

JULY 1, 2022
CBP JUVENILE
COORDINATOR
ANNUAL REPORT

1300 Pennsylvania Avenue, NW
Washington, DC 20229



**U.S. Customs and
Border Protection**

July 1, 2022

MEMORANDUM FOR: The Honorable Judge Gee
District Judge
U.S. District Court, Central District of California

FROM: Henry A. Moak, Jr.
Chief Accountability Officer
U.S. Customs and Border Protection

6/30/2022

X 
Signed by: HENRY A MOAK JR

SUBJECT: 2022 CBP Juvenile Coordinator Annual Report

On May 2, 2022, this Court ordered the U.S. Customs and Border Protection (CBP) Juvenile Coordinator, as well as the Juvenile Coordinators for U.S. Immigration and Customs Enforcement (ICE) and the U.S. Department of Health and Human Services (HHS), to file their annual reports regarding each agency's compliance with the *Flores* Settlement Agreement (FSA) by July 1, 2022. The Court ordered these reports to include: (i) the overall census of minors in the agency's facilities; (ii) the average length of stay for minors currently in the agency's facilities and for minors who have been released; and (iii) the number of minors currently testing positive for COVID-19. More specifically, this Court directed the CBP Juvenile Coordinator to include: (i) a census of Class Members in CBP custody in the Rio Grande Valley (RGV) U.S. Border Patrol (USBP) Sector; and (ii) any update on CBP's policies and capacity for processing minors considering COVID-19, changes to Title 42, and the ongoing influx.

The CBP Juvenile Coordinator submits this annual report in response to this Court's May 2, 2022 Order. This report builds on the information provided in the previous interim reports submitted from January 2021 through April 2022 and discusses monitoring activities conducted across the Southwest Border (SWB) as well as significant CBP developments related to the care and custody of children that occurred between June 1, 2021 and May 31, 2022. Given the nature of the Court's request, this report provides information about the average time in custody (TIC) for children and the average number of children in custody across the SWB, as well as more detailed information regarding RGV Sector.

Census of Class Members

There was a 15% increase in the number of unique enforcement encounters from April 2022 to May 2022.¹ However, the rate of those individuals who had at least one prior encounter in the

¹ See, *CBP Releases May 2022 Monthly Operational Update*, U.S. Department of Homeland Security, Customs and Border Protection, <https://www.cbp.gov/newsroom/national-media-release/cbp-releases-may-2022-monthly-operational-update> (last visited June 22, 2022).

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previous 12 months remains higher than normal. While encounters of family units (FMUs)² increased by 8% from April to May 2022, this is still a 32% decrease from the peak in August 2021.³

The following tables and charts provide additional information regarding encounters at the SWB CBP-wide, as well as encounters specific to USBP SWB and RGV Sector. Tables 1 and 2 depict CBP's encounters by demographic. Chart 1 shows the Fiscal Year (FY) to date information by demographic, and Chart 2 shows the entire FY to date compared to FY 21. The data regarding "accompanied minors" (AM) is applicable to CBP's Office of Field Operations (OFO) only. An AM is a distinct demographic, separate from unaccompanied children (UCs) and children encountered with an inadmissible parent or legal guardian and thus part of a FMU. An AM is defined as an inadmissible child who is accompanied by an admissible parent or legal guardian. For example, OFO would classify a child as an AM in a situation where the parent is a Lawful Permanent Resident, but the child does not have a valid nonimmigrant or immigrant visa. Another example is when a parent has a valid nonimmigrant visa, but the child does not have a valid nonimmigrant visa as a dependent of the parent. Both OFO and USBP would classify a child as part of a FMU when the noncitizen child/children and noncitizen parent(s)/legal guardian(s) are all inadmissible.

Table 1. CBP Encounters in March, April, and May 2022

	March 2022⁴	April 2022⁵	May 2022⁶	% Change⁷
CBP Single Adults	170,027	167,922	165,200	-2%
CBP UCs/ Single Minors	14,138	12,180	14,699	21%
CBP FMUs	37,918	55,092	59,282	8%
CBP AMs	256	284	235	-17%

² Family unit represents the number of individuals (either a child under 18 years old, parent/legal guardian) encountered as part of a family unit by CBP. A family unit is defined as a noncitizen child/children accompanied by his/her/their noncitizen parent(s) or legal guardian(s).

³ See, *CBP Releases May 2022 Monthly Operational Update*, U.S. Department of Homeland Security, Customs and Border Protection, <https://www.cbp.gov/newsroom/national-media-release/cbp-releases-may-2022-monthly-operational-update> (last visited June 22, 2022).

⁴ See, *U.S. Border Patrol and Office of Field Operations Encounters FY 2022*, U.S. Department of Homeland Security, Customs and Border Protection, <https://www.cbp.gov/newsroom/stats/southwest-land-border-encounters> (last visited June 22, 2022).

⁵ *Id.*

⁶ *Id.*

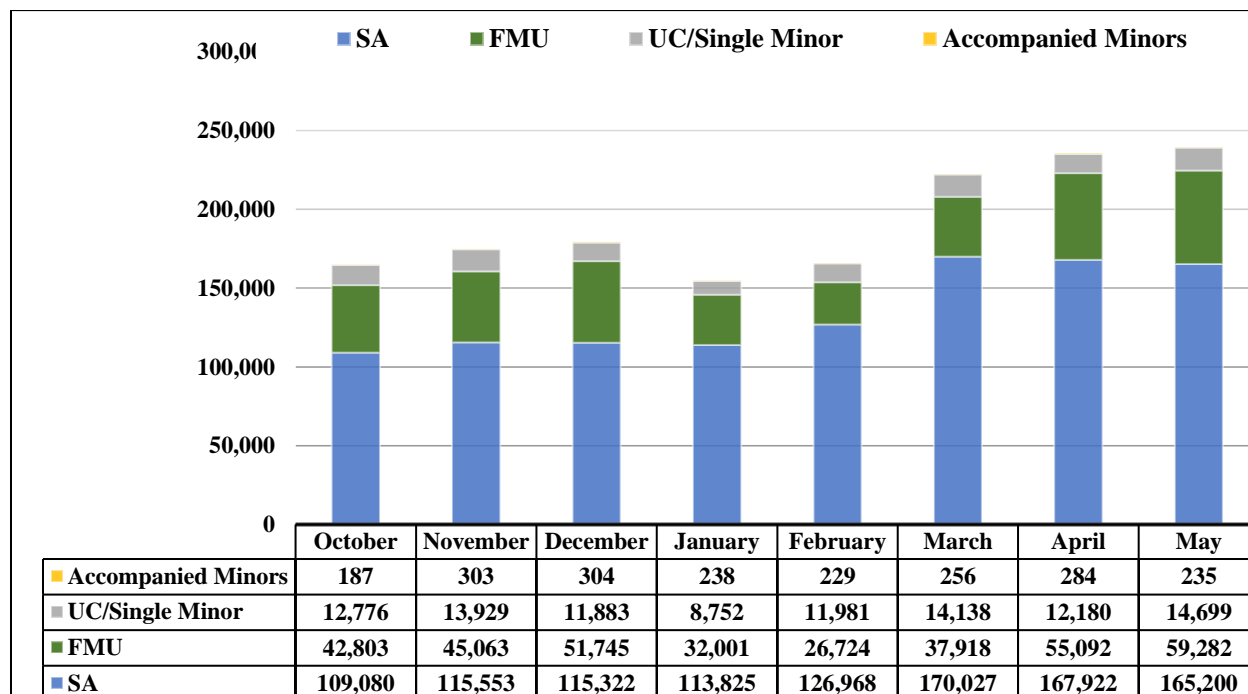
⁷ Percent change is from April 2022 to May 2022.

