

Department of Health and Human Services

**OFFICE OF  
INSPECTOR GENERAL**

**DIVISION OF UNACCOMPANIED  
CHILDREN'S SERVICES:  
EFFORTS TO SERVE CHILDREN**



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Inspector General

March 2008  
OEI-07-06-00290

# *Office of Inspector General*

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## OBJECTIVE

To assess the Division of Unaccompanied Children's Services' (DUCS) placement, care, and release of unaccompanied alien children.

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## BACKGROUND

For fiscal year (FY) 2008, the President's budget request for the Department of Health and Human Services (HHS) estimates that the Federal Government will apprehend 10,350 unaccompanied alien children who will be placed into HHS custody. The term "unaccompanied alien child" is defined in 6 U.S.C. § 279(g)(2) as a child who has no lawful immigration status in the United States, who has not attained 18 years of age, and who has no parent or legal guardian in the United States available to provide care and physical custody.

The Homeland Security Act of 2002 transferred care and custody of unaccompanied alien children to DUCS within the Administration for Children and Families (ACF). The Homeland Security Act also created the Department of Homeland Security (DHS), which is responsible for immigration benefits and enforcement.

In 1985, a class action lawsuit challenged Federal detention policies and procedures for children in Federal custody. The litigants reached a settlement, commonly known as the Flores Agreement, that included minimum standards for placement, care, and release to sponsors of alien children in Federal custody. Although HHS did not have responsibility for unaccompanied alien children at the time the settlement was reached, section 1512(a) of the Homeland Security Act specifies that such agreements continue in effect according to their terms. Therefore, HHS is bound by the terms of the Flores Agreement.

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## FINDINGS

**Most children appeared to be placed and released in accordance with the Flores Agreement.** The Flores Agreement requires that children be admitted to facilities within 3 to 5 days, in most cases; be placed in the least restrictive setting appropriate; and be released "without unnecessary delay." Eighty-four percent of children were admitted to facilities within 3 days of apprehension and less than 4 percent of children were placed in staff-secure or secure facilities. Most children were released quickly, and most reviewed case files of released children contained evidence of reunification packets.

**Case Files Lacked Documentation of Care Received.** We could not determine whether lack of documentation in case files was a result of poor record keeping or failure to provide services. Fifty-six percent of case files lacked one or more of the required assessments used to gather information about children’s needs, and all case files lacked at least one required document that would indicate whether children received medical and mental health services or participated in educational and recreational activities.

**The Division of Unaccompanied Children’s Services provides limited oversight of facilities.** Interviews with DUCS central office officials indicate that little oversight of facilities occurs. Federal field specialist and field coordinator visits to facilities do not include routine meetings with children. Additionally, DUCS does not have a method to track children after they are released to sponsors and therefore is unable to determine whether the processes facilities use to screen sponsors are effective and whether sponsors continue to provide for children’s physical, mental, and financial well-being.

**No explicit agreement exists between Federal Departments regarding information exchange and postrelease activities.** When responsibilities were divided between HHS and DHS, no formal memorandum of understanding (MOU) was established to clarify each Department’s specific roles. Although the two Departments established a “Statement of Principles” in 2004, it states that “[t]his document does not resolve all outstanding issues. . . .” As such, the Departments lack a specific agreement on exchanging information when children are transferred from DHS to HHS custody. Additionally, it is not clear which Department is responsible for ensuring the safety of children once they are released to sponsors and which Department is responsible for ensuring sponsors’ continued compliance with sponsor agreements.

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## RECOMMENDATIONS

Although DUCS appears to be placing and releasing children in accordance with the Flores Agreement, all case files lacked at least one of the DUCS-required documents to assess care needs or document care provided. Therefore, we could not definitively conclude that all children were receiving all needed services. DUCS officials acknowledged a lack of program oversight, and no method exists to ensure that children remain with sponsors and that sponsors comply with sponsor agreements. Finally, no explicit agreement exists between HHS and

## E X E C U T I V E   S U M M A R Y

DHS with regard to each Department’s specific roles and responsibilities and their shared responsibilities with respect to exchanging information and monitoring children once they are released to sponsors.

Therefore, we recommend that DUCS:

**Enforce documentation requirements to ensure that needs are assessed and care provided.** DUCS should conduct regular, periodic onsite visits to all facilities, using a standard protocol to ensure adherence to policies and procedures and completeness of case file documentation.

**Enhance and define field staff role in ongoing oversight.** The roles and responsibilities of Federal field specialists and field coordinators should include oversight responsibilities and require regular, individual meetings with children.

**Establish a memorandum of understanding.** Building on the “Statement of Principles,” HHS officials should develop a formal MOU with DHS to clearly delineate the roles and responsibilities of each Department. At a minimum, the MOU should address the following:

- each entity’s specific responsibilities for gathering and exchanging information when a child comes into Federal custody and is placed into a DUCS facility, and
- each entity’s specific responsibilities for gathering and exchanging information about children who have been released to sponsors to ensure that the process is working as intended and that sponsors are adhering to agreements.

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### AGENCY COMMENTS

In its written comments on the draft report, ACF did not indicate whether it concurred with our recommendations. ACF did indicate that it agrees that more monitoring of facility documentation and practices is needed; that the Office of Refugee Resettlement (ORR) will include random interviews with children and case file reviews as part of the routine responsibilities for Federal field specialists; and that ORR is drafting a “Joint Operations Manual” with DHS, with the ultimate goal of drafting an MOU.

ACF questioned our findings about case file documentation, stating that many facilities keep multiple files and that “[i]n general, the case files reviewed by ORR contain the required documentation . . . .”

With respect to postrelease activities, ACF stated that “ORR’s statutory mandate to ensure the well-being of an unaccompanied alien child ends at the time the child is released from ORR’s care.”

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## OFFICE OF INSPECTOR GENERAL RESPONSE

Although some facilities did maintain separate files for such things as medical care, education, and counseling as stated in ACF’s comments, those facilities consolidated the files for our review. When asked, facility staff confirmed that case files we reviewed should have contained all required documentation. We have revised the report methodology to clarify that facilities reported that they provided to us the complete case files for our sampled children.

In its 2005 report, DHS OIG reported DHS’s concerns with ACF’s release of children to sponsors—concerns that imply DHS believes that it is ACF’s responsibility to ensure proper and safe release of children. ACF stated that its statutory mandate to ensure the well-being of unaccompanied alien children ends at the time children are released from ORR’s care. An MOU will help address which agency has responsibility for postrelease monitoring.

Finally, ACF’s descriptions of current activities do not specifically address our recommendations and therefore it is unclear whether and how ACF intends to implement our recommendations. We ask that, in its final management decision, ACF indicate whether it concurs with our recommendations and what steps, if any, it will take to implement them.



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## OBJECTIVE

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## BACKGROUND

For fiscal year (FY) 2008, the President's budget for the Department of Health and Human Services (HHS) estimates that the Federal Government will apprehend 10,350 unaccompanied alien children who will be placed into HHS custody. The term "unaccompanied alien child" is defined in 6 U.S.C. § 279(g)(2) as a child who has no lawful immigration status in the United States, who has not attained 18 years of age, and who has no parent or legal guardian in the United States to provide care and physical custody.

The 10,350 estimate represents a 15-percent increase from the number of children apprehended and placed in HHS custody during FY 2007.<sup>1</sup> HHS requested \$135 million for FY 2008, an increase over the \$77 million appropriated in FY 2007, to fund DUCS, a component within the Administration for Children and Families' (ACF) Office of Refugee Resettlement (ORR).

