporting my  
3 concerns and each time I utilized the internal reporting mechanisms available, I was  
4 ignored.  
5

6 7. During my time at Fort Bliss, I submitted two suggestions/concerns to the  
7 HHS e-mail suggestion box and received no response.  
8

9 8. My profound concerns and the lack of response to my complaints led me to  
10 report my findings as a whistleblower. I am speaking out in the interest of  
11 accountability and in the hope that the conditions at Fort Bliss will be improved for  
12 the thousands of children held there.  
13

14 9. The resulting whistleblower complaint was filed with federal oversight  
15 agencies by the Government Accountability Project on July 7, 2021 and can be  
16 accessed at [https://whistleblower.org/wp-content/uploads/2021/07/070721-Fort-](https://whistleblower.org/wp-content/uploads/2021/07/070721-Fort-Bliss-Whistleblowers-Disclosure.pdf)  
17 [Bliss-Whistleblowers-Disclosure.pdf](https://whistleblower.org/wp-content/uploads/2021/07/070721-Fort-Bliss-Whistleblowers-Disclosure.pdf).  
18

19 Unsuitable Contractor Staff and Lack of Training

20 10. At Fort Bliss, I personally observed the use of wholly unsuitable contract  
21 staff. I learned that the contractor providing direct supervision of the children in the  
22 dormitory tents — Servpro — is a fire and water damage repair company. Many of  
23 the Servpro staff's t-shirts bore the Servpro corporate logo found on the internet,  
24 with some including the corporate logo: "As if it never happened." Upon  
25 information and belief, many of the Servpro staff had received no training prior to  
26  
27  
28

1 beginning work and had little guidance about what their role was. Upon  
2 information and belief, childcare is not among the services Servpro typically offers  
3 customers.  
4

5 Mismanaged Case Management for Children

6 11. At Fort Bliss, it was routine for children to get lost in the case management  
7 system. There was no official mechanism in the dormitory tents for children to  
8 report that their case had seemed to have fallen through the cracks, or to  
9 communicate relevant information they may have learned from a phone call to their  
10 family. Children simply had to wait, sometimes for weeks, for a case worker to  
11 contact them. Failures to effectively manage children's cases resulted in  
12 unnecessary emotional distress to the children at Fort Bliss.  
13  
14

15  
16 12. I personally spoke to dozens of children who had been at Fort Bliss for  
17 more than 30 days and several who had been there for more than 45 days. A great  
18 many of these children had not spoken to their case managers in over a month.  
19 Some were not told they had been assigned a case manager at all, even after many  
20 weeks. Most had no information about the progress of their placement with  
21 sponsors. The most frequent complaint I heard from children was that they were in  
22 a state of total uncertainty and anxiety, with no idea of what to expect next.  
23  
24  
25  
26  
27  
28

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Executed on this 4th day of August, 2021 at Chicago, IL.

*Laurie S. Elkin*

Laurie Elkin

# EXHIBIT H



**DECLARATION OF HANNAH P. FLAMM**

I, Hannah P. Flamm, declare as follows:

1. I am a resident of the State of New York and I am over the age of 18. I am an attorney licensed to practice law in the State of New York.

2. I execute this declaration based on my personal knowledge, except as to those matters based on information and belief, which I believe to be true. If called to testify in this case, I would testify competently about the following facts.

Experience Serving Youth in ORR Custody

3. Since October of 2017, I have been an attorney at The Door’s Legal Services Center (“The Door”), a legal service provider that works primarily with immigrant youth. Since December 2019, I have been the Managing Attorney of The Door’s Legal Services Center’s Detained Minors Project.

4. Since December 2019, The Door has served unaccompanied children in the legal custody of the Office of Refugee Resettlement (“ORR”) who have been placed by ORR at The Children’s Village in New York, a program within the ORR network of care providers, among other programs. Over the last 20 months, The Door has served approximately 2,000 youth in ORR custody. Although the majority of these youth come from Mexico, Honduras, Guatemala, and El Salvador, youth placed at these facilities may come from all over the world.

5. As the legal service provider for The Children’s Village, The Door’s attorneys and staff maintain regular contact with the youth at the facilities. We provide ongoing consultations and presentations concerning the legal rights of detained youth. We also provide direct legal representation to youth who request it.

The Children’s Village

6. The Children’s Village is responsible for the care and custody of unaccompanied immigrant youth between the ages of 12 and 17. It is my understanding that The

1 Children’s Village is licensed to provide shelter-level care for up to 157 youth. The  
2 Children’s Village also operates a staff secure facility with, upon information and belief,  
3 the capacity to detain up to 28 youth. The current population of the shelter program is  
4 approximately 112 youth. The current population of the staff secure facility is  
5 approximately 5 youth. The current population of the therapeutic group home, with  
6 capacity for 12 youth, is 4.

7 7. Compared to shelter programs, staff secure facilities have more staff per youth,  
8 greater restrictions on youth’s privacy and liberty, and harsher disciplinary policies. In  
9 my experience, staff at The Children’s Village also use excessive force with youth in the  
10 staff secure facility more frequently than in the shelter placement.

11 8. To be transferred to a staff secure placement, ORR must justify the more restrictive  
12 placement by identifying relevant, applicable criteria such as whether the transfer is  
13 “necessary to ensure the welfare of the UAC or others” or whether the youth “is an  
14 escape risk” or “has reported gang involvement or displays gang affiliation.” *See* Section  
15 1.2.4 of the ORR Guide.

16 9. Typically, youth are transferred to The Children’s Village staff secure facility after  
17 weeks or months in other placements within ORR custody or, for internal apprehensions,  
18 often after contact with law enforcement. For youth apprehended at the border, it is rare  
19 that a youth would not have been in multiple placements or a secure facility prior to being  
20 placed at The Children’s Village staff secure facility.

21 10. The Children’s Village consists of a campus that includes approximately 32  
22 residential buildings and 14 administrative buildings, including a school, medical facility,  
23 administrative office, chapel, and daycare. This campus serves both youth in ORR  
24 custody and “domestic” youth who are in the legal custody of the state of New York.

25 Step-ups from Fort Bliss Emergency Intake Site

26 11. In May and June 2021, The Children’s Village’s staff secure facility received nine  
27 youth who were stepped up directly from the Fort Bliss Emergency Intake Site (“Fort  
28 Bliss”). In my interviews and interactions with our clients stepped up directly from Fort

1 Bliss to staff secure, and consistent with my colleagues' interviews and interactions,  
2 many youth described feeling extreme desperation at Fort Bliss because of the lack of  
3 information and progress on their cases and because of the inhumane conditions in which  
4 they were detained in a tent with about 1,000 other youth. Youth stepped up from Fort  
5 Bliss describe a high level of awareness that no case manager was working on their cases  
6 to move them any closer to release from custody. They describe a degrading lack of  
7 privacy and the failure of staff to intervene to ensure their safety, intolerable heat, no  
8 meaningful education, observation of illness and injury among other youth, and inedible  
9 food.

10 12. I have personally reviewed the complete ORR case files, as produced by ORR, of  
11 each of these nine youth and find that the step-ups from Fort Bliss to The Children's  
12 Village staff secure facility have most commonly been tied to clients' behavior resulting  
13 from either (1) the conditions at Fort Bliss, including the heat, overcrowding, inedible  
14 food, and lack of privacy or (2) the evident lack of case management leading some clients  
15 to attempt to escape Fort Bliss or to harm themselves out of desperation and  
16 hopelessness. A third category of step-ups appears to be linked to the inadequate staffing  
17 and safety at Fort Bliss. Specifically, several clients were stepped up from Fort Bliss  
18 based on misconstrued or unfounded allegations of violence or gang activity, sometimes  
19 resulting from clients' need to act in self-defense after staff failed to ensure a safe  
20 environment.

21 13. Four of our clients, A.C.C., J.A.A., J.B.H., and O.V.P.C., were stepped up to The  
22 Children's Village staff secure facility after attempting to escape from Fort Bliss.  
23 However, according to their case files, which I have personally reviewed, none of these  
24 youth presented any flight risk or other concerns while at The Children's Village. I  
25 believe their behavior at Fort Bliss (i.e., their attempt to run away) was a function of the  
26 conditions and desperation they felt there.

27 14. Two clients stepped up to The Children's Village staff secure facility, C.A.R.G.  
28 and E.M.B., evinced a desire or attempt to harm themselves at Fort Bliss (and one for

1 purported “defiant” behavior). C.A.R.G. was detained at Fort Bliss for approximately 12  
2 days despite having an extensive trauma and mental health history preceding his  
3 detention at Fort Bliss. He was diagnosed at The Children’s Village with significant  
4 mental health conditions. E.M.B., however, had no history of self-harm prior to his  
5 detention at Fort Bliss and evinced no mental health or behavioral concerns at The  
6 Children’s Village following his transfer out of Fort Bliss. This pattern reinforces my  
7 view that E.M.B.’s desire to harm himself at Fort Bliss resulted from the degrading  
8 conditions and his sense of hopelessness about being there.

9 15. Finally, three clients, N.M.M., M.L.M., and K.A.C.G., were stepped up for  
10 purported violence or gang activity (and one for purported “unrespectful behavior toward  
11 program’s clinician”). However, their ORR records corroborate that any act of alleged  
12 violence was in fact an act of self-defense in circumstances where Fort Bliss staff  
13 apparently failed to ensure youth were safe. The ORR records also corroborate that any  
14 alleged gang activity was wholly unfounded, lacking any Significant Incident Reports or  
15 even an informal notation by Fort Bliss staff describing any event, statement, or other  
16 basis for the allegation.

17 16. By comparison, even in the restrictive setting at The Children’s Village staff  
18 secure, to my knowledge and based on my review of their ORR records, the youth in each  
19 of these three categories of step-ups (excluding the one with a prior mental health history)  
20 did not receive any Significant Incident Reports or evince even insignificant mental  
21 health or behavioral concerns while at The Children’s Village. Instead, they received  
22 notably positive clinical and case management notes, which are not typical of recent step-  
23 ups (though they are of step-downs) in my experience. Based on my observations, client  
24 interviews, and ORR records review, I believe this pattern is because children possess  
25 hope and have no reason to act out when they perceive that adults are paying attention to  
26 them, ensuring their most basic wellbeing, and are working on their reunification and  
27 prompt release from custody.

1 Inhumane and Degrading Conditions at Fort Bliss Led to Feelings of Desperation and  
2 Behavior that ORR Used to Justify a Step-Up

3 17. In interviews that my colleagues and I conducted and upon my review of clients'  
4 ORR records, youths' descriptions of atrocious food, overcrowding, the harsh physical  
5 environment, and a dehumanizing lack of privacy were pervasive and consistent. For  
6 some clients, these unbearable and humiliating conditions led to their attempt to escape  
7 Fort Bliss; for others, the conditions led to the desire or attempt to harm themselves.

8 18. For example, in The Children's Village staff secure records of J.B.H, it is clear that  
9 he allegedly "attempted to leave [Fort Bliss] because it was too crowded, hot, and the  
10 food was not good." Exhibit 1, attached hereto as a true and correct copy of an excerpt of  
11 J.B.H.'s The Children's Village staff secure ORR Records at DOOR\_JBH\_0001. At The  
12 Children's Village staff secure, J.B.H. "acclimated well" and "did not report any  
13 concerns indicative of a mental health condition." *Id.* at DOOR\_JBH\_0002.

14 19. In another instance, E.M.B., found conditions at Fort Bliss "overwhelming," and  
15 his detention there caused him to feel desperate and extremely sad. Exhibit 2, attached  
16 hereto as a true and correct copy of an excerpt of E.M.B.'s ORR Records at  
17 DOOR\_EMB\_0006. In particular, upon information and belief, E.M.B.'s lack of privacy  
18 at Fort Bliss was deeply degrading and difficult for him to tolerate. *Id.* at  
19 DOOR\_EMB\_0008. After being stepped-up to The Children's Village staff secure,  
20 E.M.B.'s contact with his family and case manager resulted in marked improvements in  
21 his reported mental health and behavior. *Id.* at DOOR\_EMB\_0006-7.

22 Lack of Case Management and Fear of Indefinite Detention at Fort Bliss Led to Feelings  
23 of Hopelessness and Behavior that ORR Used to Justify Step-Up

24 20. For many youth, more devastating than the physical conditions at Fort Bliss was  
25 the knowledge that their reunification with family was not moving forward. For some of  
26 these clients, this realization and attendant hopelessness led to their attempt to escape  
27 Fort Bliss; for others, it led to a desire or attempt to harm themselves.

1 21. For example, one client, A.C.C., who was stepped up for his alleged attempt to  
2 escape Fort Bliss, reported to his Children’s Village clinician that he had never  
3 previously experienced suicidal ideation. But he reported that at Fort Bliss, for the first  
4 time in his life, he began to experience thoughts of self-harm because of his frustration  
5 that his case was not progressing and because he was not receiving information about his  
6 case. *See* Exhibit 3, attached hereto as a true and correct copy of an excerpt of A.C.C.’s  
7 ORR Records at DOOR\_ACC\_0001-2. One week after leaving Fort Bliss, his Children’s  
8 Village clinician reported that he was emotionally and mentally stable and had no mental  
9 health concerns. *Id.* at DOOR\_ACC\_0003. The Children’s Village staff reported that  
10 A.C.C. exhibited no behavior or safety concerns during his entire placement there. *Id.*

11 22. Another youth, O.V.P.C., who was stepped up due to an alleged attempt to escape,  
12 reported to his Children’s Village clinicians that he was “feeling depressed and  
13 desperate to be released” at Fort Bliss. Exhibit 4, attached hereto as a true and correct  
14 copy of an excerpt of O.V.P.C.’s ORR Records at DOOR\_OVPC\_0002. However, there  
15 were “no concerns” with O.V.P.C. after his admission to The Children’s Village. *Id.*

16 Inadequate Staffing and Supervision at Fort Bliss Led to Unsafe Conditions and  
17 Misconstrued or Unfounded Allegations of Violence or Gang Activity

18 23. Several clients were stepped up for purported violence or gang activity. However,  
19 each of their ORR records demonstrates either that the alleged violence may instead have  
20 been self-defense, apparently necessitated by staff failure to provide a safe environment  
21 for all youth; or that there is no documented basis for the allegation of gang activity. In  
22 fact, there is no documentation that the act itself perceived to be evidence of gang  
23 activity—purportedly “recruiting” youth or exerting influence over others—actually  
24 occurred.

25 24. In one step-up purportedly on account of a physical altercation, The Children’s  
26 Village staff secure case record reflects that the youth, N.M.M., acted to defend himself  
27 from racist attacks by other youths. *See* Exhibit 5, attached hereto as a true and correct  
28 copy of an excerpt of N.M.M.’s ORR Records at DOOR\_NMM\_0003-4 (describing his



1 sadness at being bullied for his skin color by another youth). As with all other step-ups  
2 based on alleged violence or attempts to escape, once he was transferred out of Fort Bliss,  
3 N.M.M. evinced no behavioral or safety concerns. To the contrary, N.M.M.’s clinical  
4 progress notes include comments such as, “The minor has been able to follow the  
5 program’s rules with no difficulties.” *Id.* at DOOR\_NMM\_0005-7. These records  
6 reinforce my understanding that the conditions at Fort Bliss—endangering and  
7 humiliating this client—triggered N.M.M.’s step-up.

8 25. The transfer notice for another client, M.L.M., indicates the step-up was on  
9 account of allegedly disruptive behavior in the form of a fight while playing cards. *See*  
10 Exhibit 6, attached hereto as a true and correct copy of an excerpt of M.L.M.’s ORR  
11 Records at DOOR\_MLM\_0002. However, within six days of being at The Children’s  
12 Village, M.L.M. was found to have “maintained a cooperative attitude” and “reported  
13 feeling emotionally and mentally stable.” *Id.* at DOOR\_MLM\_0003. There were no  
14 reported mental or behavioral health concerns and his Children’s Village teacher  
15 described him as “a pleasure to work with.” *Id.* at DOOR\_MLM\_0004.

16 26. Another client, K.A.C.G., was stepped up purportedly on account of “concerns of  
17 possible gang activity,” yet the ORR Notice of Placement itself notes that “no SIRs  
18 (Significant Incident Reports) were recorded [sic] with such allegations.” Exhibit 7,  
19 attached hereto as a true and correct copy of an excerpt of K.A.C.G.’s ORR Records at  
20 DOOR\_KACG\_0002, 6. K.A.C.G. was informed that he was sent to staff secure because  
21 of an attempt to run away, an allegation wholly unsupported by his ORR record. Contrary  
22 to the allegation of “gang activity,” K.A.C.G. asserts he hardly spoke to anyone besides  
23 his brother while at Fort Bliss. This youth’s case manager at The Children’s Village staff  
24 secure recognized that he had no mental or behavioral health concerns, “acclimated  
25 well,” “was very respectful,” and “followed all program rules.” *Id.* at  
26 DOOR\_KACG\_0003-5.

1 Even Though Youth Are Desperate to Escape Fort Bliss and Typically Find Staff Secure  
2 Placement Far Preferable in Comparison, the Step-Up Nonetheless Prejudices their  
3 Custodial Cases

4 27. While most clients report feeling safer and less desperate at The Children’s Village  
5 staff secure facility compared to Fort Bliss, this perspective is a testament to how  
6 devastating the conditions at Fort Bliss are, rather than a reflection of the appropriateness  
7 of a staff secure placement. Step-up to a staff secure placement is harmful to youth  
8 because it is perceived as punishment, it is a more restrictive setting, and it often  
9 negatively impacts youths’ legal case. In my opinion, step-ups resulting from the extreme  
10 desperation and hopelessness youth feel at Fort Bliss are fundamentally unfair.

11 28. Step-ups are particularly concerning for youth who have no sponsor. In my  
12 experience, a staff secure placement reduces the likelihood of the youth’s acceptance into  
13 a long-term foster care (LTFC) placement. Staff secure placement history is often held  
14 against youth as evidence they may not be appropriate to place in the least restrictive  
15 setting of LTFC. Furthermore, in my experience, any potential acceptance into LTFC is  
16 delayed by staff secure placement because youth must be stepped down to shelter level  
17 from staff secure, after a 30-day placement review, to have a referral for LTFC  
18 circulated. LTFC placement is discretionary, and there is no formal or standardized  
19 opportunity in the LTFC referral process to clarify that a step-up to staff secure was  
20 unwarranted.

21 Inadequate and Improper Documentation Prior to Step-Up at Fort Bliss

22 29. Many records from Fort Bliss are incomplete or contain errors. For example, many  
23 files I reviewed included records for unrelated youth, raising concerns of compliance  
24 with ORR’s own documentation requirements, protection of confidentiality, adequate  
25 legal and factual justifications for step-ups, among other concerns.



1 30. In terms of confidentiality concerns, two of nine clients<sup>1</sup> stepped up to The  
2 Children's Village staff secure facility from Fort Bliss contained records of other  
3 individuals.

4 31. Many stepped-up clients' records lack appropriate signatures. Six of nine stepped-  
5 up clients' Notice of Placement in Secure or Staff Secure Facility lack a signature from  
6 the facility staff or witness and from the youth himself, with no corrected, signed versions  
7 in any file. *See, e.g.*, Exhibit 2 at DOOR\_EMB\_0002; Exhibit 4 at DOOR\_OVPC\_0003;  
8 Exhibit 5 at DOOR\_NMM\_0001-2, 0008; Exhibit 6 at DOOR\_MLM\_0001-2, 0005-6;  
9 Exhibit 8 attached hereto as a true and correct copy of an excerpt of J.A.A.'s ORR  
10 Records at DOOR\_JAA\_0002; Exhibit 9 attached hereto as a true and correct copy of an  
11 excerpt of C.A.R.G's ORR Records at DOOR\_CARG\_0001. Similarly, six of nine  
12 stepped-up clients' Placement Authorization forms in their Fort Bliss ORR records lack a  
13 signature of an authorized representative of care provider, although most also contain a  
14 completed version of the form in their Children's Village Staff Secure ORR records. *See*  
15 *e.g.*, Exhibit 2 at DOOR\_EMB\_0001-5; Exhibit 4 at DOOR\_OVPC\_0001, 0003-4;  
16 Exhibit 5 at DOOR\_NMM\_0001-2, 0008; Exhibit 6 at DOOR\_MLM\_0001-2, 0005-6;  
17 Exhibit 8 at DOOR\_JAA\_0001-3.

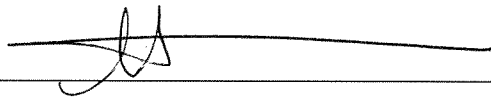
18 32. This list is not exhaustive but is demonstrative of my concerns regarding the legal  
19 propriety and undue harm of the step-ups from Fort Bliss to The Children's Village as  
20 well as my concerns regarding inadequate notice to youth and inadequate documentation  
21 to comply with federal regulations governing immigration custody of youth.

22 33. Over the last several months I have learned of a deeply concerning pattern of  
23 degrading and harmful conditions and treatment at the Fort Bliss facility. Based on my  
24 interviews with my clients, my colleagues' interviews, and my review of clients' case  
25 records, I have concluded that the conditions, staffing, and number of youth in custody at  
26 Fort Bliss make it an inhumane and dangerous place for youth to be detained.

27 \_\_\_\_\_  
28 <sup>1</sup> Despite multiple requests, I have not received the Fort Bliss ORR records for one of the nine step-ups and thus I do not know what it may contain.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

I declare under penalty of perjury that the foregoing is true and correct. Executed on this  
3<sup>rd</sup> day of August, 2021, at New York City, New York.



HANNAH P. FLAMM

# **EXHIBIT 1**



*División of Immigration Services  
Unidos por un Sueño/ United for one Dream  
Clínical Progress Note*

**UAC's Name:** [REDACTED]

**DOB:** [REDACTED]

**UC #:** [REDACTED]

**Date of Admission: 5/06/2021**

**Date: 5/07/2021**

Due to the Covid-19 quarantine restrictions, clinician facilitated a telephonic session. The minor reports he is a 14 year old male from Honduras. Clinician welcomed the minor to the program and explained her role as his assigned clinician. Clinician asked the risk assessment questions which the minor answered. The minor did not report any information indicative of a mental or behavioral concern. Clinician assessed a significant incident report submitted by the previous facility which stated the minor attempted to runaway. The minor shared how he and a few other minor attempted to leave the previous facility because it was too crowded, hot, and the food was not good. The minor's feelings were validated. The minor stated that his intentions were not to disobey and do something bad. Clinician assessed how the minor feels in the current facility and he expressed feeling at home and stated not having any desire to run away. Clinician discussed the program's rules and expectations which the minor said he understood and verbally agreed to. The minor did not report any concerns.

*Catherine H Medina, LMSW*

**Signature:** \_\_\_\_\_ **Title: Bilingual Clinician**

Electronically signed by Catherine Medina on 5/10/2021 12:05:24 PM



*División of Immigration Services  
Unidos por un Sueño/ United for one Dream  
Clinical Progress Note*

**UAC's Name:** [REDACTED]

**DOB:** [REDACTED]

**UC #:** [REDACTED]

**Date of Admission:** 5/06/2021

**Date:** 5/11/2021

This writer met with the minor on the above referenced date. Due to the Covid-19 quarantine restrictions, the initial clinical assessments were completed telephonically. The minor stated that in his home country he was living with his mother, his stepfather, and his younger sister. The minor shared he left Honduras on [REDACTED] to be able to study, be able to one day work and reunifying with his maternal aunt who lives in San Francisco, California. The minor does not recall the last time he saw his aunt because she has been living in the United States for many years. The minor denied traveling with a coyote and said he traveled with a friend who is also in this facility. The minor shared family members chipped in to help him with money for the expenses of his trip. The minor shared he last attended school in 2018 and completed the 6<sup>th</sup> grade. Based on how the minor answered the questions, there are no sex or labor trafficking concerns. The minor denied any gang or cartel involvement; illicit drug and/or alcohol use; and problems with authorities. The minor denied any abuse or extortion during the journey or in his country. The minor stated he voluntarily surrendered to U.S. Border Patrol where he spent four days. The minor was then transferred to Ft. Bliss where he spent 2 days and was later transferred to the Unidos Por Un Sueno Program at the Children's Village on 05/06/2021. During the initial clinical assessment, the minor was oriented to all spheres and his affect was reactive and mood congruent. The minor denies presently or ever experiencing any suicidal ideations or desire to self-harm. The minor denies ever experiencing any homicidal ideations, auditory or visual hallucinations. Thus far the minor has acclimated well to the program; he is eating and sleeping well. The minor has been able to follow the program's rules with no difficulties and reports that he feels safe here. The minor did not report any concerns indicative of a mental health condition.

*Catherine H Medina, LMSW*

**Signature:** \_\_\_\_\_ **Title:** Bilingual Clinician

Electronically signed by Catherine Medina on 5/11/2021 3:01:31 PM

# **EXHIBIT 2**

- a. The care provider may provide information about the minor to the minor's educational program, medical, mental health, dental and other service providers to the extent that the information is needed for the minor's education, recreation, social development, medical, dental, or mental health treatment.
- b. The care provider must give ORR and its designees, as directed by ORR, unrestricted free access to information about the minor at all times.
- c. All case file information maintained under grants or contracts with the Federal government are the property of the Federal government and are fully accessible to ORR, or any of their duly authorized representatives, in accordance with applicable federal law, regulations, OMB circulars, and ORR policies.

**8. CONTACT WITH THE FAMILY**

The care provider must permit the minor and the minor's family (as well as other individuals at ORR's discretion) to maintain contact through direct visitation, telephone calls, mail, and gifts under the terms and conditions specified by applicable law, regulations, and ORR policies.

**9. SCHOOL PROGRAMS AND EXTRACURRICULAR ACTIVITIES**

The care provider may authorize the minor to participate in routine school programs as well as social and extracurricular activities that do not involve an unusual risk of injury to the minor unless otherwise specified by ORR.

**10. REASON FOR PLACEMENT**

An unaccompanied minor who meets the definition of an unaccompanied alien child, 6 U.S.C. 279(g)(2), and is in Federal custody by reason of his or her immigration status.

**11. TIME IN CARE**

The care provider's care giving authority will terminate upon the minor's physical discharge from the care provider's custody. The care provider will still have legal obligations for maintaining the minor's property if it is still in the care provider's custody and case file as directed by ORR.

**12. FINANCIAL**

ORR agrees to provide financially for the care of said minor according to the financial agreement between ORR and care provider or subsequent agreements agreed to by ORR and the care provider.

**13. RESTRAINTS**

The care provider must exhaust preventive, de-escalative and less restrictive techniques before it uses any type of restraint. Should physical restraint be necessary for the safety of the minor or others, the care provider must use behavior intervention techniques approved by ORR. All use of restraints must be justified and documented.

Signature - Authorized Representative of Care Provider

Date

Date

Telephone Number

Telephone Number

Signature - Official Representative  
**Office of Refugee Resettlement**  
**Administration for Children and Families**  
**U.S. Department of Health and Human Services**





U.S. Department of Health and Human Services

ADMINISTRATION FOR CHILDREN AND FAMILIES  
 370 L'Enfant Promenade, S.W.  
 Washington, D.C. 20447

Office of Refugee Resettlement  
 Division of Children's Services  
**NOTICE OF PLACEMENT IN SECURE OR STAFF SECURE FACILITY**

Minor's Name	Alien #:	Date of Birth	Country of Birth	Facility Name	Facility Type
[REDACTED]	[REDACTED]	[REDACTED]	Nicaragua	Ft. Bliss - EIS	Emergency Intake Sites

This is to provide you NOTICE of the reasons for your placement in a secure or staff-secure facility. You are in the care and custody of the Office of Refugee Resettlement/Division of Children's Services (ORR/DCS). ORR/DCS will not place a minor in a secure or staff-secure facility if there are less restrictive placement options available and appropriate. However, under certain conditions listed below, ORR/DCS may place minors in a secure or staff-secure facility.

1. You are considered to be a flight risk.
2. You have committed or threatened to commit a violent or malicious act toward yourself or other(s).
3. You have been convicted of a crime as an adult.
4. You have been adjudicated as a delinquent.
5. You have engaged in serious, unacceptable disruptive behavior while in a licensed program.
6. You are chargeable with a crime or delinquent offense.
7. You are in criminal or delinquency proceedings.
8. For your own safety.
9. There is an emergency influx of minors into the United States and there are no alternative placement options at this time. ORR will place you in a shelter care facility as expeditiously as possible.

If you have any questions or concerns regarding this placement, please discuss them with the facility case management staff and/or your attorney of record. Any minor who disagrees with the ORR/DCS decision may correspond directly with the ORR/DCS Division Director. Additionally, the minor may seek judicial review in any United States District Court with jurisdiction and venue over the matter to challenge the placement decision.

*Cythra*

06/02/2021

\_\_\_\_\_  
 ORR Director Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Facility Staff/Witness: Name/Signature/Position

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Minor's Signature/Name

\_\_\_\_\_  
 Date

CC: Minor  
 ORR/DCS Facility File  
 ORR/DCS Field Coordinator  
 ORR/DCS



- a. The care provider may provide information about the minor to the minor's educational program, medical, mental health, dental and other service providers to the extent that the information is needed for the minor's education, recreation, social development, medical, dental, or mental health treatment.
- b. The care provider must give ORR and its designees, as directed by ORR, unrestricted free access to information about the minor at all times.
- c. All case file information maintained under grants or contracts with the Federal government are the property of the Federal government and are fully accessible to ORR, or any of their duly authorized representatives, in accordance with applicable federal law, regulations, OMB circulars, and ORR policies.

**8. CONTACT WITH THE FAMILY**

The care provider must permit the minor and the minor's family (as well as other individuals at ORR's discretion) to maintain contact through direct visitation, telephone calls, mail, and gifts under the terms and conditions specified by applicable law, regulations, and ORR policies.

**9. SCHOOL PROGRAMS AND EXTRACURRICULAR ACTIVITIES**

The care provider may authorize the minor to participate in routine school programs as well as social and extracurricular activities that do not involve an unusual risk of injury to the minor unless otherwise specified by ORR.

**10. REASON FOR PLACEMENT**

An unaccompanied minor who meets the definition of an unaccompanied alien child, 6 U.S.C. 279(g)(2), and is in Federal custody by reason of his or her immigration status.

**11. TIME IN CARE**

The care provider's care giving authority will terminate upon the minor's physical discharge from the care provider's custody. The care provider will still have legal obligations for maintaining the minor's property if it is still in the care provider's custody and case file as directed by ORR.

**12. FINANCIAL**

ORR agrees to provide financially for the care of said minor according to the financial agreement between ORR and care provider or subsequent agreements agreed to by ORR and the care provider.

**13. RESTRAINTS**

The care provider must exhaust preventive, de-escalative and less restrictive techniques before it uses any type of restraint. Should physical restraint be necessary for the safety of the minor or others, the care provider must use behavior intervention techniques approved by ORR. All use of restraints must be justified and documented.