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Table 2. Comparison of CBP Encounters from October to May FY 21 to FY 22

	FY 21 ⁸	FY 22 ⁹	% Change
CBP Single Adults	660,341	1,083,896	64%
CBP UCs/ Single Minors	79,577	100,336	26%
CBP FMUs	189,314	350,631	85%
CBP AMs	986	2,036	106%

Chart 1. 2022 Total CBP Southwest Land Border Encounter Demographics¹⁰



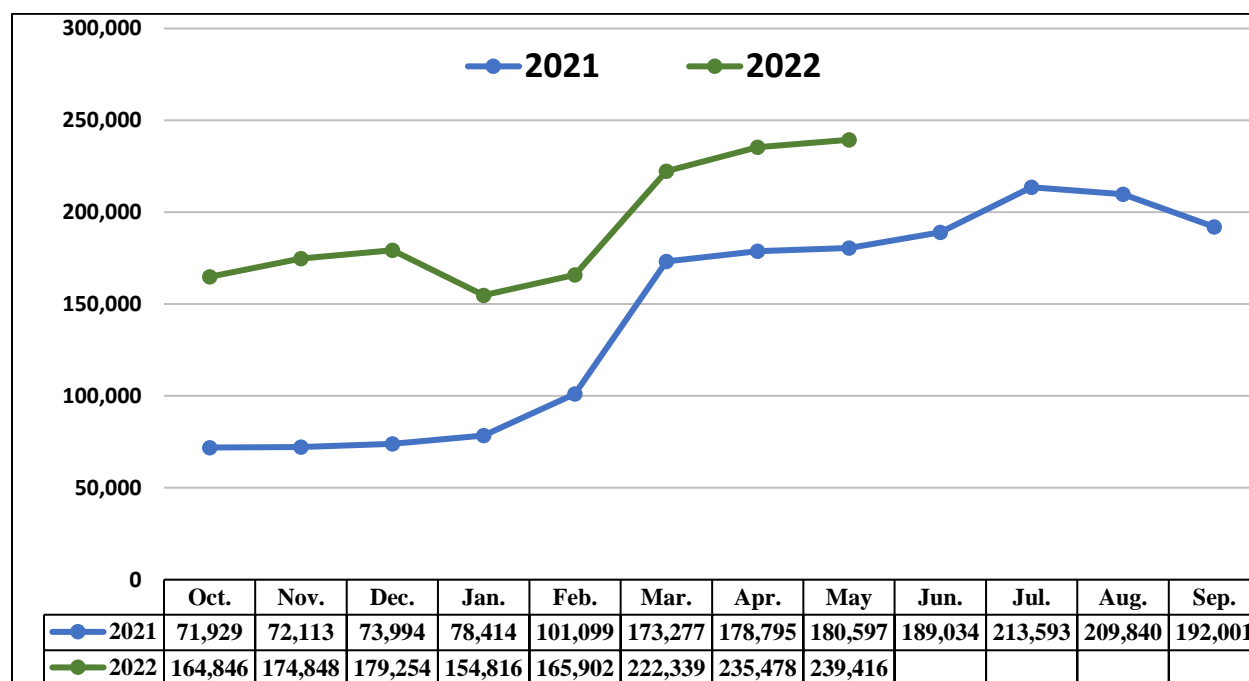
⁸ See, *U.S. Border Patrol and Office of Field Operations Encounters FY 2021*, U.S. Department of Homeland Security, Customs and Border Protection, <https://www.cbp.gov/newsroom/stats/southwest-land-border-encounters> (last visited June 22, 2022).

⁹ *Id.*

¹⁰ *Id.*

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Chart 2. Total CBP Southwest Land Border Encounters¹¹



Tables 3 and 4 show encounter data specific to USBP RGV Sector.

Table 3. USBP RGV Sector Encounters from March 2022 to May 2022

	March 2022 ¹²	April 2022 ¹³	May 2022 ¹⁴	% Change ¹⁵
RGV Single Adults	28,069	28,295	27,265	-4%
RGV UCs	7,128	5,758	7,477	30%
RGV FMUs	8,876	7,868	11,167	42%

¹¹ See, *U.S. Border Patrol and Office of Field Operations Encounters FY 2021*, U.S. Department of Homeland Security, Customs and Border Protection, <https://www.cbp.gov/newsroom/stats/southwest-land-border-encounters> (last visited June 22, 2022).

¹² See, *Southwest Land Border Encounters by Component: Fiscal Year to Date (FYTD) Percent Change*, U.S. Department of Homeland Security, Customs and Border Protection, <https://www.cbp.gov/newsroom/stats/southwest-land-border-encounters-by-component> (last visited June 22, 2022).

¹³ *Id.*

¹⁴ *Id.*

¹⁵ Percent change refers to April 2022 to May 2022.

Table 4. Comparison of USBP RGV Sector Encounters from October to May FY21 to FY22

	FYTD 21¹⁶	FYTD 22¹⁷	% Change
RGV Single Adults	131,397	188,586	44%
RGV UCs	37,282	51,393	38%
RGV FMUs	103,621	93,245	-10%

Table 5 represents the average daily number of individuals in USBP custody across the SWB and, more specifically, in RGV Sector, for the months of March 2022 to May 2022.

Table 5. USBP Average Daily Subjects in Custody¹⁸

	March 2022	April 2022	May 2022
USBP SWB Average	11,838	10,393	11,985
RGV Average	3,286	2,238	2,291

Table 6 provides specific information regarding the number of class members in CBP custody across the SWB and in RGV Sector as of June 8, 2022, at 6:00 a.m. Eastern Standard Time (EST). The June 8, 2022 date was selected to provide a snapshot of the number of class members in CBP custody during the time this report was compiled.