The Homeland Security Act of 2002, P.L. No. 107-296 (6 U.S.C. § 279(a)), transferred responsibility for the custody and care of unaccompanied alien children from the Commissioner of the former Immigration and Naturalization Service (INS), U.S. Department of Justice, to the Director of ORR. The Homeland Security Act also abolished INS and created the Department of Homeland Security (DHS). DHS is responsible for immigration benefits and enforcement, which includes apprehension, processing, and immigration actions. (For simplicity, we will refer to the various agencies to which DHS has assigned its juvenile-related responsibilities collectively as DHS.) The Director of ORR is responsible for the placement, care, and, as appropriate, release to sponsors of these children—responsibilities delegated to the Director of DUCS (hereinafter referred to as DUCS). Officials from DHS and HHS attempted to draft a memorandum of understanding (MOU) to delineate their respective roles and

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<sup>1</sup> "HHS Budget in Brief" document reflecting the fiscal year (FY) 2008 President's budget for the Department of Health and Human Services (HHS) Available online at <http://www.hhs.gov/budget/08budget/2008BudgetInBrief.pdf>. Accessed October 17, 2007.



responsibilities for unaccompanied alien children. Because of difficulties in agreeing to terms for an MOU, the agencies instead crafted a “Statement of Principles” in April 2004. The statement defines broad operational responsibilities but “. . . does not resolve all outstanding issues. . . .”<sup>2</sup>

Prior to enactment of the Homeland Security Act, INS was responsible for all of the functions related to unaccompanied alien children that now belong to DHS and DUCS. In 2001, the Department of Justice’s Office of the Inspector General (OIG) issued a report that noted numerous concerns about INS’s handling of unaccompanied alien children. The report contained 28 recommendations, including a recommendation that INS implement procedures that require the monitoring and regular reporting of noncompliance with the 3-to-5-day placement requirement to ensure that juveniles are promptly placed into appropriate facilities and a recommendation that INS include and enforce standards that require the segregation of nondelinquent juveniles from delinquent juveniles in all contracts with secure detention facilities.<sup>3</sup> In 2004 and 2005, after the dissolution of INS and the creation of DHS, DHS OIG issued two reports following up on the recommendations from the Department of Justice OIG report.<sup>4</sup> HHS OIG has not previously evaluated DUCS or its efforts to place, care for, and release unaccompanied alien children.

### **The Flores Agreement**

In 1985, a class action lawsuit challenged INS detention policies and procedures for children in its custody.<sup>5</sup> The litigants reached a settlement, commonly known as the Flores Agreement, which included minimum standards for areas such as placement, care, and release of children in INS custody.<sup>6</sup> Although HHS was not a party to the Flores

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<sup>2</sup> “A Review of DHS’ Responsibilities For Juvenile Aliens,” the Department of Homeland Security (DHS), Office of the Inspector General (OIG), OIG 05-45, September 2005, p. 24. A copy of the “Statement of Principles” can be found in Appendix E of the report.

<sup>3</sup> “Unaccompanied Juveniles in INS Custody,” Department of Justice, OIG, I-2001-009, September 28, 2001.

<sup>4</sup> “Open Inspector General Recommendations Concerning the Former Immigration and Naturalization Service from ‘Unaccompanied Juveniles in INS Custody,’ a Report by the Department of Justice Inspector General,” DHS, OIG, OIG-04-18, March 2004; and “A Review of DHS’ Responsibilities For Juvenile Aliens,” DHS, OIG, OIG 05-45, September 2005.

<sup>5</sup> *Reno v. Flores*, 507 U.S. 292 (1993).

<sup>6</sup> *Ibid.*, Case No. CV 85-4544-RJK (C.D. Cal. 1996).

Agreement, section 1512(a) of the Homeland Security Act specifies that agreements continue in effect according to their terms.<sup>7</sup> Therefore, HHS is bound by the terms of the Flores Agreement.

A basic tenet of the Flores Agreement is that unaccompanied alien children in Federal custody should be treated with dignity, respect, and special concern for their particular vulnerabilities as children. The Flores Agreement also mandates that children be placed in the least restrictive setting; that placement occur within 3 to 5 days of apprehension, except in specific situations; and that children be released to available sponsors without unnecessary delay.<sup>8</sup>

To address the Flores Agreement, DUCS focuses its efforts in three main areas: placement, care, and release. (See Appendix A for an overview flowchart of DUCS' interactions with unaccompanied alien children.)

### **Placement**

When DHS apprehends an individual and determines that he or she is an unaccompanied alien child, a juvenile coordinator within DHS contacts the ORR Intake Operations Team (hereinafter referred to as the intake team). The intake team requests information about the child, including gender, age, country of origin, date and location of apprehension, medical and mental condition, and criminal history. The intake team records this information in the Tracking Management System (TMS).<sup>9</sup> The intake team then contacts a DUCS-funded facility, typically close to where DHS apprehended the child, to arrange placement.

At the time of our review in 2006, DUCS funded 36 facilities and programs to place and care for children in its custody. Facilities, ranging from lowest to highest restriction levels, are shelter,

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<sup>7</sup> 6 U.S.C. § 552(a).

<sup>8</sup> *Ibid.*, Case No. CV 85-4544-RJK (C.D. Cal. 1996).

<sup>9</sup> The Tracking Management System is an electronic database containing records for all children in the Division of Unaccompanied Children's Services' (DUCS) custody. It includes information such as dates of apprehension, placement, and release; type of placement; and discharge reason (e.g., released to a sponsor, voluntary departure, or ordered removed).

staff secure,<sup>10</sup> or secure. Facilities vary in terms of whom they serve (e.g., age, gender, and/or nationality of children), duration of placement, type of accommodation (e.g., house in neighborhood versus multiple-building campus), and size of the program (e.g., single program versus a part of a large nonprofit conglomerate). Facilities are located throughout the United States but are concentrated along the southwest border. Some facilities had contracted previously with INS, while others have worked only with DUCS. DUCS also funds foster care programs, which typically involve placements with families. Foster care is typically reserved for initial placements of younger children or for children who have resided at a facility for several months without being released to a sponsor. For simplicity, we will refer to all DUCS-funded placement options, whether shelters, staff-secure or secure facilities, or foster care programs, as facilities.

In accordance with the Flores Agreement, DUCS must place a child in the least restrictive facility setting possible unless information collected about the child indicates that he or she requires a specific placement. The Flores Agreement specifies circumstances under which children may be placed in staff-secure or secure facilities, such as when DUCS determines that a child has been charged, is chargeable, or has been convicted of a crime; has committed, or has made credible threats to commit, violent or malicious acts while in custody; has engaged in disruptive behavior; is a flight risk; or must be kept in a secure facility for his or her safety. Most commonly, children are placed in shelters. The intake team provides information about the child collected from DHS to the facility and then contacts DHS to arrange transportation of the child to the facility.

### **Care**

Facilities have the lead responsibility for determining children's care needs and ensuring that these needs are met. Care includes physical care, suitable living accommodations, food, appropriate clothing, personal hygiene, medical care, dental care, educational services,

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<sup>10</sup> Staff-secure facilities use staff supervision rather than architectural barriers, such as the barred windows or locked doors used in secure facilities. A staff-secure placement might be used for a child who is a flight risk, for example. A child who is a flight risk might be too difficult for a shelter to handle, but such behavior does not warrant being placed in a secure facility. A staff-secure facility would provide the heightened level of supervision needed to prevent a child from running away.

mental health services, recreation and leisure activities, acculturation, and adaptation services.