Signature - Authorized Representative of Care Provider

Date

06/02/2021

Date

Telephone Number

202-401-5709

Telephone Number

Signature - Official Representative  
**Office of Refugee Resettlement**  
**Administration for Children and Families**  
**U.S. Department of Health and Human Services**



U.S. Department of Health and Human Services

ADMINISTRATION FOR CHILDREN AND FAMILIES  
 370 L'Enfant Promenade, S.W.  
 Washington, D.C. 20447

Office of Refugee Resettlement  
 Division of Children's Services  
**NOTICE OF PLACEMENT IN SECURE OR STAFF SECURE FACILITY**

Minor's Name	Alien #:	Date of Birth	Country of Birth	Facility Name	Facility Type
[REDACTED]	[REDACTED]	[REDACTED]	Nicaragua	Ft. Bliss - EIS	Emergency Intake Sites

This is to provide you NOTICE of the reasons for your placement in a secure or staff-secure facility. You are in the care and custody of the Office of Refugee Resettlement/Division of Children's Services (ORR/DCS). ORR/DCS will not place a minor in a secure or staff-secure facility if there are less restrictive placement options available and appropriate. However, under certain conditions listed below, ORR/DCS may place minors in a secure or staff-secure facility.

1. You are considered to be a flight risk.
2. You have committed or threatened to commit a violent or malicious act toward yourself or other(s).
3. You have been convicted of a crime as an adult.
4. You have been adjudicated as a delinquent.
5. You have engaged in serious, unacceptable disruptive behavior while in a licensed program.
6. You are chargeable with a crime or delinquent offense.
7. You are in criminal or delinquency proceedings.
8. For your own safety.
9. There is an emergency influx of minors into the United States and there are no alternative placement options at this time. ORR will place you in a shelter care facility as expeditiously as possible.

If you have any questions or concerns regarding this placement, please discuss them with the facility case management staff and/or your attorney of record. Any minor who disagrees with the ORR/DCS decision may correspond directly with the ORR/DCS Division Director. Additionally, the minor may seek judicial review in any United States District Court with jurisdiction and venue over the matter to challenge the placement decision.

*Cythra*

06/02/2021

\_\_\_\_\_  
 ORR Director Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Facility Staff/Witness: Name/Signature/Position

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Minor's Signature/Name

\_\_\_\_\_  
 Date

CC: Minor  
 ORR/DCS Facility File  
 ORR/DCS Field Coordinator  
 ORR/DCS

- a. The care provider may provide information about the minor to the minor's educational program, medical, mental health, dental and other service providers to the extent that the information is needed for the minor's education, recreation, social development, medical, dental, or mental health treatment.
- b. The care provider must give ORR and its designees, as directed by ORR, unrestricted free access to information about the minor at all times.
- c. All case file information maintained under grants or contracts with the Federal government are the property of the Federal government and are fully accessible to ORR, or any of their duly authorized representatives, in accordance with applicable federal law, regulations, OMB circulars, and ORR policies.

**8. CONTACT WITH THE FAMILY**

The care provider must permit the minor and the minor's family (as well as other individuals at ORR's discretion) to maintain contact through direct visitation, telephone calls, mail, and gifts under the terms and conditions specified by applicable law, regulations, and ORR policies.

**9. SCHOOL PROGRAMS AND EXTRACURRICULAR ACTIVITIES**

The care provider may authorize the minor to participate in routine school programs as well as social and extracurricular activities that do not involve an unusual risk of injury to the minor unless otherwise specified by ORR.

**10. REASON FOR PLACEMENT**

An unaccompanied minor who meets the definition of an unaccompanied alien child, 6 U.S.C. 279(g)(2), and is in Federal custody by reason of his or her immigration status.

**11. TIME IN CARE**

The care provider's care giving authority will terminate upon the minor's physical discharge from the care provider's custody. The care provider will still have legal obligations for maintaining the minor's property if it is still in the care provider's custody and case file as directed by ORR.

**12. FINANCIAL**

ORR agrees to provide financially for the care of said minor according to the financial agreement between ORR and care provider or subsequent agreements agreed to by ORR and the care provider.

**13. RESTRAINTS**

The care provider must exhaust preventive, de-escalative and less restrictive techniques before it uses any type of restraint. Should physical restraint be necessary for the safety of the minor or others, the care provider must use behavior intervention techniques approved by ORR. All use of restraints must be justified and documented.

Signature - Authorized Representative of Care Provider

05/14/2021

Date

914-693-0600

Telephone Number

Signature - Official Representative  
**Office of Refugee Resettlement**  
**Administration for Children and Families**  
**U.S. Department of Health and Human Services**

05/14/2021

Date

202-401-5709

Telephone Number

List and describe any disclosed criminal activity:

CM is currently assessing and will provide updates in the Case Review

History of Incarceration:	Crime	Date	Length of Sentence	Location
---------------------------	-------	------	--------------------	----------

Are there any parent/child relational issues?  Yes  No

If yes, explain:

CM is currently assessing and will provide updates in the Case Review

Does the sponsor have an Order of Removal?  Yes  No

If yes, date issued:

Has the sponsor sponsored any other UAC in DCS care?  Yes  No

Additional sponsor information:

CM is currently assessing and will provide updates in the Case Review

Sponsor Sponsored UACs:	Name of UAC	A Number	Relationship	Facility sponsored from
-------------------------	-------------	----------	--------------	-------------------------

Mandatory TVPRA 2008

Based on the most recent trafficking screening, is the child a victim of a severe form of trafficking in persons? (Indicate 'yes' only if ORR has issued a trafficking eligibility letter for UAC.)  Yes  No

Date eligibility letter issued:

Based on the most recent screening for disabilities, does the child have a disability as defined in section 3 of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12102(1)?  Yes  No

If yes, specify disability:

Based on the most recent screening, has the child 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?  Yes  No

If yes, provide a short summary:

Based on the sponsor risk assessment, does the sponsor clearly present a risk of abuse, maltreatment, exploitation, or trafficking to the UAC?  Yes  No

If yes, provide a short summary:

Additional Information

Please input any additional information if needed:

Minor is a 17-year-old male from Nicaragua who traveled to the US [REDACTED]. Note: Minor was transferred to the Children's Village Staff Secure Shelter Program after a 16-day stay in Ft Bliss EIS. Minor explained that at that site with the enormous amount of UCs to care for and tend to, it was overwhelming for him at times. He would become saddened and desperate however denies ever any thought or intent to self-harm or take his own life. SIR Event [REDACTED] reports suicidal ideation however minor denies this explaining how he was feeling at the time and why he may have been perceived as suicidal [REDACTED]. Minor is acclimating well to the program. He feels more confident having been in contact with his uncle and CM following up on the status of his FRP process. Minor ages out on [REDACTED] and worries he will be transferred to adult detention if not released on time. There are no significant mental health concerns noted or identified at this time.

Certification

Signature: \_\_\_\_\_ Date: 5/19/2021  
 Print Name: Yira Torres, LMSW  
 Title: Lead Clinician

Legal screening completed?  Yes  No

Date:

Any possible legal relief identified?  Yes  No

Specify: Minor will be screened by LSP- The Door and receive KYR CM will provide updates in the Case Review

Mental Health

Provide a short summary of the UAC's current functioning:

Minor has been acclimating well to the program despite his current quarantine status as part of the COVID-19 protocol. Minor is respectful towards staff and compliant with program rules/dynamics. He is looking forward to joining the other residents in the daily programming. He is most focused on his desired reunification with his sponsor and starting a new life in the US before his upcoming 18th birthday on [REDACTED]. Lead CL shall focus continued sessions on preparing for release including but not limited to a discussion on the behavioral expectations of the minor once released to the community given the reports of defiant behavior noted by previous placement. There are no significant MH concerns noted at this time.

5/24/21 - Lead CL conducted the Child Abuse & Neglect session and throughout the conversation discussed with minor his emotional responses to stress given his desire to succeed in the community. Minor explained that the circumstances that predated his arrival to SS contributed to his emotional state and that he feels confident that with the support of his uncle (sponsor) he will be able to handle future upsets in a more appropriate manner. Minor admits when provoked or perceived as disrespected, his emotions can take control however he attributes his positive traits to the education his parents gave him and how important their continued support means to him. He does not wish to disappoint them and therefore will be more mindful of his reaction to upset in the future. No abuse history was identified during the session. Minor was fully understanding of the various forms of abuse and what to do in the event of any suspected maltreatment or abuse once released to his sponsor's care. There are no significant mental health concerns noted or identified at this time.

Psychological Evaluation

Date of

Evaluation:

Evaluator:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

Summary of Recommendations:

Trafficking

Who planned/organized your journey?

Minor migrated to the US on [REDACTED]

What were you told about the arrangements before the journey?

Minor traveled by bus from Nicaragua to Guatemala then continued his journey to the Mexican/US border.

Did the arrangements change during the journey?

Yes  No

If yes, how?

Does your family owe money to anyone for the journey?

Yes  No

If yes, how much?

Whom is the money owed?

Who is expected to pay?

What do you expect to happen if payment is not made?

Coercion Indicators

Did anyone threaten you or your family?

Yes  No

If yes, who made the threats?

Were you ever physically harmed?

Yes  No

If yes, how?

Was anyone around you ever physically harmed?

Yes  No

If yes, who?

Were you ever held against your will?

Yes  No

If yes, where?

Did anything bad happen to anyone else in this situation or anyone else who tried to leave?

Yes  No

Yes  No **Did the incident take place at another care provider facility?** **Care Provider Name:** -- Select Provider Name -- **Care Provider City:** -- Select Provider City -- **Care Provider State:** -- Select Provider State --

---

**Location of Incident:** Housing Area **Date Reported To Care Provider:** 5/6/2021 **Time Reported To Care Provider:** 12:00 AM  
**Other Specify:** Tent 8/17E **Date Reported To ORR:** 5/7/2021 **Time Reported To ORR:** 10:26 PM

---

**Description of Incident: (Full Description of Incident)** MHC was called out to tent because UAC stated he was going to take his life UAC was visibly upset and crying uncontrollably He reported not being allowed to use the restroom with the door closed and became very upset because he was unaware of being on supervision, he said no one had told him; therefore when he went to use the restroom he didn't understand why he wasn't allowed to close the door This upset him to the point that he exclaimed out loud wanting to take his life After speaking with UAC he expressed not having a plan nor the desire to take his life

**Was the UAC or Anyone Else Injured?:**  Yes  No **Specify:**

---

**Actions Taken**

**Staff Response and Intervention:** Clinician gathered information and educated UAC on being free of suicidal thoughts and attempts  
**Follow-up and/or Resolution:** Clinician and CM are to follow up with UAC  
**Recommendations:** Clinician and CM will follow up with UAC for plan of action

---

**Reporting:**

**Reported To State Licensing:**  Yes  No **Date of Report:** **Time of Report:**  
**Was the Incident Investigated?**  Yes  No **Date Notified the Incident will be investigated:** **Case/Confirmation Number:**  
**Explain**  
**Results/Findings of Investigation:**  
**Attach Reports/Findings:**

---

**Is CPS Different From State Licensing:**  Yes  No **Date of Report:** **Time of Report:**  
**Was the Incident Investigated?**  Yes  No **Date Notified the Incident will be investigated:** **Case/Confirmation Number:**  
**Explain**  
**Results/Findings of Investigation:**  
**Attach Reports/Findings:**

---

**Reported To Local Law Enforcement:**  Yes  No **Date of Report:** **Time of Report:**  
**Officer Name:** **Officer Badge:**  
**Was the Incident Investigated?**  Yes  No **Date Notified the Incident will be investigated:** **Case/Confirmation Number:**  
**Explain**  
**Results/Findings of Investigation:**  
**Attach Reports/Findings:**

---

**ORR Notifications:**

Name	Agency/Title	Date Notified	Time Notified	Email	Telephone Number
Daisy Amaral	ORR/FFS	5/7/2021	10:26 PM	Daisy Amaral@acf.hhs.gov	2028230276
	ORR/PO				
	Medical Coordinator				
	Case Coordinator				
	CFS				
SIR Hotline	SIR Hotline	5/7/2021	10:26 PM	SIRHotline@acf.hhs.gov	2024015709
				Maria fields@acf.hhs.gov	

---

**Other Notifications:**

**Is this an SIR for a Runaway?**  Yes  No

---

Title	Name	Date Notified	Time Notified	Method of Notification	Specify
-------	------	---------------	---------------	------------------------	---------



Yes  No Did the incident take place at another care provider facility? Care Provider Name: -- Select Provider Name -- Care Provider City: -- Select Provider City -- Care Provider State: -- Select Provider State --

Location of Incident: Housing Area Date Reported To Care Provider: 5/4/2021 Time Reported To Care Provider: 08:00 AM  
 Other Specify: Fort Bliss EIS Date Reported To ORR: 5/7/2021 Time Reported To ORR: 07:42 AM

Description of Incident: (Full Description of Incident) [Redacted] UAC was defiant with staff [Redacted]

Was the UAC or Anyone Else Injured?:  Yes  No Specify:

**Actions Taken**

Staff Response and Intervention: SIR filed  
 Follow-up and/or Resolution: Recommendations:

**Reporting:**

Reported To State Licensing:  Yes  No Date of Report: Time of Report:  
 Was the Incident Investigated?  Yes  No Date Notified the Incident will be investigated: Case/Confirmation Number:  
 Explain  
 Results/Findings of Investigation:  
 Attach Reports/Findings:

Is CPS Different From State Licensing:  Yes  No  
 Reported To CPS:  Yes  No Date of Report: Time of Report:  
 Was the Incident Investigated?  Yes  No Date Notified the Incident will be investigated: Case/Confirmation Number:  
 Explain  
 Results/Findings of Investigation:  
 Attach Reports/Findings:

Reported To Local Law Enforcement:  Yes  No Date of Report: Time of Report:  
 Officer Name: Officer Badge:  
 Was the Incident Investigated?  Yes  No Date Notified the Incident will be investigated: Case/Confirmation Number:  
 Explain  
 Results/Findings of Investigation:  
 Attach Reports/Findings:

**ORR Notifications:**

Name	Agency/Title	Date Notified	Time Notified	Email	Telephone Number
Daisy Amaral	ORR/FFS	5/7/2021	07:52 AM	Daisy.Amaral@acf.hhs.gov	2028230276
ORR Division of Planning and Logistics	ORR/PO	5/7/2021	07:52 AM	UAC_DPL@acf.hhs.gov	2027542087
	Medical Coordinator				
	Case Coordinator				
	CFS				
SIR Hotline	SIR Hotline	5/7/2021	07:52 AM	SIRHotline@acf.hhs.gov	2024015709
Ft Bliss SIR Resource Mailbox	Ft Bliss SIR Resource Mailbox	5/7/2021	07:52 AM	FtBlissEIS_SIR@acf.hhs.gov	2000000000

**Other Notifications:**

Is this an SIR for a Runaway?  Yes  No

Title	Name	Date Notified	Time Notified	Method of Notification	Specify

# **EXHIBIT 3**



**List any Felony convictions:**

As per sponsor she has no criminal record.

**List any Misdemeanor convictions:**

As per sponsor she has no criminal record.

**List any Probation/Parole:**

As per sponsor she has no criminal record.

**List and describe any disclosed criminal activity:**

As per sponsor she has no criminal record.

History of Incarceration:	Crime	Date	Length of Sentence	Location
---------------------------	-------	------	--------------------	----------

Are there any parent/child relational issues?  Yes  No

**If yes, explain:**

As per sponsor UC lived with her mother she has been airing him since he was younger, sponsor and UC confirmed his mother passed away.

Does the sponsor have an Order of Removal?  Yes  No

**If yes, date issued:**

Has the sponsor sponsored any other UAC in DCS care?  Yes  No

**Additional sponsor information:**

Sponsor Sponsored UACs:	Name of UAC	A Number	Relationship	Facility sponsored from
-------------------------	-------------	----------	--------------	-------------------------

**Mandatory TVPRA 2008**

Based on the most recent trafficking screening, is the child a victim of a severe form of trafficking in persons? (Indicate 'yes' only if ORR has issued a trafficking eligibility letter for UAC.)  Yes  No

**Date eligibility letter issued:**

Based on the most recent screening for disabilities, does the child have a disability as defined in section 3 of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12102(1)?  Yes  No

**If yes, specify disability:**

Based on the most recent screening, has the child 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?  Yes  No

**If yes, provide a short summary:**

Based on the sponsor risk assessment, does the sponsor clearly present a risk of abuse, maltreatment, exploitation, or trafficking to the UAC?  Yes  No

**If yes, provide a short summary:**

CM will complete sponsor asmts.

**Additional Information**

**Please input any additional information if needed:**

Date: 5/06/21 Clinician made contact with minor to introduce Clinician's role, establish rapport, and complete initial assessments. Minor is a 16 year- old Latino from Honduras. Minor arrived at program on 5/06/21 and housed at McAlister, an all-male Staff Secure cottage. Minor denied any HX or current SI/HI, AH/VH, or delusions. Minor also denied any HX of substance abuse, or criminal background. Minor reported he last attended school in the 6th grade and was unable to continue due to financial hardships. Minor reported he has worked since the age of 15 in construction jobs, Monday -Saturday 6am-4pm. Minor denied any forced labor or trafficking concerns. (Although, minor denies current or past suicidal ideation, when asked about SIR's in previous facility for SI minor explained that he never had intentions to kill himself however that he did express thoughts of self-harm (hitting walls) due to frustrations over being in previous program, where according to him, he was not receiving updates about his case). Clinician placed minor in special observation in current placement, to be removed within a week if he does not display behavioral or safety concerns. Minor reported he lived with his maternal grandmother, and aunt and two younger siblings in a loving home, and denied any abuse or trauma. Minor sated his mother died a few years ago due to labor complications. Minor reported no communication with his father since infancy. Minor stated he came to reunite with a maternal aunt in Atlanta, whom he communicated with frequently. Minor reported he traveled alone, with no guide and denied being responsible for a debt. Minor also denied harm in transit. Focus will be placed on providing support to cope with separation form family, adjusting to staff secure setting and identifying skills to increase/maintain prosocial behaviors, as well as work toward family reunification and safe release. Minor was psychoeducated on the Child Abuse and Neglect form. \*\*\*\*

**Certification**

**Signature:** \_\_\_\_\_ **Date:** 5/7/2021  
**Print Name:** Bel Gueron, LMHC  
**Title:** CL

# 44406

Minor denied any HX or current SI/HL, AH/VH, or delusions. Minor also denied any HX of substance abuse, or criminal background. Minor reported he last attended school in the 6th grade and was unable to continue due to financial hardships. Minor reported he has worked since the age of 15 in construction jobs, Monday –Saturday 6am-4pm. Minor denied any forced labor or trafficking concerns. (Although, minor denies current or past suicidal ideation, when asked about SIR’s in previous facility for SI minor explained that he never had intentions to kill himself however that he did express thoughts of self-harm (hitting walls) due to frustrations over being in previous program, where according to him, he was not receiving updates about his case). Clinician placed minor in special observation in current placement, to be removed within a week if he does not display behavioral or safety concerns. Minor reported he lived with his maternal grandmother, and aunt and two younger siblings in a loving home, and denied any abuse or trauma. Minor stated his mother died a few years ago due to labor complications. Minor reported no communication with his father since infancy. Minor stated he came to reunite with a maternal aunt in Atlanta, whom he communicated with frequently. Minor reported he traveled alone, with no guide and denied being responsible for a debt. Minor also denied harm in transit. Focus will be placed on providing support to cope with separation form family, adjusting to staff secure setting and identifying skills to increase/maintain prosocial behaviors, as well as work toward family reunification and safe release. Minor was psychoeducated on the Child Abuse and Neglect form. \*\*\*\*

5/20/21 Minor shared that he has been working fervently in maintaining good behavior despite other peers in the cottage disruptive behavior. Minors continues to utilize skills identified in clinical sessions to adhere to program expectations. There have been no behavioral or mental health concerns in current placement despite previous SIRs, which have been processed with minor. Minor has been very honest about the reasons that led him to follow the other boys in the plan to AWOL. His other two SIR for self-harm ideation, he also explained as "urge to hit the walls" out of frustration over lack of information on his case. Minor denied ever wanting to kills himself, and does not exhibit safety concerns in current placement. Clinician and minor have identified healthy coping skills to manage frustrations and sudden changes and unmet personal expectations. Clinician has received positive feedback on his behavior from residential team. Clinician held a family session with sponsor on 5/20/21 to process her awareness of SIRs and identify supports, and skills. Sponsor presented aware of minors difficulties at previous program, with the permission of minor, clinician informed sponsor of his AWOL and self-harm SIR. Sponsor presented supportive and committed to his wellbeing and denied any previous history of emotional concerns or of self-harm acts. Clinician emphasized importance of reaching out for mental health services in the events of any actual behavioral or safety concerns do manifest once released. 888

**Psychological Evaluation**

**Date of Evaluation:**

**Evaluator:** NA  
**Axis I:** NA  
**Axis II:** NA  
**Axis III:** NA  
**Axis IV:** AN  
**Axis V:** NA

**Summary of Recommendations:**

**Trafficking**

**Who planned/organized your journey?**

Minor stated he came to reunite with a maternal aunt in Atlanta, whom he communicated with frequently. Minor reported he traveled alone, with no guide and denied being responsible for a debt. Minor also denied harm in transit.

**What were you told about the arrangements before the journey?**

NA

**Did the arrangements change during the journey?**

Yes  No

**If yes, how?**

NA

**Does your family owe money to anyone for the journey?**

Yes  No

**If yes, how much?**

**Whom is the money owed?**

NA

**Who is expected to pay?**

NA

**What do you expect to happen if payment is not made?**

NA

**Coercion Indicators**

**Did anyone threaten your or your family?**

Yes  No

**If yes, who made the threats?**

NA

**Were you ever physically harmed?**

Yes  No

**If yes, how?**

NA

**Was anyone around you ever physically harmed?**

Yes  No

**If yes, who?**

NA

**Were you ever held against your will?**

Yes  No

**If yes, where?**

NA

**Did anything bad happen to anyone else in this situation or anyone else who tried to leave?**

Yes  No

**What happened and to whom?**

NA

**Did anyone ever keep/destroy your documents?**

Yes  No

**If yes, who and what?**

NA

**Did anyone ever threaten to report you to the police/immigration?**

Yes  No

**If yes, who?**

NA



**Division of Immigration Services**  
**Unidos por un Sueño/United for a Dream**  
**US PROGRAM**  
**Clinical Progress Note**

**UC's Name:** [REDACTED]

**DOB:** [REDACTED]

**UC #:** [REDACTED]

**Date of Admission:** 5/06/21

**Date:** 5/14/21

Clinician made contact with minor for a weekly individual session. His mood and affect were congruent. He reported being emotionally and mentally stable and her thought processes and content were coherent and goal directed. Minor denied any current SI/HI, AH/VH, or delusions. Clinician and minor reviewed information he provided during initial session including process clarifications of his SIRs and time in previous facility. Minor reported to be adjusting well to program and expressed motivation to adhere to expiations with the hopes of being reunified with sponsor soon. He expressed to be feeling safe and to get along well with program staff and residents. Clinician followed with residential staff who report minor has exhibited no behavior or safety concerns. Clinician and minor reviewed reunification process/plans. Clinician and minor focused the rest of the session on goals and acculturation process. At this time there are no mental health concerns.

**Signature:**  **Title:** Bilingual Clinician  
Jocabel Gueron LMHC

# **EXHIBIT 4**

- a. The care provider may provide information about the minor to the minor's educational program, medical, mental health, dental and other service providers to the extent that the information is needed for the minor's education, recreation, social development, medical, dental, or mental health treatment.
- b. The care provider must give ORR and its designees, as directed by ORR, unrestricted free access to information about the minor at all times.
- c. All case file information maintained under grants or contracts with the Federal government are the property of the Federal government and are fully accessible to ORR, or any of their duly authorized representatives, in accordance with applicable federal law, regulations, OMB circulars, and ORR policies.

**8. CONTACT WITH THE FAMILY**

The care provider must permit the minor and the minor's family (as well as other individuals at ORR's discretion) to maintain contact through direct visitation, telephone calls, mail, and gifts under the terms and conditions specified by applicable law, regulations, and ORR policies.

**9. SCHOOL PROGRAMS AND EXTRACURRICULAR ACTIVITIES**

The care provider may authorize the minor to participate in routine school programs as well as social and extracurricular activities that do not involve an unusual risk of injury to the minor unless otherwise specified by ORR.

**10. REASON FOR PLACEMENT**

An unaccompanied minor who meets the definition of an unaccompanied alien child, 6 U.S.C. 279(g)(2), and is in Federal custody by reason of his or her immigration status.

**11. TIME IN CARE**

The care provider's care giving authority will terminate upon the minor's physical discharge from the care provider's custody. The care provider will still have legal obligations for maintaining the minor's property if it is still in the care provider's custody and case file as directed by ORR.

**12. FINANCIAL**

ORR agrees to provide financially for the care of said minor according to the financial agreement between ORR and care provider or subsequent agreements agreed to by ORR and the care provider.

**13. RESTRAINTS**

The care provider must exhaust preventive, de-escalative and less restrictive techniques before it uses any type of restraint. Should physical restraint be necessary for the safety of the minor or others, the care provider must use behavior intervention techniques approved by ORR. All use of restraints must be justified and documented.

Signature - Authorized Representative of Care Provider

05/06/2021

Date

914-693-0600

Telephone Number

Signature - Official Representative

**Office of Refugee Resettlement  
Administration for Children and Families  
U.S. Department of Health and Human Services**

05/06/2021

Date

202-401-5709

Telephone Number

**List any Misdemeanor convictions:**

CM still assessing, update will be provided in the Case Review.

**List any Probation/Parole:**

CM still assessing, update will be provided in the Case Review.

**List and describe any disclosed criminal activity:**

CM still assessing, update will be provided in the Case Review.

History of Incarceration:	Crime	Date	Length of Sentence	Location
---------------------------	-------	------	--------------------	----------

Are there any parent/child relational issues?  Yes  No

**If yes, explain:**

CM still assessing, update will be provided in the Case Review.

Does the sponsor have an Order of Removal?  Yes  No

**If yes, date issued:**

Has the sponsor sponsored any other UAC in DCS care?  Yes  No

**Additional sponsor information:**

CM still assessing, update will be provided in the Case Review.

Sponsor Sponsored UACs:	Name of UAC	A Number	Relationship	Facility sponsored from
-------------------------	-------------	----------	--------------	-------------------------

**Mandatory TVPRA 2008**

Based on the most recent trafficking screening, is the child a victim of a severe form of trafficking in persons? (Indicate 'yes' only if ORR has issued a trafficking eligibility letter for UAC.)  Yes  No

**Date eligibility letter issued:**

Based on the most recent screening for disabilities, does the child have a disability as defined in section 3 of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12102(1)?  Yes  No

**If yes, specify disability:**

Based on the most recent screening for disabilities, minor does NOT have a disability as defined in section 3 of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12102(1).

Based on the most recent screening, has the child 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?  Yes  No

**If yes, provide a short summary:**

Minor denied ever being a victim of sexual or physical abuse and neglect in home country or throughout his journey to the United States.

Based on the sponsor risk assessment, does the sponsor clearly present a risk of abuse, maltreatment, exploitation, or trafficking to the UAC?  Yes  No

**If yes, provide a short summary:**

Assigned case manager and clinician will continue to assess as minor was recently admitted to The Children's Village. However, no concerns have been noted at this time

**Additional Information**

**Please input any additional information if needed:**

Minor was recently admitted to the Children's Village on 5/6/21. As a safety precaution and per the most recent ORR guidelines, minor is currently in a mandatory 7-day quarantine while the program team awaits his COVID results. Assigned clinician, Stephanie Rosado, LMSW, attempted to facilitate the assessment via video conference. However, due to technical difficulties the UAC and Risk Assessment were conducted via phone. The assessment was conducted in Spanish as this is minor's primary language. Minor's tone of voice appeared stable and calm. Minor was oriented to person, time, place and situation. His tone of voice was appropriate and congruent. He appeared forthcoming and cooperative in answering all questions. He denied having a history of physical, sexual or verbal abuse in home country and throughout his journey to the United States. Minor denied having SI/HI, hallucinations and/or delusions. Minor denied history of drug abuse or involvement and/or affiliations with gangs or cartels. He denied having past or criminal history. Minor does not appear to be a danger to self or others. Minor was remorseful when speaking of the AWOL incident in the previous facility. Minor reported understanding that what he did was wrong. He stated feeling depressed and desperate to be released while in the previous program. Minor does not appear to be a victim of trafficking or exploitation. No concerns were reported by minor or observed by the assigned clinician or case manager at this time. Minor is adjusting well to his new environment and getting along with his peers and program staff. Minor is currently in a more restrictive setting due to his attempt to AWOL from previous ORR program. However, there have been no concerns since minor's admission to The Children's Village. Clinician will continue to meet with minor for weekly clinical sessions and ensure minor's safety and wellbeing in the milieu and after discharge.

**Certification**

**Signature:** Fernando Ramirez, B.A.

**Date:** 5/11/2021

**Print Name:** Fernando Ramirez, B.A. / Stephanie Rosado, LMSW

**Title:** Case Manager / Bilingual Clinician



U.S. Department of Health and Human Services

ADMINISTRATION FOR CHILDREN AND FAMILIES  
 370 L'Enfant Promenade, S.W.  
 Washington, D.C. 20447

**Office of Refugee Resettlement  
 Division of Children's Services  
 NOTICE OF PLACEMENT IN SECURE OR STAFF SECURE FACILITY**

Minor's Name	Alien #:	Date of Birth	Country of Birth	Facility Name	Facility Type
[REDACTED]	[REDACTED]	[REDACTED]	Guatemala	Ft. Bliss - EIS	Emergency Intake Sites

This is to provide you NOTICE of the reasons for your placement in a secure or staff-secure facility. You are in the care and custody of the Office of Refugee Resettlement/Division of Children's Services (ORR/DCS). ORR/DCS will not place a minor in a secure or staff-secure facility if there are less restrictive placement options available and appropriate. However, under certain conditions listed below, ORR/DCS may place minors in a secure or staff-secure facility.

1. You are considered to be a flight risk.
2. You have committed or threatened to commit a violent or malicious act toward yourself or other(s).
3. You have been convicted of a crime as an adult.
4. You have been adjudicated as a delinquent.
5. You have engaged in serious, unacceptable disruptive behavior while in a licensed program.
6. You are chargeable with a crime or delinquent offense.
7. You are in criminal or delinquency proceedings.
8. For your own safety.
9. There is an emergency influx of minors into the United States and there are no alternative placement options at this time. ORR will place you in a shelter care facility as expeditiously as possible.

If you have any questions or concerns regarding this placement, please discuss them with the facility case management staff and/or your attorney of record. Any minor who disagrees with the ORR/DCS decision may correspond directly with the ORR/DCS Division Director. Additionally, the minor may seek judicial review in any United States District Court with jurisdiction and venue over the matter to challenge the placement decision.