Table 6. Class Members in CBP Custody on June 8, 2022, at 6:00 a.m. EST¹⁹

	CBP SWB	USBP SWB	RGV Sector
Number of UCs	766	761	406
Number of FMU Children	1,879	1,863	1,036
Number of AMs	2	n/a	n/a
TOTAL	2,647	2,624	1,442

Lastly, Table 7 depicts the average length of time children were in USBP custody across the SWB and in RGV Sector.²⁰ This table shows the average TIC for all children, as well as the TIC

¹⁶ See, *Southwest Land Border Encounters by Component: Fiscal Year Percent Change*, U.S. Department of Homeland Security, Customs and Border Protection, <https://www.cbp.gov/newsroom/stats/southwest-land-border-encounters-by-component> (last visited June 22, 2022).

¹⁷ *Id.*

¹⁸ See, *USBP Average Daily Subjects in Custody by Southwest Border Sector*, U.S. Department of Homeland Security, Customs and Border Protection, <https://www.cbp.gov/newsroom/stats/custody-and-transfer-statistics> (last visited June 22, 2022).

¹⁹ The census of class members in CBP, USBP, and RGV Sector custody as shown in Table 6 was provided to JCO by CBP for the purpose of this report. This is not official data published on cbp.gov.

²⁰ TIC represents the amount of time an individual is in CBP custody, beginning at the time of encounter through the time of transfer from CBP custody. Thus, the average TIC for all children is calculated based on the total number of children in custody and how long each had been in custody as of 6:00 a.m. EST on a particular day. For example, if a child was arrested at 12:00 a.m. EST on June 8, 2022, then the child would have a TIC of six hours when TIC was compiled for that day. Likewise, if a child were apprehended at 12:00 a.m. EST on June 7, 2022, and remained in custody on June 8, 2022, that child's TIC would be captured at 30 hours when TIC was pulled on June 8, 2022.

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for UCs and FMU children specifically. Average TIC data is provided for March 2022, April 2022, May 2022, and June 8, 2022. The average TIC on June 8, 2022 was provided to depict a more recent snapshot of the average TIC for class members during the time this report was compiled.

Table 7. Class Members Average CBP Time in Custody²¹

		March 2022	April 2022	May 2022	June 8, 2022
		(Hours)	(Hours)	(Hours)	(Hours)
CBP SWB	All	47.70	53.20	52.20	53.64
	UCs	23.23	21.07	24.96	23.66
	FMUs	58.04	63.40	60.89	65.80
	AMs	10.90	12.97	32.62	105.40
USBP SWB	All	48.28	54.03	52.48	53.89
	UCs	23.33	21.13	25.03	23.66
	FMUs	58.46	64.04	61.29	66.23
RGV Sector	All	45.70	47.26	52.39	60.67
	UCs	21.59	17.76	23.61	23.00
	FMUs	60.97	64.32	70.74	75.43

In May 2022, 13,916 UCs were encountered and booked out of custody by CBP. Of those UCs, 160, or approximately 1.15%, remained in custody for more than 72 hours. Many factors can contribute to UCs remaining in custody more than 72 hours, such as an injury requiring medical treatment/hospitalization, UCs initially claiming to be adults and then proven to be of minor age, injury/hospitalization of family member, or HHS ORR resource and capacity limitations. For example, in May 2022, the highest TIC, of 241.98 hours, corresponded to a 16-year-old Mexican female who was admitted to the hospital for surgery due to a wrist injury and processed for Voluntary Return upon release from the hospital. The May 2022 average UC TIC was approximately 24 hours, which resulted from the processing efforts made by USBP sectors and the coordination with the Movement Coordination Cell (MCC), described in more detail below, to prioritize the UCs with the highest TICs for referral to HHS/Office of Refugee and Resettlement (ORR), the rapid placement by HHS/ORR, and the assistance through ICE Enforcement and Removal Operations coordination in transporting UCs to shelters.

COVID-19 Testing Approaches

As explained in my June 4, 2021 report, CBP conducts health intake interviews, including COVID-19 considerations and temperature checks, on individuals in custody upon entry into CBP facilities. Individuals entering CBP custody with identified COVID-19 concerns are taken from the CBP facility to a local health care facility for further assessment, COVID-19 testing, and treatment as appropriate. It is also possible that a local health care facility may test an

²¹ The average TIC for class members in CBP and USBP facilities as shown in Table 7 was provided to JCO by CBP for the purpose of this report. This is not official data published on cbp.gov.

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individual for COVID-19 if they are referred by CBP for another health reason. Additionally, CBP continues to facilitate COVID-19 testing by HHS of UCs upon intake at four CBP facilities in high-volume CBP sectors. If positive, the UC and any accompanying family member (such as siblings) who may test negative are isolated and generally transferred to an ORR facility within 12 hours. UCs who test negative are processed and transferred to HHS in accordance with existing procedures.

Moreover, individuals in CBP custody, including children, may be tested for COVID-19 by ICE, HHS, or state/local partners, as appropriate, upon arrival, transfer, or release from CBP custody. CBP maintains general visibility on all these efforts, but given the multiple lines of effort, does not maintain comprehensive data on the number of children who are or have been in CBP custody and may have tested positive for COVID-19.

Processing Minors under Title 8 and Title 42 Authorities

CBP continues to assist the Centers for Disease Control and Prevention (CDC) in enforcing its *Public Health Reassessment and Order Suspending the Right to Introduce Certain Persons from Countries Where a Quarantinable Communicable Disease Exists* (August 2, 2021) (Title 42).²² As of the filing date of this report, the government may still expel amenable single adults and FMUs in the United States traveling from Canada or Mexico (regardless of their country of origin) who would otherwise be held in OFO ports of entry (POEs) or USBP facilities for immigration processing.

All UCs encountered in the United States are processed under Title 8 authorities and transferred to the custody of HHS/ORR or repatriated to a contiguous country in accordance with the Trafficking Victims Protection Reauthorization Act of 2008. On March 11, 2022, the CDC published a *Public Health Reassessment and Immediate Termination of Order Suspending the Right to Introduce Certain Persons from Countries Where a Communicable Disease Exists with Respect to Unaccompanied Noncitizen Children*, “conclud[ing] that UC[s] should not be subject to the CDC Orders based on the current public health circumstances.”²³ On April 1, 2022, the CDC published a *Public Health Determination and Order Regarding the Right to Introduce Certain Persons from Countries Where a Quarantinable Communicable Disease Exists*, which provided for the termination of the CDC Title 42 Order issued on August 2, 2021 and all related prior CDC Orders, to be implemented on May 23, 2022. As of the writing of this report and based on the ruling in *Louisiana, et al. v. CDC, et al.*, which enjoined the implementation of the April 1, 2022 CDC Title 42 Termination Order, FMUs continue to be processed under Title 42 and Title 8, depending on various factors as described in my April 9, 2021 report.

Responding to Increases in SWB Migration

Regardless of whether Title 42 continues to remain in effect, CBP, in coordination with its interagency partners, has taken significant steps to plan for and proactively address migration surges and mitigate bottlenecks in the immigration system, to the extent within CBP’s control.