Federal field specialists and field coordinators also have a role in ensuring that children receive appropriate care. Federal field specialists are employees of DUCS tasked with ensuring that children receive needed services, as well as ensuring that facilities and field coordinators are interpreting and following DUCS' policies and procedures correctly.<sup>11</sup> Field coordinators are employees of voluntary agencies that contract with DUCS.<sup>12</sup> These individuals advocate on behalf of unaccompanied alien children and work with facilities to ensure that children receive needed services. Both Federal field specialists and field coordinators are located throughout the country, each working with facilities within a specific geographic region.

DUCS' policies and procedures require that each child's case file include assessments and records of care provided for medical, mental health, education, training, and recreation needs. DUCS' policies and procedures require that facilities identify care needs by completing DUCS-required forms—the Initial Intake Form, the Admissions Assessment, and the Psycho-Social Summary and Individual Service Plan.

***Initial Intake Form.*** A staff person at the facility must complete the Initial Intake Form within 24 hours of a child's placement at the facility. The form is used to determine the child's basic and immediate care needs. The assessment also helps establish whether the child has a family member in the United States who might serve as a sponsor.

***Admissions Assessment.*** A master's-level social worker (or equivalent) must complete the Admissions Assessment within 3 to 7 days of placement, after reviewing the Initial Intake Form. This assessment builds on the Initial Intake Form and more completely collects biographic, family, legal/migration, medical, and/or any substance abuse or mental health histories.

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<sup>11</sup> Federal field specialists assist facilities with identifying community resources and give final approval to release recommendations. The position of Federal field specialist is relatively new, and at the time of our review, some individuals had been in their jobs for less than a year.

<sup>12</sup> DUCS administers its program, in part, by contracting with two faith-based voluntary service agencies: the United States Conference of Catholic Bishops and the Lutheran Immigration and Refugee Services.

*Psycho-Social Summary and Individual Service Plan.* A master's-level social worker (or equivalent) must complete the Psycho-Social Summary and Individual Service Plan within 7 to 10 days of placement. The Psycho-Social Summary uses information gathered from the Initial Intake Form and Admissions Assessment and summarizes the child's strengths, stressors, and presenting problems. The Individual Service Plan addresses the child's identified needs. Additionally, items from the Admissions Assessment are transferred to the Individual Service Plan, and action steps with completion dates are identified to address those needs. The Individual Service Plan should be reviewed and updated periodically.

Unless specifically noted, we will hereinafter refer to the Initial Intake Form, Admissions Assessment, and the Psycho-Social Summary and Individual Service Plan collectively as assessments.

### **Release**

Releases to sponsors are often termed family reunifications. Children may provide the name of a potential sponsor when apprehended, during intake, and/or when completing the assessments. The facility has the lead responsibility for initially assessing these potential sponsors. In accordance with the Flores Agreement, the following order of preference is used when seeking a sponsor: a parent, a legal guardian, an adult relative, an individual or entity designated by the parent or legal guardian, a licensed program willing to accept legal custody, or an adult individual or entity not previously mentioned seeking custody.

Once a potential sponsor is identified, the facility sends that person a family reunification packet. The packet requires that the potential sponsor provide information such as relationship to the child, age, gender, address, household composition, employment status, and immigration status. The potential sponsor also undergoes a fingerprint background check against the Federal Bureau of Investigation's National Crime Information Center database, the Central Index System, and the Deportable Alien Control System.

Once all information is collected and reviewed and the facility deems the potential sponsor appropriate, the facility makes a recommendation for release and the family reunification packet is forwarded to the field coordinator. In cases in which a child may be a potential victim of trafficking or for other specific reasons, facility staff and/or field coordinators may recommend that the sponsor receive a Suitability Assessment, which is a more detailed assessment of a potential sponsor

including a home visit by a staff member.<sup>13</sup> If no Suitability Assessment is recommended, the field coordinator reviews all information that the facility submitted and either requests additional information or makes a recommendation to the Federal field specialist for release. The Federal field specialist makes the final determination as to whether to release the child to a sponsor. Once the sponsor is approved, DUCS releases the child to the sponsor, thus ending DUCS' custody of that child and its responsibilities for care.<sup>14</sup> Even though a child is released to a sponsor, immigration proceedings continue and the child remains in the United States with no lawful immigration status.

DUCS requires a sponsor to sign a Sponsor's Agreement to Conditions of Release form (sponsor agreement) indicating that he or she will assume responsibility for the child's physical, mental, and financial well-being; for the child appearing at all immigration proceedings; and for the child reporting for removal from the United States if so ordered. Other sponsor agreement requirements include reporting changes of residence to DHS within 5 days; receiving written permission from DHS to transfer custody of the child to another person; and notifying DHS as soon as possible but within 72 hours if the child has disappeared, has been threatened, or has been contacted in any way by an individual(s) believed to represent an alien-smuggling syndicate or organized crime. In signing the sponsor agreement, the sponsor agrees to the following: "I further understand that [DHS] may refer the minor to ORR, and ORR may resume custody if I do not comply with the conditions of the release agreed to in this form."

### **Policies and Procedures**

Prior to June 2006, DUCS had a draft policies and procedures manual that was periodically updated with transmittals from the DUCS central office. On June 1, 2006, DUCS issued a single manual that consolidated all the policy- and procedure-related materials. The manual (as did the former manual and transmittals) addresses such topics as what

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<sup>13</sup> A Suitability Assessment is coordinated through the DUCS central office with one of the voluntary agencies. A staff person from the voluntary agency's field office performs the Suitability Assessment, visiting the potential sponsor's home, observing the condition of the home, determining where specifically the child would live, and interviewing other individuals living in the home. The staff person summarizes his or her observations and the interview responses to support his or her conclusion as to whether placement with the potential sponsor would serve the best interests of the child.

<sup>14</sup> If no sponsor is available, the child remains in DUCS custody until a final immigration determination is reached or the child attains age 18.

information facilities should maintain in their case files, what assessments facilities should complete and how quickly those assessments should be completed once children are placed, how facilities should use information obtained from the assessments to provide care for children, and how facilities should screen potential sponsors.

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## METHODOLOGY

This study used four primary methods: (1) analyses of placement and release and timeframes for children placed in DUCS-funded facilities during specific periods; (2) a review of case files for 100 randomly selected children physically placed at DUCS-funded facilities from April 1 through September 30, 2006; (3) structured interviews with directors and other key staff of the 22 facilities where at least 1 of the 100 randomly sampled children had been placed; and (4) structured interviews with Federal field specialists, field coordinators, key officials in the DUCS central office, and officials from the voluntary agencies' central offices.

### **Analyses of Placements and Releases**

At the time we received the complete TMS database, it contained 26,030 records of placements. We used the admission dates to identify the 4,235 children who were physically placed (admitted) in DUCS-funded facilities from April 1 through September 30, 2006. This period reflected the most recent, complete 6-month period at the time we received the TMS data and allowed us to review the most current practices of DUCS and facilities (e.g., completion of assessments, provision of care) at the time we conducted our review. We determined the placement types (e.g., shelter, secure, foster care) and average time from apprehension to admission for the children admitted to DUCS-funded facilities during this 6-month period.

Separately, we used the admission dates listed in TMS to identify the 3,937 children who were admitted into facilities from October 1, 2005, through March 31, 2006. We used this period because DUCS officials informed us that most children are, on average, in DUCS-funded facilities for 45 days. All of the children admitted during this 6-month period would have been admitted to a facility at least 6 months prior to our receiving the TMS data, meaning that a significant majority of them should have been released from their respective facilities. We determined the durations of stays in DUCS-funded facilities for the children admitted during this 6-month period.

