EXHIBIT C

JULY 1, 2024 ORR JUVENILE COORDINATOR ANNUAL REPORT

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ORR JUVENILE COORDINATOR ANNUAL REPORT

July 1, 2024

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Introduction

This is the fourth annual report[1] for the Office of Refugee Resettlement (ORR) submitted by the Juvenile Coordinator to The Honorable Dolly M. Gee. The first annual report for ORR was submitted by the Juvenile Coordinator on July 1, 2020. The Juvenile Coordinator was excused from filing an annual report in 2021 given the several interim reports that were filed throughout the year. The second annual report was filed on July 1, 2022 and the third annual report was filed on July 1, 2023. Pursuant to the July 27, 2023 Status Conference, the Court ordered that the Juvenile Coordinators for Customs and Border Protection (CBP), Immigration and Customs Enforcement (ICE), and ORR each file their 2024 Annual Report regarding their respective agency's compliance with the Flores Settlement Agreement (FSA) by July 1, 2024. A status conference is set for July 26, 2024.

This annual report covers a period from June 1, 2023 to May 31, 2024. Any reference to activity outside of the reporting period is included to provide context and place the activities within the broader framework of ORR's overall operations.

[1] In light of the June 28th Court Order, this will be the ORR Juvenile Coordinator's final annual report.

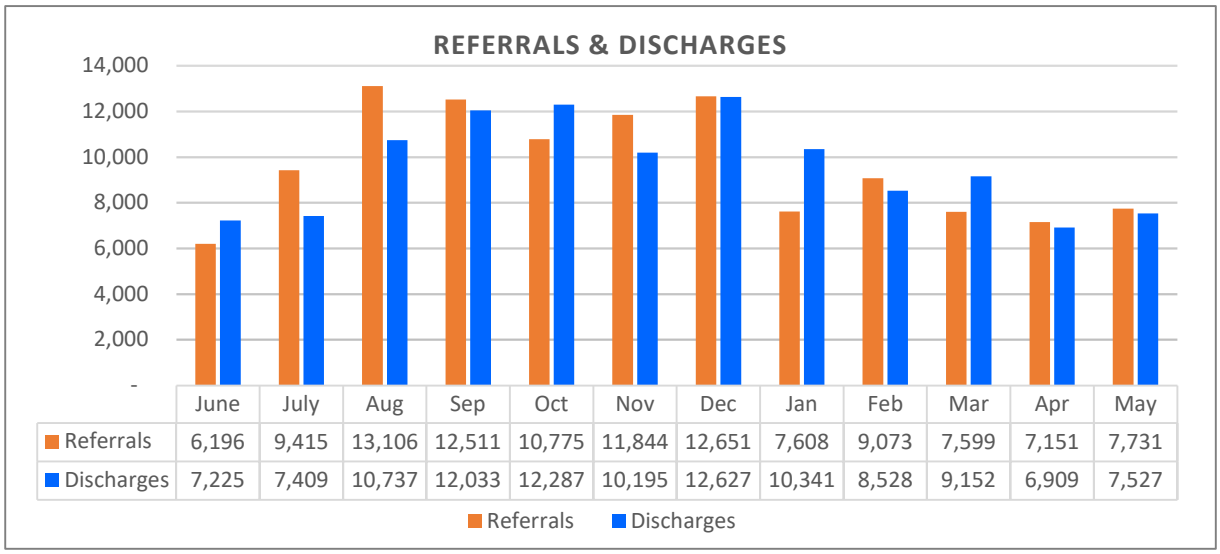
ORR Programs & Capacity

Number of Children in ORR Custody

From June 1, 2023 to May 31, 2024, ORR received referrals for approximately 115,660 children and discharged approximately 114,970 children.

Figure 1 below illustrates the trend in ORR referrals and discharges over the 12-month period.

Figure 1: ORR Referrals and Discharges from June 1, 2023 to May 31, 2024



	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Referrals	6,196	9,415	13,106	12,511	10,775	11,844	12,651	7,608	9,073	7,599	7,151	7,731
Discharges	7,225	7,409	10,737	12,033	12,287	10,195	12,627	10,341	8,528	9,152	6,909	7,527

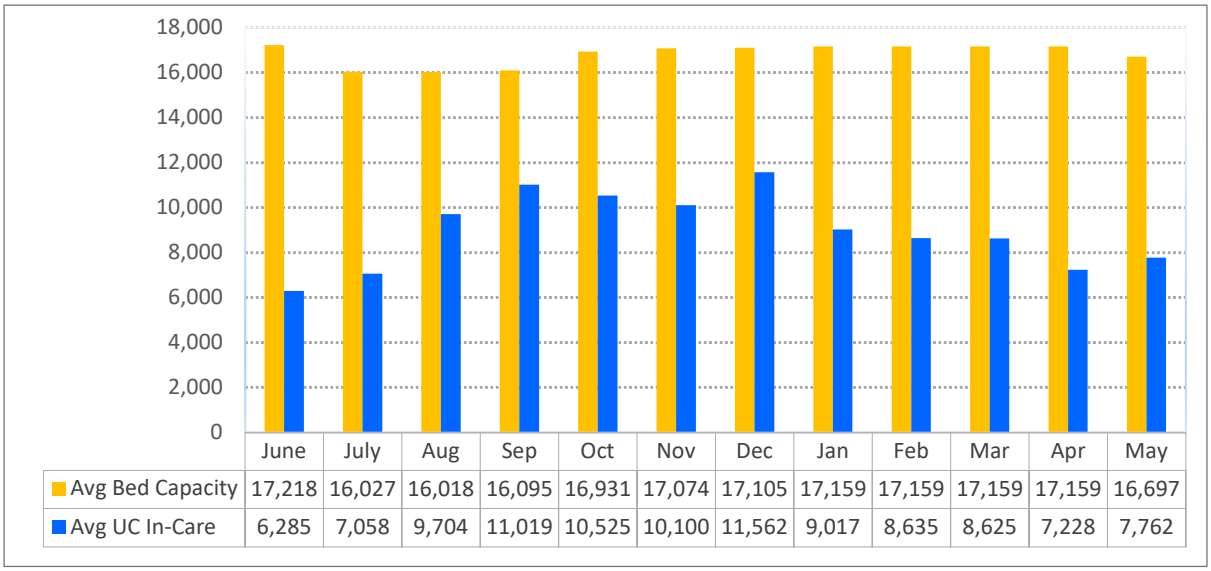
ORR Programs and Bed Capacity

ORR continued building and maintaining sufficient capacity during the reporting period to accommodate a period of influx of unaccompanied children arriving at the U.S. border. Also, in September 2023, ORR reopened Pecos Children's Center (formally known as Pecos Influx Care Facility (ICF)), and in October 2023, Dimmit Children's Center was reopened as well. As of May 31, 2024, there are no children placed at these facilities. Lastly, ORR stopped placing children at Ft. Bliss ICF in June 2023 and demobilized this facility shortly thereafter.

Effective March 15, 2024, ORR renamed the Influx Care Facilities to "Children's Centers." The reason for this change was to align the name of these facilities more closely with their purpose. These facilities remain the same except that the name will now include the location followed by "Children's Center." Also on this date, ORR opened Greensboro Children's Center; however, this facility was placed on "cold status" on June 15, 2024, which means the facility will become dormant such that it will require a ramp up period prior to accepting placements.

Figure 2 below illustrates results of ORR's bed capacity, and the average number of children referred to ORR during the reporting period.