²² See, 86 Fed. Reg. 42828 (August 5, 2021).

²³ See, 87 Fed. Reg. 15243 (March 17, 2022).

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The following sections address how CBP is responding to increases in SWB migration by increasing interagency coordination, expanding facility capacities, and deploying personnel to key SWB locations.

Interagency Coordination

The MCC, established in March 2021, is a first of its kind venture forming a coalition comprised of CBP, ICE, HHS, U.S. Department of Defense (DoD), and Federal Emergency Management Agency resources to expeditiously transfer migrants out of CBP custody and into ICE or HHS custody. In particular, the MCC collaborates across agencies and components to assist sectors and field offices in prioritizing the expeditious transfer of UCs from CBP custody to HHS. The MCC has successfully reduced UCs' time in CBP custody through targeted initiatives and information-sharing across multiple agencies. The MCC accomplishes this mission by proactively reviewing all UCs in custody and working with the field to prioritize processing, placement, and transport to HHS facilities. The MCC also monitors and assists with the movement of Single Adults and FMUs out of CBP custody. Since its inception, the MCC has monitored the movement of 3,227,035 CBP encounters, which includes 219,145 UCs.

Likewise, in February 2022, DHS established the Southwest Border Coordination Center (SBCC), a Department-wide approach that leverages National Incident Management System²⁴ organizational concepts to plan and prepare for migration increases at the SWB. Co-located and integrated with existing CBP coordination efforts, the SBCC provides policy guidance to incident personnel, identifies and acquires critical resources, supports resource prioritization and allocation, and informs decision making among elected and appointed officials. Through the SBCC, CBP and its federal partners have enhanced collaboration across multiple facets of border security, processing, and holding, including infrastructure, transportation, medical care, and joint processing. To assist in the expeditious transfer of UCs from CBP to HHS custody, CBP, ICE, and HHS are embedded within the SBCC to ensure appropriate coordination. While UC processing and transfer is prioritized, the SBCC's enhanced coordination and visibility over the migrant processing and holding continuum ultimately supports the expeditious transfer of all children, both UCs and FMUs, out of CBP custody.

Expanding Facility Capacity

Since January 2021, CBP has increased its holding capacity across the SWB from less than 13,000 to more than 17,000 individuals. This has been accomplished by constructing and expanding short-term holding facilities at key border locations. Presently, CBP has six soft-sided facilities (SSFs) and three central processing centers (CPCs) across the SWB. In coordination with DHS, there are additional construction projects in various stages of planning and completion, including the development of DHS joint processing centers that will co-locate

²⁴ See, *National Incident Management System*, U.S. Department of Homeland Security, Federal Emergency Management Agency, <https://www.fema.gov/emergency-managers/nims> (last visited June 28, 2022) (Established by DHS in March 2004, the National Incident Management System is a comprehensive, nationwide approach to emergency management that allows for all levels of government, NGOs, and the private sector to work together to prevent, respond to, and recover from incidents.).

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CBP with ICE and HHS. At the time of filing this report, most UCs and families encountered by CBP are held in one of CBP's CPCs or SSFs.

CPCs are permanent buildings, whereas SSFs are temporary structures. Despite the differences in building structures, both types of facilities have similar layouts that allow CBP to safely process and hold various demographics encountered at the border in the least restrictive setting possible. The CPCs and SSFs generally have larger holding pods that are more open than stations and POEs. These facilities also typically utilize more contract services, as needed, including food services, janitorial services, security, laundry, and caregivers. While each facility is unique, and individual stations and POEs may contract for some or all of these services, the CPCs and SSFs were designed to hold more individuals, of differing demographics, than stations and POEs, and procured service contracts accordingly.

The following table provides a list of the current CBP CPCs and SSFs, including operational dates and the dates of inspections conducted by the Juvenile Coordinator's Office (JCO) during this reporting period (or the date of the last inspection if outside the reporting period).

Table 8. CBP Central Processing Centers and Soft-Sided Facilities

Type	Facility	Operational Date	Latest JCO Inspection Date
Del Rio Border Patrol Sector			
SSF	Eagle Pass South	April 2021	May 2022
SSF	Eagle Pass North	May 2022	N/A ²⁵
El Paso Border Patrol Sector			
CPC	EPT Modular CPC	February 2020	February 2022
Laredo Border Patrol Sector			
SSF	Laredo SSF	September 2021; expansion in April 2022	October 2021
Rio Grande Valley Border Patrol Sector			
CPC	McAllen CPC (previously referred to as CPC-Ursula)	March 2022	Toured April 2022 ²⁶
SSF	Donna SSF	February 2021	April 2022
Tucson Border Patrol Sector			
CPC	Tucson Coordination Center	August 2020	August 2020
SSF	Tucson SSF	April 2021	February 2022
Yuma Border Patrol Sector			
SSF	Yuma SSF	April 2021; expansion in April 2022	March 2022

²⁵ JCO has not inspected this facility at the time of filing this report.

²⁶ Facility was not holding children at that time.

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Deploying Personnel to SWB

In addition to increasing holding capacity, CBP has also increased its workforce at the SWB by deploying agents and officers from other locations to the SWB. As of April 25, 2022, CBP has over 23,000 agents and officers working at the SWB; 600 have deployed since February 1, 2022, to support increasing operational demands. USBP is also utilizing non-law enforcement Border Patrol Processing Coordinators (BPPCs) to support the increased processing demands and allow agents to complete their law enforcement duties. Currently, there are approximately 296 BPPCs working in USBP facilities, with plans to deploy an additional 500 full-time and contract processors. Finally, the DHS Volunteer Force has been activated, and volunteers have been deployed to CBP facilities across the SWB to support administrative and logistical duties, including distributing meals, maintaining supplies, and picking up prescription medicines prescribed to migrants in custody.

COVID-19 Precautions

CBP continues to adapt and refine its COVID-19 protocols and guidance based on the most current CDC and other applicable guidance, which are utilized to update the CBP Job Hazard Analysis (JHA) guidance as appropriate. Per the current CBP JHA, CBP personnel who are in holding areas or interacting with individuals in custody are required to wear facemasks and/or appropriate personal protective equipment, depending on the type of contact and risk of exposure. CBP also continues to provide facemasks for individuals in custody to wear and continues to encourage social distancing to the extent possible.

At 21 facilities along the SWB, CBP is providing the first dose of the COVID-19 mRNA vaccine to inadmissible, age-appropriate noncitizens who are processed under Title 8 and taken into CBP custody, if they are unable to provide proof of a previous CDC or World Health Organization approved vaccination. This includes vaccinations provided, with parental consent, to age-appropriate children in migrant families.