 _____ ORR Director Signature	05/20/2021 _____ Date
_____ Facility Staff/Witness: Name/Signature/Position	_____ Date
_____ Minor's Signature/Name	_____ Date

CC: Minor  
 ORR/DCS Facility File  
 ORR/DCS Field Coordinator  
 ORR/DCS

- a. The care provider may provide information about the minor to the minor's educational program, medical, mental health, dental and other service providers to the extent that the information is needed for the minor's education, recreation, social development, medical, dental, or mental health treatment.
- b. The care provider must give ORR and its designees, as directed by ORR, unrestricted free access to information about the minor at all times.
- c. All case file information maintained under grants or contracts with the Federal government are the property of the Federal government and are fully accessible to ORR, or any of their duly authorized representatives, in accordance with applicable federal law, regulations, OMB circulars, and ORR policies.

**8. CONTACT WITH THE FAMILY**

The care provider must permit the minor and the minor's family (as well as other individuals at ORR's discretion) to maintain contact through direct visitation, telephone calls, mail, and gifts under the terms and conditions specified by applicable law, regulations, and ORR policies.

**9. SCHOOL PROGRAMS AND EXTRACURRICULAR ACTIVITIES**

The care provider may authorize the minor to participate in routine school programs as well as social and extracurricular activities that do not involve an unusual risk of injury to the minor unless otherwise specified by ORR.

**10. REASON FOR PLACEMENT**

An unaccompanied minor who meets the definition of an unaccompanied alien child, 6 U.S.C. 279(g)(2), and is in Federal custody by reason of his or her immigration status.

**11. TIME IN CARE**

The care provider's care giving authority will terminate upon the minor's physical discharge from the care provider's custody. The care provider will still have legal obligations for maintaining the minor's property if it is still in the care provider's custody and case file as directed by ORR.

**12. FINANCIAL**

ORR agrees to provide financially for the care of said minor according to the financial agreement between ORR and care provider or subsequent agreements agreed to by ORR and the care provider.

**13. RESTRAINTS**

The care provider must exhaust preventive, de-escalative and less restrictive techniques before it uses any type of restraint. Should physical restraint be necessary for the safety of the minor or others, the care provider must use behavior intervention techniques approved by ORR. All use of restraints must be justified and documented.

Signature - Authorized Representative of Care Provider

Date

05/20/2021

Date

Telephone Number

202-401-5709

Telephone Number

Signature - Official Representative  
**Office of Refugee Resettlement**  
**Administration for Children and Families**  
**U.S. Department of Health and Human Services**



# **EXHIBIT 5**

- a. The care provider may provide information about the minor to the minor's educational program, medical, mental health, dental and other service providers to the extent that the information is needed for the minor's education, recreation, social development, medical, dental, or mental health treatment.
- b. The care provider must give ORR and its designees, as directed by ORR, unrestricted free access to information about the minor at all times.
- c. All case file information maintained under grants or contracts with the Federal government are the property of the Federal government and are fully accessible to ORR, or any of their duly authorized representatives, in accordance with applicable federal law, regulations, OMB circulars, and ORR policies.

**8. CONTACT WITH THE FAMILY**

The care provider must permit the minor and the minor's family (as well as other individuals at ORR's discretion) to maintain contact through direct visitation, telephone calls, mail, and gifts under the terms and conditions specified by applicable law, regulations, and ORR policies.

**9. SCHOOL PROGRAMS AND EXTRACURRICULAR ACTIVITIES**

The care provider may authorize the minor to participate in routine school programs as well as social and extracurricular activities that do not involve an unusual risk of injury to the minor unless otherwise specified by ORR.

**10. REASON FOR PLACEMENT**

An unaccompanied minor who meets the definition of an unaccompanied alien child, 6 U.S.C. 279(g)(2), and is in Federal custody by reason of his or her immigration status.

**11. TIME IN CARE**

The care provider's care giving authority will terminate upon the minor's physical discharge from the care provider's custody. The care provider will still have legal obligations for maintaining the minor's property if it is still in the care provider's custody and case file as directed by ORR.

**12. FINANCIAL**

ORR agrees to provide financially for the care of said minor according to the financial agreement between ORR and care provider or subsequent agreements agreed to by ORR and the care provider.

**13. RESTRAINTS**

The care provider must exhaust preventive, de-escalative and less restrictive techniques before it uses any type of restraint. Should physical restraint be necessary for the safety of the minor or others, the care provider must use behavior intervention techniques approved by ORR. All use of restraints must be justified and documented.

Signature - Authorized Representative of Care Provider

06/09/2021

Date

914-693-0600

Telephone Number

Signature - Official Representative  
**Office of Refugee Resettlement**  
**Administration for Children and Families**  
**U.S. Department of Health and Human Services**

06/09/2021

Date

202-401-5709

Telephone Number

Summary of placement decision or case review (additional pages may be added):

Today you are being notified for the reason of your placement to the Children ' s Village Staff Secure. You arrived yesterday 06/09/2021 to our facility. Transfer to our Staff Secure was requested due to the following:

You arrived at USA on [REDACTED] and were placed under ORR care at Fort Bliss-EIS. After 42 days you were transferred to our program due being involved in physical altercations with other minors and unrespectful behavior toward program ' s clinician.

You will be under a 30 day review period where the team consisting of your assigned CM, CL, Leads, Director of Case Management, Program Director, VP of Immigration Services, GDIT Coordinator and FFS will reassess your case for placement redetermination at that time. (The above has been translated in minor ' s native language for his understanding).

ORR will review your placement, at a minimum, every 30 days to determine whether your placement in a restrictive level of care is still necessary. If you remain in a secure facility or RTC after 30 days, you may request that the ORR Director reconsider your placement. For more information on this process, please ask your case manager.

If you believe you have not been properly placed or that you have been treated improperly you may also ask a Federal District Court to review your case. You may call a lawyer to assist you.

UAC's acknowledgement of receipt:

[REDACTED]

06/10/2021

UAC's Signature

Date

Care provider-issuing official:

*[Handwritten Signature]*

06/10/2021

Signature

Date



# Fort Bliss EIS

## CLINICAL PROGRESS NOTE



UAC: [REDACTED] A#: [REDACTED]

Length of Service: 40 min Type of Service: Individual session Date: 05/13/2021

### Mental Status

**Appearance:**

well-groomed  poor hygiene  disheveled  inappropriate attire

**Sensorium:**

person  place  time  situation

**Functioning:**

alert/oriented  disoriented/incoherent  confused  impaired judgement  impaired insight  memory impairment  abnormal movements  tremors  tangential  psychomotor retardation  weight loss/gain  tearfulness

**Speech:**

normal  rapid  slow  monotone  pressured

**Behavior:**

cooperative  uncooperative  threatening  agitated  aggressive

**Mood/Affect:**

congruent  blunted/flat  labile  depressed/sad  anxious  irritable  angry  hostile  hopeless/helpless  worthless  anhedonia  euthymic  euphoria

**Thought Content:**

loosening of association  flight of ideas

hallucinations:  auditory  visual  olfactory  tactile

delusions:  paranoid  grandiose  bizarre  erotic

no suicidal ideation  suicidal ideation (check all applicable):  intent  plan/means  history

### Notes

An individual session was conducted with the UAC. The UAC expressed feelings of sadness due to wanting to see mother in UAC country of birth. The UAC voiced feelings and emotions related to sadness. Lastly, the UAC reported some UAC's from the same tent are bullying him due to UAC skin color. The UAC was able to vent during the session.

Did the incident take place at another care provider facility?  Yes  No Care Provider Name: -- Select Provider Name -- Care Provider City: -- Select Provider City -- Care Provider State: -- Select Provider State --

Location of Incident: Housing Area Date Reported To Care Provider: 6/7/2021 Time Reported To Care Provider: 11:00 PM  
 Other Specify: Tent #8 Date Reported To ORR: 6/8/2021 Time Reported To ORR: 01:59 AM

**Description of Incident (History)**

Prior Text	Date Updated	Submitted By
Minor was brought in by Tent Senior Lead after minor punched his tent peer. Senior Lead Zeus Chavira reports that "minor has a history of physical altercations". Minor denied the allegation that he punched another minor and states that "it was an accident". Assaulted minor taken to medical for treatment. A separate SIR will be completed for injured minor [REDACTED].	6/8/2021 1:37:45 PM	yolanda.choa

**Description of Incident: (Full Description of Incident)** Minor was brought in by Tent Senior Lead after minor punched his tent peer. Senior Lead Zeus Chavira reports that "minor has a history of physical altercations". Minor denied the allegation that he punched another minor and states that "it was an accident". Assaulted minor taken to medical for treatment. A separate SIR will be completed for injured minor [REDACTED].// ADDENDUM 6/8/2021 Clinician met with minor because he asked clinician if he could change back to Tent 8 as he was moved last night to Tent 3. Clinician asked minor the reason why he was changed tents and minor told clinician that he accidentally hit another minor first because he was pushed from behind. Minor described that he was walking by the other minor and the other minor told him "uno a uno" (one to one) in which minor reports that the other minor was looking to fight him. Minor then explains that someone from behind pushed him towards the other minor and he accidentally hit the minor on the neck when he was pushed. Then minor reports that this is when one of the tent leads arrived to find out what was happening, and he was changed tents. -YO

Was the UAC or Anyone Else Injured?:  Yes  No Specify: [REDACTED]

**Actions Taken**

**Staff Response and Intervention (History)**

Prior Text	Date Updated	Submitted By
Clinician spoke with minor about incident and elevated to Lead Clinician Guadalupe Madrid. LMHC contacted APD Leticia Morales and the following recommendations were in place: Minor was recommended to change tents. Senior Lead, Mr. Chavira assisted with process and contacted Project Manager-Servepro, Orlando to inform of tent transfer.	6/8/2021 1:37:45 PM	yolanda.choa

**Staff Response and Intervention** Clinician spoke with minor about incident and elevated to Lead Clinician Guadalupe Madrid. LMHC contacted APD Leticia Morales and the following recommendations were in place: Minor was recommended to change tents. Senior Lead, Mr. Chavira assisted with process and contacted Project Manager-Servepro, Orlando to inform of tent transfer.// ADDENDUM 6/8/2021 Clinician informed minor that she was unable to change him back tents by as he was moved tents by other staff for a reason. Discussed with minor coping skills to calm himself down as well as ways to avoid future physical altercations with other minors. Reminded minor the rules of the shelter. -YO

**Follow-up and/or Resolution (History)**

Prior Text	Date Updated	Submitted By
Minor was transferred from tent #8 to tent #3 to prevent further altercation and minor was in agreement with move after speaking with clinician and LMHC. Risk Assessment conducted. This minor is calm, no anger towards the other minor. No trigger identified as minor denied the event. Will report to morning Lead Clinician for follow up.	6/8/2021 1:37:45 PM	yolanda.choa

**Follow-up and/or Resolution:** Minor was transferred from tent #8 to tent #3 to prevent further altercation and minor was in agreement with move after speaking with clinician and LMHC. Risk Assessment conducted. This minor is calm, no anger towards the other minor. No trigger identified as minor denied the event. Will report to morning Lead Clinician for follow up.// ADDENDUM 6/8/2021 Minor will return to mental health services as needed. -YO

**Recommendations (History)**

Prior Text	Date Updated	Submitted By
Transfer of tents completed. APD notified. Senior Leads notified and in agreement. Minor in agreement. Minors no longer together in same tent.	6/8/2021 1:37:45 PM	yolanda.choa

**Recommendations:** Transfer of tents completed. APD notified. Senior Leads notified and in agreement. Minor in agreement. Minors no longer together in same tent.// ADDENDUM 6/8/2021 Minor will proceed with clinician and case management services while in ORR care. -YO

**Reporting:**

Reported To State Licensing:  Yes  No Date of Report: Time of Report:  
 Was the Incident Investigated?  Yes  No Date Notified the Incident will be investigated: Case/Confirmation Number:

Explain

**Progress of Investigation (History)**

**Results/Findings of Investigation (History):**

Results/Findings of Investigation:

Attach Reports/Findings:



*División of Immigration Services  
Unidos por un Sueño/ United for one Dream  
Clinical Progress Note*

**UAC's Name:** [REDACTED]

**DOB:** [REDACTED]

**UC #:** [REDACTED]

**Date of Admission:** 6/09/2021

**Date:** 6/11/2021

This writer met with the minor on the above referenced date. Due to the Covid-19 quarantine restrictions, the initial clinical assessments were completed telephonically. The minor stated that in his home country he was living with his mother, his stepfather, his two sisters, and his great grandmother. The minor shared he left Honduras around [REDACTED] for a better future to be able to study, and be able to one day work. [REDACTED]

[REDACTED] The minor shared he last attended school in 2019 when he graduated the ninth grade. The minor then began to work as a fisherman with his stepfather. Based on how the minor answered the questions, there are no sex or labor trafficking concerns. The minor denied any gang or cartel involvement; illicit drug and/or alcohol use; and problems with authorities. The minor denied any abuse or extortion during the journey or in his country. The minor stated he voluntarily surrendered to U.S. Border Patrol where he spent three days. The minor was then transferred to Ft. Bliss where he spent 42 days and was later transferred to the Unidos Por Un Sueno Program at the Children's Village on 06/09/2021. During the initial clinical assessment, the minor was oriented to all spheres and his affect was reactive and mood congruent. The minor denies presently or ever experiencing any suicidal ideations or desire to self-harm. The minor denies ever experiencing any homicidal ideations, auditory or visual hallucinations. Thus far the minor has acclimated well to the program; he is eating and sleeping well. The minor has been able to follow the program's rules with no difficulties and reports that he feels safe here. The minor did not report any concerns indicative of a mental health condition.

*Catherine H Medina, LMSW*

**Signature:** \_\_\_\_\_ **Title:** Bilingual Clinician

Electronically signed by Catherine Medina on 6/11/2021 4:22:18 PM



*División of Immigration Services  
Unidos por un Sueño/ United for one Dream  
Clinical Progress Note*

**UAC's Name:** [REDACTED]

**DOB:** [REDACTED]

**UC #:** [REDACTED]

**Date of Admission:** 6/09/2021

**Date:** 6/17/2021

This writer met with the minor on the above-referenced date. The minor presented with pleasant affect and clinically stable. Clinician assessed the minor's emotional well-being and the minor reports eating and sleeping well. The minor continues to report feeling safe and comfortable in our facility. Clinician engaged the minor in an activity during which the minor had to answer questions about himself as a way to get to know him and establish rapport. The minor engaged and enjoyed the activity. Clinician also assessed the minor's understanding of the program's rules and expectations and discussed the significance of them with him. The minor expressed understanding the importance of following the rules and routines of the program. Clinician also assessed the minor's understanding of his reunification case and the minor understands he now has a new sponsor. Clinician assessed the relationship with his new sponsor and the minor reported she is his paternal aunt. A family phone session will be facilitated the week of June 28<sup>th</sup>. Thus far the minor has acclimated well to the program. There are no indications of mental health or behavioral concerns at the moment.

*Catherine H Medina, LMSW*

**Signature:** \_\_\_\_\_ **Title:** Bilingual Clinician

Electronically signed by Catherine Medina on 6/17/2021 2:36:51 PM





*División of Immigration Services  
Unidos por un Sueño/ United for one Dream  
Clínical Progress Note*

**UAC's Name:** [REDACTED]

**DOB:** [REDACTED]

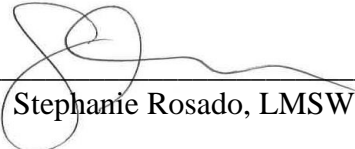
**A#:** [REDACTED]

**Date of Admission:** 6/9/2021

**Date:** 6/23/2021

Clinician, Stephanie Rosado, provided clinical coverage for assigned clinician, Catherine Medina. Minor was cooperative, calm and engaged during session. He appeared alert and oriented x4 with normal affect and euthymic mood. His speech had normal rate/tone/volume. Minor denied experiencing any mental health concerns and appears to have acclimated well to the milieu. Minor is also engaging in age-appropriate behaviors with his peers and has been incident free since his admission to the program. Minor reported feeling safe in the cottage and supported by the milieu staff.

Clinician conducted a temperature check and encouraged minor to share his name, country of origin and personal interests. A set of questions were typed in folded pieces of paper inside a basket. Minor was encouraged to pick one paper at a time and respond to the selected question. Minor appeared engaged with willingness to participate. The questions were geared towards minor's goals, life purpose, role models, strengths, etc. Minor provided thoughtful answers and was engaged in the activity. Clinician supported minor in exploring his short-term and long-term goals. Minor expressed feeling hopeful to reunify with his aunt who resides in [REDACTED]. Minor expressed wanting to pursue his goals of becoming a professional soccer player. He stated that his mother and great grandmother have been his role models growing up and have taught him important life lessons. Clinician thanked minor for his participation and honesty in sharing about his life and personal goals. Minor expressed enjoying the activity. Clinician reminded minor of the ongoing supports in the milieu and encouraged him to ask for help, when needed. No concerns were noted throughout the session.

Signature:  Title: Bilingual Clinician  
Stephanie Rosado, LMSW



- a. The care provider may provide information about the minor to the minor's educational program, medical, mental health, dental and other service providers to the extent that the information is needed for the minor's education, recreation, social development, medical, dental, or mental health treatment.
- b. The care provider must give ORR and its designees, as directed by ORR, unrestricted free access to information about the minor at all times.
- c. All case file information maintained under grants or contracts with the Federal government are the property of the Federal government and are fully accessible to ORR, or any of their duly authorized representatives, in accordance with applicable federal law, regulations, OMB circulars, and ORR policies.

**8. CONTACT WITH THE FAMILY**

The care provider must permit the minor and the minor's family (as well as other individuals at ORR's discretion) to maintain contact through direct visitation, telephone calls, mail, and gifts under the terms and conditions specified by applicable law, regulations, and ORR policies.

**9. SCHOOL PROGRAMS AND EXTRACURRICULAR ACTIVITIES**

The care provider may authorize the minor to participate in routine school programs as well as social and extracurricular activities that do not involve an unusual risk of injury to the minor unless otherwise specified by ORR.

**10. REASON FOR PLACEMENT**

An unaccompanied minor who meets the definition of an unaccompanied alien child, 6 U.S.C. 279(g)(2), and is in Federal custody by reason of his or her immigration status.

**11. TIME IN CARE**

The care provider's care giving authority will terminate upon the minor's physical discharge from the care provider's custody. The care provider will still have legal obligations for maintaining the minor's property if it is still in the care provider's custody and case file as directed by ORR.

**12. FINANCIAL**

ORR agrees to provide financially for the care of said minor according to the financial agreement between ORR and care provider or subsequent agreements agreed to by ORR and the care provider.

**13. RESTRAINTS**

The care provider must exhaust preventive, de-escalative and less restrictive techniques before it uses any type of restraint. Should physical restraint be necessary for the safety of the minor or others, the care provider must use behavior intervention techniques approved by ORR. All use of restraints must be justified and documented.

Signature - Authorized Representative of Care Provider

06/09/2021

Date

914-693-0600

Telephone Number

Signature - Official Representative  
**Office of Refugee Resettlement**  
**Administration for Children and Families**  
**U.S. Department of Health and Human Services**

06/09/2021

Date

202-401-5709

Telephone Number

# **EXHIBIT 6**

- a. The care provider may provide information about the minor to the minor's educational program, medical, mental health, dental and other service providers to the extent that the information is needed for the minor's education, recreation, social development, medical, dental, or mental health treatment.
- b. The care provider must give ORR and its designees, as directed by ORR, unrestricted free access to information about the minor at all times.
- c. All case file information maintained under grants or contracts with the Federal government are the property of the Federal government and are fully accessible to ORR, or any of their duly authorized representatives, in accordance with applicable federal law, regulations, OMB circulars, and ORR policies.

**8. CONTACT WITH THE FAMILY**

The care provider must permit the minor and the minor's family (as well as other individuals at ORR's discretion) to maintain contact through direct visitation, telephone calls, mail, and gifts under the terms and conditions specified by applicable law, regulations, and ORR policies.

**9. SCHOOL PROGRAMS AND EXTRACURRICULAR ACTIVITIES**

The care provider may authorize the minor to participate in routine school programs as well as social and extracurricular activities that do not involve an unusual risk of injury to the minor unless otherwise specified by ORR.

**10. REASON FOR PLACEMENT**

An unaccompanied minor who meets the definition of an unaccompanied alien child, 6 U.S.C. 279(g)(2), and is in Federal custody by reason of his or her immigration status.

**11. TIME IN CARE**

The care provider's care giving authority will terminate upon the minor's physical discharge from the care provider's custody. The care provider will still have legal obligations for maintaining the minor's property if it is still in the care provider's custody and case file as directed by ORR.

**12. FINANCIAL**

ORR agrees to provide financially for the care of said minor according to the financial agreement between ORR and care provider or subsequent agreements agreed to by ORR and the care provider.

**13. RESTRAINTS**

The care provider must exhaust preventive, de-escalative and less restrictive techniques before it uses any type of restraint. Should physical restraint be necessary for the safety of the minor or others, the care provider must use behavior intervention techniques approved by ORR. All use of restraints must be justified and documented.

Signature - Authorized Representative of Care Provider

05/04/2021

Date

914-693-0600

Telephone Number

Signature - Official Representative

05/04/2021

Date

202-401-5709

Telephone Number

**Office of Refugee Resettlement  
Administration for Children and Families  
U.S. Department of Health and Human Services**

Notice of Placement in a Restrictive Setting

Summary of placement decision or case review (additional pages may be added):

Today you are being notified for the reason of your placement to the Children ' s Village Staff Secure. You arrived yesterday 05/04/2021 to our facility. Transfer to our Staff Secure was requested due to the following:

You arrived to USA on [REDACTED] and was placed under ORR care at Fort Bliss -EIS were you spent a total of 33 days. It was reported that you got into a fistfight while playing card games with another minor. Per the report, you punched the other minor on the right eye side.

You will be under a 30 day review period where the team consisting of your assigned CM, CL, Leads, Director of Case Management, Program Director, VP of Immigration Services, GDIT Coordinator and FFS will reassess your case for placement redetermination at that time. (The above has been translated in minor ' s native language for his understanding).

ORR will review your placement, at a minimum, every 30 days to determine whether your placement in a restrictive level of care is still necessary. If you remain in a secure facility or RTC after 30 days, you may request that the ORR Director reconsider your placement. For more information on this process, please ask your case manager.

If you believe you have not been properly placed or that you have been treated improperly you may also ask a Federal District Court to review your case. You may call a lawyer to assist you.

UAC's acknowledgement of receipt:

[REDACTED]

05/05/2021

UAC's Signature

Date

Care provider-issuing official:

*[Handwritten Signature]*

05/05/2021

Signature

Date

Legal screening completed?  Yes  No

Date: 05/10/2021

Any possible legal relief identified?  Yes  No

Specify:

Mental Health

Provide a short summary of the UAC's current functioning:

Date of Discharge 5/19/21

5/13/21-The clinician conducted a telephonic individual therapy session. During the clinical session, the clinician revisited the Child Abuse and Neglect form, CAN and provided psychoeducation on the various forms of abuse that exist. The minor reported, she understood.

5/10/21-6 Day Case Review

The clinician conducted a telephonic individual therapy session. The minor maintained a cooperative attitude during the session. His mood and affect were congruent. The minor reported feeling emotionally and mentally stable. There are no mental and behavioral health concerns at this time. He reported normal sleeping and eating patterns. The minor continues to acclimate well to the program. The minor is receiving individual therapy sessions once a week. The modality used during the session was psychotherapy. In addressing SIR Event [REDACTED] dated 4/24/21 (UAC got into fistfight because of card games), it was clarified by the minor that he acted in self defense.

Psychological Evaluation

Date of Evaluation:

Evaluator:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

Summary of Recommendations:

Trafficking

Who planned/organized your journey?

The minor reported he is here to reunify with his brother, [REDACTED] who resides in the state of Arizona.

What were you told about the arrangements before the journey?

The minor reported he was told to take care of himself.

Did the arrangements change during the journey?

Yes  No

If yes, how?

The minor denied any changes during journey.

Does your family owe money to anyone for the journey?

Yes  No

If yes, how much?

Whom is the money owed?

The minor denied a debt for the journey.

Who is expected to pay?

N/A

What do you expect to happen if payment is not made?

N/A

Coercion Indicators

Did anyone threaten you or your family?

Yes  No

If yes, who made the threats?

The minor denied any coercion on and before the journey.

Were you ever physically harmed?

Yes  No

If yes, how?

N/A

Was anyone around you ever physically harmed?

Yes  No

If yes, who?

N/A

Were you ever held against your will?

Yes  No

If yes, where?

N/A

Did anything bad happen to anyone else in this situation or anyone else who tried to leave?

Yes  No

<b>█████ began using correct grammar and spelling in his native language.</b>		
<b>Mathematics</b>	<b>Initial</b>	<b>Final</b>
Demonstrates an understanding of mathematical concepts	<b>1</b>	<b>2</b>
Solves problems with precision and accuracy	<b>1</b>	<b>2</b>
Solves problems in multiple ways and explains solutions	<b>1</b>	<b>2</b>
<b>Comments: informal assessment indicates that the student is able to do basic math operations at grade level.</b> <b>█████ improved in understanding basic mathematical concepts such as division and multiplication.</b>		

<b>English as a New Language</b>	<b>Initial</b>	<b>Final</b>
Understands key words and phrases	<b>1</b>	<b>2</b>
Responds to simple questions in context	<b>1</b>	<b>2</b>
Approximates correct pronunciation in English	<b>1</b>	<b>2</b>
<b>Comments: █████ indicated that he does not know any English.</b> <b>█████ developed limited vocabulary in his new language such as pronouns and the alphabet.</b>		

<b>Academic and Personal Behaviors</b>	<b>Initial</b>	<b>Final</b>
Manages time and consistently demonstrates effort independently to achieve goals	<b>S</b>	<b>G</b>
Works in an organized manner	<b>S</b>	<b>G</b>
Persists through challenges to complete a task by trying different strategies	<b>S</b>	<b>G</b>
Asks for help when needed	<b>S</b>	<b>G</b>
Respects school rules and works well in the school community	<b>S</b>	<b>G</b>
<b>Comments: █████ is shown to work in an organized manner.</b> <b>█████ was very good at asking for help when needed.</b>		
<b>Personal and Social Development</b>	<b>Initial</b>	<b>Final</b>
Gets along with others	<b>S</b>	<b>G</b>
Shows respect	<b>S</b>	<b>G</b>
Carries out responsibility	<b>S</b>	<b>G</b>
<b>Comments: █████ shows a lot respect towards others.</b> <b>█████ is a young man who got along with his peers.</b>		

**Comments and Recommendations:**

█████ is a student from Guatemala whose native language is Spanish. Per the information provided by █████ at the time of admission, he stated that he completed the 3<sup>rd</sup> grade in his native land. █████ will benefit from receiving academic instruction at grade level to help him become more proficient in all subject areas. █████ will participate in daily classes that includes history, science, ENL and math.

**█████ was able to learn basic English and shows motivation to learn more of the second language. █████ was a pleasure to work with and is a motivated young man.**

Andres R. Susu

**Senior Transitional Educator**

**NOTE: FINAL COMMENTS ARE IN BOLD.**

- a. The care provider may provide information about the minor to the minor's educational program, medical, mental health, dental and other service providers to the extent that the information is needed for the minor's education, recreation, social development, medical, dental, or mental health treatment.
- b. The care provider must give ORR and its designees, as directed by ORR, unrestricted free access to information about the minor at all times.
- c. All case file information maintained under grants or contracts with the Federal government are the property of the Federal government and are fully accessible to ORR, or any of their duly authorized representatives, in accordance with applicable federal law, regulations, OMB circulars, and ORR policies.

**8. CONTACT WITH THE FAMILY**

The care provider must permit the minor and the minor's family (as well as other individuals at ORR's discretion) to maintain contact through direct visitation, telephone calls, mail, and gifts under the terms and conditions specified by applicable law, regulations, and ORR policies.

**9. SCHOOL PROGRAMS AND EXTRACURRICULAR ACTIVITIES**

The care provider may authorize the minor to participate in routine school programs as well as social and extracurricular activities that do not involve an unusual risk of injury to the minor unless otherwise specified by ORR.

**10. REASON FOR PLACEMENT**

An unaccompanied minor who meets the definition of an unaccompanied alien child, 6 U.S.C. 279(g)(2), and is in Federal custody by reason of his or her immigration status.

**11. TIME IN CARE**

The care provider's care giving authority will terminate upon the minor's physical discharge from the care provider's custody. The care provider will still have legal obligations for maintaining the minor's property if it is still in the care provider's custody and case file as directed by ORR.

**12. FINANCIAL**

ORR agrees to provide financially for the care of said minor according to the financial agreement between ORR and care provider or subsequent agreements agreed to by ORR and the care provider.

**13. RESTRAINTS**

The care provider must exhaust preventive, de-escalative and less restrictive techniques before it uses any type of restraint. Should physical restraint be necessary for the safety of the minor or others, the care provider must use behavior intervention techniques approved by ORR. All use of restraints must be justified and documented.

Signature - Authorized Representative of Care Provider

Date

05/28/2021

Date

Telephone Number

202-401-5709

Telephone Number

Signature - Official Representative  
**Office of Refugee Resettlement**  
**Administration for Children and Families**  
**U.S. Department of Health and Human Services**



U.S. Department of Health and Human Services

ADMINISTRATION FOR CHILDREN AND FAMILIES  
 370 L'Enfant Promenade, S.W.  
 Washington, D.C. 20447


**Office of Refugee Resettlement  
 Division of Children's Services  
 NOTICE OF PLACEMENT IN SECURE OR STAFF SECURE FACILITY**

Minor's Name	Alien #:	Date of Birth	Country of Birth	Facility Name	Facility Type
[REDACTED]	[REDACTED]	[REDACTED]	Guatemala	Ft. Bliss - EIS	Emergency Intake Sites

This is to provide you NOTICE of the reasons for your placement in a secure or staff-secure facility. You are in the care and custody of the Office of Refugee Resettlement/Division of Children's Services (ORR/DCS). ORR/DCS will not place a minor in a secure or staff-secure facility if there are less restrictive placement options available and appropriate. However, under certain conditions listed below, ORR/DCS may place minors in a secure or staff-secure facility.

1. You are considered to be a flight risk.
2. You have committed or threatened to commit a violent or malicious act toward yourself or other(s).
3. You have been convicted of a crime as an adult.
4. You have been adjudicated as a delinquent.
5. You have engaged in serious, unacceptable disruptive behavior while in a licensed program.
6. You are chargeable with a crime or delinquent offense.
7. You are in criminal or delinquency proceedings.
8. For your own safety.
9. There is an emergency influx of minors into the United States and there are no alternative placement options at this time. ORR will place you in a shelter care facility as expeditiously as possible.

