



Detained Minor-Days in U.S. Immigration and Customs Enforcement Facilities, 2022–2026: National Surveillance of Child Detention Exposure

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Abstract

Detention of immigrant children is a public-health and health-equity concern, yet national surveillance of cumulative child exposure in U.S. Immigration and Customs Enforcement (ICE) custody is limited. I quantified facility-day exposure among detainees classified by ICE as under age 18. I conducted a descriptive facility-day surveillance study using ICE detention-facility daily population records from October 1, 2022 through March 10, 2026. The primary outcome was detained minor-days, defined as the daily count of detainees classified by ICE as under age 18, summed across facilities and time. Rates used total detainee-days as the denominator. Analyses examined trends, facility concentration, and the contribution of the South Texas Family Residential Center (STFRC). The dataset included 888,699 facility-day records from 696 facilities. Overall, 115,314 detained minor-days were recorded. Annual detained minor-days increased from 8,669 in 2024 to 70,420 in 2025 and 23,992 during partial 2026. Rates rose from 0.61 per 1,000 detainee-days in 2024 to 3.37 in 2025 and 4.90 in early 2026. STFRC accounted for 83,994 detained minor-days (72.8% of the national total), and seven facilities accounted for 90.8% of all detained minor-days. Detained minor-days increased sharply in ICE records during 2025–2026 and were highly concentrated within a small number of facilities, highlighting the need for surveillance, oversight, and child-health protections across family and non-family detention settings.

Keywords Immigration detention · Immigrant child health · Family detention · ICE · Surveillance · Health equity

Background

Children in immigration detention occupy a uniquely vulnerable position at the intersection of migration, law enforcement, and child health. Pediatric organizations have warned that Department of Homeland Security detention settings can expose children to harmful stressors and should be avoided or minimized for children and families [1]. The concern is not only legal or humanitarian. Studies of immigration detention have consistently described adverse mental-health and developmental effects among children and families, including anxiety, depression, post-traumatic stress symptoms, sleep disturbance, somatic complaints, emotional and behavioral dysregulation, and developmental

regression [2–5]. Evidence from both primary studies of detained children and systematic reviews suggests that these effects may occur across a range of detention settings and may persist beyond the period of confinement [2–5]. More broadly, toxic stress theory suggests that prolonged exposure to severe, uncontrollable stressors without reliable buffering support can alter developmental, behavioral, and physiologic trajectories [6].

U.S. immigration custody is administratively fragmented. ICE Enforcement and Removal Operations manages the civil immigration detention system [7]. Unaccompanied children are generally served through a separate Office of Refugee Resettlement framework, while children detained with parents or guardians may appear in ICE family-detention settings [8]. The South Texas Family Residential Center (STFRC) in Dilley, Texas, is central to this landscape. Core-Civic, a private corrections and detention company, stated in March 2025 that, under an amended agreement involving ICE and the City of Dilley, it would resume operations at

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the facility, which was purpose-built in 2014 for a family population, could accommodate up to 2,400 individuals, and was described in contemporaneous reporting as a family detention facility [9, 10].

Despite renewed attention to family detention, national epidemiologic descriptions of minors in ICE facilities remain limited. Public ICE-derived facility-day data allow a population-level surveillance approach. In the Deportation Data Project detention-facility daily population file, each row represents one facility on one date, with counts of people detained that day and demographic subgroup counts, including a birth-year-based indicator of persons classified as under age 18 [11].

Theoretical/conceptual framework

I conceptualized immigration detention as a structural determinant of child health and detained minor-days as a measure of cumulative exposure. A daily census answers how many minors were present on a given day; a detainee-day measure captures how much detention exposure accumulated over time. Facility setting also matters: the potential health implications of a detained minor-day may vary by duration of custody, family unity, access to medical and mental-health care, legal access, education, recreation, food, sanitation, and staff practices. A facility-day surveillance design cannot measure these mechanisms directly, but it can identify when and where exposure is concentrated.

Methods

Participants

The study population was all ICE detention facility-days recorded between October 1, 2022 and March 10, 2026 in the source dataset. Facility-days with no detainees or no minors were retained and contributed zero detained minor-days.

