



1 The Children's Village

2 *Background*

3 5. It is my understanding that The Children's Village serves unaccompanied migrant  
4 youth between the ages of 12 and 17. It is my understanding that The Children's Village  
5 is licensed to provide shelter-level care for up to 157 youth. The Children's Village also  
6 operates a staff-secure setting with capacity to detain up to 28 youth. The current  
7 population of the shelter setting is approximately 100 youth. The current population of  
8 the staff-secure setting is approximately 11 youth.

9 6. The Children's Village consists of a campus that includes approximately 32  
10 residential buildings and 14 administrative buildings, including a school, medical facility,  
11 administrative office, chapel, and daycare. This campus serves both youth in ORR  
12 custody and "domestic" youth who are in the legal custody of the State of New York. All  
13 of the youth are housed in residential buildings. Most youth in ORR custody are housed  
14 in residential buildings that can accommodate up to approximately 14 youth. Youth in  
15 each residence are also supervised by a variety of staff. Children and youth are regularly  
16 transported in groups to other buildings on the campus for educational programming and  
17 other services. Residents are expected to share common equipment such as telephones,  
18 televisions, tables, recreational games and other living accommodations.

19  
20 *Youth Interactions with Staff*

21 7. It is my understanding that there are approximately 70-100 staff and personnel at  
22 The Children's Village, many of whom provide 24-hour care and supervision. Some  
23 youth in the staff-secure setting are required to receive one-on-one or even two-on-one  
24 supervision from staff, in addition to the general daily supervision provided. Staff work  
25 different shifts, and youth are exposed to different staff throughout the day. In some  
26 instances, residential staff are advised to pat down minors after they use the bathroom.

27 8. Educational services are provided by a variety of staff in classrooms that  
28 accommodate up to approximately 20 or more youth, in addition to a number of staff.

1 9. Youth participate in weekly group therapy, which includes youth as well as clinical  
2 staff.

3 10. Youth also meet individually with case managers and mental health clinicians on a  
4 regular basis and ad hoc for minors in crisis.

5 11. Particularly among those detained in the staff-secure setting, youth may interact  
6 with staff from The Children's Village's special disciplinary unit. Staff from this unit are  
7 authorized to interact with youth in a physical manner, including through the use of  
8 physical restraints.

9 12. It would be difficult or almost impossible for children within The Children's  
10 Village to maintain six feet of social distancing between themselves and others, including  
11 staff, at all times.

### 12 13 *Sleeping Arrangements*

14 13. Youth at The Children's Village are held in a communal setting in close quarters  
15 with other children. Based on my observation, youth sleep in rooms with four beds,  
16 sometimes bunk beds, with approximately four to six feet between the beds.

### 17 18 *Bathroom and Shower Access*

19 14. Youth share bathrooms. Staff sometimes also use these same bathrooms.  
20 Some minors are required to seek permission to use the bathroom. Staff may wait outside  
21 the bathroom while minors are inside.

### 22 23 *Dining Facilities*

24 15. Youth at The Children's Village also eat meals in a communal setting. Meals are  
25 served multiple times a day in a single location within each residential building, which  
26 serves up to approximately 14 youth at a time. Various staff are also present during  
27 meals. Youth sit together at meals, and are not generally six feet apart from each other or  
28 from staff. Instead, they typically sit four-to-six children to a table.

1  
2        *Access to Medical Care*

3 16. Minors have access to a medical unit located on the Children's Village campus.  
4 Medical services are provided in this location and not in the residential buildings.  
5 Therefore, minors must be transported there for all medical needs.

6 17. If access to local hospitals in Westchester is limited due to the novel coronavirus,  
7 minors at The Children's Village may be at grave risk both for COVID-related and non-  
8 COVID medical emergencies.

9  
10 Abbott House

11        *Background*

12 18. Abbott House detains unaccompanied migrant youth between the ages of 0 (US  
13 citizens born to minors in ORR custody while at Abbott House) and 17. It is my  
14 understanding that this facility is licensed to provide shelter care for up to 51 youth. The  
15 current population of this facility is approximately 34.

16 19. Abbott House consists of a campus that includes one large, main building, where  
17 youth are housed on multiple floors. This building also includes administrative offices,  
18 classrooms, a cafeteria, recreational areas, and conference rooms. Children and youth are  
19 regularly transported within the large building, in groups, for educational or other  
20 programming or services. Residents share common equipment such as telephones,  
21 televisions, tables, recreational games and other living accommodations.