CBP Medical Developments

CBP continues to prioritize the health and safety of all individuals in its custody, and as such, continues to enhance its medical capabilities beyond providing emergency medical assistance as required by the FSA. In accordance with CBP Directive 2210-004- *Enhanced Medical Support Efforts* and accompanying implementation plans, CBP continues to identify and operate medical priority facilities, which have contract medical personnel onsite, across the SWB.²⁷ As of June 6, 2022, CBP has contract medical personnel at 81 CBP facilities. Contract medical providers are trained, licensed, and credentialed to care for the population in CBP custody, including children.

²⁷ See, *Directive 2210-004-CBP Enhanced Medical Efforts*, U.S. Department of Homeland Security, Customs and Border Protection, <https://www.cbp.gov/document/directives/directive-2210-004-cbp-enhanced-medical-efforts> (last visited June 28, 2022); see also, *CBP Medical Implementation Plan – Overall Summary*, U.S. Department of Homeland Security, Customs and Border Protection, https://www.cbp.gov/newsroom/speeches-and-statements/cbp-medical-implementation-plan-overall-summary?language_content_entity=en (last visited June 28, 2022).

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CBP also continues to leverage technology to enhance documentation and ensure continuity of medical care for migrants in custody. First launched in RGV Sector in December 2020, CBP's Electronic Medical Record (EMR) is now utilized by all CBP facilities with contracted medical support across the SWB. As discussed in previous reports, the EMR allows for documentation of medical care received in CBP custody to be easily transferred between CBP facilities. For example, if a child receives a medication dose at Donna SSF and is transferred to Brownsville Station, the medical support staff at Brownsville Station can see the type and dosage of medication in the EMR.

Most recently, on April 29, 2022, CBP Commissioner Chris Magnus signed and distributed Memorandum, *Directive for U.S. Customs and Border Protection Approach to Trauma-Informed Care for Persons in Custody*. This is the culmination of a detailed assessment conducted in coordination with the DHS Chief Medical Officer (CMO) and based on feedback from the Court-appointed Flores Medical Monitor to incorporate appropriate trauma-informed behavioral health considerations into CBP's practices and processes to render the system more responsive to potentially vulnerable populations, including children. The core of a trauma-informed approach is recognition and awareness of potential trauma and potential adverse effects for migrants in CBP custody. CBP's trauma-informed care approach is based on four key components and includes the following considerations.

1. Trauma-Informed Awareness and Training
 - a. CBP worked with behavioral health professionals to develop trauma-informed training for medical support personnel, and will continue to include this training during medical personnel onboarding.
 - b. Training for CBP operational personnel who interact with persons in custody is scheduled to be available in July 2022.
2. Trauma-Informed Medical Support
 - a. CBP medical support processes emphasize early recognition of significant trauma-related behavioral health concerns with a focus on psychological triage, psychological first aid, and appropriate referral.
 - b. CBP medical personnel coordinate with CBP operational personnel to prioritize persons with trauma-related or other behavioral health concerns for transfer out of CBP custody.
 - c. CBP Behavioral Health Advisors provide expert support, guidance, coordination, and consultation.
3. Trauma-Informed Holding Processes for Persons in Custody
 - a. In coordination with operational components, CBP will ensure holding processes are informed by the potential for trauma of persons in custody, with an emphasis on unaccompanied children.
 - b. Efforts will focus on providing a sense of safety/security, providing a reassuring adult presence (caregivers), providing regular orientation/reassurance, and providing activities for distraction/diversion.
4. Monitoring and Oversight
 - a. The CBP Office of the Chief Medical Officer (OCMO) will regularly review and advise on CBP's trauma-informed care efforts.

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- b. The CBP Juvenile Coordinator, in coordination with the CBP CMO, will monitor compliance of CBP's trauma-informed care efforts.

Flores Monitoring and Oversight

While the focus of my interim reports has been RGV Sector, I recognize my mandate is nationwide and I have continued to monitor the conditions of custody for children across the SWB. The following sections provide an overview of the inspections conducted during the reporting period, including locations visited, conditions of custody, and common findings.

CBP Facilities Inspected

Between June 1, 2021 and May 31, 2022, JCO conducted 25 inspections of 19 CBP facilities located in eight USBP sectors and three OFO field offices. Personnel from OCMO accompanied JCO during several inspections. Four facilities, the El Paso Modular CPC (MCPC), the Uvalde Station, Temporary Outside Processing Site (TOPS), and the Yuma SSF, were inspected twice, and the Donna SSF was inspected three times. These 25 inspections included two unannounced site visits, which I personally conducted. This process allowed me to maintain awareness of the conditions of custody for children encountered at and between the POEs across the entirety of the SWB, generally focusing on those sectors/field offices with the highest volumes of children encountered.

Table 9. CBP OFO JCO Inspections

Field Office	Location	Date of Inspection
El Paso Field Office	El Paso POE	7/20/2021
Laredo Field Office	Hidalgo POE	4/28/2022
	Laredo POE	5/26/2022
San Diego Field Office	San Ysidro POE	3/24/2022

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Table 10. CBP USBP JCO Inspections

Sector	Location	Facility Type	Date of Inspection
Big Bend Sector	Sierra Blanca Station	Station	7/22/2021
Del Rio Sector	Uvalde Station	Station	10/26/2021
	Eagle Pass SSF	SSF	5/24/2022
	Uvalde Station	Station	5/25/2022
El Paso Sector	El Paso MCPC	CPC	7/21/2021
	El Paso MCPC	CPC	2/8/2022
Laredo Sector	Laredo SSF	SSF	10/27/2021
RGV Sector	TOPS	Station	8/11/2021
	Donna SSF	SSF	8/12/2021
	McAllen Station	Station	8/13/2021
	Donna SSF	SSF	11/16/2021
	TOPS	N/A	11/17/2021
	Falfurrias Station	Station	11/18/2021
	Donna SSF	SSF	4/26/2022
San Diego Sector	Imperial Beach Station	Station	3/22/2022
	Brown Field Station	Station	3/23/2022
Tucson Sector	Nogales Station	Station	6/10/2021
	Tucson SSF	SSF	2/10/2022
	Ajo Station (Unannounced)	Station	3/22/2022
Yuma Sector	Yuma SSF	SSF	6/9/2021
	Yuma SSF (Unannounced)	SSF	3/23/2022

In addition to the facility inspections listed above, JCO also toured three CBP facilities during this reporting period. JCO's tour of the Rio Grande City Station on November 17, 2021 was described in my January 21, 2022 interim report and therefore is not discussed here. More recently, JCO toured Brownsville Station (BRP) and McAllen CPC in RGV Sector on April 27, 2022.

At the time of the JCO tour, BRP was operating as RGV Sector's medical isolation station for migrants in custody. When individuals in custody need to be isolated for a medical reason (e.g., COVID-19; flu; hand, foot, and mouth disease) the facilities where they were diagnosed request that BRP receive the sick individuals. Upon confirmation that BRP will receive them, they are transferred to BRP for the duration of their isolation, or until transfer out of CBP custody can be arranged. BRP is one of two stations in RGV Sector that has negative pressure hold rooms, preventing air from moving out of the hold rooms when the doors are open, helping to contain contagious diseases. Because individuals at BRP were in medical isolation, JCO did not

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complete a full inspection. Instead, JCO toured the facility and observed operations. At the time of the tour, there were no children onsite. BRP had contracted caregivers who monitored showers as well as contracted medical support personnel onsite.