Data collection

I used the Deportation Data Project ICE detention-facility daily population file, which is derived from ICE records obtained through public-records processes and litigation [11]. The file reports the number of distinct individuals detained at a facility at any point during a day and at midnight, including demographic subgroup counts.

Classification of minors

The ICE detention-facility dataset includes a variable identifying detainees classified by ICE as under age 18 based on

reported birth-year information. Because exact birth dates are not available, some individuals who were 18 years old at the time of detention may have been included in this category. However, the variable is intended to identify minors, and it is unlikely to include substantial numbers of persons older than 18 years. For readability, detainees captured by this variable are referred to throughout the manuscript as minors, and cumulative detention exposure is expressed as detained minor-days.

Measures

The primary outcome was detained minor-days, calculated by summing the daily count of detainees classified by ICE as under age 18 across all facility-days. Total detainee-days were calculated by summing the daily detainee population across facility-days. Detained minor-day rates were calculated per 1,000 detainee-days. Percent detained minor-days was calculated as the proportion of all detainee-days represented by detained minor-days.

Analysis

I summarized detained minor-days and rates nationally by calendar year and month, by facility, and after stratifying STFRC from all other facilities. Annual rate ratios used 2024 as the reference year because it was the last complete calendar year before the 2025 increase. Facility concentration was assessed by ranking facilities according to cumulative detained minor-days and calculating cumulative percentages. Analyses were descriptive because the dataset was treated as an enumeration of available facility-day records rather than a probability sample. Reporting followed core STROBE principles for observational research [12].

Ethics

The analysis used publicly available aggregate administrative data without individual names, identifiers, or protected health information. Institutional review board review was not sought.

Results

The analytic dataset included 888,699 facility-day records from 696 ICE detention facilities. Across the study period, ICE-derived records contained 115,314 detained minor-days, and 10,061 facility-days included at least one detained minor-day.

Detained minor-days increased substantially during 2025–2026 compared with 2022–2024 (Table 1; Online

Table 1 Annual detained minor-days and rates, 2022–2026

Year	Detained minor-days	Total detainee-days	Detained minors per 1,000 detainee-days	Percent detained minor-days	Rate ratio vs. 2024
2022*	4,225	2,626,175	1.61	0.16	2.64
2023	8,008	11,578,614	0.69	0.07	1.13
2024	8,669	14,210,043	0.61	0.06	1.00
2025	70,420	20,869,700	3.37	0.34	5.53
2026†	23,992	4,897,944	4.90	0.49	8.03

*Partial year (October–December 2022). †Partial year (January 1–March 10, 2026). Detained minor-days are cumulative detainee-days among detainees classified by ICE as under age 18 and do not represent unique individuals

Table 2 Facilities with the largest cumulative detained minor-day totals, October 2022–March 2026

Rank	ICE detention facility	Facility category	Detained minor-days	% of national detained minor-days	Cumulative %
1	South Texas Family Residential Center	Family detention center	83,994	72.8	72.8
2	Phoenix District Office	Field-office/administrative location	5,895	5.1	78.0
3	San Diego District Staging Facility	Staging facility	5,580	4.8	82.8
4	New York City Hold Room	Hold room	4,515	3.9	86.7
5	McAllen Hold Room	Hold room	1,660	1.4	88.1
6	Northwest Regional Juvenile Detention Center	Juvenile facility	1,519	1.3	89.5
7	Karnes County Immigration Processing Center	Family detention/processing center	1,503	1.3	90.8

Facilities are ranked by cumulative detained minor-days during the study period. Percentages use 115,314 national detained minor-days as the denominator

Resource 1). Annual detained minor-days were 4,225 during the partial 2022 observation period, 8,008 in 2023, 8,669 in 2024, 70,420 in 2025, and 23,992 from January 1 through

Table 3 Annual distribution of detained minor-days by family versus non-family detention facilities, 2022–2026