**Case File Reviews**

From the population of 4,235 children who were admitted into DUCS-funded facilities from April 1 through September 30, 2006, we randomly selected 100 children. We conducted site visits at all 22 facilities that provided direct care for at least 1 of the 100 sampled children. Of the 22 facilities, 16 were shelters, 2 were staff-secure facilities, 1 was a secure facility, and 3 were foster care programs. Although we observed children during onsite visits at some facilities, we did not speak with children about their care and treatment while in DUCS' custody. Prior to reviewing the sampled case files, we confirmed with facility staff that they had provided to us the complete case files for all sampled children and that these case files contained all documentation that DUCS policies and procedures required. We reviewed case files for assessments and other documents related to health, mental health, education, recreation, and family reunification, as well as for cover sheets, progress notes, and case notes indicating that children received services.

We excluded from our analyses four case files for children who had been determined to not meet the definition of unaccompanied alien children or were in a DUCS-funded facility for fewer than 10 days (the amount of time DUCS policies and procedures allow facilities to complete the last of the required assessments) and whose case files lacked all required assessments. When we analyzed all 96 remaining case files, we projected the results to the universe of children admitted to facilities from April 1 through September 30, 2006. Confidence intervals for these projections can be found in Appendix B. When we analyzed subgroups from the sample, such as the 46 children released to sponsors at the time we drew our sample, we did not project our results to the universe.

**Facility Staff Interviews**

At the 22 facilities that had at least 1 of the 100 sampled children, we conducted structured interviews with the facility directors. At some facilities, we also interviewed case managers, counselors, clinicians, and/or medical coordinators (or similar individuals). Topics that we discussed included the following:

- the number of children the facility served and scope of services at the facility;
- the facility's primary goals in working with unaccompanied alien children;



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- the way in which the facility learned about pending placements;
- the way in which the facility identified needs and provided care;
- the processes the facility used for release, sponsor background checks, and suitability assessments; and
- recommendations the facilities had for improvement.

Although we may have interviewed multiple staff members at each facility, we catalogued the responses as one per facility for the purposes of our analysis. Therefore, each of the 22 facilities is represented once regardless of how many people we interviewed.

### **Federal Field Specialist, Field Coordinator, and Central Office Interviews**

We interviewed all Federal field specialists and field coordinators who had responsibility for the facilities in our sample, resulting in interviews with 9 Federal field specialists and 10 field coordinators. We asked about their experiences in working with unaccompanied alien children and facilities; their interactions with each other; and their roles and responsibilities related to placement, care, and release of unaccompanied alien children. We used these interviews to supplement the information gathered from case file reviews and facility staff interviews.

We interviewed key officials in the DUCS central office and the voluntary agencies. We used these interviews to support or contrast information obtained through case file reviews and facility staff, Federal field specialist, and field coordinator interviews.

### **Standards**

This study was conducted in accordance with the “Quality Standards for Inspections” issued by the President’s Council on Integrity and Efficiency and the Executive Council on Integrity and Efficiency.

**Most children appeared to be placed and released in accordance with the Flores Agreement**

Absolute adherence to the Flores Agreement is difficult to determine because the Agreement established some criteria specific

to INS. Additionally, the Agreement at times uses terminology for placement and release that is nonspecific and subject to interpretation. Still, DUCS appears to be placing and releasing children in accordance with the Flores Agreement.

**Eighty-four percent of children were admitted to facilities within 3 days of apprehension and less than 4 percent of children were placed in staff-secure or secure facilities**

The Flores Agreement specifically requires that a child be placed in a facility within 3 days if the child is apprehended in an INS district in which a licensed program is located and has space available and within 5 days in all other cases, except for specific situations, such as during an “emergency or influx of minors,” in which case children should be placed at facilities “as expeditiously as possible.” However, a single agency no longer has responsibility for both the apprehension and placement of children. DHS must transfer children to DUCS to make the placement decisions rather than determining placements itself. Despite the transfer of children from DHS to DUCS, TMS data indicate that 84 percent of children admitted into facilities from April 1 through September 30, 2006, were admitted within 3 days of apprehension, and 94 percent were admitted within 5 days of apprehension. TMS data did not enable us to determine whether the 10 percent of placements that occurred after 3 days but within 5 days of apprehension fell within the “all other cases” criteria that the Flores Agreement established or whether the remaining 6 percent of placements that occurred after 5 days of apprehension fell within the established exceptions.

The Flores Agreement also specifies that children should not be placed in a staff-secure or secure facility if less-restrictive alternatives are available and appropriate. For children initially admitted to facilities from April 1 through September 30, 2006, TMS data indicate that 3.7 percent of children were placed in staff-secure or secure facilities. Of these children, 89 percent had information in their TMS records supporting these placements. Common reasons for staff-secure and secure facility placements included children being flight risks, having been convicted of crimes, having criminal charges pending against them, or exhibiting violent or disruptive behavior.

During the review period for the 2001 Department of Justice OIG report, INS contracted with 57 secure facilities. INS lacked sufficient shelter placement options to avoid placing children in secure facilities during periods of influx. Delinquent and nondelinquent children were often commingled at these secure facilities.<sup>15</sup> DUCS has reduced the number of secure facilities (to two during our review period), meaning that DUCS is unlikely to place children at secure facilities during periods of influx.

**Most children were released quickly, and reviewed case files often contained evidence of reunification packets**

Section VI of the Flores Agreement is entitled “General Policy Favoring Release,” and states that children should be released from Federal custody without unnecessary delay. TMS data that we received in mid-October 2006 indicate that for children admitted to facilities from October 1, 2005, through March 31, 2006,<sup>16</sup> 61 percent were released to sponsors, on average, within 30 days. Of these children, 42 percent were released to a parent and an additional 51 percent were released to another relative (e.g., aunt or uncle, brother or sister). TMS data also indicate that 99 percent of all children had been discharged from the facility at the time we received the data for various reasons (e.g., released to a sponsor, ordered removed, voluntarily departed, or aged out), on average, within 39 days. The remaining 1 percent of children remained in DUCS custody.

At the time we selected our sample, 46 of the 100 sampled children had been reunified with sponsors, while an additional 34 were no longer at the original facilities for various reasons, such as being ordered removed as a result of immigration proceedings or voluntarily choosing to depart the United States. (See Appendix C for the status of sampled children at the time we received TMS data to draw our sample.) Case files for 43 of the 46 children reunified with sponsors contained evidence of facilities’ assessments of potential sponsors through the use of reunification packets.

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<sup>15</sup> The 2001 Department of Justice OIG report, “Unaccompanied Juveniles in INS Custody,” I-2001-009, discussed the placement of juveniles in secure facilities during periods of influx and contained recommendations addressing the segregation of nondelinquent juveniles from delinquent juveniles and the placement of children in secure facilities.

<sup>16</sup> The 6-month period of October 1, 2005, through March 31, 2006, was used for the release analysis to allow time for children to be released from DUCS-funded facilities.

