



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

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**FIELD GUIDANCE – Rev. June 4, 2021 (First Posted April 6, 2020)**

**RE: ORR Field Guidance # 4, COVID-19 Discharge Guidance**

**GUIDANCE**

This document replaces the ORR Field Guidance # 4 COVID-19 Discharge Guidance issued by ORR dated May 18, 2021.

ORR's policies require the release of unaccompanied children (UC) to sponsors in a manner that promotes public safety, which includes concerns related to public health. These instructions fall under authority of ORR Policy Guide, section **3.4.8 Medical Clearance Prior to Release and Transfer**:

*“Unaccompanied alien children who have serious physical or mental health issues or have had exposure to a communicable disease may not be transferred or moved until they have been medically cleared by a physician or ORR is consulted....*

*Children who are infectious with communicable diseases of public health concern, which have potential to cause outbreaks, will not be released from ORR care until they are non-infectious.”*

ORR is issuing the following guidance to care providers and to ORR staff as it relates to UC discharges during the COVID-19 pandemic.

**INSTRUCTIONS**

- (1) **Postponing release related to COVID-19.** To ensure the health and safety of the sponsor, UC, and the general public, ORR may postpone release of a UC to a sponsor:
  - (a) If an ORR care provider facility (or in the case of transitional foster care, an individual foster home) experiences one or more confirmed cases of COVID-19 among either children or staff, ORR may temporarily postpone releases for **all** children at the care provider facility or in the foster care home until ORR's Division of Health for Unaccompanied Children (DHUC) lifts the hold on releases or allows the release of specific children on a case-by-case basis, following general CDC guidance.

- (b) If a sponsor or a member of the sponsor’s household has suspected or confirmed COVID-19, ORR may postpone release until a medical or public health professional determines it is safe to release the UC to the sponsor household.<sup>1</sup>
- (c) If a State licensing agency or a state or local public health agency with jurisdiction over a care provider requires or recommends that a care provider isolate or quarantine children in their care, ORR may postpone UC cases that have completed the release process until:
- DHUC and the state licensing or state or local public health agency clears the UC cases, or
  - DHUC determines that a specific child’s case must be postponed due to COVID-19-related concerns in order to ensure the health and safety of the sponsor, sponsor’s household, UC, and/or the general public.<sup>2</sup>

## (2) Post Release Reporting.

- (a) Case managers must follow up with sponsors once between Days 7-10 following UC’s release from custody for updates on the minor’s health and to check on symptoms of COVID-19.<sup>3</sup> Case managers should notify DHUC \_\_\_\_\_ if the sponsor reports the UC tested positive for COVID-19 within 10 days of discharge from ORR custody. The one-time check does not need to be completed for UC who tested positive in ORR care and recovered from COVID-19 within the past 90 days, or for UC who are fully vaccinated at the time of discharge.<sup>4</sup>

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<sup>1</sup> As of February 18, 2021, persons with COVID-19 who have symptoms can discontinue isolation when at least 10 days have passed since symptom onset and at least 24 hours have passed since the resolution of fever without the use of fever-reducing medications and other symptoms have improved. For persons who never develop symptoms, isolation can be discontinued 10 days after the date of their first positive viral test for COVID-19 infection. Patients with severe illness or who are severely immunocompromised may require medical isolation for up to 20 days after symptom onset or date of first positive viral test. However, if other members of the household are quarantined and then go on to develop illness, the timeframe could be extended.

<sup>2</sup> ORR considers any increased risk posed to the child, sponsor, or sponsor household members when making the decision to discharge, such as conditions in the sponsor or family member that increase the risk of severe disease, such as the potential exposure to a sponsor or family member with close contact to a confirmed case in prior 14 days.

<sup>3</sup> The most common symptoms of COVID-19 in children are fever and cough, but children may have any of these signs or symptoms of COVID-19: fever or chills; cough; nasal congestion or runny nose; new loss of taste or smell; sore throat; shortness of breath or difficulty breathing; diarrhea; nausea or vomiting; stomachache; tiredness; headache; muscle or body aches; poor appetite or poor feeding, especially in babies under 1 year old.

