

## **Starr Commonwealth Emergency Intake Site for Unaccompanied Children Fact Sheet**

The U.S. Department of Health and Human Services (HHS) is working diligently with its interagency partners to ensure that unaccompanied migrant children are unified with family members or other suitable sponsors in the U.S. as quickly and safely as possible.

Children age 17 and under who are unaccompanied by parents or other legal guardians and who have no lawful immigration status in the United States (unaccompanied children) and who are apprehended by the U.S. Department of Homeland Security (DHS) are transferred to the care and custody of the HHS Office of Refugee Resettlement (ORR). ORR is legally required to provide for the care and custody of all unaccompanied children referred to ORR until they are unified with an appropriate sponsor, usually a parent or relative, while their immigration cases proceed.

ORR operates a network of over 200 facilities/programs in 22 states and has a proven track record of accountability and transparency for program operations, as well as being a good neighbor in the communities where facilities are located. The impact of these shelters on the local community is minimal. Unaccompanied children remain under staff supervision at all times. HHS works in close coordination with local officials on security and safety of the children and community. The unaccompanied children in ORR custody do not attend local public schools. HHS arranges for the security of unaccompanied children. On-site security is 24 hours a day, seven days a week.

There are currently (May 19, 2021) about 19,344 children in ORR care.

While ORR has worked to build up its licensed bed capacity, additional capacity is urgently needed to manage the increasing numbers of unaccompanied children referrals from DHS. To support this effort, on April 11, 2021, HHS opened an Emergency Intake Site for Unaccompanied Children at the **Starr Commonwealth campus in Albion, Michigan**. The Starr Commonwealth EIS provides shelter for boys ages 5 to 17 years old and has a potential capacity of 224 beds. There are currently (May 20, 2021) about 51 children in care at the Starr Commonwealth EIS.

The Starr Commonwealth EIS provides needed capacity to accept children referred by Customs and Border Protection (CBP) into ORR care where they can be safely processed, cared for, and either unified with a sponsor or transferred to an appropriate ORR shelter for longer-term care. The Starr Commonwealth EIS is intended for use as a temporary measure.

### **Unaccompanied Children Care**

The Starr Commonwealth EIS is providing required standards of care for children, such as clean and comfortable sleeping quarters, meals, toiletries, laundry, recreational activities, and access to medical services. All children are tested for COVID-19 before being transported to the Starr Commonwealth EIS. Unaccompanied children receive medical screenings, and any follow-up care needed for injuries or illnesses they had when they arrived. The children are tested for COVID-19 every 3 days while at the EIS. A COVID-19 health screening protocol for all children is being implemented to follow CDC guidelines for preventing and controlling communicable diseases. CDC is onsite monitoring and providing guidance on COVID-19 protocols. If a child tests positive after arrival, he or she is removed from the remaining population and cohorted at the facility for the

welfare of the child, staff, and others. Children who have health conditions that cannot be treated on site are taken to local hospitals. It is important to note that children with complex medical cases are not placed in an EIS.

### **Identifying Sponsors**

One of ORR's priorities is ensuring the safe unification of unaccompanied children with an appropriate sponsor. In each of the ORR programs, case managers work with the children to identify a sponsor in the U.S. Most sponsors are parents or close family relatives. If the sponsor checks out and can provide a safe place for the child to live while they go through their immigration proceedings – the child is unified with the sponsor. As a part of the unification process, potential sponsors must undergo a criminal public records check, and in most cases, a sex offender registry check. When there is a safety concern for release to a related sponsor or when considering release to an unrelated sponsor, ORR also conducts background checks on adult household members and individuals identified in a potential sponsor's care plan.

Case management is part of the Starr Commonwealth EIS operations. All efforts are being made to safely release children to sponsors or transfer them to other ORR care providers as quickly as possible. This approach will help ensure children are moved into ORR shelters, where children receive educational, medical, mental health, and recreational services until they can be unified with families or sponsors without undue delay.