Figure 2: Average Funded Bed Capacity & Average Number of Children in ORR Care as of May 31, 2024[2]



	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Avg Bed Capacity	17,218	16,027	16,018	16,095	16,931	17,074	17,105	17,159	17,159	17,159	17,159	16,697
Avg UC In-Care	6,285	7,058	9,704	11,019	10,525	10,100	11,562	9,017	8,635	8,625	7,228	7,762

Foundational Rule

On April 23, 2024, the U.S. Department of Health and Human Services' Administration for Children and Families (ACF) published its Unaccompanied Children (UC) Program Foundational Rule. This rule sets standards and protections and enhances the legal framework governing the ORR UC Program. The final rule implements the 1997 FSA by incorporating the provisions applicable to ORR. In addition, this final rule reflects ORR's efforts to create and implement policies tailored to today's unaccompanied children demographics. The Foundational Rule will be effective as of July 1, 2024.

De-licensing of Beds by State Action

Since 2021, ORR has faced challenges with de-licensing of standard facilities in Texas, and Florida. These states determined they would not continue to license ORR-funded programs. Licensure has been important to the UC Program because an active license is required as a general matter under the FSA and demonstrates compliance with generally accepted minimum standards of residential child-care facilities to ensure the health, safety, and well-being of children served by the residential care provider.

In response to Texas' and Florida's de-licensing efforts, ORR has taken a number of actions to ensure good quality conditions at programs in those states. Since programs were de-licensed, ORR has required that programs in Texas and Florida continue to adhere to the state's licensing standards. This requirement, which is included in the Foundational Rule, is intended to ensure that programs in Texas and Florida maintain the standards that would apply if their states were licensing them, even though their states refuse to do so. This provides important protections for children in those states by ensuring minimum basic standards such as staffing ratios, staff level of experience, health and safety measures, and reporting requirements are met.

[2] Figure 2 illustrates the average funded bed capacity and the average number of children in ORR custody from June 1, 2023 to May 31, 2024.

The census of children in each type of the agency's facilities

Figure 4 below summarizes ORR's bed capacity as of May 31, 2024. This information is dynamic as ORR continues to pursue efforts to increase bed capacity. Therefore, it is likely that the information depicted in the figure below changed very soon after it was produced.

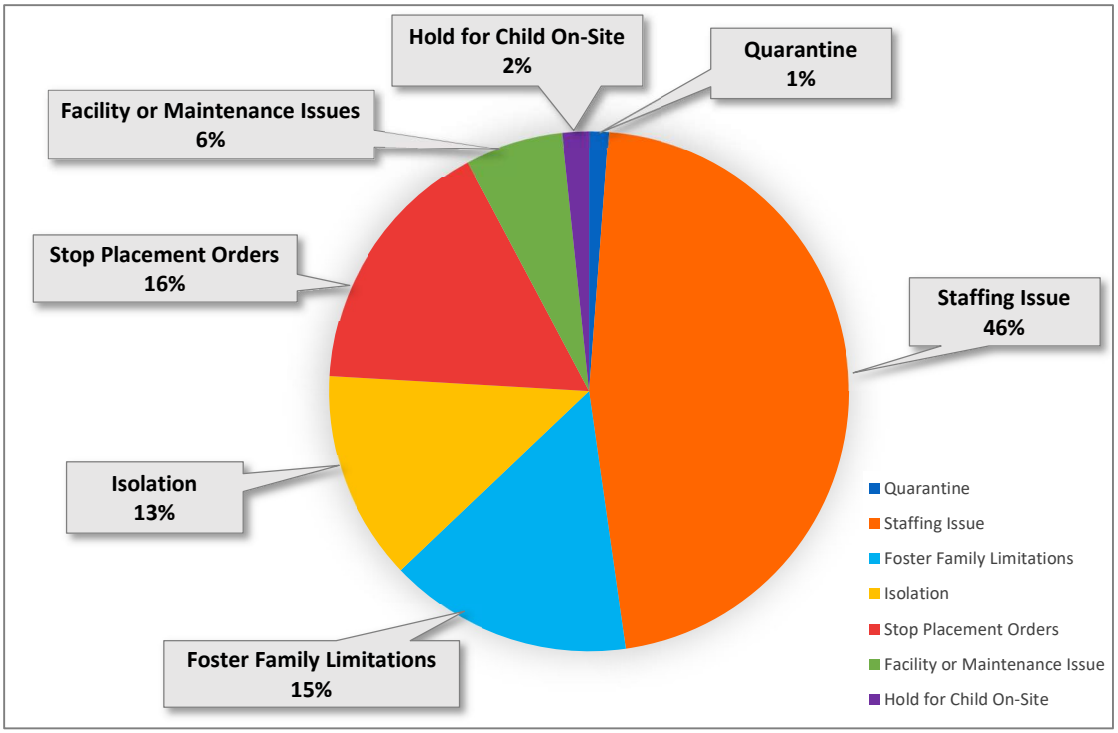
Figure 4: ORR Bed Capacity and Occupancy as of May 31, 2024[3]

Program Type	Available			Unavailable	Total Funded
	Occupied	Unoccupied	Total		
Shelter	6,303	4,316	10,619	2,214	12,833
Transitional Foster Care	776	987	1,763	757	2,520
Long Term Foster Care	471	105	576	133	709
Children's Centers	0	100	100	0	100
Heightened Supervision Placements	16	66	82	0	82
Residential Treatment Center	5	11	16	12	28
Therapeutic Group Home	9	0	9	13	22
Total	*7580*	*5585*	*13165*	*3129*	*16294*

There are several reasons why ORR capacity includes unavailable beds. Consistently throughout the reporting period, three reasons have accounted for most of the unavailable beds: 1) staffing issues; 2) stop placement orders; and 3) foster family limitations. Figure 5 provides insight on the reasons that 2,524 beds were unavailable as of May 31, 2024.

[3] Figure 4 depicts ORR's total funded bed capacity as of a specific moment in time. The information depicted in this chart fluctuates very frequently due to the constant operations necessary to serve children.

Figure 5: Reasons for Unavailable Beds as of May 31, 2024[4]

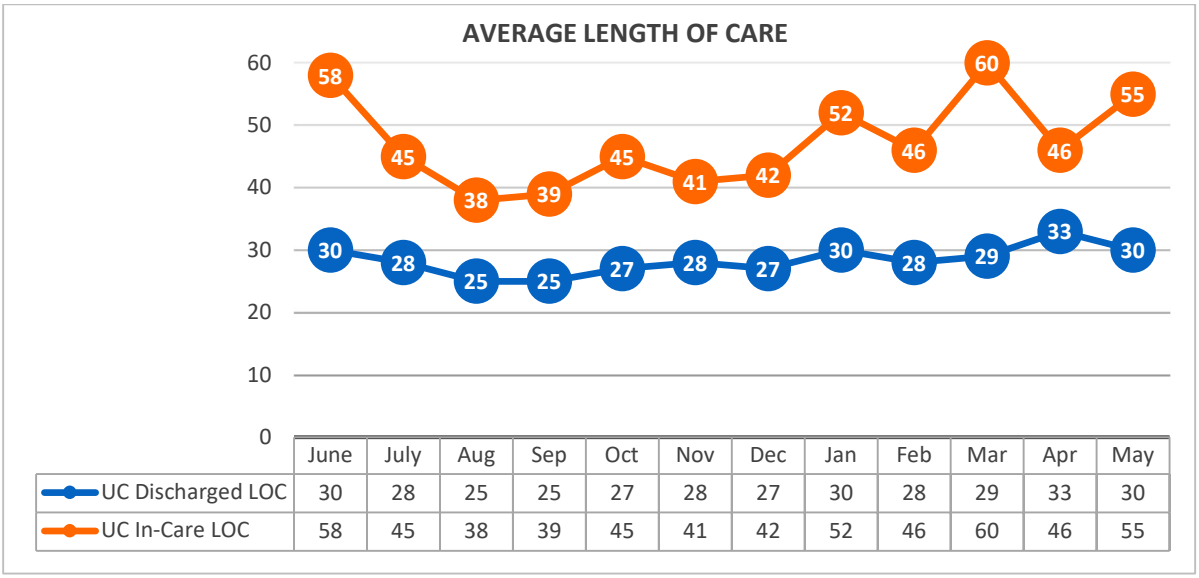


The average length of stay for children currently in the agency's facilities and for children who have been released.