JCO also toured the newly renovated McAllen CPC (previously referred to as CPC-Ursula). At the time of JCO's visit, Donna SSF continued to serve as the primary processing hub for UCs and families encountered in RGV Sector. Single adults were held at McAllen CPC at the time of the tour based on operational demand; single adults made up the largest demographic encountered at the time of the tour. The reopening of McAllen CPC provided additional capacity for processing single adults, increasing the capacity at Donna SSF for processing UCs and families. Because no children were held at McAllen CPC, JCO did not conduct an inspection. JCO toured the facility, paying attention to the renovations and capabilities that would allow the facility to pivot to holding UCs and families if operational demands required. Of note, the previous chain link fencing inside the facility was replaced by concrete block walls. McAllen CPC informed JCO that they purchased child-friendly furniture in preparation for holding UCs and families as needed. The facility renovation also included expanding the medical areas to provide more space for medical care. I am confident that McAllen CPC will meet the FSA requirements when holding children in the future.

Safe and Sanitary Conditions Across the SWB

CBP facilities generally provided access to meals and snacks, clean drinking water, functional toilets and sinks, adequate temperature control and ventilation, cots/mats and blankets, shower options, adequate supervision to protect minors from others, emergency medical care if needed, and safe and sanitary hold rooms. The following is an overview of the facilities inspected. For more specific information about the conditions at each facility, please refer to Appendix I.

All facilities inspected provided access to regular meals and snacks, including formula and baby bottles. The snacks provided varied, but typically JCO observed apples, chips, and granola bars. In some facilities, snacks were freely accessible for children to take at any time. In other facilities, snacks were provided at certain times or available upon request. There were some facilities where JCO identified expired food or formula during the inspection. In each of these cases, JCO notified the facility, and the expired food was discarded. Moreover, each facility JCO inspected provided access to clean drinking water. At one of the stations, JCO noted that the five-gallon water jug in one hold room with children was empty. The jug was immediately refilled to ensure the children had access to clean drinking water. At that facility, JCO also observed many of the children in various hold rooms had juice boxes or bottled water, which were provided in addition to the clean drinking water in the five-gallon water jugs.

In general, all facilities provided access to functioning toilets and functioning sinks. However, in one facility, JCO noted there was an issue with the hot water for sinks in one pod, and the facility immediately notified the contractors to fix the issue. In another facility, there was an issue with the water pressure and faucets not properly turning off in multiple hold rooms. The water pressure and improperly functioning sinks significantly reduced access to functioning sinks at the time of the inspection. JCO notified the facility, and work orders were created for the sinks to be fixed. Upon receiving the work order, maintenance fixed the sinks within a day. Moreover, at

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all facilities where temperature was measured, the hold rooms were within the acceptable range of 66°F to 80°F. Two facilities had issues with ventilation in some of their holding areas at the time of the inspection; work orders were also submitted to remedy the situation. Of the 19 facilities inspected, JCO noted that 10 facilities had soap or hand sanitizer inside the hold rooms and 9 facilities had soap or hand sanitizer available upon request. During two of the inspections where JCO noted soap or hand sanitizer was not available in the hold room, one facility had soap dispensers in the hold rooms, but they were empty, and the other facility had soap available in two of three hold rooms; JCO addressed this with the two facilities.

All facilities had blankets available for children and their families. While RGV TOPS is an outdoor processing facility and did not provide mats (benches were available for seating), all other facilities provided mats to children. There were some instances where JCO noted parents sharing mats with children or children not having their own mat. These were isolated incidents and JCO informed the facility while onsite. JCO also observed the availability of hygiene supplies, including toothbrush/toothpaste, feminine hygiene products, and diapers and baby wipes. All facilities were stocked with these items. Additionally, JCO observed during 23 of the 25 inspections that the facilities were well stocked with clothing in various sizes to provide to children, if needed. The remaining two inspections identified that the facilities only had a small amount of infant and small children's clothing on hand, which JCO noted may need to be replenished to accommodate young children needing clean clothing.

All facilities had contract medical personnel onsite to attend to acute and emergent medical needs. Except for TOPS in RGV Sector,²⁸ all CBP facilities also had contract janitorial services. The janitorial crew was onsite during many of JCO's inspections, and JCO observed the crews cleaning the hold rooms, bathroom areas, and mats. The janitorial crews were integral to maintaining sanitary conditions at the facilities, but there were three facilities inspected where trash had begun to pile up in the bathroom area or in trash cans. JCO discussed this with each facility and recommended that, to the extent possible, janitorial crews be assigned to check those areas more frequently depending on the number of individuals in custody. Caregivers were also utilized at all five CPCs and SSFs inspected. In general, the caregivers at the various CBP facilities supervised and assisted in the care of tender-age UCs as well as monitored the shower process for individuals in custody. At El Paso's MCPC, the caregivers were in the pods with the children.²⁹ These caregivers interacted with the children in the pods, providing snacks, toys, and a reassuring adult presence.

Thirteen of the nineteen inspected facilities had shower facilities onsite. Of those that did not have physical shower facilities, all but two carried body wipes for children to use until they reached a facility that did have physical shower facilities. One of the two facilities, a POE, informed JCO that the children in the facility generally came directly from a shelter in Mexico and were generally released within the same day. The other facility was TOPS, which for children and families remaining in CBP custody, was the first stop before they were transferred to other CBP facilities that had showers or body wipes. Finally, six of the CBP facilities JCO

²⁸ While TOPS did not have a janitorial contract because it is an outdoor processing site, it did contract for the provision and regular maintenance of portable toilets and handwashing stations.

²⁹ During one JCO visit, caregivers were outside the pod with the COVID-19 positive children. They were still providing supervision and access to snacks.

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inspected had an outdoor recreation area available that could be used as operationally feasible, or as weather permitted. JCO observed there were toys or televisions available for entertainment at 14 of the 19 total facilities inspected.

Reoccurring Challenges

The inspections generally demonstrated that CBP facilities were equipped to meet the FSA requirements, and that where issues related to care and custody were discovered, actions were taken to the best of the facility's ability to address the situation. These included submitting work orders for facility maintenance, restocking food and supplies so they were available to children, or facilitating requested medical care. However, across the SWB, there were two areas that JCO most frequently identified as challenges: data recordation and consistent communication with individuals in custody. In addition, JCO found that some facilities were not familiar with certain CBP medical policies related to supervision and documentation.