If you have any questions or concerns regarding this placement, please discuss them with the facility case management staff and/or your attorney of record. Any minor who disagrees with the ORR/DCS decision may correspond directly with the ORR/DCS Division Director. Additionally, the minor may seek judicial review in any United States District Court with jurisdiction and venue over the matter to challenge the placement decision.

 _____ ORR Director Signature	05/28/2021 _____ Date
_____ Facility Staff/Witness: Name/Signature/Position	_____ Date
_____ Minor's Signature/Name	_____ Date

CC: Minor  
 ORR/DCS Facility File  
 ORR/DCS Field Coordinator  
 ORR/DCS



# **EXHIBIT 7**

- a. The care provider may provide information about the minor to the minor's educational program, medical, mental health, dental and other service providers to the extent that the information is needed for the minor's education, recreation, social development, medical, dental, or mental health treatment.
- b. The care provider must give ORR and its designees, as directed by ORR, unrestricted free access to information about the minor at all times.
- c. All case file information maintained under grants or contracts with the Federal government are the property of the Federal government and are fully accessible to ORR, or any of their duly authorized representatives, in accordance with applicable federal law, regulations, OMB circulars, and ORR policies.

**8. CONTACT WITH THE FAMILY**

The care provider must permit the minor and the minor's family (as well as other individuals at ORR's discretion) to maintain contact through direct visitation, telephone calls, mail, and gifts under the terms and conditions specified by applicable law, regulations, and ORR policies.

**9. SCHOOL PROGRAMS AND EXTRACURRICULAR ACTIVITIES**

The care provider may authorize the minor to participate in routine school programs as well as social and extracurricular activities that do not involve an unusual risk of injury to the minor unless otherwise specified by ORR.

**10. REASON FOR PLACEMENT**

An unaccompanied minor who meets the definition of an unaccompanied alien child, 6 U.S.C. 279(g)(2), and is in Federal custody by reason of his or her immigration status.

**11. TIME IN CARE**

The care provider's care giving authority will terminate upon the minor's physical discharge from the care provider's custody. The care provider will still have legal obligations for maintaining the minor's property if it is still in the care provider's custody and case file as directed by ORR.

**12. FINANCIAL**

ORR agrees to provide financially for the care of said minor according to the financial agreement between ORR and care provider or subsequent agreements agreed to by ORR and the care provider.

**13. RESTRAINTS**

The care provider must exhaust preventive, de-escalative and less restrictive techniques before it uses any type of restraint. Should physical restraint be necessary for the safety of the minor or others, the care provider must use behavior intervention techniques approved by ORR. All use of restraints must be justified and documented.

Signature - Authorized Representative of Care Provider

05/06/2021

Date

914-693-0600

Telephone Number

Signature - Official Representative

**Office of Refugee Resettlement  
Administration for Children and Families  
U.S. Department of Health and Human Services**

05/06/2021

Date

202-401-5709

Telephone Number

Notice of Placement in a Restrictive Setting

Summary of placement decision or case review (additional pages may be added):

Today you are being notified for the reason of your placement to the Children ' s Village Staff Secure. You arrived today 05/06/2021 to our facility. Transfer to our Staff Secure was requested due to the following:

You arrived to USA during the month of [REDACTED], and was placed under ORR care at Fort Bliss – EIS where you spent a total of 16 days. Per the information provided by Fort Bliss – EIS, you were recruiting other minors in the tent, and those minors had to ask you for " permission " to leave the tent. However, no SIRs (Significant Incident Reports) were recorded with such allegations.

You will be under a 30 day review period where the team consisting of your assigned CM, CL, Leads, Director of Case Management, Program Director, VP of Immigration Services, GDIT Coordinator and FFS will reassess your case for placement redetermination at that time. (The above has been translated in minor ' s native language for his understanding).

ORR will review your placement, at a minimum, every 30 days to determine whether your placement in a restrictive level of care is still necessary. If you remain in a secure facility or RTC after 30 days, you may request that the ORR Director reconsider your placement. For more information on this process, please ask your case manager.

If you believe you have not been properly placed or that you have been treated improperly you may also ask a Federal District Court to review your case. You may call a lawyer to assist you.

UAC's acknowledgement of receipt:

[REDACTED]

05/06/2021

UAC's Signature

Date

Care provider-issuing official:

*[Handwritten Signature]*

05/06/2021

Signature

Date

Legal screening completed?  Yes  No

Date:

Any possible legal relief identified?  Yes  No

Specify: Minor reported that he did not meet with any attorney in prior facility. LSP the Door will conduct KYR meeting with the minor. Pending date.

Mental Health

Provide a short summary of the UAC's current functioning:

6 day update- the minor is a transfer from Ft Bliss EIS, minor denies any mental or behavioral health concerns, the minor denies any substance and reports to be of faith. The minor is acclimating well to the program and there are no concerns at the moment regarding him.

5/17/2021- Minor remain stable, there are no mental health concerns, there are no concerns regarding minors behavior as he continues to be appropriate within the milieu, no inhouse reports nor any SIRS were merited or previously documented.

Psychological Evaluation

Date of Evaluation:

Evaluator:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

Summary of Recommendations:

Trafficking

Who planned/organized your journey?

The minor traveled to the US in search of a new life, minor shared that in COO he was living with both parents [REDACTED]. As per minor he is seeking reunification with his uncle who lives in [REDACTED]. As per minor he did not travel with a foot guide or a coyote, the minor was actually in fact traveling on his own with a group of other migrants. The minor denies any harm or adverse experiences while in transit.

What were you told about the arrangements before the journey?

minor denies

Did the arrangements change during the journey?

Yes  No

If yes, how?

minor denies

Does your family owe money to anyone for the journey?

Yes  No

If yes, how much?

0

Whom is the money owed?

no debt

Who is expected to pay?

no debt

What do you expect to happen if payment is not made?

no debt

Coercion Indicators

Did anyone threaten your or your family?

Yes  No

If yes, who made the threats?

There are no Coercive Indicators

Were you ever physically harmed?

Yes  No

If yes, how?

There are no Coercive Indicators

Was anyone around you ever physically harmed?

Yes  No

If yes, who?

There are no Coercive Indicators

Were you ever held against your will?

Yes  No

If yes, where?

There are no Coercive Indicators

Did anything bad happen to anyone else in this situation or anyone else who tried to leave?

Yes  No

Additional sponsor information:



Sponsor Sponsored UACs:	Name of UAC	A Number	Relationship	Facility sponsored from
-------------------------	-------------	----------	--------------	-------------------------

Mandatory TVPRA 2008

Based on the most recent trafficking screening, is the child a victim of a severe form of trafficking in persons? (Indicate 'yes' only if ORR has issued a trafficking eligibility letter for UAC.)  Yes  No

Date eligibility letter issued:

Based on the most recent screening for disabilities, does the child have a disability as defined in section 3 of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12102(1)?  Yes  No

If yes, specify disability:

Based on the most recent screening, has the child 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?  Yes  No

If yes, provide a short summary:

Based on the sponsor risk assessment, does the sponsor clearly present a risk of abuse, maltreatment, exploitation, or trafficking to the UAC?  Yes  No

If yes, provide a short summary:

CM will update

Recommendations

Discharge:  Yes  No

Sponsor:

Discharge w/ Post Release:  Yes  No

Date of PR referral:

Refer to Home Study  Yes  No

Reason for HS referral:

Care Plan

**Reunification:** CM; Denia Rodriguez completed CR with sponsor on 5/14/2021. Sponsor check with Sponsor Photo Id - ARI sent to PSC on 5-14-2021. Minor is doing well in program and reported being happy that his brother has been reunified with his paternal uncle yesterday 5/14/2021. 5-12-2021 CAT 2 -Sponsor / Paternal Uncle; [REDACTED] residing in [REDACTED]. On 5-12-2021 CM,, Denia Rodriguez completed case file and reviewed documents. Completing necessary documents and preparing case to submit .

**Legal:** CM contacted Immigration Hotline on 5-12-2021. Case has not been filed with Immigration Court.

**Mental Health:** Minor is stable mentally and behaviorally. NO concerns.

Certification

Signature:

Date:

5/17/2021

Print Name:

Fanny Glassberg,  
MS,MSW

Title:

Bilingual Clinician



**Division of Immigration Services  
Unidos Por Un Sueño/ United For A Dream US Program**

Case Manager Progress Notes  
05/19/2021

## Discharge Summary

**Name:** [REDACTED]  
**A#** [REDACTED]  
**DOB:** [REDACTED]  
**DOA:** 05/06/2021  
**Country of Origin:** Guatemala

UC [REDACTED] spent --- days in Staff Secure. During his stay [REDACTED] was very respectful, followed all program rules and engaged well with his peers and staff. Paternal Uncle was very supportive, maintained communication during minor's stay in program and provided all documentations on a timely manner. [REDACTED] was discharged on Wednesday May 19, 2021 to his paternal uncle; [REDACTED] residing in [REDACTED]

Case Manager

  
Denia Rodriguez

#44435

temporary waiver of background check requirements for Category 2 adult household members (HHM) and adult caregivers to expedite the release process of Category 2 eligible cases". • Proof of ability to provide housing, food, education: The sponsor adequately demonstrated that he is able to support the minor financially. • Proof of address (Wells Fargo Bank Statement), Sponsor address was verified by with Smarty Street, Google Maps and Google Earth. • A completed FRA packet. Criminal For the Sponsor, ( [REDACTED] / Paternal Uncle): • An Internet Background Check was conducted on 05/13/2021; results came back with no record. • National Sex Offender check conducted on 05/14/2021. • State Sex Offender check conducted on 05/14/2021. • Sponsor was FP on 05/06/2021. Pending FP results. • CA/N checks are not required for this case as this is a CAT 2B that does not require a home study and no additional concerns were identified. For the HHM and adult care giver: Background checks, fingerprints and CA/N checks are not required as per ORR field guidance #11, "Guidance provides a temporary waiver of background check requirements for Category 2 adult household members (HHM) and adult caregivers to expedite the release process of Category 2 eligible cases". Birth Certificates: All birth certificates needed to prove the sponsor-UC relationship were received on 05/10/2021. Sponsor is confirmed to be the UC's paternal uncle. Birth certificates received are: UC's BC, [REDACTED] paternal grandparents BC. Prior Sponsorship: [REDACTED] sponsored UC's brother [REDACTED] who was discharged from Fort Bliss EIS on 05/11/2021 and reunited with sponsor on 05/13/2021. Sponsor was flagged in the UC portal on 05/17/2021. No prior address found. Sponsor address was flagged in the UC portal on 05/13/2021. Contact with primary caregiver in COO: Spoke with UC's Father; [REDACTED] on Monday 05/17/2021. CM was able to verify information provided by the UC and the sponsor. Sponsor resources: The following emergency contact information was provided to the sponsor: 911, ORR parent and sponsor hotline, information regarding health care and vaccinations, department of family and protective services in the state of Florida, and National Human Trafficking resource center. CM assisted the sponsor in identifying the following resources for the minor: [REDACTED]

Comments:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Care Plan: In the case that the sponsor is no longer able to care for the minor, he will be left in the care of the sponsor's nephew; [REDACTED] who is also minor's 1 cousin; who also resides in [REDACTED], as per sponsor closed to his house. Housing: Sponsor owns her own house with 2 bedrooms, 1 bathroom, 1 dining room, 1 living room and a huge backyard. According to the sponsor his house is very spacious. Minor will be provided with ORRNCC wallet card, flyer, and fraud warning upon being released. Medical: Initial Medical Exam was completed by prior facility. On 5/8/2021 minor was implanted with a PPD; results were read negative on 5/9/2021. COVID 19 Pamphlet will be provided to sponsor with recommendations. UC has received temperature checks on a daily basis, and it has never been reported that she has had a fever. No additional medical concerns have been noted in the Medical tab of the UC portal for UC [REDACTED] male of 16y/o. Facility is recommending Straight Release for this minor.

Identification along with all supporting documentation and assessments have been completed and uploaded onto uportal. Sponsor's parents BC • Minor's father BC Facility is recommending a Straight Release for this case.

Is Attorney Contacted?:  Yes  No Case Manager Recommendation: Approve Straight Release  
Case Manager Recommendation after Home Study: If Applicable, Cancellation Reason:  
Updated Date/Time: 5/17/2021 1:22 PM Updated User: Denia Rodriguez

Case Coordinator Recommendation

Case Coordinator Name: Jennifer Gonzalez  
CC recommends that the minor is release with PRS along with a Safety Discharge Plan to his paternal uncle in [REDACTED]. PRS are being requested as the minor was step up to Staff Secure due to concerns of possible gang activity. As per the program the minor denied the allegations and is currently stable. PRS can help provide the sponsor support should the minor begin to should concerns in the community. A search was conducted in the UAC portal and the sponsor or his address has not been used in a previous sponsorship however the sponsor did recently sponsored the minor's brother who minor travelled with. Prior to release, CC recommends that the minor's sponsor is made aware of the reason why the minor was step up to CV SS to support the minor should any issues arise once he is release into the community. CC encourages that a family session is held with both the sponsor and minor to discuss the importance of the minor attending school and his future court dates. That they are also reminded about the EOIR and ORR hotlines, and are encouraged to call if they have any questions or concerns after UC is released, or if they want to request assistance.

Recommendation: Approve with Post-Release Only Services Recommendation after Home Study:  
Sponsorship Cancellation Recommendation Reason:  
Updated Date/Time: 5/17/2021 4:00 PM Updated User: Jennifer Gonzalez

ORR Decision

Comments: case meets ORR requirements  
ORR Decision: Approve with Post-Release Only Services Home Study Status:  
ORR Decision after Home Study:  
Updated Date/Time: 5/17/2021 6:32 PM Updated User: Kristopher Cantu

Program Release Dates

Release Approved Date: 5/17/2021 Release Scheduled Date: 5/19/2021  
Release Approved by: Kristopher Cantu  
The Next Scheduled Court Appearance for This Juvenile is:  
Date Sponsor was Notified that They Must Inform the Immigration Court Directly of any Further Change of Address: 4/12/2021  
Reason for Less Than 24 Hours Notice to ICE, if Applicable:

- a. The care provider may provide information about the minor to the minor's educational program, medical, mental health, dental and other service providers to the extent that the information is needed for the minor's education, recreation, social development, medical, dental, or mental health treatment.
- b. The care provider must give ORR and its designees, as directed by ORR, unrestricted free access to information about the minor at all times.
- c. All case file information maintained under grants or contracts with the Federal government are the property of the Federal government and are fully accessible to ORR, or any of their duly authorized representatives, in accordance with applicable federal law, regulations, OMB circulars, and ORR policies.

**8. CONTACT WITH THE FAMILY**

The care provider must permit the minor and the minor's family (as well as other individuals at ORR's discretion) to maintain contact through direct visitation, telephone calls, mail, and gifts under the terms and conditions specified by applicable law, regulations, and ORR policies.

**9. SCHOOL PROGRAMS AND EXTRACURRICULAR ACTIVITIES**

The care provider may authorize the minor to participate in routine school programs as well as social and extracurricular activities that do not involve an unusual risk of injury to the minor unless otherwise specified by ORR.

**10. REASON FOR PLACEMENT**

An unaccompanied minor who meets the definition of an unaccompanied alien child, 6 U.S.C. 279(g)(2), and is in Federal custody by reason of his or her immigration status.

**11. TIME IN CARE**

The care provider's care giving authority will terminate upon the minor's physical discharge from the care provider's custody. The care provider will still have legal obligations for maintaining the minor's property if it is still in the care provider's custody and case file as directed by ORR.

**12. FINANCIAL**

ORR agrees to provide financially for the care of said minor according to the financial agreement between ORR and care provider or subsequent agreements agreed to by ORR and the care provider.

**13. RESTRAINTS**

The care provider must exhaust preventive, de-escalative and less restrictive techniques before it uses any type of restraint. Should physical restraint be necessary for the safety of the minor or others, the care provider must use behavior intervention techniques approved by ORR. All use of restraints must be justified and documented.

Signature - Authorized Representative of Care Provider

Date

Date

Telephone Number

Telephone Number

Signature - Official Representative  
**Office of Refugee Resettlement**  
**Administration for Children and Families**  
**U.S. Department of Health and Human Services**





U.S. Department of Health and Human Services

ADMINISTRATION FOR CHILDREN AND FAMILIES  
 370 L'Enfant Promenade, S.W.  
 Washington, D.C. 20447


Office of Refugee Resettlement  
 Division of Children's Services  
**NOTICE OF PLACEMENT IN SECURE OR STAFF SECURE FACILITY**

Minor's Name	Alien #:	Date of Birth	Country of Birth	Facility Name	Facility Type
[REDACTED]	[REDACTED]	[REDACTED]	Guatemala	Ft. Bliss - EIS	Emergency Intake Sites

This is to provide you NOTICE of the reasons for your placement in a secure or staff-secure facility. You are in the care and custody of the Office of Refugee Resettlement/Division of Children's Services (ORR/DCS). ORR/DCS will not place a minor in a secure or staff-secure facility if there are less restrictive placement options available and appropriate. However, under certain conditions listed below, ORR/DCS may place minors in a secure or staff-secure facility.

1. You are considered to be a flight risk.
2. You have committed or threatened to commit a violent or malicious act toward yourself or other(s).
3. You have been convicted of a crime as an adult.
4. You have been adjudicated as a delinquent.
5. You have engaged in serious, unacceptable disruptive behavior while in a licensed program.
6. You are chargeable with a crime or delinquent offense.
7. You are in criminal or delinquency proceedings.
8. For your own safety.
9. There is an emergency influx of minors into the United States and there are no alternative placement options at this time. ORR will place you in a shelter care facility as expeditiously as possible.

If you have any questions or concerns regarding this placement, please discuss them with the facility case management staff and/or your attorney of record. Any minor who disagrees with the ORR/DCS decision may correspond directly with the ORR/DCS Division Director. Additionally, the minor may seek judicial review in any United States District Court with jurisdiction and venue over the matter to challenge the placement decision.

 _____ ORR Director Signature	05/25/2021 _____ Date
_____ Facility Staff/Witness: Name/Signature/Position	_____ Date
_____ Minor's Signature/Name	_____ Date

CC: Minor  
 ORR/DCS Facility File  
 ORR/DCS Field Coordinator  
 ORR/DCS

# **EXHIBIT 8**

- a. The care provider may provide information about the minor to the minor's educational program, medical, mental health, dental and other service providers to the extent that the information is needed for the minor's education, recreation, social development, medical, dental, or mental health treatment.
- b. The care provider must give ORR and its designees, as directed by ORR, unrestricted free access to information about the minor at all times.
- c. All case file information maintained under grants or contracts with the Federal government are the property of the Federal government and are fully accessible to ORR, or any of their duly authorized representatives, in accordance with applicable federal law, regulations, OMB circulars, and ORR policies.

**8. CONTACT WITH THE FAMILY**

The care provider must permit the minor and the minor's family (as well as other individuals at ORR's discretion) to maintain contact through direct visitation, telephone calls, mail, and gifts under the terms and conditions specified by applicable law, regulations, and ORR policies.

**9. SCHOOL PROGRAMS AND EXTRACURRICULAR ACTIVITIES**

The care provider may authorize the minor to participate in routine school programs as well as social and extracurricular activities that do not involve an unusual risk of injury to the minor unless otherwise specified by ORR.

**10. REASON FOR PLACEMENT**

An unaccompanied minor who meets the definition of an unaccompanied alien child, 6 U.S.C. 279(g)(2), and is in Federal custody by reason of his or her immigration status.

**11. TIME IN CARE**

The care provider's care giving authority will terminate upon the minor's physical discharge from the care provider's custody. The care provider will still have legal obligations for maintaining the minor's property if it is still in the care provider's custody and case file as directed by ORR.

**12. FINANCIAL**

ORR agrees to provide financially for the care of said minor according to the financial agreement between ORR and care provider or subsequent agreements agreed to by ORR and the care provider.

**13. RESTRAINTS**

The care provider must exhaust preventive, de-escalative and less restrictive techniques before it uses any type of restraint. Should physical restraint be necessary for the safety of the minor or others, the care provider must use behavior intervention techniques approved by ORR. All use of restraints must be justified and documented.

Signature - Authorized Representative of Care Provider

Date

05/25/2021

Date

Telephone Number

202-401-5709

Telephone Number

Signature - Official Representative  
**Office of Refugee Resettlement**  
**Administration for Children and Families**  
**U.S. Department of Health and Human Services**



U.S. Department of Health and Human Services

ADMINISTRATION FOR CHILDREN AND FAMILIES  
 370 L'Enfant Promenade, S.W.  
 Washington, D.C. 20447


**Office of Refugee Resettlement  
 Division of Children's Services  
 NOTICE OF PLACEMENT IN SECURE OR STAFF SECURE FACILITY**

Minor's Name	Alien #:	Date of Birth	Country of Birth	Facility Name	Facility Type
[REDACTED]	[REDACTED]	[REDACTED]	Honduras	Ft. Bliss - EIS	Emergency Intake Sites

This is to provide you NOTICE of the reasons for your placement in a secure or staff-secure facility. You are in the care and custody of the Office of Refugee Resettlement/Division of Children's Services (ORR/DCS). ORR/DCS will not place a minor in a secure or staff-secure facility if there are less restrictive placement options available and appropriate. However, under certain conditions listed below, ORR/DCS may place minors in a secure or staff-secure facility.

1. You are considered to be a flight risk.
2. You have committed or threatened to commit a violent or malicious act toward yourself or other(s).
3. You have been convicted of a crime as an adult.
4. You have been adjudicated as a delinquent.
5. You have engaged in serious, unacceptable disruptive behavior while in a licensed program.
6. You are chargeable with a crime or delinquent offense.
7. You are in criminal or delinquency proceedings.
8. For your own safety.
9. There is an emergency influx of minors into the United States and there are no alternative placement options at this time. ORR will place you in a shelter care facility as expeditiously as possible.

If you have any questions or concerns regarding this placement, please discuss them with the facility case management staff and/or your attorney of record. Any minor who disagrees with the ORR/DCS decision may correspond directly with the ORR/DCS Division Director. Additionally, the minor may seek judicial review in any United States District Court with jurisdiction and venue over the matter to challenge the placement decision.

 _____ ORR Director Signature	05/25/2021 _____ Date
_____ Facility Staff/Witness: Name/Signature/Position	_____ Date
_____ Minor's Signature/Name	_____ Date

CC: Minor  
 ORR/DCS Facility File  
 ORR/DCS Field Coordinator  
 ORR/DCS

- a. The care provider may provide information about the minor to the minor's educational program, medical, mental health, dental and other service providers to the extent that the information is needed for the minor's education, recreation, social development, medical, dental, or mental health treatment.
- b. The care provider must give ORR and its designees, as directed by ORR, unrestricted free access to information about the minor at all times.
- c. All case file information maintained under grants or contracts with the Federal government are the property of the Federal government and are fully accessible to ORR, or any of their duly authorized representatives, in accordance with applicable federal law, regulations, OMB circulars, and ORR policies.

**8. CONTACT WITH THE FAMILY**

The care provider must permit the minor and the minor's family (as well as other individuals at ORR's discretion) to maintain contact through direct visitation, telephone calls, mail, and gifts under the terms and conditions specified by applicable law, regulations, and ORR policies.

**9. SCHOOL PROGRAMS AND EXTRACURRICULAR ACTIVITIES**

The care provider may authorize the minor to participate in routine school programs as well as social and extracurricular activities that do not involve an unusual risk of injury to the minor unless otherwise specified by ORR.

**10. REASON FOR PLACEMENT**

An unaccompanied minor who meets the definition of an unaccompanied alien child, 6 U.S.C. 279(g)(2), and is in Federal custody by reason of his or her immigration status.

**11. TIME IN CARE**

The care provider's care giving authority will terminate upon the minor's physical discharge from the care provider's custody. The care provider will still have legal obligations for maintaining the minor's property if it is still in the care provider's custody and case file as directed by ORR.

**12. FINANCIAL**

ORR agrees to provide financially for the care of said minor according to the financial agreement between ORR and care provider or subsequent agreements agreed to by ORR and the care provider.

**13. RESTRAINTS**

The care provider must exhaust preventive, de-escalative and less restrictive techniques before it uses any type of restraint. Should physical restraint be necessary for the safety of the minor or others, the care provider must use behavior intervention techniques approved by ORR. All use of restraints must be justified and documented.

Signature - Authorized Representative of Care Provider

05/06/2021

Date

914-693-0600

Telephone Number

Signature - Official Representative  
**Office of Refugee Resettlement**  
**Administration for Children and Families**  
**U.S. Department of Health and Human Services**

05/06/2021

Date

202-401-5709

Telephone Number

# **EXHIBIT 9**



U.S. Department of Health and Human Services

ADMINISTRATION FOR CHILDREN AND FAMILIES  
 370 L'Enfant Promenade, S.W.  
 Washington, D.C. 20447


Office of Refugee Resettlement  
 Division of Children's Services  
**NOTICE OF PLACEMENT IN SECURE OR STAFF SECURE FACILITY**

Minor's Name	Alien #:	Date of Birth	Country of Birth	Facility Name	Facility Type
[REDACTED]	[REDACTED]	[REDACTED]	El Salvador	Ft. Bliss - EIS	Emergency Intake Sites

This is to provide you NOTICE of the reasons for your placement in a secure or staff-secure facility. You are in the care and custody of the Office of Refugee Resettlement/Division of Children's Services (ORR/DCS). ORR/DCS will not place a minor in a secure or staff-secure facility if there are less restrictive placement options available and appropriate. However, under certain conditions listed below, ORR/DCS may place minors in a secure or staff-secure facility.

1. You are considered to be a flight risk.
2. You have committed or threatened to commit a violent or malicious act toward yourself or other(s).
3. You have been convicted of a crime as an adult.
4. You have been adjudicated as a delinquent.
5. You have engaged in serious, unacceptable disruptive behavior while in a licensed program.
6. You are chargeable with a crime or delinquent offense.
7. You are in criminal or delinquency proceedings.
8. For your own safety.
9. There is an emergency influx of minors into the United States and there are no alternative placement options at this time. ORR will place you in a shelter care facility as expeditiously as possible.

If you have any questions or concerns regarding this placement, please discuss them with the facility case management staff and/or your attorney of record. Any minor who disagrees with the ORR/DCS decision may correspond directly with the ORR/DCS Division Director. Additionally, the minor may seek judicial review in any United States District Court with jurisdiction and venue over the matter to challenge the placement decision.

 _____ ORR Director Signature	05/25/2021 _____ Date
_____ Facility Staff/Witness: Name/Signature/Position	_____ Date
_____ Minor's Signature/Name	_____ Date

CC: Minor  
 ORR/DCS Facility File  
 ORR/DCS Field Coordinator  
 ORR/DCS

# **EXHIBIT I**



1 I, [REDACTED], declare as follows:

2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

1. This declaration is based on my personal knowledge. If called to testify in this case, I would testify competently about these facts.

2. I am 17 years old. I am from Guatemala.

3. I was apprehended by agents of immigration on or around April 20, 2021, near the Tucson, Arizona desert. I was with other kids when we were caught. We were probably about 40 or 50 kids from lots of Central American countries and Mexico. I didn't come with anyone I knew so I wasn't separated from anyone. They brought me to Tucson to a *hielera*. From there they took me to Phoenix *hielera* for four days. From there they took me back to a Tucson *hielera* for one day. Then they took me to the shelter.

CBP Custody

4. I was detained in two Border Patrol facilities and for about five days. They got me on Tuesday around 3:00 or 4:00 AM and I was transferred to El Paso shelter on Saturday night around 11:00 PM.

5. I slept in the Phoenix and Tucson *hieleras* with about seven or eight other children. There's a mattress and aluminum blanket, and it was extremely cold. The lights were on day and night. I could only sleep for short periods at a time. It was not noisy.

6. They did not speak to me about COVID until I got to El Paso. I only received one mask in the *hieleras*, the disposable kind.

7. I did not do anything but lie down during the days in the *hielera*.

8. I was allowed to use a phone once time to call my family on the last day I was there, on Saturday.

9. Breakfast was a burrito, lunch was a burrito, dinner was a burrito. Every day was the same burrito. Two juices per day. In Phoenix we had to drink the water that was the same water we washed our hands with, just drinking from the faucet. There were no cups.

1 Sometimes we could not drink the water because there was too much Clorox in it or it  
2 was too hot. In Tucson they had water that was for drinking and they had cups.

3 10. I showered three times. There were no showers in Phoenix so they took us to  
4 Tucson for showering. We showered every other day. They gave us one set of detainee  
5 clothes.

6  
7 Fort Bliss Emergency Intake Site

8 11. I was detained at the Fort Bliss for about 10 days, from April 25, 2021, to May 4,  
9 2021.

10 12. When I arrived at Fort Bliss, I was not quarantined. They gave me a COVID test  
11 four times, about every three days. I was not allowed to go outside the tent the entire time  
12 I was there. I did not receive any kind of education until I was about to leave. Then they  
13 taught us a few words in English. But day-to-day there was no education. I was allowed  
14 to use a phone twice a week for 10 minutes. I made three calls in ten days. I saw that they  
15 took people who tested positive for COVID to another tent.

16 13. My paternal aunt was applying to be my sponsor.

17 14. No one started my sponsorship process in Fort Bliss. I kept asking what my aunt  
18 could do to get me out but they did not assign me a worker. My aunt said that no one  
19 contacted her while I was in Fort Bliss. It was only when I got to New York that a worker  
20 contacted her and sent her papers and asked her for things. There were only 150 workers  
21 and more than 2,000 children. I met someone who had been at Fort Bliss for more than  
22 two months. The day I was leaving for New York is when they told me they were going  
23 to assign a worker but they also said now we are transferring you. It's basically like I  
24 never had a worker. I didn't think I would be released directly from Fort Bliss to my aunt  
25 because I didn't have a worker. What they did tell me is that I would be transferred out of  
26 Fort Bliss to another shelter with fewer children if they did not assign me a worker within  
27 60 days, so that was my expectation.

1 15. I spent all day in the tent. Sometimes they came to give English classes so I went  
2 to see. I was mostly very bored.

3 16. They told us to keep distance from others but we were about 800 kids in my tent.  
4 Almost no one wore masks there. I did wear one. Most people didn't really wear them  
5 even though they said it was obligatory and they did have a lot we could use. We washed  
6 our hands sometimes in the tent.

7 17. There were no classes aside from English. It was maybe three or four hours on two  
8 days of the 10 days I was there that there was any instruction. I don't know who gave the  
9 classes, I guess they were teachers.

10 18. They took us to a soccer field twice during the 10 days. There were about 10 tents  
11 there so there was a day for each tent to get to play soccer. Otherwise we could just draw  
12 in the tent.

13 19. They told me they would give me a counselor but they did not.