Figure 6 below is a measure of time that a child remains in ORR care, which is known as the Length of Care (LOC). The first measure, labeled *UC In-care LOC* (in orange), tracks the average LOC for children still in ORR custody as of May 31, 2024. For these children, the LOC is calculated from the day they are admitted to ORR custody to May 31, 2024. The second measure, *UC Discharged LOC* (in blue), tracks the average LOC for children from the day they are admitted into ORR custody to the day they are discharged from ORR custody.

[4] Figure 5 illustrates data at a given point in time; this changes because programs are constantly adding and subtracting beds throughout each day as circumstances arise.

Figure 6: Average Length of Care for Children from June 1, 2023 to May 31, 2024



	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
UC Discharged LOC	30	28	25	25	27	28	27	30	28	29	33	30
UC In-Care LOC	58	45	38	39	45	41	42	52	46	60	46	55

Updates on ORR's plans, if any, to expand capacity, particularly of standard shelter beds and children's centers; and

There are three ICF's which ORR has renamed as Children's Centers. As of March 15, 2024, ORR established an additional facility named Greensboro Children's Center, to accommodate any potential future influxes. As mentioned above, Greensboro Children's Center was placed on "cold status" as of June 15, 2024.

ORR remains focused on expanding the use of state standard programs by announcing an availability of funds under a Notice of Funding Opportunity (NOFO). The timeline from issuance of the NOFO to availability of additional beds is approximately one year. During that year-long timeline, ORR reviews responses to the NOFO's, with awarding of grants typically occurring several months after the NOFO was published. The balance of the year-long process involves setting up the program, undergoing state licensing and related requirements, and recruiting, hiring, and training staff.

The NOFO seeking Heightened Supervision Facilities[5], which now includes Staff Secure and Therapeutic Staff Secure facilities pursuant to the Foundational Rule, as well as residential care providers for unaccompanied children in ORR care was awarded in December 2023. A heightened supervision care provider facility maintains stricter security measures, such as higher staff-to-child ratio and disruptive behavior management. To provide residential services to unaccompanied children that require a higher level of supervision, residential care providers operating a heightened supervision facility must have an appropriate state child placement license and facility license.

[5] A Heightened Supervision Facility is the term the Foundational Rule will use for Staff Secure and Therapeutic Staff Secure facilities.

DHUC Health Services

Within ORR's Unaccompanied Children Programs, DHUC oversees public health screenings and the provision of health services to children in ORR care. DHUC monitors for serious medical conditions and communicable diseases of public health importance through an automated notification system and standing report inquiries. DHUC responds to care provider programs seven days a week and provides management guidance on communicable diseases, serious mental health conditions, and complex medical cases. DHUC also ensures reporting of public health information to the appropriate public health authorities and coordinates public health responses with the local health jurisdiction.

Health Care Services

Care providers must ensure healthcare services are delivered in a standardized manner that is sensitive to the age, culture, native language, and needs of each child. These services include the following:

- Initial Medical Exam (IME);
- Routine medical and dental care;
- Family planning services, including pregnancy tests and comprehensive information about and access to medical reproductive health services and emergency contraception;
- Emergency health services;
- Immunizations;
- Administration of prescribed medications and special diets; and,
- Appropriate mental health interventions.

Initial Medical Examination

Each child must receive an IME within two business days of admission. The purpose of an IME is to assess general health, administer vaccinations in keeping with U.S. standards, identify health conditions that require further attention, and detect communicable diseases, such as influenza and active tuberculosis. The IME is performed by a licensed health care provider (MD, DO, NP, or PA). The IME is based on a well-child examination, adapted for the unaccompanied children's population with consideration of screening recommendations from the American Academy of Pediatrics (AAP), the CDC, and the U.S. Preventive Services Task Force. If a vaccination record is not located or a child's vaccination status is not up to date, the child receives all vaccinations in accordance with the CDC Advisory Committee on Immunization Practices (ACIP) recommended catch-up schedule. Children also receive seasonal influenza, COVID-19, and RSV vaccines, if indicated according to CDC guidance. Data from the IME is entered into a web-based data repository accessible by DHUC staff who routinely monitor reports to ensure care provider programs are adhering to ORR guidelines and timelines. Any child who is identified through an intakes screening, IME, or other health assessments as having a particular medical, urgent dental, or mental health need is referred to a specialist (e.g., psychiatrist, cardiologist) for further evaluation.

DHUC conducted a review of ORR's Office of Management and Budget (OMB)-approved health reporting forms and IME Program Guidance to ensure alignment with the current guidance set forth by the AAP, the U.S. Preventive Services Task Force, and the CDC. DHUC also analyzed IME screening data from previous years to review health trends and screening needs that may be specific to the unaccompanied children population. Based on the findings of the review and data analysis, DHUC updated the IME laboratory screening requirements and made significant enhancements to the health reporting forms including writing "Dear Healthcare Provider" letters for each form that describe the purpose of the exams, provide documentation guidance, and highlight unique elements of ORR IME's Program Guidance. The revised forms were submitted to OMB in June 2023 and were approved in the Fall of 2023. ORR disseminated the updated forms and IME guidance in December 2023, and they went into effect on January 1, 2024. DHUC held weekly office hours through the month of January 2024 for care provider programs to ensure that they were familiar with the changes in guidance. DHUC also briefed the AAP Council on Immigrant Child and Family Health on the new changes. Some of the key changes in the IME include the following:

- Introduction of a Complete Blood Count (CBC) for young children;
- Expansion of HIV testing to all children (not age or risk based); and,
- Introduction of Hepatitis B testing based on prevalence in country of origin rather than solely based on sexual activity.

Medical Services at ORR's Children's Centers

When operational, each Children's Center contains a medical clinic that operates as a pediatric urgent care facility 24 hours a day, 7 days a week. Medical clinic staffing includes physicians, advanced practice provider (APP), registered nurses, Licensed Vocational Nurse (LVN)/Medical Assistant (MA) and clinic support staff (e.g., medical translator, emergency medical technician, medical case manager, pharmacist). Medical clinic staff work 12-hour shifts performing IMEs, sick visits, vaccinations, and follow-up evaluations. In addition, medical clinic staff are available to evaluate ill children overnight. Based on the child's health needs, evaluations are performed in the medical clinic, the dorms, the isolation wards and onsite satellite medical clinics. Health services such as phlebotomy, imaging, and point-of-care laboratory testing are performed onsite. Each Children's Center includes a pharmacy that is stocked according to an ORR-approved formulary. Children are referred to community-based healthcare providers for emergent and specialty care (e.g., psychiatry, dentistry, obstetrics).

Children's Centers are required to designate up to 10% of funded capacity for isolation and quarantine purposes. Isolation/quarantine wards/dorms are situated near the medical clinic. Children in isolation/quarantine are evaluated by a designated physician or the APP at least once daily.

Communicable Disease Mitigation and Surveillance

DHUC ensures that children are screened for communicable diseases in accordance with the IME Guidance and that they receive treatment when indicated. DHUC also tracks communicable diseases occurring among children in care and advises care provider staff on infection prevention, infection control, and public health reporting consistent with local, state, and federal public health guidelines. This includes monitoring respiratory illnesses such as COVID-19 and influenza, active and latent tuberculosis, and other

communicable diseases. In the Fall of 2023, DHUC developed and disseminated new COVID-19 vaccine guidance to align with CDC and ACIP guidance, recommending the use of the new updated 2023-2024 COVID-19 vaccine for children in ORR care. DHUC also developed and disseminated new guidance based on CDC and ACIP guidance, recommending use of RSV immunizations for eligible pregnant children and infants in ORR care. In February 2024, DHUC issued revised guidance on COVID-19 testing, discontinuing requirements to test all children for COVID-19 upon arrival; COVID-19 testing efforts now focus exclusively on children who have upper respiratory symptoms. DHUC is reviewing the new CDC pan-respiratory guidance released March 2024 to determine whether to make further changes to COVID-19 testing guidance for children in ORR care. DHUC continues to work closely with state and local health departments, routinely notifying state health departments regarding children with latent tuberculosis infection who are transferring to their jurisdiction to enable tracking and further linkage-to-care.

