



ADMINISTRATION FOR
CHILDREN & FAMILIES

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

FIELD GUIDANCE – April 30, 2021

RE: ORR Field Guidance #13, Emergency Intake Sites (EIS) Instructions and Standards

GUIDANCE

ORR is issuing this field guidance to clarify the applicable standards for ORR Emergency Intake Sites (EIS), due to their emergency and temporary nature. This Field Guidance supersedes Field Guidance #12, published on April 9, 2021, and any previous guidance related to EIS standards.

1. Overview

In the event of a severe shortage of standard state-licensed facilities and influx care facilities, ORR may open non-state licensed Emergency Intake Sites (EIS).

A severe shortage occurs when ORR is unable to accept referrals of children for placement in state-licensed facilities and influx care facilities that result or would result in unaccompanied children remaining in DHS custody for over 72-hours without a placement designation due to shortages of available non-EIS ORR bed capacity. In such instances, ORR may place children in EIS facilities.

EIS facilities are designed for mass care with basic standards to meet immediate sheltering needs of unaccompanied children. HHS implements the standards of care used for children in an emergency response setting. 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.

EIS are designed as short-term, stop-gap facilities opened for a limited period of time (generally under 6 months) to decompress dangerous overcrowding at DHS-run facilities. EIS may have site-specific requirements and services available may vary by site. A facility may transition from an EIS to an Influx Care Facility upon designation by ORR, provided services and sufficient staffing are available. See [ORR Policy 7.1 Overview](#).

2. Placement in an Emergency Intake Site

To the extent feasible, ORR endeavors to follow placement criteria required of Influx Care Facilities, see [ORR Policy 7.2.1 Criteria for Placement](#). Generally, placement in an EIS is reserved for direct border placements, or transfers from other EIS facilities or Influx Care Facilities. The ability to distinguish the criteria in [ORR Policy 7.2.1 Criteria for Placement](#) may be impracticable or impossible, as information regarding the child may be incomplete or

unknown by DHS. However, medically fragile children (e.g., children with acute needs that cannot be met at an EIS) or children who otherwise require close supervision (i.e., those eligible for placement in a staff-secure, secure, or RTC facility) are not eligible for placement in an EIS.

3. Placement of Tender Age Children in an Emergency Intake Site

ORR may place tender age children in EIS facilities, on a site by site basis, upon a determination by the Assistant Secretary for the Administration for Children and Families, based on a recommendation by ORR that placing tender age children in such a facility is safe and in the best interest of the children.

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

- Make concerted efforts to ramp up services to meet minimum standards of an influx care facility, either in part or in whole, whenever practicable. See [ORR Policy 7.5.1 Influx Care Facility Minimum Services](#) and [7.5.2 Influx Care Facility Medical Services](#).
- Maintain the tender age staffing ratios outlined in paragraph 5 of this guidance.
- Maintain age appropriate services and boundaries between tender age children and older youth.

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

4. Services

EIS meet basic standards of care as outlined in this section, but should, to the extent practicable, ramp up services to meet minimum standards of an influx care facility. See [ORR Policy 7.5.1 Influx Care Facility Minimum Services](#) and [7.5.2 Influx Care Facility Medical Services](#).

a. Basic Standards for Emergency Intake Sites

EIS must take the following actions in order to provide basic standards of care:

- Maintain facilities that are safe and sanitary;
- Provide access to toilets, sinks, and showers;
- Provide drinking water and food;
- Maintain adequate temperature control and ventilation;
- Provide adequate supervision (see paragraph 5 below);
- Provide same gender supervision for any area where unaccompanied children regularly undress, including restrooms and showers;

- Provide unaccompanied children with appropriate clothing and personal grooming items;
- Separate unaccompanied children who are subsequently found to have past criminal/juvenile history and/or who exhibit behavior that presents a danger to themselves or to others from other unaccompanied children;
- Adhere to a zero tolerance policy towards sexual abuse, sexual harassment, and inappropriate sexual behavior;
- Establish reporting on significant incident and sexual abuse allegations and follow-up procedures consistent with ORR's policies and reporting guidance;
- Allow reasonable access to legal services providers, unaccompanied children's attorneys of record, and child advocates that have provided proper documentation, subject to time, place, and public health restrictions;
- Provide legal services information, including the availability of free legal assistance, the right to be represented by counsel at no expense to the government, the right to a removal hearing before an immigration judge, the right to apply for asylum or to request voluntary departure in lieu of deportation. (see [Legal Resource Guide for Unaccompanied Children](#));
- Allow access to religious services, if available;
- Provide access to emergency clinical services;
- Comply with reporting requirements as specified by ORR in consultation with providers;
- Provide children the right to be free from discrimination on the basis of gender, race, religion, national origin, or sexual orientation; and
- Keep children free from any cruel, harsh, unnecessary, demeaning, or humiliating punishment.