### **Parents or Other Potential Sponsors Seeking Information about a Child**

If a parent is trying to contact their child in ORR care, the parent can call the ORR National Call Center, (800) 203-7001, or email [information@ORRNCC.com](mailto:information@ORRNCC.com) for assistance. The call center confirms whether a child is in ORR's care and will send information in real time regarding the caller's inquiry to the facility in which the child is located. A caller may provide his/her name, documentation information, background on relationship with child, etc. This information is collected by the call center and sent to the facility. The call center does not verify or authenticate relationships and therefore CANNOT share the location or other personal information regarding the child with the caller. The ORR facility is responsible for responding to a parent/sponsor/legal representative and collects information necessary to verify the relationship and place the child with the parent/guardian/sponsor.

### **About Unaccompanied Children**

Congress has defined an unaccompanied child as a child who (1) has no lawful immigration status in the United States; (2) has not attained 18 years of age; and, (3) with respect to whom, there is no parent or legal guardian in the United States, or no parent or legal guardian in the United States available to provide care and physical custody. See 6 U.S.C. § 279(g)(2).

HHS plays no role in the apprehension or detention of unaccompanied children prior to their referral to HHS custody. HHS does not provide care or custody for adult non-citizens or family units that include adults. Children referred to HHS by DHS for care and custody have been identified as unaccompanied and by definition are not with a parent.

Most unaccompanied children are referred to ORR by DHS. Some unaccompanied children may be referred to ORR because they were encountered by immigration authorities while crossing the border.

After referral, unaccompanied children remain in the care and custody of HHS until they are united with a suitable sponsor, usually a parent or close relative, while their immigration cases are adjudicated. At this time, most unaccompanied children come primarily from Guatemala, Honduras, and El Salvador.

### **Protecting Privacy**

Part of ORR's mission is to protect the privacy and ensure the safety of children. Unaccompanied children have different reasons for undertaking the long and dangerous journey to the United States, but in many cases, they are coming to join a parent or other family member already in the United States. Often the unaccompanied child's parents find someone to bring the child to the United States. Children may also be escaping violent communities or abusive family relationships, but the choice to come to the United States for safe haven, instead of another community or country they travel through, is in many cases driven by U.S. family connections. The ages of these individuals, and the hazardous journey they take, make unaccompanied children especially vulnerable to human trafficking, exploitation, and abuse.

To safeguard the privacy of unaccompanied children in ORR care, and consistent with respect to the treatment of any minor child in the U.S., it is ORR's policy towards the media not to discuss individual cases and to prohibit photography, recordings, videos, or any other images of unaccompanied children to protect privacy and minimize potential dangers to the child and the child's sponsor.

### **Donation guidelines**

Members of the public have expressed interest in donating or volunteering to help unaccompanied children. ORR appreciates the outpouring of support. Those who wish to give are encouraged to research local organizations that are providing care and assistance to those in need in border communities.

### **Cash is Best**

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Financial contributions to [recognized relief organizations](#) are the fastest, most flexible and most effective method of donating. Organizations on the ground know what items and quantities are needed, often buy in bulk with discounts and, if possible, purchase through businesses local to the disaster, which supports economic recovery.

### **In-kind Donations: Confirm What, Where, and When**

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Donated items are needed. Knowing what is needed, where it is needed, and getting it there at the right time is the key. Critical needs change rapidly. Before collecting, confirm the need.

- Not everything is needed.
- Bulk donations are best. Pallet loads of a single item, sorted, and boxed.

FOR IMMEDIATE RELEASE  
May 20, 2021

Contact: ACF Press Office  
[Media@acf.hhs.gov](mailto:Media@acf.hhs.gov)

- Timing is important. Too soon or too late and no one wins.
- Transportation needs to be worked. How will it get to where it is needed?

### **Connect to Volunteer**

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Don't self-deploy to the area. [Trusted organizations](#) operating in the affected area know where volunteers are needed. By working with an established non-profit organization, the appropriate safety, training, and skills can be considered.

*This fact sheet was updated from 5/20/2021*

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