Mental and Behavioral Health Services

During the reporting period, the DHUC/Mental and Behavioral Health Services Team (MBHST) educated programs on mental health care documentation and on Child Level Event reporting to improve the timely availability and standardization of information related to mental and behavioral health.

ORR's Training and Technical Assistance (TTA) Center and MBHST continued to collaborate with Duke University on The Trauma Informed Workforce Initiative. DHUC released *The Advanced Principles of Trauma Informed Care*, a computer-based training for clinicians and case managers. A cohort of approximately 60 clinicians were trained in Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and are continuing supervision with the goal of becoming certified. Through this initiative, three Spanish speaking subject matter experts in trauma informed care were added for consultation with individual programs, providers or ORR staff to help with implementing trauma informed practices or with individual case or program concerns.

MBHST and the TTA Center worked to develop *ORR's Behavioral Health Framework Training*, to help programs understand their roles in creating a trauma informed care environment and providing or facilitating behavioral health care along a continuum from prevention to residential care. Using this framework, programs can better assess a child's behavioral health care need and can determine how best to attain the care. Members of the MHBST visited a number of shelters and provided consultation on assessment, management, transfers and release.

Children with Special Health Care Needs

DHUC identifies and monitors children with special health care needs while in ORR care. During the reporting period, there were at least 365 children with special health care needs. These children had a variety of medical conditions including, but not limited to, cardiac, oncologic, genetic, ophthalmologic, gastrointestinal, autoimmune, and developmental conditions. This is in addition to pregnant children who received comprehensive obstetric and gynecologic care, along with coordination of care through post-release services after unification. From June 1, 2023 to May 1, 2024, approximately 155 serious medical and dental procedure requests were reviewed and approved. ORR also helped support the specialized placement and ongoing care for 17 children requiring assistance with activities of daily living in out-of-network acute rehabilitation hospitals.

Children with special health care needs and children who are referred for urgent specialty medical services while in ORR care require careful coordination between ORR and care providers to ensure that such children receive appropriate treatment, and safe and timely discharge from ORR care. DHUC provides guidance to care providers on how to identify such children, when to notify DHUC, and how to request guidance regarding their care.

The details of children who have died while in ORR care in this reporting period are as follows:

- On June 13, 2023, a 5-year-old child passed away due to complications from an underlying genetic disease;
- On July 10, 2023, a 15-year-old child passed away while hospitalized due to complications from an underlying illness; and,
- On December 30, 2023, a nine-year-old child passed away while hospitalized due to complications from acute lymphoblastic leukemia.

HHS/ORR and DHS/CBP Collaboration

Since Spring 2023 DHUC staff have met regularly with the team leading the Department of Homeland Security (DHS) Child Well-Being Initiative. These meetings are intended to inform programmatic and operational considerations of the Child Well-Being Initiative, a new program integrating licensed and experienced mental health professionals within CBP facilities to help ensure the safety and well-being of unaccompanied children in CBP custody. Meetings have included sharing technical guidance and best practices on a variety of topics such as providing trauma informed and culturally sensitive care.

In early 2024, DHUC staff met with the Office of the Chief Medical Officer (OCMO) to identify opportunities for collaboration aimed at improving transitions of care for children from CBP to ORR custody. As part of these discussions, in February 2024, the Medical Services Team staff conducted a site visit to the Eagle Pass Processing Center with staff from the DHS OCMO to better understand the CBP health screening processes and develop strategies to improve transitions of care. ORR also hosted OCMO staff at a site visit to an ORR care provider program in San Antonio, TX.

Topic-Specific Trainings

DHUC continues to hold topic-specific webinars to keep care provider programs (including ORR-funded medical care staff) up to date on complex medical and public health topics. During the reporting period, DHUC held trainings for care provider programs on the following topics:

- Updated IME Program Guidance;
- Onboarding for new care provider programs (19 trainings completed);
- COVID-19 testing, quarantine, and isolation policies;
- Prevention and control of measles among UC;
- Accessing telemedicine services through Point Comfort Underwriter's (PCU);
- Proper reporting of health and safety related events impacting child well-being;

- Mock case scenarios for managing children with complex medical needs for Greensboro Children's Center;
- Post-Release service options for children with complex medical needs for Illinois based Post-Release service grantees; and,
- Ask Me Anything Trainings on the following topics:
    - Understanding the Management of Complex Medical Cases; and
    - Behavioral Health Framework.

DHUC Site Visits

DHUC conducts site visits to provide technical assistance, training, and oversight to standard care providers and children's centers. During the reporting period, DHUC conducted 26 site visits to standard ORR care facilities. These site visits often included multiple staff from different teams within DHUC.

In September 2023, DHUC conducted a site visit to Pecos Children's Center to ensure a smooth re-activation of the facility, including implementation of timely IMEs and the COVID-19 Intake Testing. In addition, DHUC conducted site visits at Greensboro Children's Center to ensure that all health-related operations and capacity are in place to receive children, if needed.

Placement in Restrictive Settings

ORR maintains a variety of placement settings based on the individual needs of unaccompanied children. Though the majority of children are placed in least restrictive settings such as shelter and transitional foster care, ORR has capacity for those children who require a heightened level of care and supervision. As mandated by law, ORR places a child in the least restrictive setting that is in the best interests of the child. Currently, ORR has three specialized levels of care to accommodate those children who require a restrictive level of care and supervision. These program types include Secure, RTC, and Heightened Supervision facilities (Staff Secure and Therapeutic Staff Secure) pursuant to the Foundational Rule. Anytime a child is placed in a Secure, RTC, or Heightened Supervision facility, there is an extensive process to determine if the child qualifies for these restrictive levels of care.

ORR is developing a continuum of care for children with significant mental and behavioral health issues, who require a restrictive placement. The goals of the continuum of care are to:

- Reduce the length of stay of children in ORR custody;
- Reduce the length of care in a restrictive placement;
- Reduce the number of transfers of children;
- Reduce the use of out of network providers;
- Provide high quality of services for children; and,
- Improve continuity of care for children.

Heightened Supervision Facility

The ORR Policy Guide in Section 1.1 Summary of Policies for Placement and Transfer of Unaccompanied Children in ORR Care Provider Facilities describes all of the considerations regarding placement and transfer. Per the ORR Policy Guide Section 1.2.4: Secure and Staff Secure[6] Care Provider Facilities and Children Entering the United States Unaccompanied:

"A staff secure care provider is a facility that maintains stricter security measures, such as higher staff-to-child ratio for supervision, than a shelter in order to control disruptive behavior and to prevent escape. A staff secure facility is for children who may require close supervision but do not need placement in a secure facility. Service provision is tailored to address a child's individual needs and to manage the behaviors that necessitated the child's placement into this more restrictive setting. The staff secure atmosphere reflects a more shelter, home-like setting rather than secure detention. A staff secure care provider is not equipped internally with multiple locked pods or cell units unlike a secure facility. In almost all states, staff secure providers maintain an identical type of license as a non-secure care provider, and for such purposes are not viewed as different from a non-secure care provider.

Those children who have been identified for a staff secure setting have either arrived by transfer, or as a direct referral from ORR Intakes. In placing children in staff secure via transfer or direct intake, ORR considers if the child:

- Has engaged in unacceptable behavior that has proven to be unacceptably disruptive to the normal functioning of a shelter care facility such that a transfer is necessary to ensure the welfare of others;
- Is at risk of running away;
- Has reported gang involvement (including prior to placement in ORR custody) or displayed gang affiliation while in care;
- Has non-violent criminal or delinquent history not warranting placement in a secure care provider facility, such as isolated or petty offenses; or,
- Is ready for step down from a secure facility."