14 20. They did not cook the food well because they were cooking for so many thousands  
15 of kids at the emergency shelter. Breakfast was eggs, fried plantain, beans, rice. Same  
16 thing every day. For lunch we had chicken, salad, rice, beans. For dinner rice, beans,  
17 plantains, eggs. You just grab what you can. The food was very bad, not good to eat. The  
18 chicken was raw, everything was raw. I ate it because I had no choice. I got sick from it.  
19 Even if I was hungry sometimes I did not want to eat it. To drink they just had juice.

20 21. I slept in a tent called Tent #8 with about 800 or 900 other children. It was  
21 uncomfortable to sleep. There were beds, one beneath the other, all right next to each  
22 other. They did turn off most lights at night but it was still always light because they did  
23 not turn off all of them. It was quiet when we actually went to sleep around midnight or  
24 1:00 AM. It was very hot at night but much worse during the day. I felt like I could sleep.

25 22. I was allowed to shower whenever I wanted. I showered once a day, every day. I  
26 had enough time to shower when I showered.

27 23. They gave me clothes and bedding that were clean. I don't know how often they  
28 cleaned the bedding, maybe every two days.

1 24. I did not receive a list of free legal service providers. I did not speak with an  
2 attorney while there.

3 25. They were always watching us. I only had privacy in the bathroom and showering.  
4 Otherwise they were always watching. There was a fence about a meter high around all  
5 the tents. I had an ID that I wore around my neck that says your name and has your  
6 picture.

7 26. It was OK being there. It was not good or bad. On the medical side it was bad  
8 because they did not give us medical care. The food side was bad because the food was  
9 horrible. It's hard to sleep. It was OK because they were watching us wherever we went  
10 and at night they did not leave us alone. I did feel despair. I did not know what to do. In  
11 New York they take us places, we study, so I did not feel despair. But in Fort Bliss we  
12 did not do anything. It affected me a lot, the feeling of despair at Fort Bliss. That's why I  
13 wanted to run away, and wanting to run away is why they sent me to New York, and in  
14 New York it was much better. I had no one to talk to, nothing to do feeling so desperate,  
15 so that's why I wanted to run.

16 27. All I could think about was getting to my aunt, when they would give me a worker.  
17 They called other people giving them a worker but they never called my name. Then I got  
18 more desperate. I talked to my aunt, and she said no one had called her. That also made  
19 me more desperate. That's all I can remember thinking about, leaving there and being  
20 with my aunt. In New York it wasn't like that anymore because at least they informed me  
21 on what was happening on my case. They told me what was pending in the process and  
22 they treated us well, taking us outside every day. And I was only there a short amount of  
23 time.

24 28. The staff in Fort Bliss didn't speak to me they were just watching us. They asked  
25 some questions maybe and we answered but that was it.

26  
27 Step Up to Children's Village Staff Secure

1 29. After about 10 days at Fort Bliss, I was transferred to the Children's Village Staff  
2 Secure facility.

3 30. I think they sent me to New York because I tried to escape. Then they told me, we  
4 are going to transfer you to a better place. You'll have a social worker there.

5 31. That's all they said, the head of all the social workers at Fort Bliss, the one in  
6 charge. They told me the same day that I traveled. They told me in New York I would  
7 have a worker and advance my case.

8 32. I remember feeling happy they were going to send me to a better place than I was  
9 in. They did not tell me I was going to a place that had more security or restrictions than  
10 shelter placements. I think it's good they transferred me there because I had more  
11 attention, I did not get bored, they took us out every day. I got to go to school, watch  
12 movies at night, sometimes go on Facebook, the food is very well made there, sometimes  
13 we had pizza.

14 33. It was about a day and a half on a bus to Houston and then we flew from Houston  
15 to New York. I know we took a bus to some other part of Texas, I think Houston, and  
16 from there we flew. They gave me three COVID tests before we flew. We had masks. We  
17 did not maintain distance while traveling. It was like the pandemic did not exist.

18  
19 Children's Village Staff Secure

20 34. I was detained at Children's Village Staff Secure for about 19 days, from May 6,  
21 2021, to May 25, 2021.

22 35. When I arrived at Children's Village, I was quarantined for about eight days.

23 36. I met with a case manager about one day after I arrived at Children's Village. It  
24 was an in-person meeting. We met about four or five times. He was always there but he  
25 did not always have information. Sometimes I would ask how my case was going, and he  
26 would say it's just missing this or that. Some days I saw him and already had the update  
27 so I didn't ask more. I felt informed about my case. He gave me an estimate of when I  
28

1 would leave. One day he told me he'd be submitting my case on a Friday. On Monday he  
2 told me it was approved and on Tuesday I left.

3 37. It's much better in New York than at Fort Bliss.

4 38. Everything was fine in New York. My clinician told me that there was no  
5 complaint at all about my behavior and that they would have stepped me down but they  
6 were going to release me first. Everything went well with my classes, the teacher told me  
7 positive things. I didn't have any desire to run away in New York because they treated  
8 me well.

9 39. Less than three weeks after I arrived at Children's Village, I was released to my  
10 aunt who is living in Arizona. My case worker is who told me I would be released to my  
11 aunt. He said I would be stepped down in eight days because my behavior was good, but  
12 that I would be discharged before then.

13 40. I felt happy when I was leaving. When I saw my aunt, I felt happy, finally. I was  
14 free, with my aunt.

15 41. I just want to study and be a good person in life. I want to learn English. I want to  
16 have a good job one day, when I'm an adult and a judge lets me work. I'll work when a  
17 judge says I can work.

18  
19 I declare under penalty of perjury that the foregoing is true and correct. Executed on this  
20 30 day of July, 2021, at Mesa, Arizona.

21 [REDACTED]  
22 [REDACTED]  
23 [REDACTED]  
24 [REDACTED]  
25 [REDACTED]  
26 [REDACTED]  
27 [REDACTED]  
28 [REDACTED]

CERTIFICATE OF TRANSLATION

My name is Hannah Perrin Flamm and I swear that I am fluent in both the English and Spanish languages and I translated the foregoing declaration to the best of my abilities.

Dated: July 29, 2021



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

# EXHIBIT J



1 I, [REDACTED], declare as follows:

2

3 1. This declaration is based on my personal knowledge. If called to testify in this  
4 case, I would testify competently about these facts.

5 2. I am 17 years old. I am from Honduras.

6 3. I arrived in the United States on or around May 28, 2021, near Piedras Negras,  
7 Mexico. I entered the United States with my younger sister, [REDACTED]  
8 [REDACTED]. She is fifteen years old.

9

10 Pecos Emergency Intake Site

11 4. My sister and I spent three days at border patrol in the hielera and then we were  
12 transferred directly from the hielera to the Pecos Emergency Intake Site. We have been  
13 at Pecos since June 1, 2021.

14 5. When I arrived here, I was tested for Covid but I was negative. I was quarantined  
15 for about ten days. During quarantine, I was still able to use the phone to talk to my  
16 family and play outside.

17 6. My family friend (my mother's brother in-law) is applying to be the sponsor for  
18 both me and my sister. He lives in Dallas, Texas and he has been living in the United  
19 States for about eight years.

20 7. I have had two case managers since I arrived at Pecos. I was told that my sister  
21 and I have the same case manager. I first met with a case manager sometime within the  
22 first week of my arrival. I met with that case manager a total of four times. The first  
23 meeting was face to face and the other meetings were on a computer.

24 8. I was then assigned a new case manager, but I was not told why. I have only met  
25 my new case manager once, and that was about fifteen days ago. I was told that I cannot  
26 be released to my sponsor until he gets a letter or some type of document and that my  
27 mother needs to sign that letter. But before that, no one has ever really explained to me  
28 what needs to be done or how soon I will be able to leave here. I am worried because I

---

1 think that the change in case managers has delayed my case. When the new case  
2 manager was assigned to me, he requested new papers and asked for additional things.  
3 But my sponsor had already sent in all of the paperwork before I got the new case  
4 manager. Now I guess that the only thing that we are missing is this letter.

5 9. There are kids here who have been released faster than me and my sister. I'm not  
6 sure why but I do know that some of them have gone to aunts and uncles and siblings. I  
7 feel happy for them, but I am sad for myself because I want to leave.

8 10. I have been allowed to use a phone three times a week for ten minutes each. I can  
9 call my sponsor. I do not have phone numbers for other family so I am not able to call  
10 any of them.

11 11. I need to leave this place so that I can be with my sister and talk to her more. I  
12 have only been able to see my sister about once a week for around ten minutes each visit.  
13 This does not seem like enough time to me, this is very little time for us to be together. I  
14 know that my sister is worried about our case, as well. We both want to leave here as  
15 soon as possible. She is very sad that we are still here. All of her friends have left here  
16 already and she is the only one of her friends still here. My mom is also worried about us.

17 12. I get along with the staff here and they treat us well. I also get along with the other  
18 youth here. Then again, there are always new faces.

19 13. They do not have school here at Pecos. We have a chance to learn a few words in  
20 English but that is it. My sister and I attended school in Honduras and I liked school  
21 because it I knew that it would give me the opportunity to work or get a job. I would like  
22 to be an architect.

23 14. We have a daily schedule and do the same thing every day. Most of the day we  
24 spend in our dorms watching television. We can read the Bible or practice English. We  
25 don't really have many games or books to read. We can play outside every day for fifty  
26 minutes. We play soccer and basketball.

27 15. I have not met with a counselor or therapist here but I know that others have. I  
28 think that my sister has met with a counselor.

---

1 16. The food is good here and we have plenty of time to eat.

2 17. I sleep in a room with one other boy and we are in a dorm with about 84 other  
3 boys. The rooms are comfortable, and I am able to sleep at night. The temperature in the  
4 rooms is fine.

5 18. I am allowed to shower every day and I have enough time to shower. I have  
6 enough clean clothes, shoes, towels, and linens. Our clothes are laundered twice a week.

7 19. I attended a Know Your Rights presentation by legal service providers and  
8 received a list of free legal service providers, but I have not talked to an attorney since I  
9 have been here. But I would like to speak with an attorney who can get me more  
10 information about the letter they say that I need in order to be released. That is the only  
11 thing that seems to be missing for me and my sister to finally be able to live with our  
12 sponsor.

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this  
2 27 day of July, 2021, at Pecos, TX.



10 CERTIFICATE OF TRANSLATION

11 My name is Allyson Miller and I swear that I am  
12 fluent in both the English and Spanish languages and I translated the foregoing  
13 declaration from English to Spanish to the best of my abilities.

14  
15 Dated: 7/27/21

Allyson Miller

16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

# **EXHIBIT K**

1 I, [REDACTED], declare as follows:

2  
3 1. This declaration is based on my personal knowledge. If called to testify in this  
4 case, I would testify competently about these facts.

5 2. I am 17 years old. I am from El Salvador. My mother still lives there and I miss  
6 her very much.

7 3. I arrived in the United States on or around May 22, 2021, and I entered near  
8 Reynosa, Mexico. I traveled to the United States with a friend who is also 17 years old.  
9 We were walking along the street when we were picked up by border patrol. I was  
10 detained at the border facility for one day where I was separated from my friend. She is  
11 now with her cousin here in the United States.

12  
13 Pecos Emergency Intake Site

14 4. I was taken to the Pecos Emergency Intake Site directly from the border patrol  
15 facility. I arrived here on May 23, 2021. I have now been at Pecos for about 65 days. It  
16 feels like I have been here for a very long time.

17 5. When I arrived, I was tested for Covid but I tested negative and I have never tested  
18 positive for Covid.

19 6. My father and my brother live together in Virginia. My father has lived in the  
20 United States for about eighteen years, and my brother has lived here for eleven years.

21 7. When I arrived in the United States, my brother offered to be my sponsor. He is  
22 thirty-two years old. As soon as I arrived here, I told the staff at Pecos that my brother  
23 was going to be my sponsor. He told me that he completed all the paperwork necessary  
24 for my release at least a month ago.

25 8. The social workers are supposed to give us updates about our case, but they are  
26 only here on Thursdays. And it is always a different social worker that meets with us  
27 each week – we never meet with the same person.

28

1 9. I have had two case managers or social workers since I arrived at Pecos. My first  
2 social worker was named Marie and I first met her about three days after I arrived here. I  
3 met with virtually. When I spoke with Marie, I provided her with all of the information  
4 about my brother and she thought it would only take up to two weeks to complete the  
5 paperwork for me to be released.

6 10. About a month ago, I spoke with someone else about my release and she confirmed  
7 that every single piece of paper necessary for my release has been completed. This is  
8 what I have been told for the past month, but I am still here. I feel very bad about this.  
9 Ever since I was very young, my brother and I have talked about how great it would be  
10 for us to live together – this is something we have both wanted for a very long time.

11 11. Now I have now been told that I have another new social worker. I learned this  
12 about three weeks ago but I still do not know who my new case worker is. That person  
13 has still never met with me or spoken with my brother.

14 12. No one has explained to me why I am still here or what is happening with my case.  
15 I was just told that because my brother and I have different last names, this is holding up  
16 my release. My dad left for the United States while my mom was pregnant, so he wasn't  
17 present to sign my birth certificate. Now the government doesn't think that my brother  
18 and I are related even though we have the same parents. No one is telling me or my  
19 brother anything about what needs to happen now. It feels like my case has just stopped.  
20 I try not to get depressed, but all of my friends who had arrived at the same time as me  
21 have already left this place. I am the only person left here and I don't understand why.

22 13. I get to have phone calls with my family on Tuesday and Saturdays for about ten  
23 minutes each time. It does not feel like this enough time to speak with my family.

24 14. Right now, I only have one roommate but there are forty-four girls total in my  
25 dorm. My dorm is comfortable, and I am able to sleep at night. Since I have been here, I  
26 have lived in four different dorms. Sometimes this is difficult because you get  
27 accustomed to the dorm and the girls you are living with, and then all of the sudden you  
28

1 have to move. I was told that they are moving us around because they are making room  
2 for younger kids to arrive here.

3 15. The staff treat us well and I get along with the other kids here.

4 16. We do not attend school here although they do sometimes offer English classes.  
5 The English classes are infrequent or not that regular. I attended school regularly when I  
6 was in El Salvador. I enjoyed going to school and I like a lot of subjects, especially  
7 math. I do not know yet what I want to do when I grow up.

8 17. We have recreation outside for an hour a day and we can play soccer or basketball.  
9 When we are inside, we can listen to music or watch movies or sometimes there might be  
10 English classes.

11 18. There are counselors at Pecos. I have spoken with a counselor who is in my dorm,  
12 and it is helpful.

13 19. I have seen a doctor here three times since I arrived, once when I had a headache  
14 and twice because of the food. Sometimes there is red meat and it is very upsetting to my  
15 stomach. The food here has made other kids here sick, as well.

16 20. I am allowed to shower whenever I want as long as I have permission to leave my  
17 room. I have enough clean clothes and shoes.

18 21. I have not met with an attorney since I have been here. I do not think that I have  
19 ever attended a Know Your Rights presentation, and I have never received a list of free  
20 attorneys.

21  
22  
23  
24  
25  
26  
27  
28



1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this  
2 27 day of July, 2021, at Pecos, TX.



3  
4  
5  
6  
7  
8  
9  
10 CERTIFICATE OF TRANSLATION

11 My name is Allyson Miller and I swear that I am  
12 fluent in both the English and Spanish languages and I translated the foregoing  
13 declaration from English to Spanish to the best of my abilities.

14  
15 Dated: 7/27/21

Allyson Miller  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

# **EXHIBIT L**

1 I, [REDACTED], declare as follows:

- 2
- 3 1. This declaration is based on my personal knowledge. If called to testify in this  
4 case, I would testify competently about these facts.
- 5 2. I am 17 years old. I am from Guatemala.
- 6 3. I was apprehended by Immigration on or around April 11, 2021, near the McAllen-  
7 eynosa border. I traveled with my younger brother. He is 15 years old. He stayed with  
8 me the entire time.
- 9 4. I crossed the river. and we were met by border patrol. There were about eight or  
10 nine people. The *li ia* told us to raise our hand if we arrived with a sibling. I raised my  
11 hand, and they set us to the side. More kids arrived and a bus picked us up. I filled out  
12 some paperwork, and they took me to a *hielera*.

13

14 CBP Custody

- 15 5. I was detained in Border Patrol custody for about six days.
- 16 6. I slept in a *hielera* a tiny fenced cell, with about 27 other children. I was in cell  
17 number four of seven. It was difficult to be there. The lights were on 23 hours a day, and  
18 we had no sense of time. I slept two hours each night on a thin, foam mattress. It was  
19 extremely cold, and we only had an aluminum blanket. Many children, including my  
20 brother, didn't have a sweater. You don't sleep waiting for them to call you.
- 21 7. There was no distancing. They woke us up every hour and fifteen minutes to  
22 change our masks. We also had access to the masks set on a table in the room. The only  
23 time that we left the *hielera* was for sanitization. The janitors moved the mattresses to  
24 steam the floors.
- 25 8. We slept all day or watched cartoons when the *ardias* said we had behaved.
- 26 9. I was not allowed to use a phone to call my family. They didn't call my uncle.  
27 Someone I met had been there for 22 days and was never allowed to make a single call.  
28 They would tell him to wait a moment, but that moment never arrived.

1 10. We had burritos every single day. They were horrible. The breakfast egg burritos  
2 tasted like wet cardboard. No one ate them. The trash cans filled up with egg burritos. For  
3 lunch and dinner, they served bean or chicken burritos. I usually only ate the crackers,  
4 apples, and Gatorade. The bottled water supply was unlimited.

5 11. We never saw the light of day.

6 12. I showered once. I was allotted 10 minutes to take a warm shower. The showers  
7 were in the same area where we slept. They did not give us clean clothes.

8  
9 Fort Bliss Emergency Intake Site

10 13. After six days in a Border Patrol facility, I was transferred to Fort Bliss. They don't  
11 tell you anything. That is why you don't sleep. You're just waiting for them to call you.  
12 They tell you to get up, make a line, do a COVID-19 test, and they don't tell you that  
13 you're transferring. I got on the bus and I didn't know where I was going. My brother and  
14 I thought we were going with my uncle.

15 14. I was detained at Fort Bliss for about 15 days.

16 15. When I arrived at Fort Bliss, I was not quarantined. Quarantine does not exist. If  
17 you test positive, they take you to another area. I arrived in the middle of the night. I  
18 had no idea where the bus was taking me. They don't tell you anything. When I arrived, I  
19 received a sanitation kit and two blankets. We spent eight days not doing anything.

20 16. My uncle was applying to be my sponsor.

21 17. They said the reunification process would take a long time because the shelter  
22 didn't have case managers.

23 18. I first met with my case manager 12 days after arriving at Fort Bliss. Before then,  
24 they kept telling me I would meet with a case manager, but I never did. I was able to  
25 speak with one about three days before I left Fort Bliss. I met with the case manager in  
26 person. My uncle completed the paperwork that he had been sent.

1 19. I was allowed to use a phone two times a week to call my family. They allotted 10  
2 minutes. There were too many kids in the *ar a* to allot more time. They let us talk on the  
3 phone on the sixth day.

4 20. We mostly slept all day. The shelter was not equipped for anything.

5 21. There were not any education services in the beginning. They said the shelter was  
6 new. Then, they did offer classes for whoever wanted to go. The classes lasted about an  
7 hour, and there were a lot of us in class.

8 22. They took us outside on the 12<sup>th</sup> day to play soccer for one hour. Other than that, I  
9 did not go outside to play during the 15 days I was there.

10 23. They offered counseling services, but I didn't need to go.

11 24. The food was served buffet style and much better than at the *hiera*.

12 25. I slept in a *ar a* with about 1,000 other children. There were about nine *ar as*  
13 total. There were about 42 rows in my *ar a* with 10 cots in each row. Lights out at 10:00  
14 PM and back on again at 5:00 AM.

15 26. I was allowed to shower every day. If we asked for clean clothes, the staff would  
16 look for some and give it to us.

17 27. I did not receive a list of free legal service providers. I did not speak with an  
18 attorney while I was there.

19 28. Someone was always watching us. We had to wear a bracelet, but they did not take  
20 roll.

21 29. I didn't feel terrible, because eventually they allowed us to go outside and play  
22 soccer. The food was also much better compared to the first place.

23 30. The staff was very kind. If we ever needed anything they would try their best to  
24 provide it.

25  
26 Step Up to Children's Village Staff Secure

27 31. After about 15 days at Fort Bliss, I was transferred to the Children's Village Staff  
28 Secure facility.

1 32. I traveled on a bus and plane with a few other children.

2 33. They never told me anything about why I was leaving. They said that I was going  
3 home with my uncle. They told me to hurry up and pack my things. I was barely able to  
4 grab anything. They rushed me. I asked what was going to happen with my brother, but  
5 they ignored me.

6 34. Finally, when we arrived at New York they told me I was going to another shelter  
7 because I had attempted to run away. It's a lie: I never tried to run away. I told them to  
8 check my records again because I never tried to run away. I was sad thinking about my  
9 brother. He stayed at Fort Bliss for another fifteen days.

10 35. I think they lied about where I was going because they wanted me to get on the bus  
11 at my own will. I never tried to run away. All I can think of was one time the *ardia* got  
12 mad at me but didn't say why and I had done nothing at all. I wonder if they transferred  
13 me because the *ed* Cross staff signed my shirt, but no one said that that was the reason. I  
14 just can't think of anything else. Truthfully, I barely talked to the other kids at Fort Bliss.  
15 I kept to myself and my brother.

16  
17 Children's Village Staff Secure

18 36. I was detained at Children's Village Staff Secure for about 14 days.

19 37. When I arrived at Children's Village, I was quarantined for about six days.

20 38. I liked the New York shelter so much more. It was comfortable, I had a bed, and  
21 they offered way more entertainment. I couldn't do anything in El Paso. At Children's  
22 Village, they gave us a tablet after we quarantined. We had classes from 9:00 AM to  
23 12:00 PM. During recreation we played and exercised.

24 39. I met with a case manager right away after I arrived at Children's Village. They  
25 were very nice, and we were always allowed to speak with them. They treated us with  
26 respect.



1 40. I did well in my classes. They were fun. Before class the teacher would have us  
2 journal so that we could express our feelings. We were taught math and English. They  
3 told me I was very well-behaved and different from the other kids.

4 41. Fourteen days after I arrived at Children's Village, I was released to my uncle who  
5 is living in Florida. They told me that I was free and they just needed to buy my plane  
6 ticket. The case manager was on hold with the airline for about five hours. She bought  
7 my flight, and I flew alone. They let the airline know that I was alone and they told me to  
8 stay seated when the plane landed.

9 42. I was so happy to see my uncle. I hadn't seen him in eight years and I felt safe to  
10 be with him and my brother.

11 43. I want to go to culinary school, become a chef, and open a restaurant one day.

12  
13 I declare under penalty of perjury that the foregoing is true and correct. Executed on this  
14 03 day of August, 2021, at Miami Beach, Florida.

15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

[Redacted Signature]

[Redacted Name]

CERTIFICATE OF TRANSLATION

My name is Priscilla Samara Ortiz, and I swear that I am fluent in both the English and Spanish languages and I translated the foregoing declaration to the best of my abilities.

Dated: July 30, 2021

/s/ Priscilla Samara Ortiz

# **EXHIBIT M**



1 I, [REDACTED], declare as follows:

2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

1. This declaration is based on my personal knowledge. If called to testify in this case, I would testify competently about these facts.

2. I am 17 years old. I am from Honduras. I am currently living at the Pecos Emergency Intake Site.

3. My brother is also at Pecos. He crossed the border after me. He is 15.

Ft. Bliss Emergency Intake Site

4. I arrived at the Ft. Bliss Emergency Intake Site around May 7, 2021.

5. There was a lot of sand and dirt everywhere.

6. When I first arrived at Ft. Bliss, the laundry system did not work well. The system was confusing because the staff would collect the clothes, but we did not always get the correct clothes back.

7. The sleeping arrangements at Ft. Bliss were not very good. I did not have privacy. It was way too crowded. I slept in a very large tent with many other youth. The beds were bunked and were very small. You couldn't turn while you were sleeping because if you did you would fall out of the bed. Because there were so many of us in the large tent, not all of us wanted to fall asleep at the same time, so some youth would stay up and talk and make jokes. It was very hard to sleep through the night.

8. We had optional English classes a few times per week. We were not required to go to the classes.

9. One staff member spoke very rudely to me and other youth. He teased youth about being affiliated with Colombian cartels – the youth were humiliated and upset that the staff member was bothering them. None of the youth liked the staff member because he made us feel bad. I joined other youth in submitting a report about the staff member.

1 Pecos Emergency Intake Site

2 10. I was transferred from Ft. Bliss to the Pecos Emergency Intake Site so that I could  
3 live with my brother. I have been at Pecos for about 40 days, but I have been in facilities  
4 for a long time now. My brother has been here for over 60 days.

5 11. My mother's sister-in-law is applying to sponsor me and my brother. She lives in  
6 Chicago. When she lived in Honduras, we would visit with her. We have stayed in touch  
7 with her since she moved to the United States.

8 12. My brother and I have the same case manager. I spoke with our case manager  
9 yesterday. Our case manager told me that all that is left to do is to finish the paperwork  
10 for our second sponsor. Our case manager told us that we need a second sponsor in case  
11 our mom's sister-in-law is unable to care for us. My parents found the second sponsor –  
12 he is someone that my dad knows well. The case manager says that the second sponsor  
13 needs to complete the fingerprinting process. The case manager told me that the second  
14 sponsor is having trouble finding a fingerprinting appointment that works with his  
15 schedule – he works and has trouble accessing a car.

16 13. After the fingerprints are done, the government needs to review the case and  
17 confirm that we can be released.

18 14. My case manager says that we might be transferred to a different facility as early  
19 as this week because we have been at Pecos so long.

20 15. Here, we are served a set amount of food at every meal, and there is not much  
21 variety. We are not able to select the food that we want to eat – we are all given the same  
22 thing. The staff will give us a lot of the food that we don't want to eat. For example,  
23 they will give us a lot of rice every meal but very little meat. We are not allowed to get a  
24 second serving of anything. There does not seem to be enough food, and I don't think  
25 that that is okay. I don't eat breakfast because I don't like what they offer during that  
26 meal – we are rarely given eggs. I go to the cafeteria in the morning, but I just sit there  
27 and don't eat. I don't like the water in the cafeteria because it doesn't taste good. The  
28 snacks here are mainly acidic juices that do not taste very good.

---

1 16. There have been two staff members in the dorms who haven't been very nice.  
2 Recently, we were getting ready to get in line to leave the dorm, and I was looking for  
3 water because I don't like the water in the cafeteria. One of the staff members stopped  
4 me and asked what I was doing. When I explained that I didn't like the taste of the  
5 cafeteria water, the staff member got upset and started yelling at me. It was very  
6 inappropriate, and I decided to write a report about what happened. Some kids won't  
7 report bad things that happen because they are afraid. I won't report staff members for  
8 the sake of reporting them, but I will report staff if they are not respectful. Everyone  
9 deserves to be treated with respect.

10 17. We don't have very much school. We have English classes. The teacher here is  
11 very strict.

12 18. The wait time to see a doctor is very, very long. If you have an appointment,  
13 sometimes you have to wait up to three hours. I feel desperate having to wait that long.  
14 Some kids are so desperate that they just leave because they don't want to sit with  
15 nothing to do for hours. Even if you have an emergency visit, you have to wait a long  
16 time. For example, I went to get emergency help because I was experiencing really bad  
17 pain in my tooth, but I still had to sit for an hour in pain before I was seen.

18 19. Here, the staff wake us very early in the morning. Every day, the staff wake us up  
19 at 5 in the morning, but we don't eat breakfast until 6:30 in the morning. It is hard  
20 because we just sit in our rooms that whole time. The staff make sure we don't fall  
21 asleep, but it is hard to be awake with nothing to do.

22 20. Our clothes often get lost in the laundry. For example, we may ask for three shirts  
23 to be cleaned, but we will only get two clean shirts back and the other shirt is lost forever.  
24 If we send in pants and shirts to be cleaned, we might not get the pants and shirts back.  
25 Some of us have decided to stop sending our clothes to the laundry because we do not  
26 want to lose our clothes. We just wash our clothes in our dorm room bathrooms. We  
27 don't have anything to clean the clothes with – we just use water and hang them up to  
28 dry.

---

1 21. The staff tell us to clean our own rooms. We collect trash in our rooms and place  
2 the trash in the hallway. Sometimes, there is a staff member who is supposed to pick up  
3 all the trash in the halls and take it outside, but that doesn't always happen so sometimes  
4 one of the youth just volunteers to take out all the trash. I am the youth leader in my  
5 dorm, and each week I meet with the youth leaders of the girl dorms. During those  
6 meetings, the girl leaders have said that there are not enough cleaning supplies (like  
7 vacuums and mops) in their dorms.

8 22. I am very concerned that there are so many kids who have been here for over 60  
9 days. Some of these youth are waiting to live with their parents – they should not still be  
10 here. They should be able to live with their families.

11 23. My brother has gotten depressed here. He gets upset when we learn disappointing  
12 information about our case and we end up staying here longer. I try to cheer him up and  
13 help him stay strong throughout the process.

14 24. When I finally live with my sponsor, I would like to study and play sports,  
15 especially soccer.

16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this  
2 28<sup>th</sup> day of July, 2021, at Pecos, TX.



10 CERTIFICATE OF TRANSLATION

11 My name is Soraya Morales Nuñez and I swear that I am  
12 fluent in both the English and Spanish languages and I translated the foregoing  
13 declaration from English to Spanish to the best of my abilities.

15 Dated: July 28, 2021

Soraya Morales Nuñez

# **EXHIBIT N**

1 I, [REDACTED], declare as follows:  
2

3 1. This declaration is based on my personal knowledge. If called to testify in this  
4 case, I would testify competently about these facts.

5 2. I am 15 years old. I am from Honduras. My brother and I came to the United  
6 States together. He is 14 years old.  
7

8 Pecos Emergency Intake Site

9 3. My brother and I have been at the Pecos Emergency Intake Site since about May  
10 23, 2021. We have been here for about 65 days.

11 4. When we arrived here, we tested negative for COVID and lived with all the other  
12 youth. At one point, a youth tested positive for varicella, and we had to quarantine for  
13 one week. In quarantine, we were not allowed to go outside, and the staff brought food to  
14 us. We prefer living with the general population.

15 5. Our uncle is applying to be my sponsor. He lives in Houston, Texas with his  
16 brother, his niece, and his wife. We have a good relationship with him.

17 6. We first met with a case manager about one month ago, after we had already been  
18 here for about one month. We met with him together, and he told us his name and that he  
19 was starting to work on our case and would contact our uncle, but we haven't met with  
20 him since. We were told that he was appointed to our case specifically. He is in charge  
21 of contacting our uncle and managing the paperwork.