Prior to an inspection, JCO selects a sample of 5 to 10 children in custody at the facilities to be inspected and reviews their custodial records in the USBP e3 Detention Module (e3DM) or in the OFO Unified Secondary (USEC) system. JCO selects an additional sample of 5 to 10 children at the facilities to be inspected who are receiving medical care and reviews their custodial records in e3DM or USEC as well as in the EMR maintained by the medical contractor. During the inspection, JCO interviews personnel familiar with inputting custodial actions, supervisory personnel over holding areas, personnel familiar with the medical processes, and contracted medical personnel. When possible, JCO also observes children throughout the facility at various stages of processing, including during intake and exit as well as in medical and holding areas. During this reporting period, JCO conducted a data review of custodial actions recorded during 18 inspections and reviewed medical capabilities during 20 inspections. JCO did not conduct complete data and medical capabilities reviews during five inspections where a smaller team was onsite and conducted more targeted inspections. JCO also did not conduct data reviews at two POEs, which were processing families who had been excepted from Title 42. Given the nature of this processing, these families were in open processing areas and were not in hold rooms.

The data reviews frequently revealed inconsistent data entry for custodial actions that were, in fact, routinely completed for children in custody, including meals provided and cot/mat and/or blanket provided. The most common issue identified during data reviews pertained to recording welfare checks, which was noted in 14 of the 18 data reviews. The main challenge involved welfare checks recorded at infrequent intervals. For example, a facility may be recording welfare checks every two to three hours and then there is a span of six hours without any welfare checks recorded. Despite gaps in recorded welfare checks, JCO observed that children were under almost constant supervision. Most facilities had an agent, medical personnel, caregiver, or contracted security either directly supervising the children or observing them through video monitoring. Thus, this issue pertains to the documentation of the work CBP is already doing to ensure adequate supervision to protect a minor from others. Another area needing improvement is the documentation of meals provided in CBP's systems of record. JCO checks whether the facilities have recorded at least a breakfast, lunch, and dinner each day that a child is in custody. While JCO is onsite, they strive to observe at least one meal being served to understand how the

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facility provides meals to children in custody. Based on onsite interviews and JCO's observations, I am assured that children are receiving regular meals; however, during nine inspections, JCO identified meals were not properly recorded in the facility's system of record.

The reoccurring issues identified during the medical capabilities reviews involved the completion of medical forms, the documentation of medical actions in CBP's systems of record, and awareness of relevant medical policy by CBP employees. Fourteen inspections found incorrect or missing documentation related to health intake interviews and summaries of medical care provided while in custody. During nine inspections, the facility did not record medical conditions or prescriptions in the USBP or OFO systems of record, although the condition or prescription was documented in the EMR maintained by the medical contractors. Moreover, during eight inspections, the CBP personnel interviewed were unaware of the CBP policy that requires the provision of a written summary of medical care for people with medical issues identified or addressed in CBP custody upon transfer or release from CBP custody. During each inspection, JCO and OCMO continue to educate the field on the importance of this policy to ensure CBP is facilitating continuity of care. Likewise, during seven inspections, the CBP personnel interviewed were not aware of the CBP policy that requires agents/officers to conduct and document welfare checks every fifteen minutes when children or adults are sick and held alone in isolation. JCO and OCMO also consistently emphasize the importance of conducting and documenting these fifteen-minute checks when required.

During this reporting period, JCO also continued to interview children and/or parents who volunteered to speak to members of my team about their experience in CBP custody. The JCO interviewers are two plain-clothes, non-law enforcement members of my team, including a native Spanish speaker, who cover a wide range of topics while maintaining a conversational tone and posing open ended questions. JCO interviewed children and/or parents during 16 of the 25 inspections. Interviews were not conducted when JCO interviewers were not onsite, when no children were onsite at the time of the inspection, or when children had recently arrived at the facility at the time of the inspection since they could not speak to many of the interview topics having spent such little time at the facility.

Most frequently, the issues identified during JCO's interviews related to the need for more consistent and clear communication by CBP personnel to individuals in custody. For example, JCO interviewed one mother who explained that on the night she and her 10-year-old son were apprehended, they shared one mat and one Mylar blanket because the mother received vague instructions of how many of each she was supposed to take. The next day she noticed that each mother and each child had their own mat and Mylar blanket. She requested an additional mat and Mylar blanket, and the USBP personnel immediately provided them. This example highlights how, despite items being available at a facility, without clear instructions, children and/or their parents may not know that these items are available to them or that they can request them. As CBP has acknowledged in its Trauma-Informed Care policies, children (and their parents) may be overwhelmed when first encountering CBP personnel. Clear instructions tend to reduce the anxiety a child may experience while in custody and reduces the potential for miscommunication. Therefore, at each inspection, JCO stresses the importance of providing clear instructions related to requesting medical attention, food, water, and hygiene items, and reiterating instructions frequently since new migrants continuously enter the facility.

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Addressing Challenges

I believe robust oversight requires not only identifying areas for improvement or potential instances of noncompliance, but also facilitating solutions. My team and I regularly communicate with different levels of management at CBP Headquarters and in the field.

While onsite, JCO addresses any issues identified with the agents/officers facilitating the inspection. In addition, at the end of each inspection, my team will meet with the personnel participating in the inspections and the appropriate facility management able to participate. During this meeting, JCO discusses the results of the inspection, including any issues identified, and offers possible solutions based on their experience and observations across the SWB. JCO also advises the facility to submit information on any corrective actions they may take based on the issues identified, such as holding a muster clarifying policy or submitting work orders. Following the inspection, the JCO Director contacts the corresponding sector or field office management to inform them of the inspection results. JCO also informs the program managers at USBP and OFO Headquarters regarding the inspections. This process ensures that personnel at the station, POE, sector, field office, and headquarters levels are aware of the inspections and results.

During this review period, JCO also conducted two Town Halls, one on December 9, 2021, and one on May 12, 2022, for CBP personnel involved in the care and custody of children. Both Town Halls were attended by more than 100 CBP personnel and featured speakers from USBP, OFO, OCMO, and the Office of Chief Counsel to clarify CBP policy requirements related to children in CBP holding facilities, enhance compliance with the FSA, and provide updates on JCO inspections. During the Town Halls, USBP and OFO program managers reiterated the importance of properly recording custodial and medical actions in the systems of record. JCO personnel also presented our most common findings, best practices, and results of the interviews completed with children onsite. The Town Halls represent the culmination of an integrated strategy that uses the results of JCO's inspections to identify areas of concern, and in turn, promote learning opportunities to ensure compliance and enhance processes in the field. By sharing best practices, answering questions, and disseminating clear guidance, CBP promotes FSA compliance across the SWB, which ultimately supports the well-being of children in its custody.

Conclusion

Overall, I believe CBP continues to be substantially compliant with the FSA. The facilities generally provided regular meals and snacks; access to drinking water, functioning toilets, functioning sinks, emergency medical assistance if needed; and hold rooms had adequate temperature control and ventilation. When issues were identified, JCO and I observed management both acknowledge and take action to resolve the situation.