Additionally, the referring ORR care provider must conduct ongoing assessments and staff the child's case with a Case Coordinator and FFS prior to referral. Once it has been determined that the child can be referred to a heightened supervision facility, the referring Case Coordinator refers the child's case to a heightened supervision provider who reviews the case and determines if the child is appropriate for their facility. If the child meets the receiving heightened supervision criteria and does not violate their state licensing requirements, the child will be accepted. Currently, ORR operates a total of three heightened supervision facilities.

[6] A Heightened Supervision Facility is the term the Foundational Rule will use for Staff Secure and Therapeutic Staff Secure facilities.

Residential Treatment Center

Section 1.4.6: Residential Treatment Center and Out of Network Placements provides information on placement in a Residential Treatment Center (RTC). When a child has been recommended into an RTC, a licensed psychologist or psychiatrist must have determined that the youth is a danger to self or others. In addition, ORR will consider transfer to an RTC if the following has been determined:

- The child has not shown reasonable progress in the alleviation of his/her mental health symptoms after a significant period of time in outpatient treatment. (Note: the amount of time within which progress should be demonstrated varies by mental health diagnosis).
- The child's behavior is a result of his/her underlying mental health symptoms and/or diagnosis and cannot be managed in an outpatient setting.
- The child requires therapeutic-based intensive supervision because of mental health symptoms and/or diagnosis that prevent him/her from independent participation in the daily schedule of activities.
- The child presents a continued and real risk of harm to self, others, or the community, despite the implementation of short-term clinical interventions (such as, medications, a brief psychiatric hospitalization, intensive counseling, behavioral management techniques, 24-hour supervision, supportive services, or therapeutic services).

An RTC is a sub-acute, time limited, interdisciplinary, psycho-educational, and therapeutic 24-hour-a-day structured program with community linkages, provided through non-coercive, coordinated, individualized care, specialized services, and interventions. RTC's provide highly customized care and services to children following either a community-based placement or more intensive intervention, with the aim of moving children toward a stable, less intensive level of care or independence. ORR uses an RTC at the recommendation of a psychiatrist or psychologist or with ORR Treatment Authorization Request (TAR) approval for a child who poses a danger to self or others and does not require inpatient hospitalization. Unlike acute care psychiatric hospitals that offer emergency and/or life-threatening mental health services, an RTC provides longer term therapeutic services to treat mental health needs. Those children who enter RTC facilities are referred from various ORR facilities throughout the United States.

Prior to a child being considered for an RTC, the referring ORR care providers must conduct ongoing assessments and staff the child's case with the Case Coordinator and FFS prior to referral. Once the psychological or psychiatric evaluation has been completed, and the child has been recommended for RTC placement, the referring Case Coordinator refers the child to an RTC placement and reviews the case and makes the determination whether the child is appropriate for their facility. The transfer process to an RTC is the same as Heightened Supervision facilities (formally named Staff Secure and Therapeutic Staff Secure) with the exception that the child must have a recommendation from a licensed clinical psychologist or psychiatrist prior to referral. Currently, ORR operates one RTC in the United States.

Secure

Currently, there are no secure facilities in ORR's care provider network. However, ORR is pursuing opportunities to add secure facilities in the near future.

Out of Network Placements

Since 2015, ORR's Policy Guide (at section 1.2) has provided that "ORR makes every effort to place children within the ORR funded care provider network. However, there may be instances when ORR determines there is no in-network care provider available to provide specialized services to meet an unaccompanied child's identified needs, or there is not an in-network care provider equipped to meet those needs with the capacity to accept a new placement. In those cases, ORR will consider an out-of-network placement."

OON RTC placements are state-licensed childcare facilities that provide care to those children who exhibit significant mental health or special needs that cannot be met within the ORR care provider network. In order for a child to enter an OON RTC placement, the child must receive a psychological or psychiatric evaluation recommending a level of care that ORR cannot secure in its existing network. Prior to a child being referred to an OON RTC provider, the child must be referred and denied by all recommended ORR placements. Additionally, the child's case must be reviewed by the FFS Supervisor of Special Populations prior to referring a child to an OON RTC placement. Once it has been determined that OON placements can be explored for the child, the child's attorney of record must be notified.

When the child is accepted to the OON placement and is transferred to that OON provider, the ORR referring program must continue to actively work on the child's family reunification case and or concurrent case plan goal. The managing ORR care provider must maintain regular contact with the OON provider to ensure the OON is providing the child with regular contact with the child's attorney of record, child advocate, and if necessary, the consulate or embassy. The managing ORR care provider participates in weekly staffings with the OON provider and receives the child's regular progress and incident reports. Through this weekly contact with the OON provider, the Case Manager monitors the child's care to ensure that the child is receiving the services in their individualized service plan, which is reviewed monthly. Any concerns identified by the assigned ORR care provider must be elevated to ORR. In addition, the assigned ORR care provider ensures the child maintains their regular approved contacts with family. The FFS and or Contract Field Specialist (CFS) conducts monthly visits with the child and meets with the OON provider to discuss any concerns as they arise. The assigned FFS works in collaboration with the OON care provider and the assigned ORR care provider to ensure all the guidance pursuant to the ORR Policy Guide is followed and the child's case continues to move towards the case plan goal.

Notice of Placement

Once a child enters a specialized level of care such as a Heightened Supervision Facility (formally named Staff Secure or Therapeutic Staff Secure), RTC, Secure, or an OON placement setting, the ORR care provider must review the Notice of Placement (NOP) with the child within 48 hours of placement. At this time, the assigned Case Manager at the ORR facility will review the NOP in the child's language of their understanding. The Case Manager at the ORR care provider facility must select the reason(s) on the NOP that led to the child's placement and provide additional narrative as to why the child was placed in a restrictive setting or OON placement setting. The NOP is reviewed every 30 days or earlier to determine if the child should remain in the placement or be transferred to a less restrictive setting. At any time, the child may request a formal review of their NOP and request an attorney or child advocate to support them in contesting their existing placement.

In addition, on a weekly and monthly basis, the ORR Flores Compliance Team reviews every child's NOP to ensure the placements are in full compliance with the NOP procedures and placement criteria. Each

month, the Flores Compliance team reviews each child's NOP to ensure each child is placed properly and that the reasons for placement are documented appropriately on the NOP. In addition, the Flores Compliance Team checks whether each NOP was completed within the mandated timeframes and that the NOP was reviewed with the child in their native or preferred language. If these milestones are not captured accurately on the NOP, ORR holds the program accountable by citing them with a Corrective Action Plan that informs them of the specific violation. The program is then required to submit a plan to ORR explaining how the Corrective Action will be resolved. The Flores Compliance Team has provided multiple trainings to all the ORR facilities and continues to provide training as needed.

Figure 7 below displays the total number of NOP reviews conducted by each type of restrictive setting during the annual reporting period. There was a total of approximately four corrective action plans issued to ORR care providers as a result of the NOP's that were found to be noncompliant with ORR policies and procedures.

Figure 7: ORR NOP Reviews by Restrictive Setting from June 1, 2023 to May 1, 2024

Restrictive Facility Type	NOP Reviews	Corrective Action Plans	# of Children
Secure	-	-	-
RTC	220	1	42
OON	353	-[7]	34
Heightened Supervision	266	3	78
Total	*839*	*4*	*154*

Those children who have been identified for transfer to a more restrictive placement go through a rigorous process to determine if they qualify for such a placement based on the NOP criteria, which must be based on clear and convincing evidence. In addition to the NOP criteria, the ORR care provider, Case Coordinator and FFS must consider the totality of the case when conducting a transfer. All evidence such as the child's family reunification case status, legal status, medical, behavioral, and mental health issues, and current functioning in the facility must be considered. Once it has been determined that the child meets criteria for transfer, the Case Coordinator distributes the transfer request to the recommended program. The receiving program reviews the transfer request to determine if the child meets their criteria and does not violate their respective State childcare licensing requirements. Once the child is accepted and transferred to the receiving care provider, the child and the new Case Manager review the NOP and the reasons why the child was transferred. The child, and child's family/potential sponsor, local DHS office, Executive Office of Immigration Review (EOIR), and Child Advocate (if applicable) are all notified of the child's transfer. The receiving program continues to work on the child's primary case plan.