22  
23        *Youth Interactions with Staff*

24 20. It is my understanding that there are approximately 30 staff and personnel at  
25 Abbott House, many of whom provide 24-hour care and supervision to children. Staff  
26 work different shifts, and youth are exposed to different staff throughout the day.  
27  
28

1 21. Educational services are provided by a variety of staff in classrooms that  
2 accommodate up to approximately 20 youth, in addition to a number of staff. Children  
3 attend group classes.

4 22. Youth participate in weekly group therapy, which includes a group of youth as  
5 well as clinical staff.

6 23. Youth also meet individually with case managers and mental health clinicians on a  
7 regular basis.

8 24. It would be difficult or almost impossible for children at Abbott House to maintain  
9 six feet of social distancing between themselves and others, including staff, at all times.

10  
11 *Sleeping Arrangements*

12 25. Youth at Abbott House are held in a communal setting in close quarters with other  
13 children. Based on my observation, most youth sleep in rooms with two or more beds  
14 with approximately six feet between the beds in standard rooms. Minors' standard rooms  
15 do not have doors in the doorways.

16  
17 *Bathroom and Shower Access*

18 26. Multiple children may share bathroom facilities. Children may have to notify staff  
19 that they need to use the bathroom, so that staff can accompany them to the bathroom.

20  
21 *Dining Facilities*

22 27. Youth at Abbott House also eat meals in a communal setting. Meals are served  
23 multiple times a day in a single location large enough to serve up to approximately 60  
24 youth at a time. Various staff are also present during meals.

25  
26 *Access to Medical Care*

27 28. Children access basic medical care on-site at Abbott House. For more specialized  
28 medical care, children must be transported elsewhere.

1 29. If access to local hospitals in Westchester is limited due to the novel coronavirus,  
2 minors in shelter at Abbott House may be at grave risk both for COVID-related and non-  
3 COVID medical emergencies.

4  
5 *Conclusion*

6 30. Based on my observations of these two congregate care settings, it is my opinion  
7 that children in custody are at heightened risk of: being infected by the novel coronavirus;  
8 exposing more children, shelter staff (who travel to the shelters from the greater New  
9 York City area), and the general public to the virus; not receiving adequate or timely  
10 medical care; and suffering the potentially lethal effects of COVID-19.

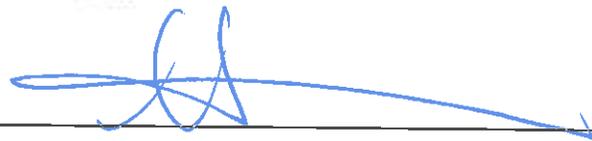
11 31. The congregate care setting of detention puts minors at heightened risk on account  
12 of the near impossibility of following social distancing and other urgent public health  
13 measures.

14 32. Some minors are at greater risk because they have pre-existing medical conditions  
15 such as asthma.

16 33. Between the two shelters, close to 120 minors arrived in the last two months, and  
17 49 youth have arrived since March 1, 2020. Minors have arrived in these two shelters  
18 from other ORR shelters around the United States as well as from state custody and from  
19 living in the community around the United States.

20 34. Despite the best intentions of staff at these two facilities, the intrinsic nature of  
21 children being in custody heightens their risk of exposure to the novel coronavirus.  
22 Given the current strain on New York's hospitals and healthcare system, I am concerned  
23 that children in ORR custody may be unable to receive adequate and timely medical care  
24 if they are exposed. In addition to children's own health concerns, such exposure  
25 necessarily implicates all those who interact with the children, including shelter staff,  
26 legal services providers and medical professionals.

1 I declare under penalty of perjury that the foregoing is true and correct. Executed on this  
2 24<sup>th</sup> day of March, 2020, in New York, New York.

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1 5. The Children’s Village serves unaccompanied migrant youth between the ages of  
2 12 and 17. It is my understanding that The Children’s Village is licensed to provide  
3 shelter-level care for up to 157 youth. The Children’s Village also operates a staff-secure  
4 setting with capacity to detain up to 28 youth. The current population of the shelter  
5 setting is approximately 85 youth. The current population of the staff-secure setting is  
6 approximately 10 youth.

