CHILDREN'S HealthWatch

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August 25, 2026

Administration for Children and Families
Office of Planning, Research, and Evaluation
330 C Street SW, Washington, DC 20201
Attn: Mary C. Jones, ACF/OPRE Certifying Officer

Office of Refugee Resettlement
Unaccompanied Children Bureau
Attn: Toby Biswas, ACF/ORR Director of Policy

RE: Unaccompanied Children Program Foundational Rule; Sponsor Assessment Update to Include Proof of Identity, Background Check, Placement, and Income Verification Standards (Docket ID ACF-2026-0199 and/or RIN 0970-AD26).

Dear Mr. Biswas,

Thank you for the opportunity to submit comments on the Department of Health and Human Services (HHS) notice of proposed rulemaking (NPRM), "Unaccompanied Children Program Foundational Rule; Sponsor Assessment Update to Include Proof of Identity, Background Check, Placement, and Income Verification Standards", published in the Federal Register on June 26, 2026. **On behalf of Children's HealthWatch, we write in strong opposition to the NPRM and urge HHS to withdraw proposed changes and implement policies that protect children from harm, treat them with dignity, and reunite them safely with family members as quickly as possible.**

Children's HealthWatch is a nonpartisan network of pediatricians, public health researchers, and policy experts who examine how policy decisions affect the health and well-being of young children and their families. We accomplish this by interviewing caregivers of young children in emergency departments and primary care clinics in four U.S. cities: Boston, MA; Minneapolis, MN; Little Rock, AR; and Philadelphia, PA. Since 1998, we have interviewed more than 90,000 caregivers and analyzed those data to determine the impact of policy decisions on the health and development of young children.

As a network dedicated to protecting and advancing children's health, we are deeply alarmed by HHS' proposal that would allow unqualified federal contractors to examine children's bodies and codify policies shown to significantly slow the sponsor vetting process to the detriment of children. These changes would subject children to increased risk of abuse, prolonged family

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separation, and criminalization. As a result of the proposed rule, children would very likely experience avoidable trauma, remain in federal custody longer, and face unnecessary delays in reunification with their families.

Searching children's bodies is invasive, unsafe, and unnecessary.

Every child should be treated with dignity, care, and compassion, especially when they are in government custody and separated from their families. Permitting unvetted, untrained, or inadequately trained Office of Refugee Resettlement (ORR) personnel or contractors to conduct searches of children's bodies is invasive and harmful and puts children at risk of trauma and abuse. Unaccompanied children who are in ORR custody are extremely vulnerable and may have already experienced significant trauma, such searches would only compound this.

The American Academy of Pediatrics (AAP) has long recognized that sensitive examinations of children's bodies require the highest standard of clinical and ethical care. AAP strongly cautions against strip searches of children and recommends that any examination involving intimate areas occur only when medically necessary, be performed by qualified licensed health care professionals in an appropriate clinical setting, and include trauma-informed safeguards, including trained chaperones, protection of the child's privacy, and appropriate communication.[1] These safeguards are especially critical for children who have experienced trauma or are otherwise in vulnerable circumstances, including those in federal custody. The proposed rule falls far short of all of these standards.

If a bodily examination is necessary to address an immediate medical concern or ensure a child's safety, it should occur only when conducted by a licensed medical professional, with informed consent appropriate to the child's age and circumstances, and with robust protections to preserve the child's privacy, dignity, and well-being. HHS should reject any policy that authorizes non-clinical personnel to conduct invasive examinations of children.

Family separation and detention harm the health, well-being, and safety of children.