Appeals of More Restrictive Placement Decision

Children placed in more restrictive settings are able to appeal either their placement decision or the fact that they may not be released due to danger through various methods. The first method is by requesting a Risk Redetermination Hearing (RDH), the new term used for Flores Bond Redetermination Hearings (FBRH) as of July 1, 2024, pursuant to the Foundational Rule. This hearing is available to all children in ORR

[7] Corrective Action Plans (CAPs) are not issued by OON facilities, but instead, refers this to the original program.

custody irrespective of the level of placement. The second method is by requesting an administrative review by ORR's Placement Review Panel (PRP). Each method is discussed below.

Risk Determination Hearing

Soon after admission to an ORR facility, the RDH process is explained to each child. In addition, children placed in restrictive facilities automatically receive an opportunity for an RDH. If a child waives their right to an RDH, they have an opportunity to request a hearing at their 30-day NOP review. The RDH is held before the HHS Department of Appeals Board (DAB). In an RDH, the DAB judge determines whether a child, if released from ORR custody, poses a danger to the community or to self. For the majority of children in ORR custody, ORR has determined they are not a danger and therefore has placed them in shelters or a group home setting. The DAB judge does not rule on release to a sponsor or the child's placement or conditions of placement while in ORR custody. From June 1, 2023 to May 31, 2024, no children requested an RDH or FBRH.

Placement Review Panel

In addition, children can appeal their placement in a restrictive facility by requesting an administrative review before a panel of ORR staff. This administrative review is called the Placement Review Panel (PRP). The ORR staff are senior personnel who have several years of experience as professionals in the fields of child welfare, mental health, and related policy. They are also veteran HHS staff, with experience in ORR's UC Program.

The PRP ensures that the children (or their attorney of record) review any evidence supporting their placement at the secure or RTC placement prior to holding the panel. In addition, the child (or their attorney) can opt to provide the PRP a written statement and/or request a hearing. It is the child's decision whether to have both a written statement and a hearing or elect to engage in only one of the options. In cases where the child does not have an attorney of record, ORR encourages the care provider to seek assistance for the child from a contracted Legal Service Provider or a Child Advocate. ORR also arranges for the Juvenile Coordinator to act as an advocate for the child if needed. After reviewing the evidence, statements, and holding the hearing (if elected), the PRP provides the child a written decision regarding their placement. From June 1, 2023 to May 31, 2024, no children requested a PRP.

Services at ORR Children's Centers and Standard Facilities

As previously mentioned above, there are three Children's Centers ready and prepared for the intake of children if a future influx occurs. However, there are no children placed at these facilities at this time. These facilities are Pecos, Dimmit, and Greensboro Children's Centers. ORR's census has remained below the influx capacity and therefore ORR has not placed any children at these Children's Centers since the beginning of 2024.

Case Management Services at Standard Facilities

Case managers initiate and facilitate the reunification process between the children and their designated sponsors. During the reunification process, it is important that case managers tend to the children needs

by frequently meeting with them, referring appropriate childcare services, and following up on the services and needs of the child. Also, case managers work closely with the FFS and case coordinators to advance cases and recommend release, reunification, or transfer of the child to another facility.

When initiating a child's case, case managers must first meet with the child to orient them on the reunification process, check on immediate needs, and conduct assessments. Generally, case managers will connect with parents/legal guardians in home country to gain information on potential sponsors for the child. Once information on the sponsor is available, the Case Manager contacts the sponsor to begin the reunification process. Subsequently, the Case Manager assists the sponsor with the Family Reunification Application (FRA). The Case Manager will maintain continuous communication with the potential sponsor through the reunification process; assessing suitability by determining whether the potential sponsor is capable of providing for the child's physical and mental well-being. They will also keep the child informed of their case status and needs while in ORR care, while assisting with completion of the reunification process.

Case managers frequently meet with children to follow-up on updates on case status. Additionally, case managers work closely with mental health clinicians to foster and maintain the health and well-being of the children in care. Case managers also facilitate contact with child advocates and legal representatives and alert other staff about the child's needs.

The primary role of a Case Manager is to facilitate the reunification of children and sponsors; however, cases where there is no sponsor (Category 4), the Case Manager may recommend the children be transferred to a LTFC and/or other childcare programs. The Case Manager communicates with other appropriate program personnel throughout the reunification process, which allows for informed recommendations for the safe and timely release of the children in care; this can involve recommendations for home studies before discharge or after care planning such as referrals for post-release services.[8]

Educational Services at Standard Facilities

ORR assesses each child individually to determine academic level and needs within 72-hours of a child's arrival. With this assessment, program staff plan educational services that are appropriate to each child's level of development and ability to communicate by grouping them into classes according to their respective academic development rather than by age.

ORR programs must provide at least six hours of school (Monday – Friday), concentrating primarily on coursework pertaining to Science, Social Studies, Math, and English, and must provide content that is sensitive to the cultural differences of the children in care. Care providers are also encouraged to create vocational training opportunities that will provide children with practical and competitive job skills and assist in the preparation for adulthood. Vocational programs may not replace academic education nor be a substitute for the basic subject areas. Care providers must have the cultural awareness and systems in place to support the cultural identity and needs of each unaccompanied child.

[8] Post release services coordinate referrals to supportive services in the community where the child resides and provide other child welfare services, as needed.

Calls or Visits with Sponsors and Family at Standard Facilities

On June 26, 2023, ORR published revised guidance significantly expanding the number and duration of weekly telephone calls. Children will be entitled to at least 50 minutes' worth of calls (either five 10-minute calls or one 50-minute call) every five days. In addition, children will have opportunities to make 45-minute calls for special occasions (i.e., birthdays, holidays). This new guidance will be published as revised UC Policy Section 3.3.10 Calls, Visitation, Mail and Email. Program personnel administer these phone calls at designated times. Case managers and clinicians can also conduct additional supervised calls.

With regard to visitation between children and their family members, ORR encourages visitation between children and family members, sponsors, or approved visitors. The visits may occur at the program or at an alternative public location under the supervision of ORR program staff. ORR program staff supervise the visits accordingly.

Legal Services at Standard Facilities

ORR's sub-contracted legal service providers (LSP) offers children Know Your Rights (KYR) presentations and conducts legal screenings within 10 business days of the child's admission to an ORR facility. For children released before meeting with an LSP, the LSP provides KYR presentations and legal screenings after they are discharged from ORR custody. At the discretion of the attorney and the child, LSP offers children ORR funded direct representation on the child's immigration related cases. The LSP also offers court assistance and court preparation services to children.

Policies & Field Guidance for Program Improvements

Family Reunification Process and Case Management

ORR consistently reevaluates its policies and procedures to ensure they are unifying children in ORR custody with approved sponsors in the safest and most efficient manner possible.

In May 2024, ORR published revisions to Field Guidance #24: Sponsor Services Role Guidance for Selected Grantees, which strengthens sponsor vetting practices, prioritizes child welfare, and ensures safe reunification of children in ORR care through the added support of contracted Unification Specialists at selected care provider sites. These updates introduce new sponsor-vetting tools and procedures and clarify role-related responsibilities for Case Managers and Unification Specialists.