As the CBP Juvenile Coordinator, I will continue to monitor conditions of custody across the SWB, and I will continue to support CBP efforts to transfer children out of custody as expeditiously as possible. I also welcome the ongoing coordination and feedback from the Special Master/Independent Monitor and court-appointed *Flores* Medical Monitor.

APPENDIX I

2022 SWB Border Inspection Results

[illegible]

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Location	Date of Inspection	Access To Meals/Snacks	Access to Clean Drinking Water	Access to Functioning Toilets/Sinks	Cot/Mat and Blanket Available	Adequate Temperature (66F to 80F) & Ventilation	Shower Facilities Onsite	Hand Soap or Sanitizer in Hold Room	Contract Medical Personnel Onsite
RGV Sector									
TOPS	8/11/2021	Yes	Yes	Yes	No	N/A	No	Yes	Yes
Donna SSF	8/12/2021	No	Yes	Yes	No	Yes	Yes	Yes	Yes
McAllen Station	8/13/2021	Yes*	Yes	Yes	No	Unk.	Yes	No	Yes
Donna SSF	11/16/2021	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	Yes
TOPS	11/17/2021	Yes	Yes	Yes	No	N/A	No	Yes	Yes
Falfurrias Station	11/18/2021	Yes*	Yes	Yes	Yes	Yes	No	Yes	Yes
Donna SSF	4/26/2022	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
San Diego Sector									
Imperial Beach Station	3/22/2022	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Brown Field Station	3/23/2022	Yes	Yes	No	Yes	Yes	No	No	Yes
Tucson Sector									
Nogales Station	6/10/2021	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Tucson SSF	2/10/2022	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ajo Station	3/22/2022	Yes*	Yes	Yes	Yes	Yes	No	No	Yes

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Location	Date of Inspection	Access To Meals/Snacks	Access to Clean Drinking Water	Access to Functioning Toilets/Sinks	Cot/Mat and Blanket Available	Adequate Temperature (66F to 80F) & Ventilation	Shower Facilities Onsite	Hand Soap or Sanitizer in Hold Room	Contract Medical Personnel Onsite
Yuma Sector									
Yuma SSF	6/9/2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yuma SSF	3/23/2022	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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Below is an explanation for the items in the chart with a “No,” “Unk,” or asterisk. While CBP remains substantially compliant, there is always room for improvement. While onsite, JCO discussed these issues with the inspected facilities. Except for installing soap dispensers in individual hold rooms or shower facilities, most items were addressed either while JCO was onsite (ex: filing a maintenance request) or shortly thereafter (ex: purchasing more clothes or baby bottles).

Hidalgo POE (4/28/2022)

While soap and hand sanitizer were not available in each hold room, they were available upon request. JCO discovered a container of expired formula during the inspection; it was discarded immediately and replaced with a new container. While the POE did not have shower facilities, most children were not onsite long enough to require a shower.

Laredo POE (5/26/2022)

While soap and hand sanitizer were not available in each hold room, they were available upon request. Laredo POE did not have shower facilities onsite; however, they had body wipes if needed.

San Ysidro POE (3/24/2022)

While soap and hand sanitizer were not available in each hold room, they were available upon request. JCO discovered a container of expired formula during the inspection; it was discarded immediately and replaced with a new container.

Sierra Blanca Station (7/22/2021)

While soap and hand sanitizer were not available in each hold room, they were available upon request.

Eagle Pass SSF (5/24/2022)

There was some trash in the toilet area in one of three pods with children. JCO advised the facility to have janitors re-inspect toilet areas more often.

Uvalde Station (5/25/2022)

Two of the three hold rooms had insufficient ventilation. Maintenance staff cleaned the vents. One hold room did not have water in the 5-gallon water jug; it was immediately refilled upon discovery. While soap and hand sanitizer were not available in each hold room, they were available upon request.

TOPS (8/11/2021; 11/17/2021)

TOPS was an outdoor facility without temperature or ventilation control. Children were provided a blanket, but not a cot or mat.

Donna SSF (8/12/2021)

One pod did not have snacks freely available; however, they were available upon request. In one pod, JCO observed fathers and their children sleeping on the floor, instead of on mats. Mats

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were available in the facility, and JCO informed the facility to check that specific pod to ensure there were sufficient mats available.

McAllen Station (8/13/2021)

While hold rooms had soap dispensers, they were empty at the time of inspection. JCO informed the facility. The facility did not have a temperature gauge for use at the time of the inspection, which is why the temperature is listed as unknown. While mats were available at the facility, JCO observed there was not enough space to accommodate one mat per individual in the hold room. JCO observed expired lactose-free formula, which was replaced with a new container of lactose-free formula.

Donna SSF (11/16/2021)

The four pods holding parents with small children did not have baby bottles available within each pod. Baby bottles were on storage shelves just outside the pod doors; however, parents did not have free access to them. JCO observed janitorial crews onsite; however, soiled toilet paper was piled up inside the toilet areas due to increased capacity numbers. JCO advised the facility that janitorial crews may need to check the toilet areas in pods more often.

Falfurrias Station (11/18/2021)

Falfurrias Station did not have shower facilities while JCO was onsite. However, they did have body wipes if needed. During the inspection, it was discovered that some baby food items were expired by two weeks. The station discarded the expired food immediately and there was plenty of unexpired food available if needed.

Donna SSF (4/26/2022)

Functional sinks were available; however, hot water faucets were not functioning in the intake area and one pod. Maintenance staff was immediately notified and resolved the issue by close of business.

Imperial Beach Station (3/22/2022)

While soap and hand sanitizer were not available in each hold room, they were available upon request.

Brown Field Station (3/23/2022)

Janitorial services were only able to provide cleaning service once daily, and JCO observed trash cans overflowing in one of the five hold rooms with children. There were numerous non-functioning sinks in multiple hold rooms (low water pressure and/or faucets not turning off). The facility submitted work orders to remedy the situation. In addition, there was a limited supply of clothing in multiple sizes for infants and children. Brown Field Station did not have shower facilities. However, they did have body wipes if needed. While soap and hand sanitizer were not available in each hold room, they were available upon request.

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Nogales Station (6/10/2021)

Ventilation was not functioning properly in one of the holding areas. A work order was created, and the ventilation issue was corrected. Temperature was within the acceptable range in all hold rooms.

Ajo Station (3/22/2022)

One of three hold rooms with children was missing hand soap inside the hold room; JCO informed the facility. Some formula and baby food had expired; the station immediately discarded the expired items and other fresh items were available. Ajo Station did not have shower facilities; however, the Station had body wipes if needed.

Yuma SSF (3/23/22)

In one pod holding fathers and children, snacks were unavailable at the beginning of the inspection. However, fruit, chips, and juice packs were brought to the room while JCO was onsite.