7  
8 *Delays in Reunification*

9 6. Between March 25, 2020, and April 2, 2020, no minors were discharged from The  
10 Children’s Village, with the exception of one age redetermination case on April 1, 2020.  
11 On April 3, 2020, The Door observed that discharges had commenced again.

12 7. It is my impression that during the nine days when no minors were discharged  
13 from The Children’s Village, this pause on releases (aside from the age redetermination)  
14 was *not* a reflection of the shelter failing to prepare minors’ cases for submission to ORR  
15 or failing to submit cases to ORR. Instead, it is my impression that The Children’s  
16 Village staff worked expeditiously to prepare minors’ cases for submission to ORR and  
17 that in some instances, ORR in fact approved minors’ cases for release. However, it  
18 appears that ORR was declining to authorize The Children’s Village to physically  
19 discharge minors from their custody. It is my understanding that some minors with  
20 ORR-approved sponsors nonetheless remained at The Children’s Village between March  
21 25, 2020, and April 2, 2020, because ORR did not authorize their physical discharge.

22 8. Between the evening of Friday, April 3, 2020, and Monday, April 6, 2020, 15  
23 minors were discharged from The Children’s Village. At least three more were  
24 discharged on Tuesday, April 7, 2020. Collectively, these minors were discharged to  
25 Alabama, California, Florida, Georgia, Indiana, Kansas, Maryland, New Jersey, and  
26 North Carolina. It is my understanding that these discharges occurred as a result of a  
27 change in ORR’s reunification policies or practices.

1            *Age-outs*

2 9.        Further, as recently as March 24, 2020, minors who have aged out of ORR custody  
3 at The Children’s Village have been transferred to ICE detention, including to a detention  
4 center where at least four detainees have tested positive for COVID-19.

5 10.      Age-out cases average one or more per week. If ORR again categorically declines  
6 to approve physical discharges for any period, as apparently occurred between March 25,  
7 2020, and April 2, 2020, minors whose 18th birthdays fall in that interval are at  
8 heightened risk of being transferred to ICE custody, even in cases where they have viable  
9 or even ORR-approved sponsors.

10 11.     If one of the minors released on the evening of Friday, April 3, 2020, had not been  
11 released before aging out of ORR custody this past weekend, he would have faced  
12 transfer to ICE custody despite having a parent approved as an ORR sponsor.

13  
14 Abbott House

15            *Background*

16 12.      Abbott House detains unaccompanied migrant youth between the ages of zero (US  
17 citizens born to minors in ORR custody while at Abbott House) and 17. It is my  
18 understanding that this facility is licensed to provide shelter care for up to 51 youth. The  
19 current population of this facility is approximately 30.

20  
21            *Delays in Reunification*

22 13.      During the month of March, minors have continued to be discharged in low  
23 numbers: approximately eight between March 12, 2020, and March 19, 2020; and  
24 approximately three between March 19, 2020, and March 31, 2020. One minor for whom  
25 The Door is the legal service provider was released from Abbott House between April 1,  
26 2020, and April 8, 2020.

27 14.      At this time, of the 30 minors in Abbott House’s shelter program, it is my  
28 understanding that approximately a quarter are pending ORR approval for discharge only.

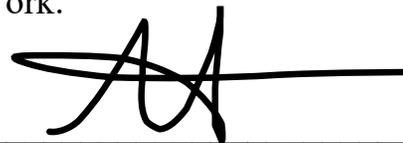
1 It is my understanding that approximately another third of the cases have advanced to the  
2 stage of pending fingerprints.

3 15. Therefore, any future categorical moratorium on physical discharges would mean a  
4 significant number of minors in custody with cases submitted to ORR, pending approval,  
5 or, by then, perhaps approved—including to biological parents—may be forced to remain  
6 in a congregate care setting for no individualized, child welfare-related reason.

7  
8 *Conclusion*

9 16. The Door has not received any formal COVID-related guidance directly from ORR  
10 regarding any changes in policies affecting the safety, welfare, and release of our clients  
11 to their sponsors. The most comprehensive, formal, COVID-related guidance we have  
12 seen has come from ORR’s court filings in response to the *Lucas R. and Flores*  
13 temporary restraining order motions, including the “ORR Field Guidance #4, COVID-19  
14 Discharge Guidance” that ORR filed with the Court on April 6, 2020. ORR did not share  
15 this guidance with The Door prior to the court filing. ORR’s failure to provide The Door  
16 guidance has left our attorneys, staff, and clients ill-informed, confused, and anxious  
17 because ORR has not told either our staff or, to my knowledge, our clients for how long  
18 our clients must remain in ORR custody.