ORR's Sponsor Services Initiative promotes family unity and was established to safely reduce timelines to the sponsor vetting process. Previously, the Case Manager was responsible for most steps in the sponsor vetting process. This initiative centralizes the provision of sponsor services under one contractor to strengthen sponsor vetting practices and to reduce the amount of case work burden on case managers by shifting certain sponsor vetting responsibilities to the new Unification Specialist role. Sponsor services include:

- Providing potential sponsors with information and documents needed to sponsor a child;
- Providing sponsors support throughout the document;

- Coordinating the background check and vetting process;
- Conducting sponsor vetting; and,
- Making recommendations regarding the sponsor's suitability to sponsor the child.

Background Checks

To continue meeting background check needs and mitigate any delays to the release process, ORR expanded the availability of fingerprinting services through new contracts with Lutheran Immigration and Refugee Service (LIRS) and FieldPrint. As part of this expansion, ORR updated Section 2 of the MAP to incorporate guidance on scheduling fingerprinting appointments at these sites and locations. These updates include screening procedures for determining if a potential sponsor, adult caregiver, or household member is a good candidate for an appointment at a FieldPrint site.

ORR also implemented initiatives that addressed delays in the fingerprinting process. In addition to offering fingerprinting services at sixty-six (66) ORR Digital Fingerprinting sites as of January 2024. Fingerprints may also be submitted via mailed fingerprinting cards.

Home Studies

ORR modified ORR Policy Guide Section 2.4.2 to clarify mandatory home study requirements for children under the age of 12, recognizing that home study requirements may introduce delays in the sponsor assessment process prior to release to a non-relative sponsor. The revision also clarified that home studies are required where a non-relative sponsor has previously sponsored (or attempted to sponsor) additional children, even when those previously sponsored children were related to the sponsor and there were no safety concerns.

ORR issued Field Guidance #20: Home Study Processing to streamline the sponsor assessment and review process and eliminate undue delays. This guidance grants care providers permission to conduct background checks and home studies concurrently and exempted sponsors and household members in Category 1 cases from the enhanced background checks that are typically required when a case is referred for a home study (the exemption applies only where there are no specific safety concerns with the sponsor or household members). Field Guidance #20 remains active.

Medical Services

ORR's revised Field Guidance #21: Compliance with Garza Requirements and Procedures for Unaccompanied Children Needing Reproductive Healthcare provides additional instructions for ORR federal staff, grantees, and contractors, when a child is discovered to be pregnant and requests abortion care. Also, this revised guidance clarifies that ORR will make all reasonable efforts to secure a legal abortion for a pregnant child who requests this procedure. Field Guidance #21 remains active.

Significant Incident Reporting

ORR revised its Significant Incident Report (SIR) reporting process as part of ORR's ongoing efforts to timely respond to emergency incidents and ensure the safety and wellbeing of children in ORR custody; this includes additional SIR categories for more accurate record keeping and revised procedures for report

of Emergency SIR's. Under the revised guidance, Emergency SIR's are now elevated to the FFS Supervisor, who are often in a better position to address the immediate needs of the children, rather than the ORR Intakes Hotline. The ORR Policy Guide Section 4.10 and 5.8 (and accompanying sections in the MAP), included major revisions that imposed more stringent reporting timelines. The policies provide additional clarification for supervisors and staff in the form of visual charts with reporting requirements based on particular types of events that may occur involving children in ORR custody. In August 2023, ORR made the following revisions to Section 5.8 to include:

- Clarifications on the provision of the Disclosure Notice, including who can provide the notice and when it should be provided;
- Circumstances under which case file requests can be expedited by ORR's records team;
- Types of case management decisions a Case Manager must provide LSPs or attorneys of records updates on at least weekly; and,
- Further guidance on processes for sharing information with the National Center for Missing & Exploited Children (NCMEC) and investigative agencies when children are reported missing.

Staffing

ORR issued revisions to Field Guidance #22: Interpreters Working with the Unaccompanied Children (UC) Program, as new preferred languages of children in ORR custody are identified to aid these efforts. This guidance outlines the minimum requirements for interpreters working with unaccompanied children and UAM, and standard ORR care provider programs. Field Guidance #22 allows for the Interpreter Agreement to be signed by an interpreting company on behalf of its staff and clarifies that an Agreement is not required for Interpreters hired by third-party service providers. It allows for Interpreters with pending background checks to work with children under direct line-of sight supervision by ORR or care provider staff. ORR has also offered interpretative guidance to clarify the circumstances under which ORR may permit staff or volunteers who have not yet completed background checks to have access to ORR care providers and supervised limited access to children. In addition, ORR issued Field Guidance #23: Volunteers Working with Unaccompanied Children (PDF) ORR Agreement with Volunteers, which creates a Volunteer Agreement Form and offers guidance on minimum requirements for volunteers working with children. Both Field Guidance #22 and #23 remain active.

Juvenile Coordinator Site Visits

During the annual reporting period, the Juvenile Coordinator conducted site visits a total of six site visits at four ORR standard care providers, and two children's centers. The purpose of these site visits was to:

a) Review, assess and report to ORR on compliance with the Court's 2017 and 2018 Orders, and explain any reasons for substantial noncompliance, to include:

   - Visiting ORR-funded facilities, interviewing children at such facilities, interviewing program staff, and reviewing data; and

- Making recommendations to ensure compliance within ORR.

b) Perform any functions as ordered by the Court.

c) Respond to concerns raised by Plaintiffs' counsel related to the FSA.

Board of Child Care (Milford Mill, MD)

December 5-6, 2023

Board of Child Care accepts male children aged 9 to 17. A total of nine children were interviewed at the shelter. Board of Child Care is located in a pleasant area in the Baltimore metropolitan area, and the grounds are comprised of several buildings – including excellent gym facilities with a basketball court and ample outdoor areas. The overall level of services and care provided to the children was adequate with additional programs that were implemented, to include cooking and horticulture classes as extras for the children who were interested in participating. The shelter works hard to keep the children engaged and entertained with a variety of recreational activities.

The children interviewed all advised they received excellent care at this facility and felt welcomed by the staff upon their arrival. The children indicated they had made friends here and reported the staff were good about promoting friendships. The children reported they made phone calls to their family regularly and have spoken to a Legal Service Provider. With regard to education, the children all said they enjoyed school and the curriculum taught at this facility.

Some of the concerns raised by program management were related to staffing changes as well as the hiring process for key positions, of which some roles remained open at the time of the site visit. As a consequence of their staffing challenges, current staff experienced increased work responsibilities. It appeared the concerns about being understaffed were felt and communicated by the staff that was interviewed, though the children did not raise any concerns that were directly related to a lack of services.

The case management team and the clinical team have continued to work side-by-side in support of one another while maintaining communication and coordination efforts amongst the two teams. The Lead Case Manager indicated they have worked hard to limit any delays in release and to assure the child's needs are met and timely releases are at the forefront.

Dimmit Children's Center (Carrizo Springs, TX)

January 8-9, 2024

This was the second site visit conducted at Dimmit Children's Center. A site visit was completed by the Juvenile Coordinator at this facility once prior when it was categorized as an Emergency Influx Site in 2021. Since then, several changes were made with this transition in order to upgrade and enhance the level and quality of services provided to the children in care. There were also some aesthetic changes that were observed, which enhanced the appearance of the facility – giving it a more enduring child-like and home-like environment.

There was a significant amount of experience within the case management team with one staff member who had over 6 years of experience working at various ORR facilities. The case management team advised that policies and procedures have improved greatly; thus, resulting in limited room for misinterpretation

of specific guidance. The case management team at this facility included both virtual and on-site case managers. The children interviewed did not report any complaints nor raise any concerns regarding their assigned Case Manager.