Year	Family detention detained minor-days	% family	Non-family detained minor-days	% non-family	Total detained minor-days
2022*	7	0.2	4,218	99.8	4,225
2023	103	1.3	7,905	98.7	8,008
2024	18	0.2	8,651	99.8	8,669
2025	61,444	87.3	8,976	12.7	70,420
2026†	22,422	93.5	1,570	6.5	23,992

*Partial year (October–December 2022). †Partial year (January 1–March 10, 2026). Note. Family detention facilities were defined as the South Texas Family Residential Center (STFRC) and Karnes County Immigration Processing Center. Detained minor-days are cumulative detainee-days among detainees classified by ICE as under age 18 and do not represent unique individuals

March 10, 2026. Rates showed the same pattern: 1.61 per 1,000 detainee-days in partial 2022, 0.69 in 2023, 0.61 in 2024, 3.37 in 2025, and 4.90 in early 2026. Relative to 2024, the rate ratio was 5.53 in 2025 and 8.03 in 2026.

Facility-level concentration was high (Table 2). STFRC accounted for 83,994 detained minor-days, representing 72.8% of the national total. The seven facilities with the largest cumulative totals accounted for 90.8% of all detained minor-days nationally. After STFRC, the largest contributors were Phoenix District Office (5,895 detained minor-days), San Diego District Staging Facility (5,580), New York City Hold Room (4,515), McAllen Hold Room (1,660), Northwest Regional Juvenile Detention Center (1,519), and Karnes County Immigration Processing Center (1,503). Additional facility-level detail is provided in Online Resource 2.

The distribution of detained minor-days between family and non-family detention facilities changed substantially over time (Table 3). During 2022–2024, nearly all detained minor-days occurred in non-family facilities. Following the reopening of STFRC, family detention facilities accounted for 87.3% of all detained minor-days in 2025 and 93.5% during the partial 2026 observation period. Nevertheless, non-family facilities continued to contribute substantial exposure, accounting for 7,905 detained minor-days in 2023, 8,651 in 2024, and 8,976 in 2025.

Table 4 Distribution of detained minor-days and rates by facility type, October 2022–March 2026

Facility type	Detained minor-days	% of national detained minor-days	Total detainee-days	Detained minor-days per 1,000 detainee-days	Percent detained minor-days
STFRC	83,994	72.8	1,069,747	78.52	7.85
Hold room	13,233	11.5	622,507	21.26	2.13
Other ICE facility	10,378	9.0	51,565,230	0.20	0.02
Staging facility	5,873	5.1	922,578	6.37	0.64
Juvenile facility	1,836	1.6	2,412	761.19	76.12
Other family facility	0	0.0	2	0.00	0.00

Facility types were assigned using the name-based classification scheme shown in Supplementary Table S3. This exploratory facility-type classification is separate from the family/non-family detention classification used in Table 3. STFRC=South Texas Family Residential Center. Detained minor-days are cumulative detainee-days among detainees classified by ICE as under age 18 and do not represent unique individuals