22 7. Every Wednesday, each of us meets individually with a case worker to learn  
23 updates about our case. We are not together when we meet with the case workers. We  
24 meet with different case workers each week – they are responsible for checking the portal  
25 and providing us an update, but they are not assigned to us and are not affirmatively  
26 working on our case. They just tell us what the portal says. No one has explained  
27 anything about why we haven't met with our case manager since last month.  
28

---

1 8. About two weeks ago, we spoke with one of the case workers who checked the  
2 portal and told us that our uncle still needed to complete a home study. But when we  
3 spoke to our uncle, our uncle said that he already completed a home study a few weeks  
4 ago. My uncle says that he has completed everything, but he hasn't heard from any staff  
5 since he completed everything. He has asked us how to contact the case manager, but we  
6 only know the case manager's name. I have asked other case managers for our case  
7 manager's contact information, but no one knows. [REDACTED] says that he saw our case  
8 manager from across the room earlier today, but our case manager didn't say anything to  
9 him.

10 9. We are each allowed to call our uncle individually three times per week: Monday,  
11 Wednesday, and Friday. There are always people around us when we are on the phone.

12 10. We live in the same room. The staff tell us that it is our responsibility to clean our  
13 own rooms every day. We only have brooms to sweep the rooms. We don't have  
14 anything to clean the bathrooms with, so the bathrooms are not very clean. We have told  
15 the staff that we need supplies, but the staff tell us that they don't have enough cleaning  
16 supplies so they can't give us anything.

17 11. We play outside once per day, but both of us would like to have more time to play  
18 outside.

19 12. We learn English for about 25 minutes twice per week. We don't have any other  
20 classes. My brother would like to have more school.

21 13. There are often long lines to see the medical staff. If you have an appointment  
22 scheduled, there is almost always a wait of between one and two hours to see the doctor.  
23 The wait time can vary depending on the time of day. That is why I don't go to see the  
24 doctor if I have a headache or a body ache – I only go if it's an emergency.

25 14. Every day, I wake up and feel very sad. I am frustrated because I see other kids  
26 leave before me. Some kids have been here for five days and get to go home. I don't  
27 know what else to do when our uncle has done everything for our case.  
28

---



1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this  
2 27<sup>th</sup> day of July, 2021, at Pecos, TX.

3 [Redacted Signature]  
4 [Redacted Signature]  
5 [Redacted Signature]

6  
7  
8  
9  
10 CERTIFICATE OF TRANSLATION

11 My name is Soraya Morales Nuñez and I swear that I am  
12 fluent in both the English and Spanish languages and I translated the foregoing  
13 declaration from English to Spanish to the best of my abilities.

14  
15 Dated: July 27, 2021

16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
[Redacted Signature]

# **EXHIBIT O**

1 I, [REDACTED], declare as follows:

2

3 1. This declaration is based on my personal knowledge. If called to testify in this  
4 case, I would testify competently about these facts.

5 2. I am 8 years old. I am from Honduras.

6 3. I was apprehended by immigration officers somewhere in Texas, but I don't  
7 remember when we crossed. I came with my aunt, my cousin, and with my sister. My  
8 sister is also at this place with me.

9 CBP Custody

10 4. The immigration officers took us to their room. They gave us apples, churros,  
11 burritos, and water. We were there for one week and I stayed with my aunt, my cousin,  
12 and my sister there. Then they separated us and put me and my sister on the airplane.  
13 Before the airplane ride, they gave me a Covid test and told me it was negative. The  
14 airplane ride was about an hour.

15 Pomona Fairplex Emergency Intake Site

16 5. I think I have been here at the Pomona Fairplex Emergency Intake Site for about a  
17 month.

18 6. My mom is applying to be my sponsor. Before today, I did not know what was  
19 happening with my case. But today I learned today that my mom has been approved and  
20 I can go to her. I feel good now that I know I can go to her.

21 7. I usually meet with my case manager every other day, but I haven't met with her in  
22 a long time. I don't remember the last time I met with her.

23 8. I have been allowed to use a phone two times a week to call my family. I usually  
24 call my mom or my aunt or my dad. Sometimes there is not enough time to call all three  
25 and I wish I could talk to all of them. I really want to leave here because my aunt has  
26 been sick, and I want to go visit her with my mom.

27 9. I really wanted to be with my mom on her birthday which was three days ago. We  
28 called her on her birthday, and she was very sad that we weren't with her.

1 10. I used to sleep in building 5 but now I've been moved to building 8 where kids 12  
2 and younger are. There is not much to do in building 8. A lot of the kids who are 12 and  
3 younger have left so there aren't as many of us now. In my group there are 8 kids, and  
4 we all stay together all the time. My sister is in my group with me.

5 11. I don't sleep very well here because they don't fully turn off the lights.

6 12. I don't like when they do the headcount here. They make us stay in the same place  
7 for the whole time and we have to wait to go to the bathroom.

8 13. I go to classes here three days each week. The classes are about an hour, and we  
9 learn English. We learn how to say the colors in English, how to say the days of the  
10 week in English, how to say numbers in English, and how to say words to play.

11 14. We go to the park here sometimes. I wish I could go more. We do fun activities  
12 on the field with the girl with braids before our classes. She gives us jerseys so we can  
13 play capture the flag. We also play soccer.

14 15. I have not seen a counselor since I have been here. If I feel sad or worried or  
15 upset, I can only talk to my friends.

16 16. I like the food here and I feel like I have enough to eat. We don't really have  
17 snacks though and I wish we had more snacks. I also would like more water during the  
18 day.

19 17. We are allowed to shower every day, but I don't have very many clean clothes. It  
20 takes a long time to get clean clothes. When I was in building 5, I sent clean clothes to be  
21 washed and they never came back. Then in building 8 some other girls took my clothes.

22 18. When I have to go to the bathroom, I have to wait for the other kids to need to go  
23 to the bathroom so the adults will take me.

24 19. They don't let me hug my sister when I want to. They think we have lice and could  
25 pass it to the other kids. But we don't have lice anymore.

26 20. When I grow up, I want to be intelligent, I want to speak English, and I would like  
27 to be a professor.

28

1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this  
2 9<sup>th</sup> day of July, 2021, at Pomona, CA.



10 CERTIFICATE OF TRANSLATION

11 My name is Soraya Morales Nuñez and I swear that I am  
12 fluent in both the English and Spanish languages and I translated the foregoing  
13 declaration from English to Spanish to the best of my abilities.

15 Dated: 7/9/2021

Joseph Manuel Benin  
Soraya Morales Nuñez

28

# **EXHIBIT P**

**Initial Intakes Assessment**

**UAC Basic Information**

**First Name:** [REDACTED]  
**Last Name:** [REDACTED]  
**AKA:**  
**Status:** ADMITTED  
**Date of Birth:** [REDACTED] **Gender:** F  
**A No.:** [REDACTED] **LOS:** 71  
**Age:** 17 **Current Program:** Ft Bliss - EIS  
**Child's Country of Birth:** Guatemala **Admitted Date:** 4/6/2021

**Initial Intakes Assessment**

**INSTRUCTIONS:** A staff member trained in the use of this form completes it within 24 hours of the child or youth's admission at the care provider facility. The staff member completing this form must be trained to ask and gather sensitive information in a child-friendly and culturally appropriate manner. This assessment will gather basic identifying information, identify any immediate medical or mental health needs the child or youth has, ensure that the needs are appropriately met, and inform the child or youth's initial housing/bed assignment.

**Child's Arrival Date/Time:** 4/5/2021 12:00 AM **Intake Interview Date/Time:** 5/5/2021 12:00 AM  
**Child's Primary Language:** Spanish  
**Intake conducted in what language:** Spanish  
**Date of departure from home country:** 3/10/2021 **Date of Arrival in the US (approx.):** 3/24/2021

**Family Information**

Do you know anybody in the U.S.? Include relative and non-relative contacts in this section.

Name	Relationship	Address	Phone
[REDACTED]	Uncle	[REDACTED]	[REDACTED]

Is there someone we can contact to let them know you are here?

Yes [REDACTED] (Uncle), [REDACTED] (mother)- doesn't have number

**Medical**

If any observed or reported medical concerns are checked in the section below, please immediately report these to the Clinician, Lead Case Manager, Program Director, Shift Supervisor, and/or any on-call medical staff member for further guidance on the need to seek immediate medical care.

Have you experienced any physical/medical problems today or in the last 30 days?  Yes  No

If yes, please explain:

Have you experienced any physical/medical problems?  Yes  No

If yes, please explain:

Do you have any allergies?  Yes  No

If yes, please explain:

Do you have any special dietary needs?  Yes  No

If yes, please explain:

Are you currently taking any prescribed or other medication? If yes, list below. Other medication may include herbal remedies, over-the-counter remedies etc.

Yes  No

**Medication**

Medication	Dose	Purpose

Observable or reported medical concerns (Check all that apply).

Concern	Yes/No
Coughing	<input type="radio"/> Yes <input checked="" type="radio"/> No
Difficulty Breathing	<input type="radio"/> Yes <input checked="" type="radio"/> No
Dehydration	<input type="radio"/> Yes <input checked="" type="radio"/> No
Dizziness	<input type="radio"/> Yes <input checked="" type="radio"/> No
Confusion	<input type="radio"/> Yes <input checked="" type="radio"/> No
Fever	<input type="radio"/> Yes <input checked="" type="radio"/> No
Pregnant	<input type="radio"/> Yes <input checked="" type="radio"/> No
Exhaustion	<input type="radio"/> Yes <input checked="" type="radio"/> No
Lice	<input type="radio"/> Yes <input checked="" type="radio"/> No
Injuries	<input type="radio"/> Yes <input checked="" type="radio"/> No
Bruises	<input type="radio"/> Yes <input checked="" type="radio"/> No
Bums	<input type="radio"/> Yes <input checked="" type="radio"/> No

Scabies	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vomiting	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Abdominal Pain	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Coughing Blood	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Nausea	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Skin lesions/rash	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Severe/persistent headache	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Jaundice (Yellowing of the skin/whites of eyes)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Neurological symptoms (Spasm, tics, uncontrollable movements, paralysis or numbness of any part of the body)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Others(list)	<input type="radio"/> Yes <input checked="" type="radio"/> No	If Yes, specify:

If injuries, wounds, bruises present, describe them and how they occurred:

List of other medical concerns:

UAC says sometimes she has headaches because of stress UAC said she just calms down and drinks water and it goes away UAC said had lice in tent 9 but now it's gone UAC mentioned being stressed and sad at times She is working with a counselor

Have you ever been to a doctor or stayed in a hospital?  Yes  No

If yes, please list any visit or stay for any reason. Also include visits to other healers or alternative treatment providers:

Do you have a history of tuberculosis?  Yes  No

If yes explain:

Do you have a history of seizures or convulsions?  Yes  No

If yes explain:

Do you have any scars, birthmarks, or tattoos?  Yes  No

If yes explain:

UAC said has scar on left foot

**Mental Health (Check all that apply)**

**If the child answered "Yes" to any of the below mental health questions and/or if any concerning behaviors or emotions were observed or reported, immediately report your concerns to the Clinician, Lead Case Manager, Program Director, or Shift Supervisor for further guidance on the need to seek mental health care.**

Concern	Yes/NO
Tried to hurt yourself?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Had urges to beat, injure or harm someone?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Harmed anyone?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Thought of attempting suicide or hurting yourself?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Attempted suicide?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Heard voices that others do not?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Seen things or people that others do not see?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Had trouble controlling anger or violent behavior?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Are you having thoughts of harming yourself or someone else?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Please explain any checked answers above:

**Observable emotional concerns (Check all that apply)**

Concern	Yes/NO
Cooperative	<input checked="" type="radio"/> Yes <input type="radio"/> No
Uncooperative	<input type="radio"/> Yes <input checked="" type="radio"/> No
Alert	<input checked="" type="radio"/> Yes <input type="radio"/> No
Distracted	<input type="radio"/> Yes <input checked="" type="radio"/> No
Calm	<input checked="" type="radio"/> Yes <input type="radio"/> No
Excited	<input type="radio"/> Yes <input checked="" type="radio"/> No
Nervous	<input type="radio"/> Yes <input checked="" type="radio"/> No
Agitated	<input type="radio"/> Yes <input checked="" type="radio"/> No
Confused	<input type="radio"/> Yes <input checked="" type="radio"/> No
Sad	<input type="radio"/> Yes <input checked="" type="radio"/> No
Angry	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other	<input type="radio"/> Yes <input checked="" type="radio"/> No

Are you having thoughts of harming yourself or someone else?

**Safety Assessment**

**If the child answered "Yes" to any of the below safety assessment questions, immediately report concerns to the Clinician, Lead Case Manager, Program Director, or Shift Supervisor for further guidance on how to ensure the child's safety.**

Do you feel safe now?  Yes  No

Explain if No:

NCYL\_KL\_0018



Do you fear that someone will harm you?

Yes  No

Explain if yes:

Explain to the child where the child's room will be located in the facility, the number of potential roommates, the age and sex of the roommates, and the bathroom and shower area associated with the potential room assignment. After having explained this, does he or she identify any specific fears about this potential housing assignment?  Yes  No

UAC said she feels sad, without value because she's Guatemalan. Some girls say that the Guatemalans are ugly and that makes her sad, but she's been talking to the counselor and that is helping a lot. She came with friends, but they left and she's been sad alone. She's been stressed because she doesn't know where they are. She doesn't know when she can leave. She misses her family. She has been painting to make herself feel better. When she fainted she had a panic attack and that was the first time. She went to the counselor and talked about it. Has learned breathing exercises.

Do you need anything right now?

UAC said clothes and suitcase. UAC said she is size medium. UAC said she needs shoes. She is only wearing flip flops. UAC is size 8.5.

INTERVIEWER SUMMARY OF CRITICAL ISSUES THAT NEED IMMEDIATE ATTENTION: List any issues rated above as urgent or significant and your actions to address them. Deliver this form to the Lead Case Manager, Clinician, or other SUPERVISOR designated to follow-up care.	ACTIONS TAKEN: Each action should correspond to the issues noted at left.
1 UAC expressed having lice. UAC expressed having a panic attack and fainted.	1 UAC has already seen medical for lice. She no longer has it. UAC is working with counselor, doing breathing exercises. She reports no further panic attacks.
2 UAC expressed feeling sad and alone because friends left. Some girls call her ugly because she is Guatemalan.	2 UAC is working with counselor each week.
3 UAC expressed needing clothes and shoes.	3 CM is looking for TL to report.

Staff Signature: Andrea Doyle

Date: 5/5/2021

Staff Name: Andrea Doyle

Staff Title: Case Manager

Translator's Signature:

Date:

Translator's Name:

Language:

# EXHIBIT Q

1 I, [REDACTED], declare as follows:

2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

1. This declaration is based on my personal knowledge. If called to testify in this case, I would testify competently about these facts.

2. I am 16 years old. I am from El Salvador.

3. I crossed the border on June 9, 2021. I came alone.

Pecos Emergency Intake Site

4. I have been at the Pecos Emergency Intake Site since June 10, 2021.

5. My dad is applying to be my sponsor. He lives with his partner in Atlanta. I used to live with my dad in El Salvador. We have a good relationship.

6. About one week after I arrived, the staff told me that I wouldn't be here long because my dad is my sponsor, but obviously that hasn't been the case. Initially, the staff told me that there wouldn't be that much paperwork, but that has not been true.

7. I have switched case managers three different times – I think that they just abandoned my case. No one has explained why I have had so many different case managers.

8. On Thursdays, I meet with a case worker who looks at the portal and tells me an update about my case. Last Thursday, my case worker said that a home study still needs to be done but that it could happen after I have been released. The case worker told me that the government had approved my case on July 14 and that I would leave last week, but I am still here. The case worker told me that arranging transportation can take anywhere from two days to two weeks.

9. I speak with my dad and my mom every week. My mom and sister live in El Salvador. My sister and I are very close. I call my mom and sister more frequently because sister has special needs, and her health has not been good. I call my dad on Tuesdays and Saturdays.

1 10. Sometimes, we have English classes. We have them once or twice per week.  
2 Each class lasts about one hour. I would like to take math – it’s my favorite subject.

3 11. I go outside to do different activities every day. Some youth play sports, and  
4 sometimes the girls walk around.

5 12. When we eat meals, the meat and eggs are sometimes a bit raw, and the potatoes  
6 are a bit hard. Sometimes, I worry about eating the food because I don’t want to get sick.  
7 I know of two kids threw up after eating the food.

8 13. I have been able to go to the medical tent, but sometimes when we go to the doctor,  
9 they just tell us to drink more water. When I first arrived here, there were long lines to  
10 see the doctor. I think that the wait was long because there were a lot of other kids here  
11 too. On several occasions, I had to wait for three hours before I could see the doctor. I  
12 have heard about other kids who had to wait a long time to see the doctor – some of them  
13 prefer to not go to the doctor because they don’t want to wait a long time.

14 14. I receive mental health services here. I suffer from anxiety attacks, so I am more  
15 easily able to see the therapist. I know that other youth want to speak with someone  
16 when they are feeling sad, but they may have to wait up to three days to meet with the  
17 therapist. My anxiety attacks have been abnormal here – they have gotten worse since I  
18 arrived at Pecos. I have had about 3 or 4 anxiety attacks since I have been here. I have  
19 been feeling particularly anxious ever since I learned that my case was approved, but I  
20 have not left yet. I worry a lot about my mom, and I would like to be able to speak with  
21 her over video, but I haven’t been able to do that because I am here.

22 15. When I wake up every day, I feel really frustrated. Of the youth that I arrived  
23 with, I am the last one here. There are other youth who have arrived after me, and they  
24 left before me. I would like to be home with my dad right now. I want to be able to  
25 video chat with my little sister who is in El Salvador.

26 16. When I live with my dad, I would like to study. I would like to be a soldier or a  
27 doctor. I hear that there is an aquarium where my dad lives, so I would like to go there.

28

---

1 When my dad and I lived together in El Salvador, we liked to play ball together, so I  
2 would like to do that with him again.

3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

---

1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this  
2 27<sup>th</sup> day of July, 2021, at Pecos, TX.

3 [Redacted signature]  
4 [Redacted signature]  
5 [Redacted signature]

6  
7  
8  
9  
10 CERTIFICATE OF TRANSLATION

11 My name is Soraya Morales Nuñez and I swear that I am  
12 fluent in both the English and Spanish languages and I translated the foregoing  
13 declaration from English to Spanish to the best of my abilities.

14  
15 Dated: July 27, 2021

*Soraya Morales Nuñez*

16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

# **EXHIBIT R**

1 I, [REDACTED], declare as follows:

2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

1. This declaration is based on my personal knowledge. If called to testify in this case, I would testify competently about these facts.

2. I am 13 years old. I am from El Salvador.

3. [REDACTED]  
[REDACTED]  
[REDACTED].

4. I was apprehended by Border Patrol agents near Reynosa. I was with a group of other kids, but we all got separated.

5.

CBP Custody

6. I was in CBP for 10 days.

7. I was always hungry there, when I would ask for more food, they would tell me to go to hell.

8. We were all going crazy in there because we wanted to leave, one child had been there for two weeks and would beg to leave. He would bang his head against steel bar.

9. There were so many children and about 20 of us would sleep on a mat together, sometimes I just slept on the floor. They would give us a nylon blanket. It was so cold there. I never warmed up, I was always cold there.

10. I had a pain in my chest and went to the clinic. They gave me a cream, but the pain was so bad and the cream didn't help.

11. From CBP, I was transferred to Fort Bliss.



1 Fort Bliss

2 12. I have been here for 29 days; I was one of the very first groups of boys to arrive  
3 and I am still here. I was told that I'd only be here for 3 days and then would go to a  
4 shelter.

5 13. When I got here, they took away everything I had with me.

6 14. After I was here for 5 days, I was transferred to a hospital because I was  
7 experiencing a lot of sharp pain. I passed kidney stones at the hospital. The doctor said  
8 that I should be in less pain but will need to drink 6 pitchers of waters a day. It was very  
9 scary being in the hospital by myself, without any family.

10 15. My sister in California is applying to be my sponsor. After I was here for 9 days I  
11 met with a case manager. My sister has done all of her paperwork, all they are waiting on  
12 now is the fingerprints. She is still waiting to get her appointment.

13 16. One day, I was playing soccer outside with my friend, and then an older youth  
14 came over to harass us, he took away the ball we were using. He threw the ball into my  
15 face and then put me into a headlock. No staff saw this happen. Then my friend helped  
16 me get out of the headlock, and then I pushed him and told him to leave me alone, but  
17 then he punched me in the mouth. The older boy told the staff that I started he fight.  
18 Because he was older than me, the staff believed him over me even though I had my  
19 friend as a witness.

20 17. I'm so scared here. A large man with glasses, a blue shirt and a cap told me that if I  
21 ever spoke harshly or hit a child, then I would be deported. I am terrified of being  
22 deported because the gangs are trying to kill me.

23 18. In the room where we sleep there are hundreds of children. The older boys there  
24 get aggressive with one another, they are always looking for a fight. They call me a girl  
25 because I don't look for fights. I do not feel safe around them.

26 19. It's hard for me to stay asleep at night because of my kidney stones so I have to go  
27 to the bathroom a lot.

- 1 20. I spend most of my days making bracelets but I just ran out of materials, and the
- 2 Red Cross volunteers are gone so I won't get more.
- 3 21. I haven't spoken to a mental counselor since I've been here.
- 4 22. There's no school here but the Red Cross volunteers help us learn English.
- 5 23. The food is fine here and I get enough to eat.
- 6 24. I have been able to shower regularly since I've been here.
- 7 25. I have not had a Know Your Rights Presentation yet; I don't know when I get to go
- 8 to the presentation.
- 9 26. I just want to go live with my sister. I'd like to study hard and become a mechanic.

10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

I declare under penalty of perjury that the foregoing is true and correct. Executed on this 28<sup>th</sup> day of April, 2021, at El Paso, Texas.



CERTIFICATE OF TRANSLATION

My name is Blanca Castillo and I swear that I am fluent in both the English and Spanish languages and I translated the foregoing declaration from English to Spanish to the best of my abilities.

Dated: 4/28/21 

# **EXHIBIT S**

1 I, [REDACTED], declare as follows:

2  
3 1. This declaration is based on my personal knowledge. If called to testify in this  
4 case, I would testify competently about these facts.

5 2. I am 16 years old. I am from Guatemala.

6 3. I arrived in the United States around 5 weeks ago. I crossed the border with my  
7 brothers who are ten and thirteen. I stayed at an immigration facility for about two  
8 weeks.

9 4. They separated me from my brothers there. I saw my brothers with people who  
10 were older, but they separated me from them. They said it was because of our ages, but I  
11 don't think that was true.

12 5. They sent me and my brothers here. They didn't explain why. We came by bus  
13 and airplane.

14  
15 CBP Custody – Starr Commonwealth

16  
17 6. When I first got here, I was in a house with my brothers. It was called Kendall. I  
18 would sit by the window, and everyone would bother me. I asked if I could change  
19 houses because the boys kept bothering me. They hit me and made me cry and said ugly  
20 things to me.

21 7. They moved me to a new house a week ago, but now my brothers aren't with me.  
22 There are about ten kids in the cottage. They didn't tell me why my brothers couldn't  
23 move with me and they won't let me see them. The social worker told me she would see  
24 what she could do.

25 8. I feel sad being here – mainly because I miss my brothers. Sometimes I cry at  
26 night. I don't have anyone I can talk to. Sometimes I feel better if I'm coloring or doing  
27 gym. The kids say mean things about my coloring, but I don't pay attention to them  
28

1 because they can't color. I asked if I could have a better book to color in, but they  
2 haven't given me one.

3 9. We don't have school here. They were teaching us English, but not anymore. I  
4 was going to school in Guatemala. I liked it a lot. I like math and to read and study. It  
5 would be better if we could go to school and read here.

6 10. They bring us three meals here, but I don't like them. I am hungry all the time. I  
7 don't like the eggs or bean burritos.

8 11. You have to ask permission to move anywhere here - to go to the bathroom; to go  
9 to the living room. I don't like that. When we go outside, we have to be in a circle.  
10 There is not privacy even in the bathroom and there is no door on my room.

11 12. My mom lives in Connecticut. My three sisters are with her.

12 13. I am able to make ten-minute calls to my mom on Tuesdays and Fridays.

13 14. I asked the social worker when I am going to go with my mom since the first time I  
14 came here. The social worker said that my mom had sent the paperwork and the  
15 fingerprints and that we are just waiting to leave. When I ask when we will leave, she  
16 says soon, very soon. But I don't know exactly when.

17 15. We go to bed at nine here, and in five minutes they turn out the light. You can't  
18 even read a book.

19 16. When I can be with my mom, I am going to buy a diary with a lock. I like to write  
20 in a diary. Sometimes when I feel sad, I like to write in a diary but they won't let me  
21 here.

22 17. I'm looking forward to seeing the trees, sun, stars and sky when I'm with my mom.  
23 I want to dance when I get out of here. I want to go to a dance school and to roller skate. I  
24 would like to dance on roller skates to disco music. I would also like to be veterinarian. I  
25 love animals; I had three dogs. I would love to have a little white dog to hug. I miss my  
26 mom.

27

28

1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this  
2 12<sup>th</sup> day of May, 2021, at Albion, MI.

3 [REDACTED]

4 [REDACTED]

5  
6  
7  
8  
9 CERTIFICATE OF TRANSLATION

10 My name is Stephany Slaughter and I swear that I am  
11 fluent in both the English and Spanish languages and I translated the foregoing  
12 declaration from English to Spanish to the best of my abilities.

13  
14 Dated:

15 12 May 2021

16 [Signature]

17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

# **EXHIBIT T**



1 I, [REDACTED], declare as follows:

2

3 1. This declaration is based on my personal knowledge. If called to testify in this  
4 case, I would testify competently about these facts.

5 2. I am 16 years old. I am from Honduras.

6 3. I was apprehended by Immigration on or around April 21 near Baja, California. I  
7 crossed by myself in the morning. The *li ia* threw me to the ground and handcuffed  
8 me. They asked for my age and name and put in me the *a r lla*. I didn't know I was  
9 going to the *hielera*. It's sad there. I didn't feel anything.

10

11 CBP Custody

12 4. I was detained in Border Patrol custody for about three days.

13 5. I slept in a *hielera* with about 30 other children. There were a lot of kids and the  
14 rooms are divided with plastic tarps. It was very cold, and I arrived without a sweater.  
15 When I asked for one, they ignored me. I slept with an aluminum blanket and on a  
16 mattress that I did not have to share. The lights were always on. Everyone slept on top of  
17 each other.

18 6. I would sleep all day. There is nothing else to do.

19 7. I was allowed to use the phone once to call my family. This happened right before  
20 I left.

21 8. They gave us cold burritos for breakfast, lunch, and dinner. They also gave us an  
22 apple and a carton of milk for breakfast. They'd give us water and an apple in the  
23 morning milk. I sometimes ate the food.

24 9. Recreation services were not offered.

25 10. I showered once. I showered the day that I left, and I had to wear the same clothes.

26

27 Fort Bliss Emergency Intake Site

28 11. When I arrived at Fort Bliss, I did not quarantine.

1 12. My cousin was applying to be my sponsor. The case manager explained the  
2 process. Also, lawyers from other institutions came and explained the process. The issue  
3 that I had was that I couldn't get in contact with my original sponsor. My cousin agreed  
4 to sponsor me, but then she backed out after she was explained the reunification process.

5 13. I cannot remember when I first met with my case manager, but I know it is rare for  
6 anyone to have one. I heard that there were only 50 employees for a thousand kids.

7 14. I was allowed to use a phone twice a week to call my family.

8 15. We didn't do anything during the day.

9 16. We were tested for COVID twice a week. They had to test thousands of kids. I  
10 always wore the same mask. I heard they are disposable but I didn't change it until it was  
11 falling apart.

12 17. Classes were not offered.

13 18. We'd go outside to play soccer sometimes two or three times a week for 30  
14 minutes. There were so many kids on one field. It wasn't pretty.

15 19. Counseling services were not offered.

16 20. The chicken they served us was bloody and raw. They served the same meal every  
17 single day. I did not like eating it. Honestly, there were days that I'd starve.

18 21. I slept in a *ar a* with about 1,000 other children. They were building more *ar as*  
19 to accommodate 2,500 more kids. We slept on *li eras* that open. The kids would fall off  
20 of them and some would get hurt.

21 22. I was allowed to shower every day. There were twenty bathrooms for thousands of  
22 kids. They gave us clean clothes.

23 23. I did not receive a list of free legal service providers. I did speak with an attorney  
24 while there.

25 24. The staff were always watching us.

26 25. If I had known I would go through this hell, I would have hired a *e*. I knew  
27 this detention would happen, but I never imagined it would be like this. It was terrible. I  
28 felt anguished and hopeless. I was held hostage and I couldn't do anything about it. You

1 spend the day in bed, surrounded by thousands of kids, with thousands of thoughts racing  
2 through your head.

3 26. The staff were fine. They write people up when rules are broken.  
4

5 Step Up to Children's Village Staff Secure

6 27. After about nine days at Fort Bliss, I was transferred to the Children's Village Staff  
7 Secure facility.

8 28. They explained that is the *asa de seguridad*. I was transferred here because I  
9 attempted to escape Fort Bliss. The *caraballeros* got there right away and handcuffed the  
10 other kids. They put us on the truck and took us back to the *caraballeros*.

11 29. We waited around for five hours after our attempt to run away and they told us we  
12 were going to New York. I knew it was another shelter. I didn't feel any way about it. If  
13 anything, it paid off to misbehave.

14 30. We boarded a plane. There was no social distancing.  
15

16 Children's Village Staff Secure

17 31. I have been detained at Children's Village Staff Secure for about 30 days.

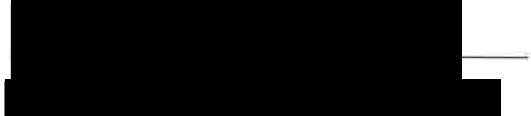
18 32. When I arrived at Children's Village, I was quarantined for about eight days.

19 33. I am so grateful that I tried to escape from that hell hole. It was horrible, and I  
20 could never sleep. I like it here so much better. The food is delicious, and the teachers are  
21 great. The only difference I see between staff secure and my new shelter cottage, *casita*, is  
22 that they use walkie-talkies, and they have a red, yellow, and green behavior chart. You  
23 can stay up later if you behave. They always buy us pizza and good food too.

24 34. My case manager met with me shortly after my arrival.

25 35. When I grow up, I would like to do a little of everything. I like to play soccer and I  
26 want to learn new languages. I want to become a police officer.  
27  
28

1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this  
2 29<sup>th</sup> day of July, 2021, at Dobbs Ferry, New York.

3  
4   
5

6  
7  
8 CERTIFICATE OF TRANSLATION

9 My name is Priscilla Samara Ortiz and I swear that I am fluent in both the English and  
10 Spanish languages and I translated the foregoing declaration to the best of my abilities.