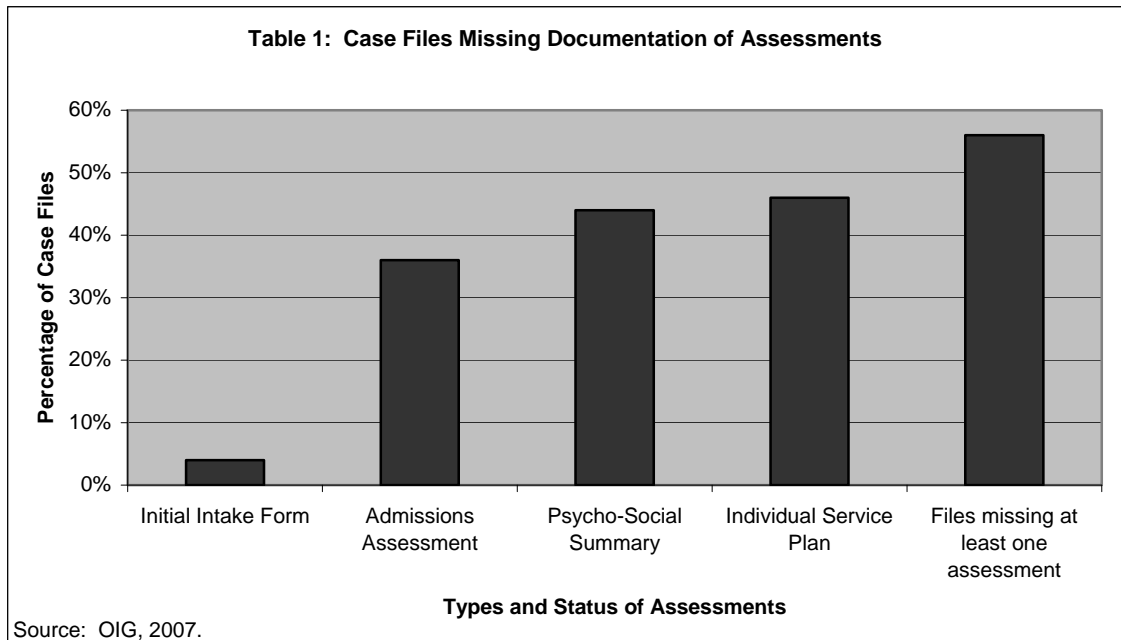
**Case files lacked documentation of assessments completed and care received**

We could not determine whether the lack of documentation in case files was a result of poor record keeping or failure to provide

services. During interviews, facility staff indicated that they completed required assessments, that children received services to address identified care needs, and that documentation of these activities would be found in case files. Additionally, staff from 14 facilities indicated that the assessments were useful and had realistic timeframes for completion. Still, all case files lacked at least one of the DUCS-required documents used to assess care needs or document care provided.

**Overall, 56 percent of case files lacked one or more of the required assessments used to gather information about children’s needs**

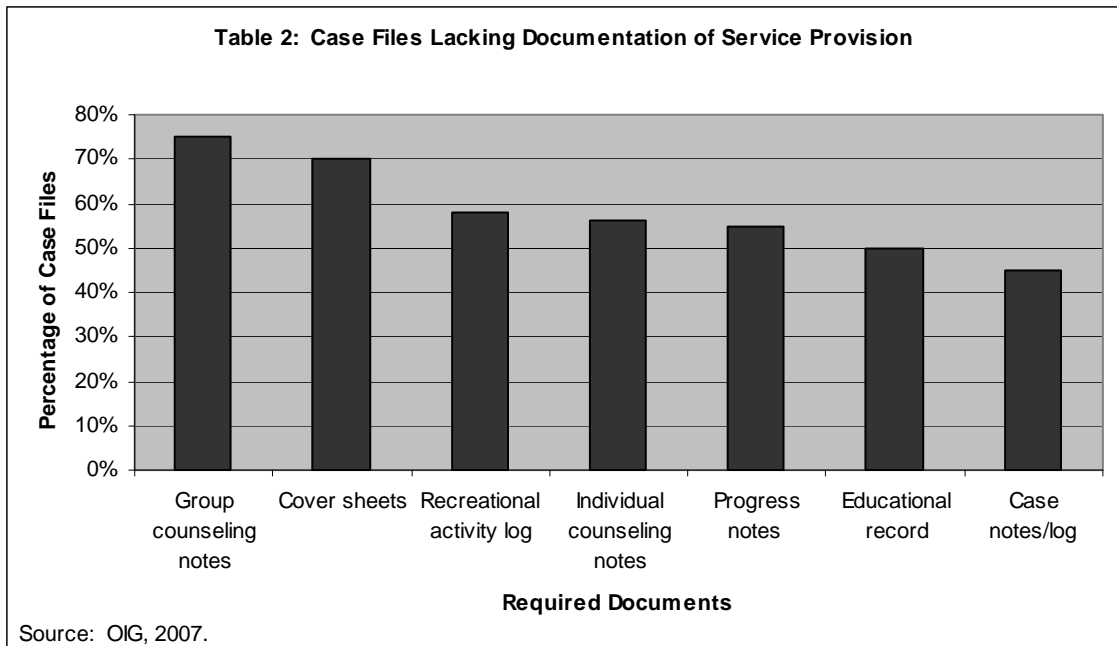
Although 4 percent of case files did not contain the Initial Intake Form, which is the assessment to be completed within 24 hours of a child being admitted to a facility, 36 percent of case files lacked the Admissions Assessment (to be completed within 3 to 7 days of admission), and 44 percent lacked the Psycho-Social Summary (to be completed within 7 to 10 days of admission). (See Table 1 below.) The Individual Service Plan, which is based largely on the results of the other assessments and serves as a primary tool for documenting and tracking care provided, was missing from 46 percent of case files.



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**All case files lacked at least one required document that would indicate that children received medical or mental health services or participated in educational or recreational activities**

Seventy percent of case files did not contain cover sheets with dates of services, 55 percent did not contain progress notes related to medical and mental health care, and 45 percent did not contain case notes that described activities and services associated with care. (See Table 2 below.)



Although facility staff stressed that most children experienced serious trauma during their journey to the United States or had mental health issues prior to their arrival, case files often lacked information about mental health treatment. Seventy-five percent of case files did not contain group counseling notes, and 56 percent did not contain individual counseling notes.

When conducting our scheduled site visits, we commonly saw classrooms and observed children participating in educational activities, yet 50 percent of case files did not contain educational records. We also observed recreational areas and equipment, such as soccer fields, basketball hoops, and game tables, yet 58 percent of case files did not contain evidence of participation in recreational activities.

## FINDINGS

In contrast to the documentation of ongoing services, services that children received less frequently or only once were less likely to be missing required documentation. For example, only 7 percent of case files did not contain immunization records, 17 percent did not contain initial medical exams, and 20 percent did not contain educational assessments.

### **The Division of Unaccompanied Children's Services provides limited oversight of facilities**

Interviews with DUCS central office officials indicate that little oversight of facilities occurs. They stated that the lack of central office staff and

standardized review protocols limited centralized oversight. Federal field specialists and field coordinators indicated that they routinely visit facilities and therefore could assist in the oversight of facilities. However, only one Federal field specialist reported conducting any oversight activities. Federal field specialists and field coordinators do not routinely meet individually with children to ensure that facilities are addressing their care needs. Finally, DUCS does not have a method to determine whether the processes facilities use to screen sponsors are effective at ensuring safe reunifications.

### **Federal field specialists' interactions with facilities typically do not include oversight of those facilities**

Federal field specialists are tasked with ensuring that children receive needed services and that facilities are interpreting and following DUCS policies and procedures correctly. However, only one Federal field specialist noted providing facility oversight through audits of case files. Another Federal field specialist explained that although she may interact with facilities regarding policy and oversight, she lacks authority during these interactions. DUCS officials confirmed that Federal field specialists are "leaders without authority" and that their current responsibilities focus on capacity building (e.g., identifying community resources and assisting facility staff and field coordinators with interpreting DUCS policies and procedures).