A total of eight children were interviewed by the Juvenile Coordinator. The children interviewed all felt well-cared for and reported having all of their basic needs met. The children all indicated they felt challenged in the educational program here and were entertained with the recreational activities at this facility as well. The children interviewed indicated their case managers worked quickly to process their case in an effort to reunify them with their family or friends. In addition, the children advised both the Clinical and Medical team at this facility were very attentive to their care. Currently, Dimmit Children's Center has no children in care.

Pecos Children's Center (Pecos, TX)

January 10, 2024

During the reporting period, a site visit as Pecos Children's Center was. The Juvenile Coordinator conducted two prior site visits at this facility when it was categorized as an Emergency Influx Site and Influx Care Facility in 2021. Program management advised there were many changes made over the years to enhance the surroundings and maintain a child-friendly environment. Significant improvements in aesthetics and the level of services were observed with each site visit the undersigned has made to Pecos Children's Center. The staff at Pecos Children's Center appeared to excel at communicating amongst various teams to meet the needs of the children in care. The staff interviewed advised that morale increased given the open-door policy program management has maintained.

The medical team at Pecos Children's Center advised they networked with the local medical/clinical community to facilitate referrals for enhanced mental health and medical services for the children in care. The clinical team emphasized the importance of children conducting regular family sessions with sponsors as well as with family in home country. Program management indicated that children who came directly from CBP were frequently confused about the difference between the federal agencies when they initially arrived at Pecos Children's Center. These children reported they had often assumed they were being transferred to another "holding" facility. Therefore, the staff implemented a training video or presentation upon a child's arrival at the facility to alleviate any undue stress regarding the children's placement.

A total of five children were interviewed at Pecos Children's Center. The children interviewed all reported receiving good medical care and overall treatment by the staff. The children interviewed advised they were all provided with adequate clean clothing and were all given sufficient hygiene products. The children all indicated they felt safe and well-protected at this facility. The children were also permitted to participate in the religious services held onsite on Saturdays and Sundays.

The Lead Case Manager interviewed advised there had been an increase in complex cases at Pecos Children's Center along with cases that warranted a home study prior to release, which can take more time to process. The Lead Case Manager advised the reunification process has improved over the past three years with the changes made to policy and with staff retention remaining steady. Currently, Pecos Children's Center has no children in care.

Holy Family Institute / Holy Family Institute Moon (Pittsburgh, PA)

March 5-7, 2024

Holy Family Institute and Holy Family Institute Moon are licensed facilities that serve both male and female children aged 0 to 17, as well as pregnant and parenting teens. The male children were housed at the main campus, and the female children are housed at the Moon campus. Both campuses are located in Allegheny County just seven miles from downtown Pittsburgh. The main campus ample outdoor space with green grass, sidewalks, and benches, and was equipped with an outdoor swimming pool, a basketball court, a soccer field, and a gym. The Moon campus has minimal outdoor space; however, the program has the facilities to offer outdoor recreational services. Also, adjacent to the facility is a large dome-like recreational structure where the females can participate in other organized activities.

A tour of both campuses revealed a safe and supportive living environment for the children in care. The housing units on each campus included a living room-like setting each equipped with a separate kitchen where the children could congregate and watch television, listen to music, play games, etc. The bedrooms in both campuses were clean and organized. The educational rooms were child-friendly and engaging for the students and the curriculum appeared appropriate. The food served to the children is prepared on campus and staff ensure that all religious and dietary accommodations are made.

Program management advised there were some staffing challenges as they needed more case management and youth care staff. In addition, program management reported challenges in finding bi-lingual Clinicians who were also licensed-eligible.

A total of ten children were interviewed. The children interviewed advised they were treated well by staff, and all felt well-cared for at this shelter. The children all advised they enjoy school and the various courses they were learning. The children reported having sufficient time to shower, and all received the necessary hygiene products. The children interviewed all felt well-supported by their clinicians and advised they talk to their Clinician regularly. The Lead Clinician interviewed emphasized the importance in working with children to establish safety and relaxation skills particularly for those children who may have experienced past trauma(s).

Heartland International Children's Center (ICC) (Chicago, Ill)

April 30 – May 1, 2024

Heartland ICC accepts male children aged 12 to 17. A total of nine children were interviewed at the shelter. Heartland ICC is located in the middle of a residential community in a neighborhood situated in the northern region of Chicago, providing the children in care a unique opportunity to experience the diversity the community offers. This diversity is also reflected in the different countries of origin of the males in care as well as by the amount of multilingual staff that are available on-site. Among several case management staff that participated in a group interview with the Juvenile Coordinator, they collectively spoke over 30 different languages.

A tour of the facility revealed a warm and welcoming environment with clear pride taken by the males and staff alike in caring for their space. Since the facility is situated in the middle of a residential area, the program offers limited outdoor space within the facility grounds. However, the program has been inventive and creative in finding solutions to allow for the required recreation time and leverages this with

the ability to utilize a local city park situated at the end of their street. During colder months, the children are transported to a local YMCA for participation in large muscle activity, etc. Program management advised they are reconsidering all strategies to maximize their use of space at the facility. They also implemented a Big Brothers program which allows veteran children in the program to mentor some of the males who have a difficult time, transition, and feel a sense of belonging.

Program management advised there is an ongoing challenge in the number of children who arrive without sponsorship. Another challenge has been the number of children who arrive with complex medical cases; however, it was advised that the medical community in the Chicago metropolitan area works well with the facility in treating those minors who require further care outside of the facility.

The children interviewed all felt well cared for, protected, and valued by the staff at Heartland ICC. The children also reported that they receive good medical care here. The quality of the services they provide to the children in care appear to be more than adequate and the children interviewed did not raise many complaints nor issues surrounding the services provided. The children interviewed said they have enjoyed the ability to really immerse themselves in learning and practicing the English language at Heartland ICC.

Maryville San Francisco (Des Plaines, Ill)

May 2, 2024

At the time of the site visit, there were nine children in care. This facility accepts males aged 12 to 17. Three of the nine children were interviewed by the Juvenile Coordinator and meetings and interviews were also held with the Program Director, the Lead Case Manager, and the Lead Clinician. An exit interview was also held with the Program Director and other staff members as well as with federal staff such as the Federal Field Officer and Project Officer.

Maryville San Francisco is a smaller facility with a bed capacity of 33 beds. It is located in the northern suburbs of the Chicago metropolitan area. The facility was clean and neat with ample and picturesque outdoor areas within the facility grounds for children to play in and spend time outdoors and when the weather is conducive to it. During cold days, the boys have access to a large indoor gymnasium where volleyball and basketball can be played along with other activities. Indoors, they are living-room type areas for recreational activities such as reading, playing card or table games and TV watching with sofas and couches for lounging and an area for breakfast and dinner. The children eat their lunch in their classroom and the Juvenile Coordinator and team were able to eat lunch with the children during the site visit. The food was plentiful and tasty, and it was reported the staff try to take special requests for food preferences from the boys when they can, and they comply with any food allergies known as well. Classes are taught in a mixture of English and Spanish.

The boys interviewed advised they are well taken care of at Maryville San Francisco and feel protected and safe here. They advised all staff are respectful towards them, and promote friendship building with other boys, and that no one has threatened them in any manner. They reported they receive plenty of food and water although one minor advised he does not receive enough cultural food and he does not care for the way many foods taste. The boys advised school is challenging and they are in school the better part of the day in classes in English, Science, Music, Art, Math and Spanish. They also play enjoy the social and recreational activities of soccer, basketball, volleyball, and occasionally they play baseball as well. They also use the gym often and during colder days. In their free time, they read, watch movies, practice

the English language and attend religious services on weekends as well. They also advised they have been given good medical and dental care although none of them reported they had any significant medical problems. Overall, the children advised they are well-cared for with one child saying he could use a different routine and additional outings into the community along with more frequent haircuts due to the amount of time he has been in ORR care. This child's feedback was conveyed to program management and ORR federal staff at the exit meeting.

Summary

The undersigned respectfully submits this report to the Court pursuant to the Court Orders as previously stated above.