11  
12 Dated: July 29, 2021

13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
/s/ Priscilla Samara Ortiz

# EXHIBIT U

Initial Intakes Assessment

UAC Basic Information

First Name: [REDACTED]  
 Last Name: [REDACTED]  
 AKA:  
 Status: DISCHARGED  
 Date of Birth: [REDACTED] Gender: M  
 A No.: [REDACTED] LOS: 66  
 Age: 15 Current Program: Ft. Bliss - EIS  
 Child's Country of Birth: Guatemala Admitted Date: 4/1/2021

Initial Intakes Assessment

**INSTRUCTIONS: A staff member trained in the use of this form completes it within 24 hours of the child or youth's admission at the care provider facility. The staff member completing this form must be trained to ask and gather sensitive information in a child-friendly and culturally appropriate manner. This assessment will gather basic identifying information, identify any immediate medical or mental health needs the child or youth has, ensure that the needs are appropriately met, and inform the child or youth's initial housing/bed assignment.**

Child's Arrival Date/Time: 3/14/2021 8:00 PM Intake Interview Date/Time: 5/4/2021 3:52 PM  
 Child's Primary Language: Akateko  
 Intake conducted in what language: Spanish  
 Date of departure from home country: 2/17/2021 Date of Arrival in the US (approx.): 3/14/2021

Family Information

Do you know anybody in the U.S.? Include relative and non-relative contacts in this section.

Name	Relationship	Address	Phone
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Is there someone we can contact to let them know you are here?

Yes, Oralia

Medical

If any observed or reported medical concerns are checked in the section below, please immediately report these to the Clinician, Lead Case Manager, Program Director, Shift Supervisor, and/or any on-call medical staff member for further guidance on the need to seek immediate medical care.

Have you experienced any physical/medical problems today or in the last 30 days?  Yes  No

If yes, please explain:

Have you experienced any physical/medical problems?  Yes  No

If yes, please explain:

Throat Pain

Do you have any allergies?  Yes  No

If yes, please explain:

Do you have any special dietary needs?  Yes  No

If yes, please explain:

Are you currently taking any prescribed or other medication? If yes, list below. Other medication may include herbal remedies, over-the-counter remedies etc.

Yes  No

Medication

Medication	Dose	Purpose

Observable or reported medical concerns (Check all that apply).

Concern	Yes/No
Coughing	<input type="radio"/> Yes <input checked="" type="radio"/> No
Difficulty Breathing	<input type="radio"/> Yes <input checked="" type="radio"/> No
Dehydration	<input type="radio"/> Yes <input checked="" type="radio"/> No
Dizziness	<input type="radio"/> Yes <input checked="" type="radio"/> No
Confusion	<input type="radio"/> Yes <input checked="" type="radio"/> No
Fever	<input type="radio"/> Yes <input checked="" type="radio"/> No
Pregnant	<input type="radio"/> Yes <input checked="" type="radio"/> No
Exhaustion	<input type="radio"/> Yes <input checked="" type="radio"/> No
Lice	<input type="radio"/> Yes <input checked="" type="radio"/> No
Injuries	<input type="radio"/> Yes <input checked="" type="radio"/> No
Bruises	<input type="radio"/> Yes <input checked="" type="radio"/> No

Bums	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Scabies	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vomiting	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Abdominal Pain	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Coughing Blood	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Nausea	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Skin lesions/rash	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Severe/persistent headache	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Jaundice (Yellowing of the skin/whites of eyes)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Neurological symptoms (Spasm, tics, uncontrollable movements, paralysis or numbness of any part of the body)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Others(list)	<input type="radio"/> Yes <input checked="" type="radio"/> No	If Yes, specify:

If injuries, wounds, bruises present, describe them and how they occurred:

List of other medical concerns:

Have you ever been to a doctor or stayed in a hospital?  Yes  No

If yes, please list any visit or stay for any reason. Also include visits to other healers or alternative treatment providers:

Do you have a history of tuberculosis?  Yes  No

If yes explain:

Do you have a history of seizures or convulsions?  Yes  No

If yes explain:

Do you have any scars, birthmarks, or tattoos?  Yes  No

If yes explain:

**Mental Health (Check all that apply)**

If the child answered "Yes" to any of the below mental health questions and/or if any concerning behaviors or emotions were observed or reported, immediately report your concerns to the Clinician, Lead Case Manager, Program Director, or Shift Supervisor for further guidance on the need to seek mental health care.

Concern	Yes/NO
Tried to hurt yourself?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Had urges to beat, injure or harm someone?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Harmed anyone?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Thought of attempting suicide or hurting yourself?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Attempted suicide?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Heard voices that others do not?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Seen things or people that others do not see?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Had trouble controlling anger or violent behavior?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Are you having thoughts of harming yourself or someone else?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Please explain any checked answers above:

**Observable emotional concerns (Check all that apply)**

Concern	Yes/NO	
Cooperative	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Uncooperative	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Alert	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Distracted	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Calm	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Excited	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Nervous	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Agitated	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Confused	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Sad	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Angry	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Other	<input type="radio"/> Yes <input checked="" type="radio"/> No	If Yes, specify:

Are you having thoughts of harming yourself or someone else?

**Safety Assessment**

If the child answered "Yes" to any of the below safety assessment questions, immediately report concerns to the Clinician, Lead Case Manager, Program Director, or Shift Supervisor for further guidance on how to ensure the child's safety.

Do you feel safe now?  Yes  No

Explain if No:

Do you fear that someone will harm you?

Explain if yes:

Explain to the child where the child's room will be located in the facility, the number of potential roommates, the age and sex of the roommates, and the bathroom and shower area associated with the potential room assignment. After having explained this, does he or she identify any specific fears about this potential housing assignment?  Yes  No

Do you need anything right now?

Been in Ft Bliss for 34 Day and 14 in INS Detention Facility

INTERVIEWER SUMMARY OF CRITICAL ISSUES THAT NEED IMMEDIATE ATTENTION: List any issues rated above as urgent or significant and your actions to address them. Deliver this form to the Lead Case Manager, Clinician, or other SUPERVISOR designated to follow-up care.		ACTIONS TAKEN: Each action should correspond to the issues noted at left.	
1		1	
2		2	
3		3	

Staff Signature:

Date:

Staff Name:

Staff Title:

Translator's Signature:

Date: 5/4/2021

Translator's Name: Aida Ojeda

Language:



# **EXHIBIT V**

1 I, [REDACTED], declare as follows:

2  
3 1. This declaration is based on my personal knowledge. If called to testify in this  
4 case, I would testify competently about these facts.

5 2. I am 13 years old. I am from Honduras.

6 3. I was apprehended by immigration officials in June somewhere in Texas. Another  
7 group that I arrived with called immigration officials to tell them we had crossed.

8  
9 CBP Custody

10 4. The officials took me to an immigration building. There were a lot of girls there.  
11 They separated the boys from the girls. I was kept there for somewhere between 2 and  
12 half and three days. When it was time to leave, they gave me a Covid test. It was  
13 negative.

14  
15 Pomona Fairplex Emergency Intake Site

16 5. After 2 or 3 days, I was transferred to the Pomona Fairplex Emergency Intake  
17 facility. I took a plane for about 3 hours and then arrived. They gave me another Covid  
18 test when I arrived in Pomona and that test was also negative.

19 6. I have been detained at the Pomona Fairplex Emergency Intake Site for about 26 or  
20 27 days.

21 7. When I arrived at the Pomona Fairplex Emergency Intake Site, I was not  
22 quarantined because my first test was negative. Then I was tested again five days after I  
23 got here as part of a routine test, and I tested positive. They tested me twice more and  
24 those tests were also positive, so I was quarantined in building seven for 11 or 12 days.  
25 One other girl from the airplane was also quarantined with me. She had tested positive at  
26 immigration before we got on the airplane.

27 8. While I was in quarantine, I was able to go outside in a fenced in area that had a  
28 cement floor. We played soccer, frisbee, and basketball. We could go outside everyday

1 but I don't remember how long we were allowed to stay outside. We ate our meals in  
2 Building seven during quarantine. I had classes during quarantine, and I was able to use  
3 the phone to call my family. I don't remember talking to a case manager while I was in  
4 quarantine.

5 9. While I was in quarantine, the people taking care of me suspected I had diabetes  
6 and they took me to a hospital in Los Angeles for three days. At the hospital, I was  
7 diagnosed with Type 1 Diabetes. I was not able to tell my dad that I went to the hospital  
8 until after I returned. I did not talk to him while I was in the hospital, they didn't let me.  
9 I wasn't able to talk to any family while I was in the hospital. The only adult who was  
10 with me was a nurse from the Pomona site.

11 10. When I left the hospital, I went back to quarantine and then about five days later,  
12 when I was done with quarantine, I was allowed to re-join the rest of the children in my  
13 pod.

14 11. My dad is applying to be my sponsor. He lives in Virginia. I know my dad  
15 received paperwork for my case yesterday and he was going to fill out the paperwork at  
16 night because he was working. I was told he was going to have a home study done to  
17 make sure he could take care of me because I have diabetes.

18 12. I don't remember the last time I was able to speak with my case manager. I was  
19 told 4 days ago that I would get to speak with her but then I got to the room too late, and I  
20 wasn't able to do so. Since then, I've asked to speak with her, but I haven't been able to  
21 do so.

22 13. I have been allowed to use a phone twice a week to call my family. I can talk on  
23 the phone for 10 minutes each time. I call my dad every time.

24 14. I sleep in a big room with various lines of cots. In the middle of the space there is  
25 a table where the workers sit to watch over us and play games with us. There are 24 girls  
26 in my section. I stay with that same group of girls all the time. I think there are 5 or 6  
27 other sections of girls sleeping in the same big room as me.

28

1 15. Every day while I'm here I go to the medical tent to inject myself with insulin  
2 because of my diabetes. The people here taught me how to do it to myself.

3 16. I have classes here where they teach us a lot of English. We go about two days a  
4 week. The classes last about an hour and a half. I like the classes.

5 17. During the day we also play cards, watch television, and play other games. We go  
6 outside every day to play soccer and other games. We also eat outside.

7 18. I think I have talked to a counselor two times since I have been here. It was  
8 helpful. When I feel sad or upset, I talk to my friend. I would like to talk to a counselor  
9 again.

10 19. The food here is okay. We usually have enough to eat but the food here has too  
11 much sugar. They don't give me any special food for my diabetes. Sometimes I can't eat  
12 the food the make here. For example, sometimes if there is a sandwich, I can only eat the  
13 bread because some of the meat has too much sugar for my diabetes.

14 20. We are allowed to shower every day, but we don't always have enough clean  
15 clothes. I sent some clothes to be washed but I haven't received them back. I haven't  
16 been able to pick new clothes, they sometimes bring new clothes to us but the pants they  
17 bring are too big.

18 21. I am not allowed to leave here. I can't go anywhere by myself and there is always  
19 someone in a green shirt with me.

20 22. I did receive a list of free legal service providers. I think I have also talked to an  
21 attorney since I have been here.

22 23. I want to study and become a marine biologist when I grow up. I love turtles and I  
23 would also like to be a vet so I can take care of bunnies.

24  
25  
26  
27  
28

1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this  
2 9<sup>th</sup> day of July, 2021, at Pomona, CA.

3 [Redacted]  
4 [Redacted]  
5 [Redacted]

6  
7  
8  
9  
10 CERTIFICATE OF TRANSLATION

11 My name is Soraya Morales Nuñez and I swear that I am  
12 fluent in both the English and Spanish languages and I translated the foregoing  
13 declaration from English to Spanish to the best of my abilities.

14  
15 Dated: 7/9/2021

16 Soraya Morales Nuñez  
17 Soraya Morales Nuñez  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

# **EXHIBIT W**

UAC Assessment

UAC Basic Information

First Name:

[REDACTED]

Last Name:

[REDACTED]

AKA:

Status:

ADMITTED

Date of Birth:

[REDACTED]

Gender:

M

A No.:

[REDACTED]

LOS:

43

Age:

16

Current Program:

Starr Commonwealth - EIS

Country of Birth:

Guatemala

Admitted Date:

4/12/2021

City of Origin:

Guatemala

Neighborhood of Origin:

Guatemala

Additional Basic UAC Information

Previous Placement:

No previous Placement

Religious Affiliation:

Child stated he is evangelic

Case Manager:

Brenda Gonzalez

Clinician:

Journey and Apprehension

Describe day to day life in home country:

Why did you decide to travel to the U.S. at this time?

Did the child mention any U.S. immigration policy or practice as a factor in his/her decision to travel to the U.S.?

Yes  No

For UAC aged 14-17 ONLY: Did the child mention economic, job, or educational opportunities as a factor in his/her decision to travel to the U.S. ?

Yes  No

When did you leave your home country (month, day, year)?

How long did the trip take?

How did you get to the U.S.?

Who did you travel with?

Who were you living with when you decided to leave your home country?

Where were you planning on living in the U.S. and with whom?

Where were you apprehended?

At which U.S. Border Patrol sector did the child cross into the U.S.?

LUKEVILLE, AZ

Have you ever been to the U.S. before?  Yes  No

If yes, when?

The child's experience and additional information regarding journey and apprehension:

Family/Significant Relationships

Has Family in Country of Origin? (If yes, list below)

Yes  No

Family in Country of Origin

Name	Age	DOB	Relationship
[REDACTED]			[REDACTED]
[REDACTED]			[REDACTED] Relationship --
			-- Select Relationship --
			-- Select Relationship --

Has Family in the U.S.? (If yes, list below)

Yes  No

**Family and Family Friends in the U.S.**

Name	Age	DOB	Relationship
[REDACTED]			[REDACTED]
			-- Select Relationship --
			-- Select Relationship --
			-- Select Relationship --
			-- Select Relationship --

Parent's whereabouts?

Child stated that his parents reside in Guatemala

Are you married?

Yes  No

Spouse Name, Age, and Location:

N A

Has Children? (If yes, list below)

Yes  No

**Children**

Name of Child	Age	DOB	Current Location	Name of Mother/Father
N/a			N/A	N/A

Have you ever been hurt, physically, mentally or emotionally by someone taking care of you?

Yes  No

If yes, who and when?

N/A

Have you ever been taken to the hospital/emergency room because you were hurt?

Yes  No

If yes, explain:

N/A

What does the word "discipline" mean to you?

N/A

**Medical**

List any allergies:

Child denied having allergies

Do you feel unwell?

Yes  No

If yes, what are your symptoms?

See medical tab for details

Additional medical information:

See medical tab for details

**Medical History**

Condition	Yes/NO	Date of Diagnosis/Clarification
Pregnant	<input type="radio"/> Yes <input checked="" type="radio"/> No	See medical tab for details
Tuberculosis	<input type="radio"/> Yes <input checked="" type="radio"/> No	See medical tab for details
Varicella	<input type="radio"/> Yes <input checked="" type="radio"/> No	See medical tab for details
Measles	<input type="radio"/> Yes <input checked="" type="radio"/> No	See medical tab for details
Mumps	<input type="radio"/> Yes <input checked="" type="radio"/> No	See medical tab for details
Rubella	<input type="radio"/> Yes <input checked="" type="radio"/> No	See medical tab for details
Asthma	<input type="radio"/> Yes <input checked="" type="radio"/> No	See medical tab for details
Diabetes	<input type="radio"/> Yes <input checked="" type="radio"/> No	See medical tab for details
Cancer	<input type="radio"/> Yes <input checked="" type="radio"/> No	See medical tab for details
Cardiac Issues	<input type="radio"/> Yes <input checked="" type="radio"/> No	See medical tab for details
Sexually Transmitted Disease	<input type="radio"/> Yes <input checked="" type="radio"/> No	See medical tab for details
Respiratory/Lung Disorder	<input type="radio"/> Yes <input checked="" type="radio"/> No	See medical tab for details
Physical Disability	<input type="radio"/> Yes <input checked="" type="radio"/> No	See medical tab for details

**Medication History**

Medication	Dosage	Timeframe	Medical Condition
See medical tab for details		See medical tab for details	See medical tab for details
See medical tab for details		See medical tab for details	See medical tab for details
See medical tab for details		See medical tab for details	See medical tab for details
See medical tab for details		See medical tab for details	See medical tab for details
See medical tab for details		See medical tab for details	See medical tab for details



**Education**

**What is the highest level of education you have completed?**

Child stated the highest level of education completed was 6th grade

**When was the last time you were in school? What age?**

Child stated the last time he attended school was in 2019 at the age of 15

**Legal**

**Know Your Rights Presentation provided?**  Yes  No

**When?:**

05/05/2021

**Legal screening completed?**  Yes  No

**When?:**

05/05/2021

**Notice to appear filed?**  Yes  No

**When?:**

**Scheduled for hearing?**  Yes  No

**When?:**

**State:**

**City:**

**Outcome:**

**Has Attorney?**  Yes  No

**Date of Meeting:**

**Any possible legal relief identified?**  Yes  No

**Specify:**

No possible legal relief identified at this time

**Criminal History**

**Any Criminal history? (If yes, list below)**  Yes  No

**List any Felony convictions:**

Child denied any felony convictions

**List any Misdemeanor convictions:**

Child denied any misdemeanor convictions

**List any Probation/Parole:**

Child denied any probation/ parole

**List and describe any disclosed criminal activity:**

Child denied any criminal activity

**Additional information:**

Child denied addition information

**History of Incarceration**

Crime	Date	Length of Sentence	Location
Child denied history of incarceration			Child denied history of incarceration
Child denied history of incarceration			Child denied history of incarceration
Child denied history of incarceration			Child denied history of incarceration
Child denied history of incarceration			Child denied history of incarceration
Child denied history of incarceration			Child denied history of incarceration

**Mental Health/Behavior**

**Mental Status Evaluation**

**Attitude**  Calm and Cooperative  Other

**If other, describe:**

**Behavior**  No Unusual Movements or Psychomotor Changes  Other

**If other, describe:**

**Speech**  Normal Rate/Tone/Volume  Other

**If other, describe:**

**Affect** **Reactive and Mood Congruent**  
If other, describe:

**Mood** **Euthymic**  
If other, describe:

**Thought Process**  Goal-oriented and Logical  Disorganized  Other  
If other, describe:

Thought Content	Suicidal Ideation	Homicidal Ideation
	<input checked="" type="radio"/> None <input type="radio"/> Passive <input type="radio"/> Active	<input checked="" type="radio"/> None <input type="radio"/> Passive <input type="radio"/> Active
	If active:	If active:
	<b>Plan</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Plan</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
	<b>Intent</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Intent</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
	<b>Means</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Means</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
	--- Please Select ---	
	If other, describe:	

**Perception**  No Hallucinations or Delusions During Interview  Other

**Orientation**  Time  Place  Person  Self  
If other, describe:

**Memory/Concentration**  Short term intact  Long term intact  distractible/Inattentive  
If other, describe:

**Insight/Judgment**  Good  Fair  Poor

**Mental Health**

Have you ever talked to a psychiatrist, psychologist, therapist, social worker or counselor about an emotional problem?  Yes  No  
When:

Have you ever felt you needed help with your emotional problems, or have you had people tell you that you should get help for your emotional problems?  Yes  No  
When:

Have you ever been advised to take medication for anxiety, depression, hearing voices or for any other emotional problems?  Yes  No  
When:

Have you ever been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons?  Yes  No  
When:

Have you ever heard voices no one else could hear or seen objects or things that others could not see?  Yes  No  
When:

Have you ever been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions or thought about killing yourself?  Yes  No  
When:

Did you ever attempt to kill yourself?  Yes  No  
When:

Have you ever had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, murder, accident, being killed.  Yes  No  
When:

Have you ever given in to an aggressive urge or impulse on more than one occasion that resulted in serious harm to others or led to the destruction of property?  Yes  No  
When:

**Substance Use History**

Substance	Used (even once)	Frequency of Use	Date of Last Use
Alcohol	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Marijuana	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Cocaine	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Other Stimulants (Meth, Ritalin, etc)	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Heroin	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Other Opiates (Oxycodone, Morphine, etc)	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Nicotine	<input type="radio"/> Yes <input checked="" type="radio"/> No		

**Trafficking**

**Who planned/organized your journey?**

04/21/2021, Gemma Galvez, M Ed/Ed S, Clinician: The UAC reported he has come to live with his sister in Atlanta, GA, and that both his parents and sister helped him plan his trip. The UAC shared he traveled to the U S via buses. The UAC reported he paid for half of his trip, and his brother (who lives in the U S ) helped him pay for the other half. The UAC stated he owes his brother the other

half, but that he is not in danger if he does not pay it back

**Did a family member or family friend pay for your travel to the U.S.?**  Yes  No

**What were you told about the arrangements before the journey?**

04/21/2021, Gemma Galvez, M Ed/Ed S, Clinician: The UAC reported he has come to live with his sister in Atlanta, GA, and that both his parents and sister helped him plan his trip. The UAC shared he traveled to the U S via buses. The UAC reported he paid for half of his trip, and his brother (who lives in the U S ) helped him pay for the other half. The UAC stated he owes his brother the other half, but that he is not in danger if he does not pay it back

**Did the arrangements change during the journey?**  Yes  No

**If yes, how?**

**Does your family or family friend owe money to anyone for the journey?**  Yes  No

**If yes, how much?**

**Whom is the money owed?**

**Who is expected to pay?**

**What do you expect to happen if payment is not made?**

04/21/2021, Gemma Galvez, M Ed/Ed S, Clinician: The UAC reported he paid for half of his trip, and his brother (who lives in the U S ) helped him pay for the other half. The UAC stated he owes his brother the other half, but that he is not in danger if he does not pay it back

**Coercion Indicators**

**Did anyone threaten your or your family?**  Yes  No

**If yes, who made the threats?**

**Were you ever physically harmed?**  Yes  No

**If yes, how?**

**Was anyone around you ever physically harmed?**  Yes  No

**If yes, how?**

**Were you ever held against your will?**  Yes  No

**If yes, where?**

**Did anything bad happen to anyone else in this situation or anyone else who tried to leave?**  Yes  No

**What happened and to whom?**

**Did anyone ever keep/destroy your documents?**  Yes  No

**If yes, who and what?**

**Did anyone ever threaten to report you to the police/immigration?**  Yes  No

**If yes, who?**

**Are you worried anyone might be trying to find you?**  Yes  No

**If yes, who?**

**Debt Bondage/ Labor Trafficking**

**Did you perform any work or provide any services?**  Yes  No

**If yes, what and where?**

04/21/2021, Gemma Galvez, M Ed/Ed S, Clinician: The UAC reported he worked in agricultural crops (coffee, corn), and sowing the crops. He also worked carrying wood and fertilizing the land. The UAC reported he worked both on his fathers land, and on the land of whoever offered him work

**Who arranged the work?**

04/21/2021, Gemma Galvez, M Ed/Ed S, Clinician: The UAC reported either his father or his "bosses" (those who offered him work) would arrange his work

**What type of work did you perform?**

04/21/2021, Gemma Galvez, M Ed/Ed S, Clinician: The UAC reported he worked in agricultural crops (coffee, corn), and sowing the crops. He also worked carrying wood and fertilizing the land. The UAC reported he worked both on his fathers land, and on the land of whoever offered him work

**What was the work schedule?**

04/21/2021, Gemma Galvez, M Ed/Ed S, Clinician: The UAC reported his work schedule was around 5 days per week (no set days) from 7AM to 12PM

**Did work conditions change over time?**

04/21/2021, Gemma Galvez, M Ed/Ed S, Clinician: The UAC reported work conditions remained the same

**Is there a debt?**  Yes  No

**If yes, has any debt amount increased?**  Yes  No

**By how much?**

**When did it increase?**

Why did it increase?

Have you or your family ever been threatened over payment or work for the journey?  Yes  No

If yes, who threatened you and how?

What did you expect would happen if you left the job or stopped working?

Were you ever made to work or do anything you did not want to do?  Yes  No

Did you receive pay or did someone else keep the pay?

Were you paid what was promised when you started working?

Were expenses taken out of the pay?  Yes  No

If yes what?

How did you get to the work site?

04/21/2021, Gemma Galvez, M Ed/Ed S, Clinician: The UAC reported he walked to work, as the land was nearby

Where did you live while working?

04/21/2021, Gemma Galvez, M Ed/Ed S, Clinician: The UAC reported he lived with his parents while working

**Commercial Sex Indicators**

Did anyone ever ask you to see you naked or in your underwear in exchange for money/anything of value?  Yes  No

Did anyone ever pay/accept money/anything of value from other people in order to see you naked or in your underwear?  Yes  No

Did anyone ever ask to take pictures or recording of you naked or engaged in sex acts?  Yes  No

If so, did they offer you money/anything of value to do this or did they accept money/anything of value from others in order to see these pictures or recordings?  Yes  No

Did anyone ever ask or expect you to perform sexual acts in exchange for money/anything of value?  Yes  No

Did anyone ever promise or give money or anything of value to you in exchange for sexual acts?  Yes  No

Based on the information provided above in the "Trafficking" section, is there a trafficking concern?  Yes  No

If yes, date of trafficking referral:

**Sponsor Information (List by Priority)**

<input checked="" type="checkbox"/>									
-------------------------------------	--	--	--	--	--	--	--	--	--

**Sponsor Risk Assessment**

Substance use concerns?  Yes  No

If yes, explain:

Pending further assessment

Domestic violence concerns?  Yes  No

If yes, explain:

Pending further assessment

Child abuse or neglect concerns?  Yes  No

If yes, explain:

Pending further assessment

Mental health issues?  Yes  No

If yes, explain:

Pending further assessment

Does the sponsor have any family support?  Yes  No

Specify:

Pending further assessment

Does the sponsor have any identified special needs?  Yes  No

If yes, explain:

Pending further assessment

Does the sponsor have financial needs?  Yes  No

If yes, explain:

Pending further assessment

Does the sponsor have adequate housing?  Yes  No

If yes, explain:

Pending further assessment

**Are there any concerns with the disciplinary practices/philosophy of sponsor?**

Pending further assessment

**Does the sponsor have any criminal history?**  Yes  No

**List any Felony convictions:**

Pending further assessment

**List any Misdemeanor convictions:**

Pending further assessment

**List any Probation/Parole:**

Pending further assessment

**List and describe any disclosed criminal activity:**

Pending further assessment

History of Incarceration:	Crime	Date	Length of Sentence	Location
---------------------------	-------	------	--------------------	----------

**Are there any parent/child relational issues?**  Yes  No

**If yes, explain:**

Pending further assessment

**Does the sponsor have an Order of Removal?**  Yes  No

**If yes, date issued:**

**Has the sponsor sponsored any other UAC in DCS care?**  Yes  No

**Additional sponsor information:**

Pending further assessment

Sponsor Sponsored UACs:	Name of UAC	A Number	Relationship	Facility sponsored from
-------------------------	-------------	----------	--------------	-------------------------

**Mandatory TVPRA 2008**

**Based on the most recent trafficking screening, is the child a victim of a severe form of trafficking in persons? (Indicate 'yes' only if ORR has issued a trafficking eligibility letter for UAC.)**  Yes  No

**Date eligibility letter issued:**

**Based on the most recent screening for disabilities, does the child have a disability as defined in section 3 of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12102(1)?**  Yes  No

**If yes, specify disability:**

04/21/2021, Gemma Galvez, M Ed/Ed S, Clinician: Based on the most recent screening for disabilities, the UAC does NOT have a disability as defined in section 3 of the Americans with Disabilities Act of 1990, 42 U S C § 12102(1)

**Based on the most recent screening, has the child 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?**  Yes  No

**If yes, provide a short summary:**

04/21/2021, Gemma Galvez, M Ed/Ed S, Clinician: Based on the most recent screening, the UAC has NOT 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

**Based on the sponsor risk assessment, does the sponsor clearly present a risk of abuse, maltreatment, exploitation, or trafficking to the UAC?**  Yes  No

**If yes, provide a short summary:**

Based on the sponsor risk assessment, the sponsor does not present a risk of abuse, maltreatment, exploitation, or trafficking to the UAC

**Additional Information**

**Please input any additional information if needed:**

5/12/21 - Case assigned to N Rosario, Case Manager CM met with minor to identify herself as the UC's Case Manager UC stated he is here to reunite with his sister [REDACTED] who lives in Georgia CM was able to immediately establish contact with Sponsor and requested, by telephone and follow-up email, documents needed to proceed with sponsorship Awaiting receipt of documents 04/21/2021, Gemma Galvez, M Ed/Ed S, Clinician: The UAC appears to be functioning at an age appropriate social level He appears to have appropriate thought process and content, and good judgment/insight His physical and cognitive development appear to be within normal limits The UAC is not a danger to self (DTS), or others (DTO) and has not expressed or shown suicidal ideation (SI) or homicidal ideation (HI) The UAC reported he has come to the U S to live with his sister in Atlanta, Georgia Case Manager met with Minor to complete UAC assessment Child appeared calm, and co operative Child denied having any questions at this time Brenda Gonzalez // CM

**Certification**

**Signature:** 5/12/21 - N Rosario, Case Manager 04/21/2021, Gemma Galvez, M Ed/Ed S, Clinician Brenda Gonzalez // CM  
**Date:** 5/12/2021  
**Print Name:** Gemma Galvez // Brenda Gonzalez/Nancy Rosario  
**Title:** Clinician // Case Manager//Case Manager

# **EXHIBIT X**

Case Review

UAC Basic Information

First Name:

Last Name:

AKA:

Status: **DISCHARGED**

Date of Birth: [Redacted]

Gender: **F**

A No.: [Redacted]

LOS: **63**

Age: **17**

Current Program: **Ft Bliss - EIS**

Country of Birth: **Guatemala**

Admitted Date: **4/5/2021**

30 day Case Review  Discharge  Transfer

Are there any changes?:

Yes  No

Previous Placement:

She was with immigration for 15 days

Religious Affiliation:

Catholic

Case Manager:

Courtney Stoner (HHS)

Clinician:

Document any new information regarding the UAC not indicated in the UAC Assessment and/or the previous case summary below

Medical

List any allergies:

Do you feel unwell?

Yes  No

If yes, what are your symptoms?

Additional medical information:

Medical History

Condition	Yes/NO	Date of Diagnosis/Clarification
Pregnant	<input type="radio"/> Yes <input type="radio"/> No	
Tuberculosis	<input type="radio"/> Yes <input type="radio"/> No	
Varicella	<input type="radio"/> Yes <input type="radio"/> No	
Measles	<input type="radio"/> Yes <input type="radio"/> No	
Mumps	<input type="radio"/> Yes <input type="radio"/> No	
Rubella	<input type="radio"/> Yes <input type="radio"/> No	
Asthma	<input type="radio"/> Yes <input type="radio"/> No	
Diabetes	<input type="radio"/> Yes <input type="radio"/> No	
Cancer	<input type="radio"/> Yes <input type="radio"/> No	
Cardiac Issues	<input type="radio"/> Yes <input type="radio"/> No	
Sexually Transmitted Disease	<input type="radio"/> Yes <input type="radio"/> No	
Respiratory/Lung Disorder	<input type="radio"/> Yes <input type="radio"/> No	
Physical Disability	<input type="radio"/> Yes <input type="radio"/> No	

Medication History

Medication	Dosage	Timeframe	Medical Condition

Legal

Know Your Rights Presentation provided?  Yes  No

Date: 04/14/2021

Legal screening completed?  Yes  No

Date:

Any possible legal relief identified?  Yes  No

Specify:

Mental Health

Provide a short summary of the UAC's current functioning:

Psychological Evaluation

Date of Evaluation:

Evaluator:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

Summary of Recommendations:

Trafficking

Who planned/organized your journey?