### **Federal field specialists and field coordinators do not routinely meet with children to determine whether facilities are meeting their individual care needs**

Federal field specialists and field coordinators reported seeing children when they visit facilities; they do not routinely meet with children to

discuss the services or care they receive. Overall, 12 Federal field specialists and field coordinators reported meeting with children but indicated that those meetings were only on an as-needed basis (i.e., for “nonroutine” or “special needs” cases). Six out of ten field coordinators and four out of nine Federal field specialists described their interactions with staff and children to be related to reunification, not to service provision or receipt of care. Case files did not contain documentation indicating whether or when Federal field specialists and field coordinators met with children to ensure their well-being or worked with facility staff to ensure that children received needed services.<sup>17</sup>

The 2001 Department of Justice OIG report found that INS staff were not meeting with children residing at facilities and recommended that weekly meetings with all children take place to ensure children’s well-being. In its response to the report, INS indicated that it had a policy requiring that appropriate staff visit children on a weekly basis but noted that staffing and distances between facilities and INS offices presented challenges to meeting this requirement. INS stated that it would work to identify resources and opportunities to more fully comply with its requirement. In the 2004 DHS OIG report following up on the Department of Justice OIG report recommendations, DHS OIG designated HHS as responsible for addressing this recommendation. However, the DUCS policies and procedures do not require Federal field specialists and/or field coordinators to routinely meet with children individually.

**DUCS does not have methods to determine whether facilities’ sponsor screenings are effective and whether sponsors are providing for the children’s physical, mental, and financial well-being**

Although our case file review and interviews show that considerable time and effort are put into the reunification process, DUCS is unable to determine whether the processes facilities use to screen sponsors are effective because DUCS rarely gathers information about children or sponsors after reunification. Additionally, despite establishing the sponsor agreement, which would require some form of followup to ensure compliance, DUCS does not formally follow up with sponsors to ensure that sponsors are providing for children’s physical, mental, and

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<sup>17</sup> While we were conducting this study, DUCS closed a facility due to allegations that a facility staffer was sexually abusing children. The Federal field specialist and the field coordinator who covered this facility indicated that they interacted with the children while they were at the facility, but that meetings with children were not routine.

financial well-being or meeting the other conditions of the sponsor agreement except in limited circumstances (e.g., when a Suitability Assessment is conducted). DUCS officials stressed that once a child is released, DUCS custody and therefore responsibility for that child ends.

**No explicit agreement exists between Federal Departments regarding information exchange and postrelease activities**

At the time of the Flores Agreement, children were in the care and oversight of just one Federal Department

from the time of apprehension until the completion of immigration proceedings. When responsibilities were divided between DHS and HHS, no formal MOU was established to clarify each Department’s specific roles. Although the two Departments established a “Statement of Principles” in 2004, it states that “[t]his document does not resolve all outstanding issues. . . .”

**The Departments lack a specific agreement for exchanging information when children are transferred for initial placement**

The intake team reported that the information it receives from DHS during a standard initial placement is typically limited and therefore the information provided to facilities prior to a standard initial placement is often limited.<sup>18</sup> Staff from 13 facilities indicated that they receive little or no information about a child prior to the child’s arrival at the facility, or that the information they do receive is limited to basic demographic information (e.g., age, gender, country of origin, location of apprehension). Facility staff commonly expressed a desire to receive more information, with a few citing specific information such as medical and mental health conditions or behavioral issues.

Two examples of not receiving important information were provided by facilities. In one case, a facility received a child with a broken leg and in a wheelchair; in the other, a facility received a child who had been in a car accident prior to apprehension and needed follow-up medical attention. Although these circumstances would not have changed the placement at each respective facility, having the medical information

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<sup>18</sup> The exception to the lack of information exchange during placement occurs when children are placed in staff-secure or secure facilities. Reportedly, these children often have been apprehended in the United States’ interior and turned over to Federal officials after having spent time in a local jail. Thus, DHS and DUCS have more information about the child prior to initial placement.



## F I N D I N G S

would have allowed the facility to be prepared for meeting these children's immediate needs.

DUCS informed us of a pilot program underway to improve information exchange. According to the intake team, the DHS apprehending officer completes a detailed form about an apprehended child. This information is forwarded to a DHS juvenile coordinator, then to DUCS to assist in the placement of the child. The intake team said that it believes this approach will provide more complete information on the child, alleviate errors, and, if a breakdown of information exchange does occur, make it easier to hold individuals accountable for providing incomplete or inaccurate information.

### **Responsibility for ensuring safe release and compliance with the sponsor agreement is undefined**

The 2005 DHS OIG report found fault with the DUCS reunification process. The report included examples of releases that DHS believed were questionable. DHS believed these releases could be unsafe for children and/or lead to children failing to appear at immigration proceedings. The report recommended that the appropriate DHS agency request the appropriate HHS agency to enter into an MOU to address respective responsibilities for unaccompanied alien children. The recommendation went on to state that the MOU should contain specific requirements for release, including mandatory record checks on potential juvenile sponsors.<sup>19</sup>

DUCS began requiring sponsor fingerprint background screenings as of October 1, 2006, which addresses some of the DHS OIG report concerns. However, with respect to the DHS concerns that reunifications were at times unsafe or led to children failing to appear at immigration proceedings, DUCS custody of children ends when family reunifications occur. The lack of a specific agreement leaves unclear which entity has responsibility for ensuring that children remain safe and that sponsors continue to comply with sponsor agreements.

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<sup>19</sup> "A Review of DHS' Responsibilities For Juvenile Aliens," DHS, OIG, OIG 05-45, September 2005.

## ► R E C O M M E N D A T I O N S

Although DUCS appears to be placing and releasing children in accordance with the Flores Agreement, all case files lacked at least one of the DUCS-required documents to assess care needs or document care provided. As such, we could not definitively conclude that all children were receiving all needed services. DUCS officials acknowledged a lack of program oversight, and no method exists to ensure that children remain with sponsors and that sponsors comply with sponsor agreements. Finally, no explicit agreement exists between HHS and DHS with regard to each Department's specific roles and responsibilities and their shared responsibilities with respect to exchanging information and monitoring children once they are released to sponsors.

Therefore, we recommend that DUCS:

### **Enforce Documentation Requirements To Ensure That Needs Are Assessed and Care Provided**

DUCS should develop a standardized protocol and use it to conduct regular, periodic onsite visits to all facilities to ensure adherence with policies and procedures and completeness of case file documentation. These efforts should focus on documents that assess care needs and demonstrate care provided.

### **Define and Enhance Field Staff Roles in Ongoing Oversight**

The roles and responsibilities of Federal field specialists and field coordinators should be expanded to include not only release activities but oversight of children's care. One method for ensuring that children are receiving needed services would be for DUCS to require Federal field specialists and/or field coordinators to regularly meet with all children individually to ensure that each child is safe and is receiving needed care.

### **Establish a Memorandum of Understanding**

Building on the "Statement of Principles," HHS officials should develop a formal MOU with DHS to clearly delineate the roles and responsibilities of each Department. At a minimum, the MOU should address the following:

- Each entity's specific responsibilities for gathering and exchanging information when a child comes into Federal custody and is placed into a DUCS facility. DUCS could use the results of the pilot project, which is intended to improve the completeness and accuracy of information that DHS collects and provides to DUCS, to

## R E C O M M E N D A T I O N S

determine how information is best exchanged to meet children's needs.