As soon as possible and to the extent practicable, EIS should seek to provide the following services:

- Case management services for safe and timely release;
- A reasonable access to privacy, which includes the opportunity for all children to: wear their own clothes, as appropriate; retain a space for storage of personal belongings; talk privately on the phone, as appropriate; visit privately with guests, as appropriate; and receive and send uncensored mail unless there is a reasonable belief that the mail contains contraband;
- An in-person Know Your Rights presentation by a legal service provider (see [sub-paragraph \(d\) below](#));
- Educational services; and

- Daily Recreational/Leisure time that includes one hour of large muscle activity and one hour of structured leisure time activities.

b. Medical Services

EIS facilities provide access to emergency health care. Additional health services are site specific and may include a limited initial medical exam (IME) (see [ORR Policy 3.4.2 Initial Medical Examination](#)), although such exams may not take place within 2 business days; they will take place as soon as arrangements can be made. For those children who receive limited initial medical exams, which may vary depending on the sites, the child will either receive a comprehensive IME at a later point, at a facility capable of providing the exam, or after release to their sponsor.¹

To the extent feasible, ORR ensures there are staff who can render first aid; assess whether a child requires immediate medical attention due to acute medical distress; clear obstructed airways; administer ephedrine pens if needed. Children determined to have a communicable disease are segregated from other children as appropriate.

c. Case Management

Case management services are established either at the time of an EIS stand-up or as soon as reasonable under the circumstances. Case management services at EIS facilities are primarily focused on family reunification services in order to release a child without unnecessary delay to a sponsor (following the policies identified in [ORR Policy Guide Section 2](#)) and may be conducted to the extent feasible remotely. Additionally, case management services include processing children placed at an EIS for transfer to an ORR facility with more comprehensive services (either an influx care facility or traditional state-licensed program) capable of providing for the child's individual needs. Case management at EIS may be conducted by volunteers.

d. Legal Service Information

ORR provides legal service information to unaccompanied children placed at an EIS.

ORR provides children access to attorneys and may to the extent practicable fund legal service providers to deliver know your rights (KYR) presentations and screen children for potential legal immigration relief. Although private meeting space may be restricted by the physical plant of

¹ The child's sponsor is provided information regarding the health services the child received at the EIS, and as a condition of release is required to ensure a comprehensive IME is performed with a community provider, if such an exam was not completed in ORR custody.

the EIS, to the extent feasible, ORR makes available space for children to meet privately with attorneys.

If a child is not able to receive a KYR and/or legal screening while placed at an EIS, ORR may notify a legal service provider after the child's release, to provide post-release legal services.

5. Staffing

EIS may be staffed by volunteers from NGOs, federal staff, ORR contractors, and grantees (including staff from other ORR care providers or non-care providers).

a. Staffing Ratios

EIS are subject to the following minimum staffing ratios:

- **Youth Care Workers:** Minimum of 1 youth care worker to every 15 children aged 13 years and over (1:15); a minimum of 1 youth care worker to every 8 tender age children aged 6-12 years old (1:8), and a minimum of 1 youth care worker to every 4 tender age children aged 0-5 years old (1:4).

The following additional staff and staffing ratios for those positions should be maintained at any EIS operating longer than 20 days. Additionally, case managers and mental health clinicians may provide services remotely or on site:

- **Childcare Team Lead:** Minimum of 1 childcare team lead to every 60 children (1:60). EIS should make efforts to staff up to a minimum of 1 childcare team lead to every 30 children as resources allow (1:30).
- **Childcare Shift Supervisor:** Minimum of 1 supervisor to 5 childcare team workers per shift (1:5).
- **Child Welfare Program Leads/Coordinators:** Minimum of 2 child welfare program leads/coordinators per site, including at least 1 per shift at all times, to implement guidance for their EIS site.
- **Case Managers:** Minimum of 1 case manager to every 8 children (1:8).
- **Mental Health Clinicians:** Minimum of 1 mental health clinician to every 50 children (1:50).

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

These minimum standards may be modified on an exceptional basis and for short periods of time, within the first 20 days of EIS operations or in the event of a sudden increase in referrals, as directed by ORR. Approval for a decrease in staffing-to-child ratios are made in consultation

with ORR personnel at EIS sites, and with consideration for ages and of the children and the physical layout of the site. Staffing ratios may be adjusted to meet the unique physical layout of an EIS on a case by case basis.

b. Background Checks for Staff

Only EIS federal personnel, or personnel who have been cleared through a fingerprint-based, federal background check, are permitted to supervise direct care staff. Staff and volunteers who provide direct care must pass public record criminal background checks for deployment at EIS. ORR will ensure receipt of background checks required of influx care facilities for EIS staff within 30 days of an EIS opening. Staff and volunteers who provide direct care may not have unsupervised contact with unaccompanied children until all background checks have been completed. ORR may waive or modify background check requirements on a facility to facility basis.

c. Incident Commander

During the operation of an EIS while children are on site, ORR will have staffed an incident commander who is a federal employee to oversee operation of the facility. The incident commander is responsible for the facility, operations, and custodial care of the children.

If you have any questions regarding these policies, please contact UCPolicy@acf.hhs.gov.