[REDACTED] SHE TRAVELED WITH HER COUSIN, [REDACTED] HER COUSIN [REDACTED]

What were you told about the arrangements before the journey?

YES THAT WE WOULD RIDE A BUS OR WALK

Did the arrangements change during the journey?

Yes  No

If yes, how?

Does your family owe money to anyone for the journey?

Yes  No

If yes, how much?

Whom is the money owed?

Who is expected to pay?

What do you expect to happen if payment is not made?

Coercion Indicators

Did anyone threaten you or your family?

Yes  No

If yes, who made the threats?

Were you ever physically harmed?

Yes  No

If yes, how?

Was anyone around you ever physically harmed?

Yes  No

If yes, who?

Were you ever held against your will?

Yes  No

If yes, where?

Did anything bad happen to anyone else in this situation or anyone else who tried to leave?

Yes  No

What happened and to whom?

Did anyone ever keep/destroy your documents?

Yes  No

If yes, who and what?

Did anyone ever threaten to report you to the police/immigration?

Yes  No

If yes, who?

Are you worried anyone might be trying to find you?

Yes  No

If yes, who?

Debt Bondage/ Labor Trafficking



Did you perform any work or provide any services?  Yes  No

If yes, what and where?

Who arranged the work?

What type of work did you perform?

What was the work schedule?

Did work conditions change over time?

Is there a debt?  Yes  No

If yes, has any debt amount increased?  Yes  No

By how much?

When did it increase?

Why did it increase?

Have you or your family ever been threatened over payment or work for the journey?  Yes  No

If yes, who threatened you and how?

What did you expect would happen if you left the job or stopped working?

Were you ever made to work or do anything you did not want to do?  Yes  No

Did you receive pay or did someone else keep the pay?

Were you paid what was promised when you started working?

Were expenses taken out of the pay?  Yes  No

If yes what?

How did you get to the work site?

Where did you live while working?

**Commercial Sex Indicators**

Did anyone ever ask you to see you naked or in your underwear in exchange for money/anything of value?  Yes  No

Did anyone ever pay/accept money/anything of value from other people in order to see you naked or in your underwear?  Yes  No

Did anyone ever ask to take pictures or recording of you naked or engaged in sex acts?  Yes  No

If so, did they offer you money/anything of value to do this or did they accept money/anything of value from others in order to see these pictures or recordings?  Yes  No

Did anyone ever ask or expect you to perform sexual acts in exchange for money/anything of value?  Yes  No

Did anyone ever promise or give money or anything of value to you in exchange for sexual acts?  Yes  No

Based on the information provided above in the "Trafficking" section, is there a trafficking concern?  Yes  No

If yes, date of trafficking referral:

Sponsor Information (List by Priority)							
Current Sponsor	Cat (1,2,3)	Sponsor Name	DOB	Address	Phone	Legal Status	Relationship
<input checked="" type="checkbox"/>		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Other Distant Relative

**Sponsor Risk Assessment**

Substance use concerns?  Yes  No

If yes, explain:

Domestic violence concerns?  Yes  No

If yes, explain:

Child abuse or neglect concerns?  Yes  No

If yes, explain:

Mental health issues?  Yes  No

If yes, explain:

Does the sponsor have any family support?  Yes  No

Specify:

Does the sponsor have any identified special needs?  Yes  No

If yes, explain:

Does the sponsor have financial needs?  Yes  No

If yes, explain:

Does the sponsor have adequate housing?  Yes  No

If yes, explain:

Are there any concerns with the disciplinary practices/philosophy of sponsor?

Does the sponsor have any criminal history?  Yes  No

List any Felony convictions:

List any Misdemeanor convictions:

List any Probation/Parole:

List and describe any disclosed criminal activity:

History of Incarceration:	Crime	Date	Length of Sentence	Location
---------------------------	-------	------	--------------------	----------

Are there any parent/child relational issues?  Yes  No

If yes, explain:

Does the sponsor have an Order of Removal?  Yes  No

If yes, date issued:

Has the sponsor sponsored any other UAC in DCS care?  Yes  No

Additional sponsor information:

Sponsor Sponsored UACs:	Name of UAC	A Number	Relationship	Facility sponsored from
-------------------------	-------------	----------	--------------	-------------------------

Mandatory TVPRA 2008

Based on the most recent trafficking screening, is the child a victim of a severe form of trafficking in persons? (Indicate 'yes' only if ORR has issued a trafficking eligibility letter for UAC )  Yes  No

Date eligibility letter issued:

Based on the most recent screening for disabilities, does the child have a disability as defined in section 3 of the Americans with Disabilities Act of 1990, 42 U S C § 12102(1)?  Yes  No

If yes, specify disability:

Based on the most recent screening, has the child 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?  Yes  No

If yes, provide a short summary:

Based on the sponsor risk assessment, does the sponsor clearly present a risk of abuse, maltreatment, exploitation, or trafficking to the UAC?  Yes  No

If yes, provide a short summary:

Recommendations

Discharge:  Yes  No

Sponsor:

Discharge w/ Post Release:  Yes  No

Date of PR referral:

Refer to Home Study  Yes  No

Reason for HS referral:

Care Plan

**Reunification:** 5/21/2021, CMT-C, Sara Bloom, there does not appear to have been any contact with sponsor even though she has been here over a month 5/23/2021, CMT-C, Sara Bloom, a tent worker reported that [REDACTED], bed 36E-T, Tent 11, has a cousin at Fort Bliss, [REDACTED] 6/3/2021: Sent email to FFS regarding fingerprint results 05/23/2021-CM(HHS/ACF), Courtney Stoner (202-657-3348): Initiated contact with sponsor, added sponsor to portal, uploaded documents, and scheduled fingerprint appointment for 05/24/2021 Unable to call parent in Guatemala for consent for UC to live with minor because no household members speak Spanish 05/24/2021-Sponsor went to fingerprint and was turned away for not having proper documentation 05/26/2021-CM Courtney Stoner made a new fingerprint appointment for the sponsor for 05/28 05/24/2021-Sponsor went to fingerprint and was turned away for not having proper documentation 05/26/2021-CM Courtney Stoner made a new fingerprint appointment for the sponsor for 05/28 05/28/2021-Sponsor attended fingerprint appointment Awaiting results 05/31/2021-CM worked with sponsor on family tree and birth

certificate trail 06/04/2021-Fingerprint results referred to FFPS FFS gave approval to continue with reunification efforts Email uploaded to UAC Documents

**Legal:**

**Mental Health:**

Certification

**Signature:**

**Date:**

**Print Name:**

**Title:**

# **EXHIBIT Y**

1 I, [REDACTED], declare as follows:

2

3 1. This declaration is based on my personal knowledge. If called to testify in this  
4 case, I would testify competently about these facts.

5 2. I am 17 years old. My birthday is [REDACTED]. I am from Honduras.

6 3. I arrived in the United States on or around April 1, 2021 near Reynosa, Mexico. I  
7 entered with some other people from Honduras but none of them were my family.

8

9 CBP Custody – Donna

10 4. When the Border Patrol found us, they brought us to a place very close to Delphi. I  
11 was there for 5 days.

12 5. I slept in a very big tent and there were about 70 kids in the tent. We slept on the  
13 floor on thin mats, and there were 4 kids sleeping on one mat. It was hard to sleep  
14 because the air conditioning was too high and it was really cold. I brought a sweater but  
15 other kids didn't and they were even colder than me. We had blankets but they are not  
16 real blankets, just aluminum blankets.

17 6. I wasn't able to call my family at all while I was at immigration.

18 7. I wasn't able to shower for all five days I was in that place and I wasn't able to go  
19 outside. The only time I went outside was so they could count us and bring us to another  
20 facility.

21 8. The Border Patrol officers treated us well.

22 9. The food was not very good because every meal was the same burrito. There was  
23 enough water.

24 10. Everyone wore masks and they explained to us that it was important to wear  
25 masks.

26 11. Nobody explained anything about how long I would be there. They told us that  
27 every case is different so they couldn't tell us how long I would be there. There were kids  
28 that were 8 or 9 years old that been there longer than me.

1 Delphi Emergency Intake Site

2 12. I have been at the Delphi Emergency Intake Site in Donna, TX for about 73 days. I  
3 entered here April 6, 2021.

4 13. When I arrived here, I was quarantined for about 14 days. We couldn't go to the  
5 cafeteria, they brought us food to our room. We couldn't go out to play, though I think  
6 this is because this facility was new and the play area was not yet set up. I slept in a room  
7 with 48 beds and we were all in quarantine. I was able to call my family when I was in  
8 quarantine.

9 14. My aunt is applying to be my sponsor. She lives in Richmond, Virginia. I have  
10 been here for too long but I have been told that everything is finally ready for me to be  
11 released to my aunt.

12 15. I met my case manager for the first time 10 days after I arrived here. I think that is  
13 when they first called my aunt. I don't really know why this process has taken so long,  
14 but I think it has to do with the fact that I have had three case workers. My second case  
15 worker was virtual and I only talked to her once. She didn't do a good job with my case.  
16 The third case manager has been good and she is trying to fix what the second case  
17 manager did wrong. I speak to her every week. My aunt got her fingerprints done on May  
18 24. She had to wait 15 days to get a fingerprinting appointment, and then I was told I had  
19 to wait 2-3 weeks for the fingerprint results.

20 16. There are still a lot of kids here who have been here as long as me and they are still  
21 not ready to be released. I have two friends who are really desperate because they have  
22 been here as long as me. Their cases are not yet done because they have been told that  
23 their uncle needs to do a home study and four days ago they were told that will take  
24 another three weeks. Their case manager has not been helping them much. They have  
25 been trying to get help and tried to talk to someone about their case but the only person  
26 they can talk to is the administrator and nobody has come to talk to them.

27 17. I am allowed to use a phone two times per week to call my family for 10 minutes  
28 each. The phone calls are private.

---

1 18. We have classes here for most of the day. We have class in the morning and in the  
2 afternoon. We have classes in English and Spanish and also math. Our math class is on  
3 computers and on worksheets and there are 3-4 teachers in the room supervising. On the  
4 computer, it is like math exams. There are about 32 kids in my class, ranging from 14-17  
5 years old. I think the classes are well set up. We also go outside for one hour of exercise  
6 every day and we also have one hour where we can play soccer. When I'm in my room I  
7 watch television and read.

8 19. I sleep in a room with 48 beds and the beds are well spaced out. We are in a tent.  
9 There are 5 workers in each room. The staff treat us well.

10 20. One day there was a storm here and it was really bad. Here all the buildings are  
11 tents, so they moved us to a school outside his place to be more safe because these tents  
12 are not safe in a storm. We also couldn't evacuate because it was dangerous outside as  
13 well. I wish they would have better structures because I don't feel safe in these tents  
14 during storms. Some of the walls of the tent where we have school collapsed during the  
15 storm and we didn't have school for a few days while they fixed it. The tents also get  
16 water in them during storms.

17 21. There are counselors here for everyone. Every kid has a counselor, I see my  
18 counselor twice a week, she asks how I'm doing and if I need anything, but she doesn't  
19 do therapy.

20 22. If a kid feels sad, there are people they can talk to. There is a kid who is feeling sad  
21 and there is always someone with them.

22 23. We have enough food here. In the mornings, I always eat eggs, but after 73 days I  
23 am getting sick of eggs so now I only eat the potatoes and bacon they serve on the side.  
24 We have snacks at 10am and 3pm. Lunch is okay but it is always cold and we are not  
25 used to eating cold food for lunch so we don't really like it. Some kids will not eat the  
26 sandwich because it is cold so they just eat the sides. The dinner here is good because we  
27 get hot food. There is enough.

28

---

1 24. When I move around, we always go in single-file lines. We are in single file lines  
2 to go to school and anywhere else we need to go. I cannot leave my room unless I am  
3 with a staff member. The staff are always counting us when we leave or return to make  
4 sure they don't lose someone. If someone cannot go to class for some reason, like if a kid  
5 is too sad because they miss their family, a staff member stays with them in the room.

6 25. We are allowed to shower every day after soccer for 10 minutes. I have clean  
7 clothes and they change the sheets every week.

8 26. I have talked to an attorney from ProBar since I have been here. They explained to  
9 me the process of immigration court.

10 27. Everyone wears masks and there are masks available. I got my first dose of the  
11 Covid vaccine yesterday.. Yesterday I got a medical checkup to go. They gave me a card  
12 with the date to get my second dose.

13 28. In Honduras I studied agriculture. I really like agriculture and I would like to be an  
14 engineer. I would really like to study more for a better life. My cousins speak English so I  
15 think I will learn quickly when I live with my aunt.

16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28



1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this  
2 17 day of June, 2021, at Donna, TX.

3  
4  
5  
6  
7  
8  
9



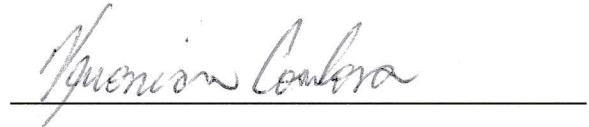
10 CERTIFICATE OF TRANSLATION

11 My name is Veronica Cordova and I swear that I am  
12 fluent in both the English and Spanish languages and I translated the foregoing  
13 declaration from English to Spanish to the best of my abilities.

14  
15 Dated:

16 6/17/2021

17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28



# **EXHIBIT Z**

1 I, [REDACTED], declare as follows:

2  
3 1. This declaration is based on my personal knowledge. If called to testify in this  
4 case, I would testify competently about these facts.

5 2. I am 13 years old. I am from Honduras.

6 3. I was apprehended by immigration officials somewhere in Texas near a river but I  
7 don't remember the date. I came by myself.

8 CBP Custody

9 4. The immigration officials took me to a large room that seemed like a tent. I stayed  
10 there for about 2 days. I wasn't able to sleep while I was there because they took me to an  
11 interview at night and they would wake us up to feed us at night. After two days, they  
12 gave me a Covid test, but they didn't tell me if it was positive or negative. Then we took  
13 a bus ride and a plane ride to get here. The plane ride felt like it was five hours long.

14 San Diego Emergency Intake Site

15 5. I have been detained at the San Diego Emergency Intake Site for about 50 days.

16 6. When I arrived at the San Diego Emergency Intake Site, they gave me a Covid test.  
17 They didn't tell me if it was positive or negative. I was not put in quarantine.

18 7. My aunt is applying to be my sponsor and she lives in Minnesota. I've been told  
19 that I might be taken to another shelter. It could be taken today or tomorrow. They told  
20 me that they would be moving me to another shelter because they still need to do a home  
21 study of the apartment and there are still a few other outstanding things but I forget what  
22 they are. And I know that this place is shutting down soon.

23 8. I first met with a case manager on a computer. Then I had a case worker here in  
24 person, but he had too many cases so then they switched me to my current case worker. I  
25 last met with my case worker yesterday. I usually see her about once a week. My aunt  
26 also gives me information about my case when I talk to her.

1 9. When I first got here there were a lot of kids sleeping in a big room. The big room  
2 is divided into pods. I don't know how many different pods there are. My pod has about  
3 15-20 kids. I stay with my pod all the time.

4 10. During the day I sometimes like to paint or make necklaces. Otherwise, I sleep. I  
5 feel bored here. I want to leave to be with my family.

6 11. I have classes here often. Now we go every day but when I first arrived we went  
7 twice a week. We learn English and sometimes we paint. Sometimes they also talk to us  
8 about anxiety.

9 12. They have taken us to the park three times and one time we went to Coronado  
10 beach. Sometimes they also take us to the terrace and we paint or jump rope.

11 13. I have been able to see a counselor when I want to speak to her. It is helpful.

12 14. When I was first here, I wasn't doing super well because I wasn't used to being  
13 here but I'm doing better now.

14 15. I get enough food to eat here and the food is good.

15 16. We are allowed to shower Tuesdays, Thursdays, and Saturdays. Our clothes are not  
16 cleaned super often but they do wash our clothes.

17 17. The staff treats us very well here. The staff told us that if we break a rule we will  
18 get a report.

19 18. I am not allowed to go anywhere by myself here. There are security guards here  
20 and someone is always watching us.

21 19. I did receive a list of free legal service providers and heard a Know Your Rights  
22 presentation. I am not sure if I have talked to an attorney since I have been here.

23 20. They brought us vaccines for Covid but I don't remember when that was. I told  
24 them I didn't want the vaccine because I was scared but they told me it was important for  
25 me to get it and they gave it to me.

26 21. When I see my aunt, the first thing I want to do is eat food and have a Coca Cola. I  
27 would like to study to be a doctor. I've liked the idea of being a doctor since I was a kid. I  
28 would also like to be a social worker.

1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this  
2 24<sup>th</sup> day of June, 2021, at San Diego, California.

3 [REDACTED]  
4 [REDACTED]  
5 [REDACTED]

6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

CERTIFICATE OF TRANSLATION

1  
2 My name is Soraya Morales Nuñez and I swear that I am  
3 fluent in both the English and Spanish languages and I translated the foregoing  
4 declaration from English to Spanish to the best of my abilities.

5  
6 Dated: 6/24/2021

Soraya Morales Nuñez  
Soraya Morales Nuñez

7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

# **EXHIBIT AA**

Case Review

UAC Basic Information

First Name:

██████████

Last Name:

██████████

AKA:

██████████

Status:

DISCHARGED

Date of Birth:

██████████

Gender:

M

A No.:

██████████

LOS:

84

Age:

15

Current Program:

Pecos Children's Center (PCC) - EIS

Country of Birth:

Honduras

Admitted Date:

4/8/2021

30 day Case Review  Discharge  Transfer

Are there any changes?:  Yes  No

Previous Placement:

Religious Affiliation:

Case Manager:

Clinician:

Jacqueline Ruiz-Lugo M.A.

Document any new information regarding the UAC not indicated in the UAC Assessment and/or the previous case summary below

Medical

List any allergies:

Do you feel unwell?

Yes  No

If yes, what are your symptoms?

Additional medical information:

Medical History

Condition	Yes/NO	Date of Diagnosis/Clarification
Pregnant	<input type="radio"/> Yes <input type="radio"/> No	
Tuberculosis	<input type="radio"/> Yes <input type="radio"/> No	
Varicella	<input type="radio"/> Yes <input type="radio"/> No	
Measles	<input type="radio"/> Yes <input type="radio"/> No	
Mumps	<input type="radio"/> Yes <input type="radio"/> No	
Rubella	<input type="radio"/> Yes <input type="radio"/> No	
Asthma	<input type="radio"/> Yes <input type="radio"/> No	
Diabetes	<input type="radio"/> Yes <input type="radio"/> No	
Cancer	<input type="radio"/> Yes <input type="radio"/> No	
Cardiac Issues	<input type="radio"/> Yes <input type="radio"/> No	
Sexually Transmitted Disease	<input type="radio"/> Yes <input type="radio"/> No	
Respiratory/Lung Disorder	<input type="radio"/> Yes <input type="radio"/> No	
Physical Disability	<input type="radio"/> Yes <input type="radio"/> No	

Medication History

Medication	Dosage	Timeframe	Medical Condition

Legal

Know Your Rights Presentation provided?  Yes  No

Date:

Legal screening completed?  Yes  No

Date:

Any possible legal relief identified?  Yes  No



Specify:

**Mental Health**

Provide a short summary of the UAC's current functioning:

**Psychological Evaluation**

**Date of Evaluation:**

**Evaluator:**

**Axis I:**

**Axis II:**

**Axis III:**

**Axis IV:**

**Axis V:**

**Summary of Recommendations:**

**Trafficking**

**Who planned/organized your journey?**

UAC reported that he and his parents planned his journey. UAC stated that he does not owe the money back to others.

**What were you told about the arrangements before the journey?**

UAC stated his parents encouraged him and told him not to stress.

**Did the arrangements change during the journey?**

Yes  No

If yes, how?

**Does your family owe money to anyone for the journey?**

Yes  No

If yes, how much?

**Whom is the money owed?**

**Who is expected to pay?**

**What do you expect to happen if payment is not made?**

**Coercion Indicators**

**Did anyone threaten you or your family?**

Yes  No

If yes, who made the threats?

**Were you ever physically harmed?**

Yes  No

If yes, how?

**Was anyone around you ever physically harmed?**

Yes  No

If yes, who?

**Were you ever held against your will?**

Yes  No

If yes, where?

**Did anything bad happen to anyone else in this situation or anyone else who tried to leave?**

Yes  No

**What happened and to whom?**

**Did anyone ever keep/destroy your documents?**

Yes  No

If yes, who and what?

**Did anyone ever threaten to report you to the police/immigration?**

Yes  No

If yes, who?

**Are you worried anyone might be trying to find you?**

Yes  No

If yes, who?

**Debt Bondage/ Labor Trafficking**

**Did you perform any work or provide any services?**

Yes  No

If yes, what and where?

Who arranged the work?

What type of work did you perform?

What was the work schedule?

Did work conditions change over time?

Is there a debt?

Yes  No

If yes, has any debt amount increased?

Yes  No

By how much?

When did it increase?

Why did it increase?

Have you or your family ever been threatened over payment or work for the journey?

Yes  No

If yes, who threatened you and how?

What did you expect would happen if you left the job or stopped working?

Were you ever made to work or do anything you did not want to do?

Yes  No

Did you receive pay or did someone else keep the pay?

Were you paid what was promised when you started working?

Were expenses taken out of the pay?

Yes  No

If yes what?

How did you get to the work site?

Where did you live while working?

Commercial Sex Indicators

Did anyone ever ask you to see you naked or in your underwear in exchange for money/anything of value?

Yes  No

Did anyone ever pay/accept money/anything of value from other people in order to see you naked or in your underwear?

Yes  No

Did anyone ever ask to take pictures or recording of you naked or engaged in sex acts?

Yes  No

If so, did they offer you money/anything of value to do this or did they accept money/anything of value from others in order to see these pictures or recordings?

Yes  No

Did anyone ever ask or expect you to perform sexual acts in exchange for money/anything of value?

Yes  No

Did anyone ever promise or give money or anything of value to you in exchange for sexual acts?

Yes  No

Based on the information provided above in the "Trafficking" section, is there a trafficking concern?

Yes  No

If yes, date of trafficking referral:

Sponsor Information (List by Priority)

Current Sponsor	Cat (1,2,3)	Sponsor Name	DOB	Address	Phone	Legal Status	Relationship
<input checked="" type="checkbox"/>		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Sponsor Risk Assessment

Substance use concerns?  Yes  No

If yes, explain:

Domestic violence concerns?  Yes  No

If yes, explain:

Child abuse or neglect concerns?  Yes  No

If yes, explain:

Mental health issues?  Yes  No

If yes, explain:

Does the sponsor have any family support?  Yes  No

Specify:

Does the sponsor have any identified special needs?  Yes  No

If yes, explain:

Does the sponsor have financial needs?  Yes  No

If yes, explain:

Does the sponsor have adequate housing?  Yes  No

If yes, explain:

Are there any concerns with the disciplinary practices/philosophy of sponsor?

Does the sponsor have any criminal history?  Yes  No

List any Felony convictions:

List any Misdemeanor convictions:

List any Probation/Parole:

List and describe any disclosed criminal activity:

History of Incarceration:	Crime	Date	Length of Sentence	Location
---------------------------	-------	------	--------------------	----------

Are there any parent/child relational issues?  Yes  No

If yes, explain:

Does the sponsor have an Order of Removal?  Yes  No

If yes, date issued:

Has the sponsor sponsored any other UAC in DCS care?  Yes  No

Additional sponsor information:

Sponsor Sponsored UACs:	Name of UAC	A Number	Relationship	Facility sponsored from
-------------------------	-------------	----------	--------------	-------------------------

Mandatory TVPRA 2008

Based on the most recent trafficking screening, is the child a victim of a severe form of trafficking in persons? (Indicate 'yes' only if ORR has issued a trafficking eligibility letter for UAC.)  Yes  No

Date eligibility letter issued:

Based on the most recent screening for disabilities, does the child have a disability as defined in section 3 of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12102(1)?  Yes  No

If yes, specify disability:

Based on the most recent screening, has the child 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?  Yes  No

If yes, provide a short summary:

Based on the sponsor risk assessment, does the sponsor clearly present a risk of abuse, maltreatment, exploitation, or trafficking to the UAC?  Yes  No

If yes, provide a short summary:

Recommendations

Discharge:  Yes  No

Sponsor:

Discharge w/ Post Release:  Yes  No

Date of PR referral:

Refer to Home Study  Yes  No

Reason for HS referral:

Care Plan

**Reunification:** 6/4/2021 Update: Sponsor completed fingerprints yesterday. Since this is a Category 3, results of the fingerprints are needed before submitting the case. Last contact with the sponsor was yesterday. All other documents have been received. 6/7/2021 Update: Still waiting for fingerprint results to be received as this is a Category 3. UAC Assessment also needs to be fully completed by floor staff. 6/8/2021 Update: Still waiting for fingerprint results to be received as this is a Category 3. UAC Assessment also needs to be fully completed by floor staff. 6/9/2021: Spoke with sponsor this morning to give them an update. Follow up email was sent regarding UAC Assessment. Fingerprint results are still needed. 6/10/2021: No update; still waiting on fingerprint results. UAC Assessment was fully completed. 6/11/2021: No update; still waiting on fingerprint results. 6/14/2021: No update; still waiting on fingerprint results. 6/15/2021: Spoke with sponsor this morning and let him know we are still waiting for the fingerprint results. 6/16/2021: Waiting for fingerprint results. 6/17/2021: It appears fingerprint results have been received as there are dates in the fingerprint section that were not inputted by the CM. An email asking CM Supervisor was sent. Release request is 90% completed. Sponsor is going to submit a photo of his resident card and a stamp in his passport verifying information provided by the minor. Need a few details from caregiver in COO. Tried to contact him, but he said he

NCYL\_MELA\_0017

was currently working in the church so he couldn't talk at that moment. This case should be ready to submit Monday, if fingerprints have actually been received. 6/18/2021: Case is ready to be sent for release. Sent email to supervisor asking if she could review it so it could be submitted today. 6/21/2021: Case was reviewed and submitted. Case coordinator requested more information in regards to proof of relationship. 6/22/2021: Response was sent back to Case Coordinator with info regarding proof of relationship. Case Coordinator stated they didn't agree with straight release, but did recommend a release with post release services due to it being a Category 3 case with an unrelated sponsor. Waiting to hear from a decision from the FFS. 6/23/2021: Case was remanded yesterday. FFS requested at least one family session between sponsor and UC so an email was sent to floor staff requesting a family session. Sponsor and caregiver in COO were updated of the decision. 6/24/2021: Waiting on family session to be completed so I can re-submit for release. 6/25/2021: Spoke with clinician this morning who stated he was working on getting the family session set up. 6/28/2021: Case was resubmitted for release.

**Legal:**

**Mental Health:**

Family Session Note: UAC's Name: [REDACTED] (UAC # [REDACTED]) Summary: A family session was completed on June 25, at 11:06 a.m., with the above-mentioned UAC and UAC's identified sponsor ([REDACTED]). The session was completed via telephone and was 30 minutes in duration. Clinician first informed sponsor about UAC's well-being and further informed sponsor about the services that UAC is receiving while in care PCC- EIS facility. QUALITY OF RELATIONSHIP: [REDACTED] an old family friend from UAC's country of Honduras. Sponsor and UAC's father are both pastors and have known each other for over 25 years. Sponsor would call UAC's father at least once a week as problems arose for the family in the Honduras to offer support in various ways. Sponsor stated he has had a close relationship with UAC for the past 4 years and that he last saw UAC in person last year on a trip to the Honduras. DISCIPLINARY PHILOSOPHY: [REDACTED] explained his style of discipline is to talk with his children as he has an eight-year-old son and a sixteen-year-old daughter with graduated sanctions should the child continue to misbehave. [REDACTED] continued, he will take privileges away such as television, cells, going out with friends, and earlier bed times. Sponsor intimated that he has rarely had to resort to graduated sanctions with his two children and has only had to sit down and speak with his daughter, which was approximately a year ago. SPONSOR EXPECTATIONS: The sponsor only expects UAC to keep a clean room and to finish high school. He further elucidated that the UAC would be expected to obey as the family obeys adhering to Christian principles and standards. This is in synchronous lifestyle as UAC also comes from a Christian family, whose father is also a pastor in the Honduras. EXPECTATIONS FOR UC: UAC was in complete agreement with these expectations as verbalized by [REDACTED]. CONCLUSION: [REDACTED] has been in the United States for the past 21 years and has worked as an independent landscaper for 11 years. He owns his own home and is a husband and father of 2 children. There is established stability within this home, his community and country. This is a family that can establish a strong, Christian, character for this UAC who has already indicated his reason for coming to the United States [REDACTED]. UAC stated he, [REDACTED] as well. UAC already has excellent character traits developed by his own Christian family that the sponsoring family can only enhance. SIR: No SIRs reported as of 06/25/2021. At this time, there are no concerns regarding UAC's mental health status as he continues to be adjusting well to shelter life as evidenced by his participation in shelter activities and compliant behavior. As reported by clinician, James Peralto, MSW Addendum Family Session Note: UAC's Name: [REDACTED] (UAC # [REDACTED]) Summary: A family session was completed on June 25, at 11:06 a.m., with the above-mentioned UAC and UAC's identified sponsor ([REDACTED]). The session was completed via telephone and was 30 minutes in duration. Clinician first informed sponsor about UAC's well-being and further informed sponsor about the services that UAC is receiving while in care PCC- EIS facility. Additional and pertinent information: [REDACTED] is a full-time landscaper with an established customer base, which allows him a predictable work schedule. [REDACTED] informed clinician that he works Tuesdays through Saturdays from 9:00 a.m. to 4:30 p.m. He was forthright in adding that his schedule was subject to change with different customers so, his wife is available to supervise the UAC as she is a housewife. Sponsor also named the same high school that his daughter attends as the one most likely UAC will attend too; [REDACTED], an approximate 5-minute drive from the family's home. Being a 21-year immigrant living in the United States, sponsor is very much aware of the United States laws regarding child abuse and neglect, school attendance until age 18, including school attendance and truancy, and child labor laws and UAC not being allowed to work. Finally, [REDACTED] is also very much aware of UAC needing to attend appointed court hearings regarding his case and mandatory reporting, and, he is aware of community resources in his area should there be a need for unexpected expenses. As reported by clinician, James Peralto, MSW

**Certification**

**Signature:**

James Peralto, MSW

**Date:**

6/25/2021

**Print Name:**

James Peralto

**Title:**

Clinician