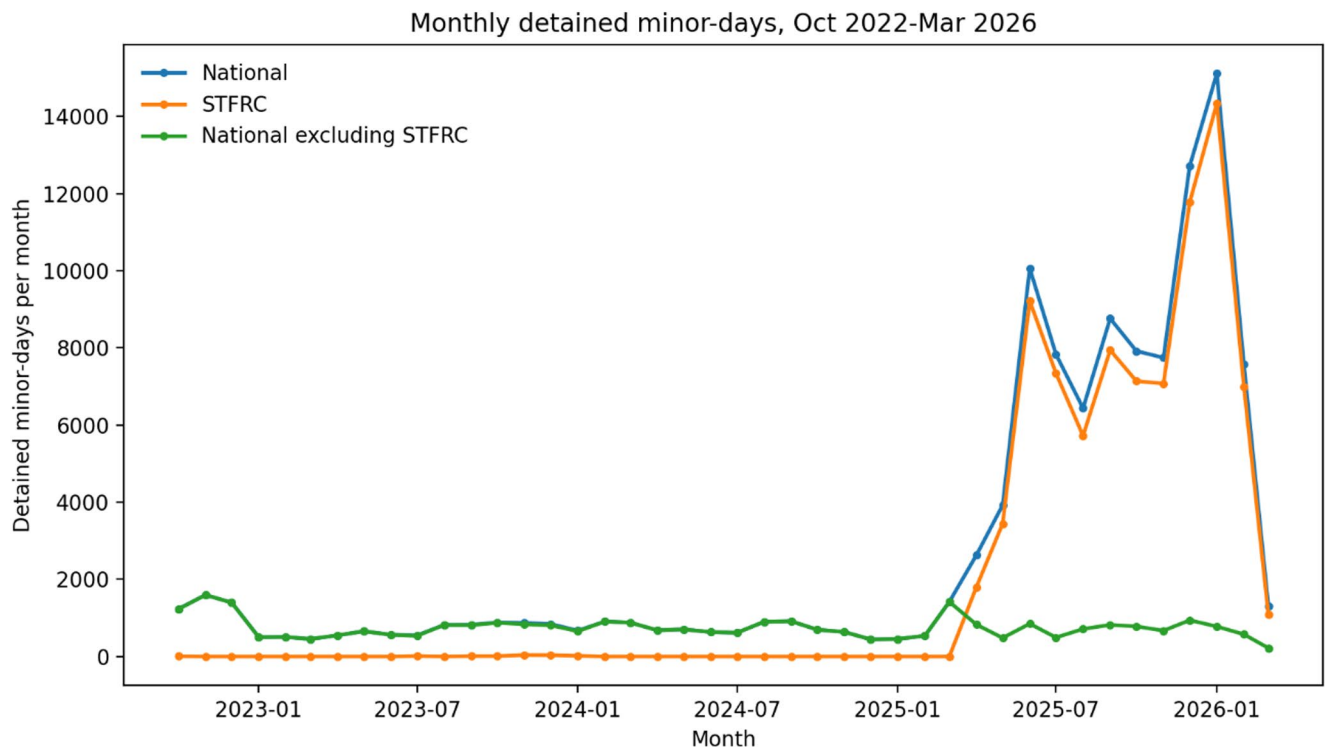


Fig. 1 Monthly detained minor-days nationally, at the South Texas Family Residential Center (STFRC), and nationally excluding STFRC, October 2022–March 2026. The increase after April 2025 was overwhelmingly attributable to STFRC

Facility-type analyses demonstrated substantial concentration of detained minor exposure (Table 4). STFRC accounted for 72.8% of all detained minor-days nationally, while hold rooms and staging facilities accounted for an additional 11.5% and 5.1%, respectively. Juvenile facilities contributed only 1.6% of all detained minor-days but recorded the highest detained minor-day rate relative to detainee-days. Facility-type classification rules are shown in Online Resource 3.

Monthly trends are shown in Fig. 1 and Online Resource 1. Monthly detained minor-days remained relatively low through early 2025, increased beginning in March 2025, and rose sharply thereafter. STFRC recorded no detained

minor-days from February 2024 through March 2025, then increased rapidly beginning in April 2025. STFRC accounted for 68.5% of national detained minor-days in April 2025 and more than 90% during most months from June 2025 through February 2026. The highest observed daily count was 532 detained minors at STFRC on January 16, 2026, and all 25 highest daily counts in the dataset occurred at STFRC between December 2025 and January 2026.

When STFRC was excluded, detained minor-day rates did not increase, indicating that the national increase was largely attributable to STFRC rather than being broadly distributed across the ICE detention system. In contrast, minors

accounted for approximately one-half of all detainee-days at STFRC during 2025–2026, consistent with the facility’s role in family detention.

Discussion

This study provides a national facility-day description of minor detention exposure in ICE records from late 2022 through early 2026. The key finding is twofold. First, cumulative detained minor-day exposure increased sharply after early 2025, including a more than fivefold rate increase in 2025 compared with 2024. Second, the increase was not system-wide. It was highly concentrated at STFRC.

