

In March 2018, the Office of Refugee Resettlement reopened the Homestead Emergency Influx Facility in Florida. The facility, which is the largest currently in operation for migrant children in the US, houses boys and girls ages 13 to 17 who have arrived in the country without their parents or legal guardians.

The Women's Refugee Commission's Migrant Rights and Justice team visited the Homestead facility on March 7, 2019, around the one-year mark of its operations. The following is a snapshot from our visit:

- » 1,660 children were housed there on the day of the visit, nearly half of whom were 17 years old.  
*\*As of mid-April 2019, we understand that bed capacity will double to 3,200.*
- » Average length of stay on the day of our visit was 57 days.
- » Approximately 75% of the children were boys, 25% girls.
- » Over 6,000 children had already passed through Homestead (in continuous operation since March 2018).
- » The care provider is Comprehensive Health Services, a for-profit entity.
- » The facility is not overseen by state regulators.

## Our top concerns

- » **Industrial, not home-like setting.** Homestead has a recently opened "north" campus, which was set up to accommodate the 17-year-olds. On the north side, children are housed in warehouse-style settings. For example, we observed 144 beds (72 bunks) in one room or "bay," with no natural light. The bunks are close together, not even an arm's length apart.
- » **Lack of privacy.** Due to the configuration of each bay on the north side (so many bunks in close proximity in one large area), we are concerned that children lack adequate privacy. On the south side of the campus, where the 13- to 16-year-olds are housed, each room typically houses 12 children. The toilet and shower in each room were separated from the rest of the dorm room only by shower curtains, and the toilet itself had a curtain instead of a door for privacy.
- » **Children are closely monitored at all times.** The children's movements and schedules are highly monitored and regimented. They are always escorted when moving around the facility. We noted that the children wear lanyards with barcodes and observed a group of children standing in a line, waiting for their barcodes to be scanned. We also observed one child who was ill in the bathroom with a staff person watching just steps away. This is the opposite of how movement should be in a true "shelter" setting.
- » **Children are being sent to the massive influx facility straight from the border.** ORR recognizes that influx facilities are not ideal placements for some children (per ORR's own [Policy Guide](#), sections 1.7.2 and 1.7.3), including those who may have significant medical issues, are indigenous language speakers, pregnant, or close to aging out. We are further concerned that some children who have no sponsor in the United States – and therefore will remain in ORR custody for the duration of their immigration proceedings – are being sent to Homestead. We were not given a specific timeframe within which these children, once identified, are able to be placed at a permanent, small-scale shelter better equipped to meet their needs.

- » **“Outcry” phones used to report sexual abuse are not in private locations.** These phones were in one of two small recreation areas adjacent to the sleeping areas that children have access to in the evenings. The phones did not have any privacy barriers, and we are concerned that children may be reluctant to use them for this reason, which may lead to underreporting.<sup>1</sup>
- » **Requests for medical attention, after intake, must be in writing.** This may be an obstacle to getting medical attention for some children who are reluctant or unable to put a request in writing. We also noted that the forms are not readily available around the facility; rather, children must ask for one. When shown a few of the clipboards that workers carry with them, we noticed that they did not have copies of the medical assistance request form. They were added when we pointed that out.
- » **Remote clinical services.** We were informed that going forward some services may be offered remotely. While we can appreciate challenges to “staffing-up,” especially with such a large facility, we are extremely concerned that critical services for the health and well-being of a child, such as those provided by a clinician, would be conducted remotely, via Skype or other digital interfaces. We strongly feel that in-person models are best for children.

## Best practice

Homestead has a dedicated team that prioritizes children who are close to turning 18 or “aging” out of its custody. This team works to place these children with their sponsors and to develop post-18 plans for them.

## Overall recommendation

We strongly believe that the combination of the above factors (under our top concerns) has led to the creation of an environment that is unduly restrictive and institutional and one that does not comply with the spirit of the [Flores Settlement Agreement](#). We also have grave concerns about the continued categorization of Homestead as an influx facility. Given the facility has been open for a year, we do not believe it is appropriate to continue to label Homestead as an “influx” facility, thereby bypassing the more stringent requirements with which permanent facilities must comply, such as licensing.

We recommend that ORR close Homestead as soon as possible and open smaller, permanent facilities to provide the additional bed capacity needed that comply with child welfare standards and all other requirements and are more appropriate for holding children.

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<sup>1</sup> According to ORR data received upon request by Representative Nadler, several allegations of sexual assault in Homestead have already been made. See p. 6-9, <https://www.documentcloud.org/documents/5751021-NadUAC1213-Sexual-Assaults-by-Date-of-Incident.html>.