19  
20 I declare under penalty of perjury that the foregoing is true and correct. Executed on this  
21 8th day of April, 2020, at New York City, New York.

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25 \_\_\_\_\_  
26 Hannah P. Flamm



1 not have any protocols or policies regarding contact tracing. We do not believe that ORR  
2 is conducting any contact tracing.

3 6. ORR has not informed us of any ORR policy requiring ORR or care providers to  
4 notify legal service providers, attorneys of record, or other visitors if anyone at the care  
5 provider's site has tested positive for COVID-19, has been exposed to COVID-19, or has  
6 developed symptoms of COVID-19. Instead, ORR has declined to inform us if anyone at  
7 The Children's Village has tested positive, has been exposed, has exhibited symptoms, or  
8 has been denied entry to the site based on ORR's "Verbal Screening and Temperature  
9 Check for Staff and Visitors," even when our staff are visiting the site in person for client  
10 meetings. ORR has not informed us whether it is an ORR policy for providers not to  
11 provide this information or if it is at individual providers' discretion. To protect our  
12 clients' rights and to further the best interests, health, and safety of our clients and our  
13 staff, we need to be informed, with our clients' consent, if any of our clients has tested  
14 positive, has been exposed, or has developed symptoms of COVID-19; or if anyone at the  
15 care provider's site has not passed the "Verbal Screening and Temperature Check for  
16 Staff and Visitors."

17 7. Since July 2020, 10 minors have arrived at The Children's Village. At least three  
18 of their ORR records do not reflect their having received a COVID-19 test upon arrival  
19 (one who arrived in August 2020 as a transfer from another ORR facility in Texas; one  
20 who arrived in September 2020 as a direct transfer from ICE custody; and one who  
21 arrived in October 2020 as a transfer from another ORR facility in Texas). The Door has  
22 no formal means to learn if clients receive COVID-19 tests aside from their ORR records.

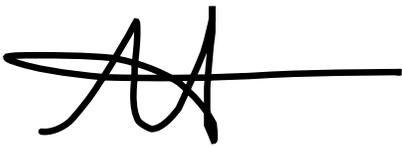
23 8. In July and August 2020, The Door learned inadvertently that two of our clients,  
24 both of whom had been detained at The Children's Village for months before the  
25 pandemic began, had tested positive for COVID-19. In neither case did ORR or The  
26 Children's Village staff inform The Door that the clients had tested positive, despite our  
27 requests that we be informed if a client ever received a positive test result. Instead, in  
28 one case, The Door learned that our client had tested positive only via unofficial sources,

1 including through another client living in the same placement. In another case, The Door  
2 learned that our client had tested positive only after The Door advocated for her prompt  
3 repatriation and discovered that her medical clearance was a source of the delay.

4 9. During remote, video-conference meetings since August 2020 and in-person  
5 meetings at The Children’s Village since October 2020, The Door has observed minors  
6 apparently not in quarantine or wearing masks despite having arrived at the care provider  
7 within the previous two weeks and in some instances within the previous few days. On  
8 multiple occasions between August and November 2020, The Door staff have observed  
9 minors not wearing masks or not wearing masks properly, including while being within  
10 six feet of staff. The Door has observed that some minors lack understanding of COVID-  
11 19, quarantine, personal protective equipment, and their rights. The Door staff have  
12 observed laptops, pens, and other high-touch surfaces not being wiped prior to use and  
13 have not observed routine use of hand sanitizer. Of course it is unknown to The Door  
14 staff what happens off-camera and what may cause a newly arrived minor not to need to  
15 be in quarantine.

16 10. ORR has informed us that ORR defers to state and local policies governing each  
17 ORR network care provider. We are unaware of any ORR written policies or procedures  
18 that instruct care providers to comply with state and local policies. Additionally, we have  
19 received no information from ORR as to how care providers should reconcile conflicts  
20 across multiple policies from different jurisdictions (e.g. where children are transferred  
21 from Texas to New York).

22  
23 I declare under penalty of perjury that the foregoing is true and correct. Executed on this  
24 23rd day of November 2020 at New York, New York.

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Hannah P. Flamm