- Each entity's specific responsibilities for gathering and exchanging information about children who have been reunified with a sponsor to ensure that children are safe and that sponsors are adhering to agreements. Officials should develop a process to sample and collect information regarding the outcomes of family reunifications, such as whether children remain with sponsors and participate in immigration proceedings, and whether sponsors remain in compliance with sponsor agreements. Given that many children are released to parents and the majority of children are released to relatives, officials may want to take these releases into consideration when determining with which sponsors to follow up and how often.

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### AGENCY COMMENTS

In its written comments on the draft report, ACF did not indicate whether it concurred with our recommendations. ACF did indicate that it agrees that more monitoring of facility documentation and practices is needed; that ORR will include random interviews with children and case file reviews as part of the routine responsibilities for Federal field specialists; and that ORR is drafting a "Joint Operations Manual" with DHS, with the ultimate goal of drafting an MOU.

ACF provided information that calls into question our finding regarding lack of case file documentation. ACF stated, "It is also important to note that many facilities keep documentation of group counseling notes and recreational activities separate from individual case files," and "In general, the case files reviewed by ORR contain the required documentation, as per ACF policies and procedures."

Also, in reference to our finding regarding responsibility for postrelease activities, ACF stated that "ORR's statutory mandate to ensure the well-being of an unaccompanied alien child ends at the time the child is released from ORR's care." ACF points out that ORR is working on developing a "Joint Operations Manual" with DHS as a first step toward drafting an MOU to address legal issues.

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## OFFICE OF INSPECTOR GENERAL RESPONSE

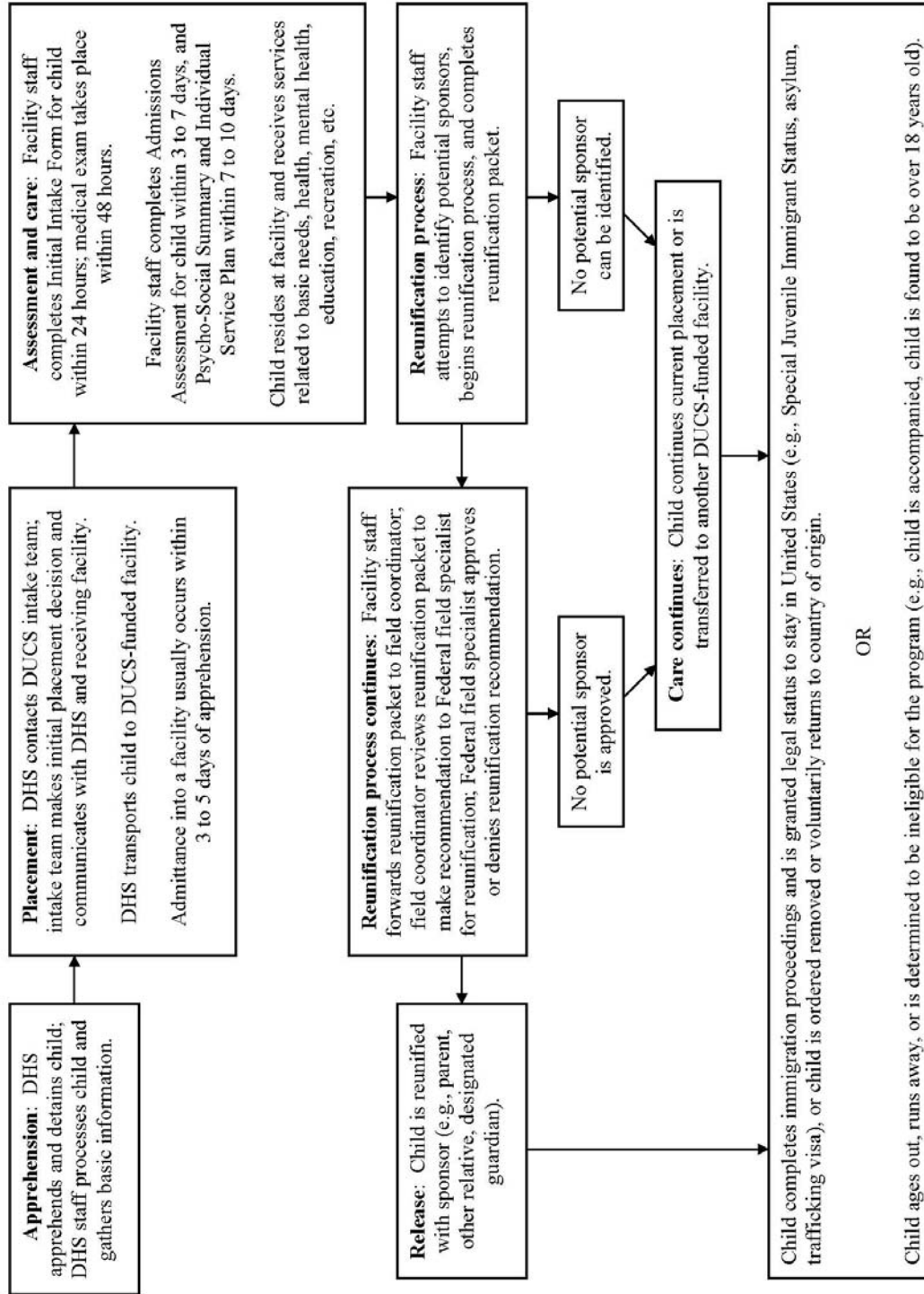
Prior to reviewing sampled case files at each facility, we verified with facility staff that these case files were complete. Although some facilities did maintain separate files for such things as medical care, education, and counseling, those facilities consolidated the files for our review. When asked, facility staff confirmed that case files we reviewed should have contained all required documentation. We have revised the report methodology to clarify that facilities reported that they had provided to us the complete case files for our sampled children. We continue to support our finding regarding missing case file documentation and our recommendation related to enforcing documentation requirements.

In its 2005 report, DHS OIG reported DHS's concerns about ACF's release of children to sponsors. These concerns imply that DHS believes that it is ACF's responsibility to ensure proper and safe release of children. ACF stated that its statutory mandate to ensure the well-being of unaccompanied alien children ends at the time children are released from ORR's care. Neither agency appears to be monitoring or taking responsibility for monitoring children or sponsors postrelease, which is what prompted, in part, our recommendation that HHS enter into an MOU with DHS. Although we support ACF's efforts to draft a "Joint Operations Manual," we urge development of a formal MOU with DHS to clearly delineate the roles and responsibilities of each Department.

Finally, ACF's descriptions of current activities do not specifically address our recommendations and therefore it is unclear whether and how ACF intends to implement our recommendations. We ask that, in its final management decision, ACF indicate whether it concurs with our recommendations and what steps, if any, it will take to implement them. The full text of ACF's comments can be found in Appendix D.