<sup>4</sup> Children are considered fully vaccinated 2 weeks after their second dose of the Pfizer vaccine.

- (b) As a condition of release, until further notice, sponsors must immediately quarantine any released UC for 10 days following their physical discharge from ORR custody, or for the time period recommended by the sponsor's local health department. Further, the sponsors will report any signs of COVID-19 or fevers to their local medical provider. Home quarantine is not required for UC who tested positive in ORR care and recovered from COVID-19 within the past 90 days, or for UC who are fully vaccinated at the time of discharge.<sup>5</sup>
- (3) **Documentation.** ORR must document any postponement of release in the *UC Assessment* or *UC Case Review*, as appropriate, citing the public health reason for the delay under (1)(a), (b), or (c). Any postponement of release must be sufficiently explained to the UC and to their sponsor.
- (4) **Post-18 Plans.** All children approaching age out must have a post-18 plan in place, which includes a recommendation for a non-secure placement, if appropriate. In the event a child is within 30 days of aging out and postponing release may result in their transfer to DHS/ICE custody, case managers will notify their ORR/FFS and Case Coordinator for further instruction.
- (5) **Voluntary Departure/Order of Removal.** In the event a child has a pending voluntary departure or removal order, care providers work with their ORR/FFS to determine whether DHS/ICE plans to execute the order and initiate removal. If removal appears unlikely, evaluate the child for release following general ORR policies and procedures.
- (6) **Monitoring for Potential Symptoms:** After a release is approved in accordance with ORR policies (see ORR Policy Guide, section 2.7 Recommendations and Decisions on Release), ORR care providers continually evaluate the child's health on a daily basis (until the child is physically discharged) for signs and symptoms of COVID-19.
- (a) Children with symptoms of COVID-19 **must not** be transferred or released until they have been medically evaluated.<sup>6</sup>
- (b) Care providers must follow technical instructions provided in the "COVID-19 Symptom and Temperature Check at the Time of Discharge or Transfer, Version 2" tool available on the UC Portal home page under the "COVID-19 Guidance and Materials" folder in the "Documents to Download" section.
- (c) For children with symptoms, care providers must medically isolate the child and test for COVID-19 to help confirm or rule out the diagnosis. Additional testing for other diseases,

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<sup>5</sup> See Footnote 4.

<sup>6</sup> See Footnote 1.

such as influenza, may be recommended by the healthcare provider evaluating the child. If an exceptional circumstance exists justifying discharge while a child is still in isolation, DHUC should be immediately contacted to determine if a safe discharge plan is possible.

- (7) **Transportation.** Travel for the purpose of discharging a UC is considered an essential activity. The safety of children and staff during the physical transfer of children to sponsors is a priority for ORR. To that end, ORR complies with any state or local governmental restrictions on travel. Additionally:
- (a) ORR directs care providers to follow provisions of ORR Policy Guide, section 2.8.2 and utilize air carrier escorts, to the greatest extent feasible, for children aged 14 years and older. For children aged less than 14 years, care providers and ORR/FFS will work with ORR/FFS Supervisors to use airline escorts following air carrier policies, in compliance with ORR's policy.
  - (b) Where care provider escorts are still required, and travel is to a state or city which would require the escort to self-quarantine, case managers must look into potential alternative transport locations where escorts would not be required to self-quarantine.
  - (c) Care providers should consider using ground transportation following ORR's generally applicable transport policies (see ORR Policy Guide §3.3.14) as opposed to air transport, where travel is expected to be less than 10 hours.
  - (d) Travelers (including UC and staff) must adhere to current recommendations for prevention measures (such as to wear masks that completely cover the mouth and nose, wash hands frequently, limit touching face, avoid close contact with others) while conducting essential activities. CDC travel guidance is available at: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.