The STFRC finding is consistent with the facility’s role in family detention after its 2025 reopening [9, 10]. In the ICE-derived data, detained minor-days accounted for 49.8% of all STFRC detainee-days from April 7, 2025, the first date on which a minor-day was observed, through March 10, 2026. This proportion was substantially higher than that observed elsewhere in the ICE detention system and is consistent with public reports describing STFRC as a family detention facility housing parents and children together during immigration proceedings [9, 10, 15]. Although the ICE variable does not independently verify age, family relationship, or legal status, the concentration of detained minor-days at STFRC suggests that it is capturing a population closely associated with family detention.

The concentration of detained minor-days at STFRC has important child-health implications. STFRC, located in Dilley, Texas, has been one of the largest U.S. family immigration detention facilities and has been used to detain parents and children together during immigration proceedings. Unlike ordinary adult detention centers, family residential centers are designed to accommodate families with children. However, they are detention facilities rather than voluntary residential programs, and residents are generally not free to leave. As a result, family detention centers have been the subject of sustained legal, medical, and human-rights scrutiny. Legal monitors, advocacy organizations, and journalists have reported concerns at Dilley involving prolonged custody, inadequate food and water, delayed medical care, limited mental-health services, disrupted education and play, and harsh or restrictive treatment [13–17]. These accounts are not outcomes in the present dataset, and ICE and DHS have disputed some allegations while describing STFRC as a family facility providing basic necessities [13]. Independent reporting using ICE-derived data has also highlighted detention of infants and toddlers, a developmental period in which stress-related disruptions may be especially consequential [18]. Although the present study cannot evaluate health outcomes directly, the surveillance findings

alter the public-health significance of such reports because STFRC contributed nearly three-quarters of all detained minor-days recorded nationally.

A second major finding was the persistence of minor detention exposure outside family detention facilities. Although STFRC accounted for most detained minor-days after its reopening, non-family facilities continued to contribute substantial exposure throughout the study period. Non-family facilities accounted for approximately 7,900 to 9,000 detained minor-days annually from 2023 to 2025. Thus, the reopening of STFRC did not replace non-family detention exposure; rather, it was associated with a large increase in family-detention exposure superimposed on an already existing annual burden of non-family detained minor-days. Because the 2026 observation period included only the first 69 days of the year, the annualized non-family total would likely approach or exceed the 2025 value if similar patterns continued.

The non-STFRC distribution also raises distinct welfare concerns. The largest non-STFRC contributors included field-office locations, hold rooms, staging facilities, a juvenile detention facility, and an immigration processing center. Together, six facilities accounted for approximately two-thirds of all non-STFRC detained minor-days. Much of the literature on immigration detention and child health has focused on family detention centers and residential facilities, where detention has been associated with adverse mental-health outcomes, depression, anxiety, post-traumatic stress symptoms, developmental regression, and other indicators of psychological distress [2–5]. Systematic reviews suggest that these adverse effects are not limited to a single detention setting [2, 5]. However, relatively little research has examined children held in ICE hold rooms, staging facilities, field offices, or other non-family detention environments [19]. Investigative reporting, litigation, and oversight reports have documented concerns regarding overcrowding, prolonged detention in facilities intended for short-term custody, inadequate sleeping arrangements, limited medical access, restricted legal access, and limitations in detention oversight in some of these settings [20–22]. Consequently, policy discussions focused exclusively on family detention may overlook a substantial and persistent component of detention exposure among minors occurring in non-family facilities.

The results also show why national averages can mislead. A national increase in detained minor-day rates might suggest a diffuse change across facilities. Stratification demonstrated instead that a single family detention facility drove the trend. The temporal pattern observed in this study coincided with major changes in federal immigration policy following the January 20, 2025 presidential transition. National detained minor-days remained relatively stable

through early 2025, increased beginning in March 2025, and rose sharply after April 2025, when STFRC resumed family detention operations. Publicly reported federal actions during this period included expansion of immigration detention capacity, increased immigration enforcement activities, and renewed use of family detention facilities [9, 10, 23, 24]. Although the present study cannot establish causality, the close temporal correspondence between these developments and the increase in detained minor-days suggests that detention exposure among persons classified as minors may be highly sensitive to changes in family-detention policy.