### Movement of Unaccompanied Alien Children Through Federal Custody





## A P P E N D I X ~ B

### Confidence Intervals for Key Estimates

<b>Finding</b>	<b>Point Estimate</b>	<b>Confidence Interval 95 Percent</b>	<b>Ratio</b>
Case files that lacked one or more required assessments	56.2%	46.1%-66.4%	54/96
Case files that lacked an Initial Intake Form	4.2%	0.1%-8.2%	4/96
Case files that lacked an Admissions Assessment	36.4%	26.6%-46.3%	35/96
Case files that lacked a Psycho-Social Summary	43.8%	33.6%-53.8%	42/96
Case files that lacked an Individual Service Plan	45.8%	35.7%-56.0%	44/96
Case files that lacked cover sheets	69.8%	60.4%-79.1%	67/96
Cases files that did not contain progress notes	55.2%	45.1%-65.3%	53/96
Case files that did not contain case notes	44.8%	34.7%-54.9%	43/96
Case files that did not contain group counseling notes	75.0%	66.2%-83.8%	72/96
Case files that did not contain individual counseling notes	56.2%	46.1%-66.4%	54/96
Case files that did not contain education records	50.0%	39.8%-60.2%	48/96
Case files that did not contain evidence of recreational activities	58.3%	48.3%-68.4%	60/96
Case files that did not contain immunization records	7.3%	2.0%-12.6%	11/96
Case files that did not contain initial medical exams	16.7%	9.1%-24.2%	20/96
Case files that did not contain educational assessments	19.8%	11.7%-27.9%	23/96



**Status of Unaccompanied Alien Children  
at Time of Sample Selection**

<b>Status</b>	<b>Number</b>
Released to sponsor	46
Not released (in facility at time sample drawn)	20
Returned (ordered removed)	18
Returned (voluntary departure)	5
Adult status (age redetermined)	3
Immigration status changed (accompanied)	3
Transferred to a different facility	2
Adult status (aged out)	2
Immigration status changed (other)	1

Source: Office of Inspector General, 2007.

Agency Comments




DEPARTMENT OF HEALTH & HUMAN SERVICES

**ADMINISTRATION FOR CHILDREN AND FAMILIES**  
Office of the Assistant Secretary, Suite 600  
370 L'Enfant Promenade, S.W.  
Washington, D.C. 20447

FEB 0 1 2008

TO: Daniel R. Levinson  
Inspector General

FROM: Daniel C. Schneider   
Acting Assistant Secretary  
for Children and Families

SUBJECT: Office of Inspector General Draft Report Titled, "Division of  
Unaccompanied Children's Services: Efforts To Serve Children"  
(OEI-07-06-00290)

Attached are comments of the Administration for Children and Families on the above-referenced report.

Should you have questions or need additional information, please contact Brent Orrell, Acting Director, Office of Refugee Resettlement, at (202) 401-5171.

Attachment



**COMMENTS OF THE ADMINISTRATION FOR CHILDREN AND FAMILIES  
ON THE OFFICE OF INSPECTOR GENERAL DRAFT REPORT TITLED,  
“DIVISION OF UNACCOMPANIED CHILDREN’S SERVICES: EFFORTS TO  
SERVE CHILDREN” OEI-07-06-00290**

The Administration for Children and Families (ACF) appreciates the opportunity to comment on the Office of Inspector General (OIG) draft report.

OIG Recommendations

Although DUCS appears to be placing and releasing children in accordance with the Flores Agreement, all case files lacked at least one of the DUCS-required documents to assess care needs or document care provided. As such, we could not definitively conclude that all children were receiving all needed services. DUCS officials acknowledged a lack of program oversight, and no method exists to ensure that children remain with sponsors and that sponsors comply with sponsor agreements. Finally, no explicit agreement exists between HHS and DHS with regard to each Department’s specific roles and responsibilities and their shared responsibilities with respect to exchanging information and monitoring children once they are released to sponsors.

Therefore, we recommend that DUCS:

**Enforce documentation requirements to ensure that needs are assessed and care provided.** DUCS should conduct regular, periodic onsite [*sic*] visits to all facilities, using a standard protocol to ensure adherence to policies and procedures and completeness of case file documentation.

**Enhance and define field staff role in ongoing oversight.** The roles and responsibilities of Federal field specialists and field coordinators should include oversight responsibilities and require regular, individual meetings with children.

**Establish a memorandum of understanding.** Building on the “Statement of Principles,” HHS officials should develop a formal memorandum of understanding with DHS to clearly delineate the roles and responsibilities of each Department. At a minimum, the memorandum of understanding should address the following:

- Each entity’s specific responsibilities for gathering and exchanging information when a child comes into Federal custody and is placed into a DUCS facility.
- Each entity’s specific responsibilities for gathering and exchanging information about children who have been released to sponsors to ensure that the process is working as intended and that sponsors are adhering to agreements.

ACF CommentsCase File Documentation:

The monitoring protocol utilized by the Division of Unaccompanied Children's Services (DUCS) project officers includes the random review of case files during on-site monitoring visits. In addition, the Program Policies and Procedures Manual has a detailed section on case file maintenance and documentation. Project officers train the staff at the various DUCS-funded facilities on case file maintenance at the annual national training conference.

The Office of Refugee Resettlement (ORR) receives daily requests for case files from both the Department of Homeland Security (DHS) officials and legal representatives of the children. DUCS Headquarters staff review the case files before providing the file documents to the requesting party. In general, the case files reviewed by ORR contain the required documentation, as per ACF policies and procedures.

Periodic On-site Visits:

ORR agrees that more monitoring of facility documentation and practices is needed. Therefore, ORR will compile a matrix of State-licensing requirements on case file documentation. The matrix will help analyze this issue and will assist in developing and enforcing practices. It is also important to note that many facilities keep documentation of group counseling notes and recreational activities separate from individual case files.

Federal Field Staff Responsibilities in Facility Oversight:

Oversight of facilities is a responsibility carried out primarily by the DUCS headquarters-based project officer. Federal Field Specialists (FFS) do not directly oversee facilities. One of the responsibilities of the FFS is to work closely with the project officer and the facility administrators when programmatic issues are identified that need ORR intervention. At the time of this evaluation, five of the nine FFS interviewed for this evaluation were new to the DUCS program. Consequently, the program was continuing to define its field and the FFS were still learning policies, procedures, and the reunification process. Presently, FFS have developed strong working relationships with the facilities and the project officers. In many instances, it is the FFS who has identified and brought to the project officer's attention the facility's deficiencies in the provision of services.

ORR is committed to enhancing facility monitoring. Currently, ORR is assessing its ability to place additional monitoring staff in the field to support the work of the project officers based in Washington, D.C. In addition, ORR will increase efforts to develop relationships with State-licensing representatives to ensure facilities are monitored

closely by the facilities' respective State-licensing authorities.

Given the number of children receiving care through DUCS shelters and programs, it is impractical for the FFS to meet with each child individually. However, ORR will include the random interview of children and case file reviews as part of the FFS' routine responsibilities.

Ensuring the Safety of Children Once They are Released to Sponsors:

ACF has requested authority to expand background checks to other adults living in the homes selected for reunification with the Unaccompanied Alien Children's (UAC) Program under ORR's care, in the belief that this policy is consistent with the U.S. foster care standards and would substantially mitigate medium- and longer-term risks to UAC released from ORR's care. Congress has not provided this authority. ORR's statutory mandate to ensure the well-being of an unaccompanied alien child ends at the time the child is released from ORR's care.

Establishing a Memorandum of Understanding (MOU) with DHS:

ORR is currently working on drafting a Joint Operations Manual (JOM) with DHS with the ultimate goal of drafting a MOU after the JOM is completed. This inter-agency endeavor highlights some of the challenges we will meet when drafting the MOU. This is a complex inter-agency process that will require the resolution of complex legal issues.



## A C K N O W L E D G M E N T S

This report was prepared under the direction of Brian T. Pattison, Regional Inspector General for Evaluation and Inspections in the Kansas City regional office, and Gina C. Maree, Deputy Regional Inspector General. Other principal Office of Evaluation and Inspections staff from the Kansas City regional office who contributed to the report include Emily Meissen, Amber Meurs, and Dennis Tharp; central office staff who contributed include Kevin Farber, Alan Levine, Elise Stein, and Barbara Tedesco.