Research consistently demonstrates that child detention and family separation have profound and lasting consequences for children's physical and mental health.[2,3,4] Instead of facilitating

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[1] Berhane A, Hackell JM, Wallace S, et al. Use of chaperones for the pediatric and adolescent encounter: policy statement. *Pediatrics*. 2025;155(6):e2025071810.
[2] Shonkoff JP, Garner AS, Siegel BS, et al. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*. 2012;129(1):e232-46.
[3] MacLean SA, Agyeman PO, Walther J, Singer EK, Baranowski KA, Katz CL. Mental health of children held at a United States immigration detention center. *Social Science & Medicine*. 2019;230:303-8.
[4] Wood LC. Impact of punitive immigration policies, parent-child separation and child detention on the mental health and development of children. *BMJ Paediatrics Open*. 2018;2(1):e000338.

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unaccompanied children's timely reunification with safe sponsors and family members, the proposed rule would codify barriers that unnecessarily delay their release from federal custody. These barriers include eliminating previously accepted forms of identification, requiring sponsors to provide proof of income through limited forms of documentation, and expanding background check requirements – including fingerprinting – for all adults living in a sponsor's household.

These requirements impose significant burdens on families, particularly mixed-status and undocumented families, many of whom cannot obtain the narrow forms of documentation the rule would require despite being safe and appropriate caregivers. By limiting acceptable proof of identity and income to documents that are often unavailable to otherwise qualified sponsors, the proposed rule risks making family reunification unattainable for many unaccompanied children. At the same time, it is likely to discourage qualified family members from coming forward to sponsor children out of fear that providing personal information or interacting with the federal government could expose themselves or family members to immigration enforcement.[5] Research from Children's HealthWatch further demonstrates that immigration policies that create fear and stress among immigrant families result in negative health consequences for children.[6,7,8]

Even for sponsors who can meet these requirements, the additional documentation and expanded screening procedures will inevitably prolong the sponsor approval process while they procure these specific documents, extend children's detainment, and delay family reunification. These delays unnecessarily expose children to prolonged detention and family separation, experiences known to harm children's health and development.[9]

Conclusion

Every child, regardless of where they were born or their immigration status, deserves dignity, safety, stability, to be treated with respect, and the opportunity to be with their family. Policies that unnecessarily prolong family separation or subject children to invasive, non-clinical

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[5] García UJ, Nguyen A. ICE is arresting relatives who come forward to take custody of migrant children in federal shelters. The Texas Tribune. July 21, 2026. https://www.texastribune.org/2026/07/21/texas-immigrant-children-sponsor-ice-detention-orr-shelters/

[6] Ettinger de Cuba SE, Jones DK, Cutts D, et al. "But who takes care of the mom?": The daily experiences of immigrant mothers navigating health in family life. *Social Science & Medicine*. 2025;372:117948.

[7] Ettinger de Cuba S, Miller DP, Raifman J, et al. Reduced health care utilization among young children of immigrants after Donald Trump's election and proposed public charge rule. *Health Affairs Scholar*. 2023;1(2):qxad023.

[8] Bovell-Ammon A, Ettinger de Cuba S, Coleman S, et al. Trends in food insecurity and SNAP participation among immigrant families of US-born young children. *Children*. 2019;6(4):55.

[9] Linton JM, Griffin M, Shapiro AJ, et al. Detention of immigrant children. *Pediatrics*. 2017;139(5):e20170483.

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procedures place their health and well-being at risk. Rather than codifying barriers to reunification and practices that increase the risk of trauma and abuse, HHS should strengthen trauma-informed and child-centered policies that facilitate timely placement with safe, vetted sponsors without delay while protecting children's privacy and dignity. We urge HHS and ORR to immediately withdraw this harmful proposed rule and adopt policies that reflect both the scientific evidence and the Department's fundamental responsibility to protect children's safety and well-being.

Sincerely,

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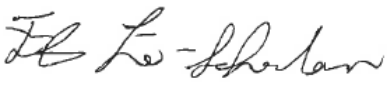

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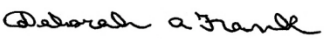

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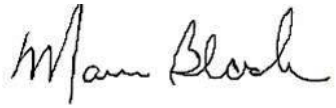

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