Report in Brief

Date: June 2022

Report No. A-06-21-07002

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF INSPECTOR GENERAL

Why OIG Did This Audit

In Federal fiscal year 2021, an unprecedented number of unaccompanied children began arriving at the U.S. southern border, coinciding with the Nation's ongoing efforts to control the spread of COVID-19. The Office of Refugee Resettlement (ORR) had to act quickly to increase the number of shelter beds because its care provider network could not handle the increase in children. As a result, ORR reactivated one existing influx care facility (ICF) and opened emergency intake sites (EISs).

Our objective was to determine whether the ICF and EISs had procedures in place to test for, and protect against the spread of, COVID-19 and report testing and results to ORR and State and local health entities, as appropriate.

How OIG Did This Audit

We conducted site visits at 1 ICF and 10 of the 14 EISs in 3 States in May and June 2021. The 11 sites were fully operational at the time of our audit start. We conducted our site visits when ORR was experiencing a surge of children into custody and trying to control the spread of COVID-19 within the ICF and EISs. Our goal was to identify vulnerabilities and opportunities for improvement within the Unaccompanied Children Program that could help ORR prepare for future surges or public health emergencies and respond to the COVID-19 pandemic.

Office of Refugee Resettlement's Influx Care Facility and Emergency Intake Sites Did Not Adequately Safeguard Children From COVID-19

What OIG Found

During our site visits, we found that most facilities could have done more to meet the Centers for Disease Control and Prevention (CDC) and HHS recommendations and requirements designed to keep children safe and protect against the spread of COVID-19. We found that these facilities lacked: (1) procedures for COVID-19 testing of children, employees, and volunteers; (2) measures to protect against the spread of COVID-19; and (3) procedures to report required testing and results to ORR and State and local health entities.

These issues occurred, in part, because ORR was rapidly expanding capacity, setting up EISs, and developing COVID-19 protocols and guidance for their use. However, ORR did not have a process in place for widely disseminating the guidance and frequent updates to appropriate staff at the EISs. In addition, ORR contracted with several organizations that had little or no experience providing shelter and services to children, and the contracts did not contain adequate details about COVID-19 protocols. Moreover, ORR did not effectively monitor facilities to ensure compliance with guidance on COVID-19 testing, mitigation, and reporting requirements. As a result, facilities did not fully implement procedures related to COVID-19, thereby potentially placing the health and safety of children, employees, and volunteers at risk.

What OIG Recommends and the Administration for Children and Families Comments

We recommend that ORR: (1) develop a process to clearly communicate COVID-19 guidance and updates to the appropriate staff at the EISs so that staff have a full understanding of what is required of them to help protect against the spread of COVID-19, (2) reiterate to facilities that they must comply with ORR's COVID-19 testing and reporting requirements and with State reporting requirements, (3) improve and increase training provided to facilities regarding COVID-19 mitigation strategies, and (4) perform routine oversight of facilities to reinforce implementation and compliance with all requirements related to COVID-19.

In written comments on our draft report, the Administration for Children and Families (ACF), commenting on behalf of ORR, concurred with our recommendations and described the actions it has taken to address the findings. For example, ACF stated that ORR is committed to improving training on COVID-19 mitigation strategies and, as part of its routine oversight, perform remote monitoring and site visits as needed.