From a surveillance perspective, these findings illustrate how facility-day data can be used to evaluate the population-level consequences of policy changes. Because detention exposure was concentrated within a small number of facilities, relatively targeted policy decisions may have large effects on cumulative detention exposure among children and adolescents. The findings further suggest that family detention policies and non-family detention practices should be considered complementary rather than competing areas of concern. The 2025–2026 increase reflected growth in family detention exposure, but it occurred alongside a continuing burden of detention exposure in hold rooms, staging facilities, juvenile facilities, field offices, and other non-family settings.

The concentration of detained minor-days within a small number of facilities also has implications for oversight and accountability. Multiple mechanisms exist to monitor conditions in immigration detention facilities, including ICE detention standards, inspections conducted by DHS and ICE oversight entities, investigations by the DHS Office of Inspector General, monitoring associated with the Flores settlement, which establishes standards for the detention, care, and release of immigrant children, and congressional oversight activities [7, 14, 22, 25, 26]. Public reports and government reviews have nevertheless raised concerns regarding the consistency, transparency, and effectiveness of detention oversight systems, including limitations in detention inspection programs and disputes regarding access to facilities by external oversight bodies [20–22, 25, 26]. Because STFRC alone accounted for nearly three-quarters of all national detained minor-days, and because a limited number of hold rooms, staging facilities, and processing centers accounted for much of the remaining exposure, enhanced transparency and monitoring at these facilities could potentially improve understanding of conditions experienced by a large proportion of detained minors.

The findings also demonstrate the value of publicly available administrative data as an oversight tool. Facility-day surveillance cannot measure conditions of confinement directly, but it can identify where detention exposure is occurring, quantify changes over time, and help prioritize

facilities for further investigation. In this respect, detained minor-days may serve as a useful population-level indicator for directing oversight, inspection, and public-health monitoring efforts toward facilities where children and adolescents are most likely to be affected by detention policies and practices.

This study has several limitations. First, minors were identified using an ICE variable based on reported birth year rather than independently verified age. Consequently, some individuals who were 18 years old at the time of detention may have been included in this category. The results should therefore be interpreted as reflecting ICE-classified minors rather than independently verified ages. Second, detained minor-days are not unique individuals. A single person detained for multiple days contributes multiple detained minor-days. Third, aggregate facility-day data cannot determine family status, detention duration, country of origin, legal posture, transfer history, services received, health outcomes, or actual conditions of confinement. Fourth, 2022 and 2026 were partial years. Fifth, administrative data may reflect changes in reporting or coding practices. Finally, the study is descriptive and cannot establish causal effects of policy changes or facility conditions.

Despite these limitations, detainee-day surveillance is a useful public-health tool. It quantifies cumulative exposure, identifies concentration, and creates a transparent denominator for monitoring policy changes over time. The public-health relevance of these findings derives not only from the number of minors detained, but also from evidence that immigration detention may adversely affect child mental health, development, educational continuity, and family functioning. Although the present study cannot evaluate these outcomes directly, the concentration of more than 115,000 detained minor-days within a small number of facilities identifies locations where future clinical, epidemiologic, qualitative, and policy research may be most informative.

New contribution to the literature

This study shifts the measurement of child detention in ICE records from daily counts to cumulative detainee-days. It shows that the 2025–2026 increase in minor detention exposure was real at the national rate level but was overwhelmingly concentrated at one reopened family detention facility, while a persistent burden of detention exposure continued in non-family facilities. The findings provide a reproducible surveillance framework for targeting child-health oversight in immigration detention.

Supplementary Information The online version contains supplementary material available at <https://doi.org/10.1007/s10903-026-01996-8>.

Author contributions JSM conceptualized the study, identified the database, organized and programmed the data for analysis, interpreted results, and wrote the manuscript.

Data Availability I used the Deportation Data Project ICE detention-facility daily population file, which is derived from ICE records obtained through public-records processes and litigation. These data were saved as a tab-delimited text file and then saved as a SAS dataset for analysis. For more information, see: <https://deportationdata.org/docs/ice/codebook-facilities-daily-population.html>.

Declarations

Competing interests The authors declare no competing interests.

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