U.S. Customs and Border Protection (CBP)
Office of the Chief Medical Officer (OCMO)

STATEMENT OF WORK (SOW)
Child Caregiver Services

Southwestern Border Area of Operations

April 2026

1. BACKGROUND:

The U.S. Customs and Border Protection (CBP), Office of the Chief Medical Officer (OCMO) in support of the U.S. Border Patrol (USBP) requires the services of Caregivers for all detainees classified as minor children, including minor children of Family Units (FMUA) and unaccompanied children (UAC), at multiple locations within the southwest border area of operations.

2. SCOPE OF WORK:

The primary scope of this acquisition is the provision of the positions of Caregivers and associated Supervisors, across multiple locations within eight (8) USBP Sectors, to facilitate and promote the safety and well-being of assigned FMUA minor and UAC minor detainees, in accordance with the requirements of this Statement of Work (SOW) and other supporting documents. This contract will be a 5-year Indefinite Delivery Indefinite Quantity (IDIQ) contract with 5 separate 1-year ordering periods.

Each Caregiver and Supervisor position shall be a 24-hours per day, 7-days per week (24/7) requirement when ordered. Location requirements shall vary based on the needs of the Government and each location. Facilities identified as "juvenile priority facilities" require 1 Supervisor position to be available 24/7. Contractor shall provide a mixed gender staff of employees fulfilling caregiver positions including "standard" caregiver positions as well as supervisors comprised of at least 1 male and 1 female employee. Typical industry-standard number of employees to fill one 24/7 position is 3-5 employees per position, depending on the working shift structure deployed.

The Contractor shall provide all program management, supervision, personnel, materials, and resources to support Caregiver and Supervisor positions requirements as they arise within the following USBP Sectors:

1. Del Rio Sector
2. Laredo Sector
3. Rio Grande Valley Sector
4. San Diego Sector
5. El Centro Sector
6. Yuma Sector
7. Tucson Sector
8. El Paso Sector

Individual locations within each of the eight (8) Sectors are outlined in SOW Section 8, along with the estimated number of Caregiver and Supervisor positions which may be required at each location. The Contractor shall be able to support multiple Task Orders, across all locations simultaneously, based on Government need.

The IDIQ and resultant task orders will be awarded on a firm-fixed-unit-price basis.

3. APPLICABLE DOCUMENTS:

The Contractor shall be knowledgeable of all relevant legal, regulatory, and policy guidelines for the scope and nature of this work at the location serviced. The CBP policies can be found on the CBP website, which will contain the latest version. Although not exhaustive, the following guidance applies:

DHS Information Security Policy, identified in MD4300.1	DHS 4300A ITSSP
HSBP-12	Homeland Security Presidential Directive-12. Homeland Security Presidential Directive 12 | Homeland Security
National Strategy for Pandemic Influenza Preparedness	National Pandemic Strategy | Pandemic Flu | CDC
CDC Protocols	Center for Disease Control general protocols for the cleaning of excrement (human and animal/bird) at www.cdc.gov.
Exhibit 4(d) – Summary of CBP Flores Agreement: Rio Grande Valley (RGV) and El Paso (EPT) Sectors	As attached in SOW Appendix Two. The Contractor shall provide Exhibit 4(d) to all Contractor personnel who perform services under this order in Rio Grande Valley Sector, in written form as an orientation regarding the requirements of CBP's Settlement Agreement.
CBP Personnel Security Handbook 1400- 07A	All Contractor personnel shall complete a background investigation (BI) and shall be approved by CBP prior to entering the government site. All contractor employees shall have all necessary BI forms completed and submitted within one week after provision of forms. Contractor shall provide help to employees for the filling out of forms and tracking of forms. Contractor shall also help to prevent errors by helping employees in filling out the National Background Investigation Services (NBIS) Electronic Application (eAPP) form. Forms and instructions will be provided by the Contracting Officer's Representative (COR) after award.

4. SPECIFIC TASKS:

A. Task #1: Kick-Off Meeting

No later than three (3) business days after the effective date of the award, the Contractor

shall meet with the Contracting Officer (CO), the Contracting Officer's Representative (COR) and other interested CBP personnel via teleconference. This meeting will ensure all parties have a common understanding of the contract requirements. In addition, the Government and Contractor will discuss the service objectives, planned course of action for transition into the requirements as well as Background Investigation actions to be taken, milestones for the same, and deliverables. The Contractor shall first be allotted 30–45 minutes to conduct a briefing describing the firm's planned approach, followed by a discussion of the overall requirements. The Contractor shall be prepared with appropriate briefing materials.

B. Task #2: Staffing Plan

Each employee of the Contractor who shall be utilized to fill Caregiver or Supervisor positions must complete and pass the appropriate CBP Level Background Investigation (CBP BI) before being allowed to commence work in accordance with Section 3.0 of this SOW. The CBP BI process is costly to the Government and resource intensive to both the Government and the Contractor. From beginning to end, the entire process could take up to 90 days to completion or being cleared for work. Thus, it is critical for the Contractor to pre-screen all personnel and provide adequate support and oversight to those individuals who the Contractor submits for a CBP BI. The Contractor shall develop, maintain, update and revise as needed, a well-designed Staffing Plan for both recruiting personnel, pre-screening personnel in accordance with the pre-screening requirements as outlined in the contract, and maintaining administrative control of personnel to ensure successful completion of the CBP BI process. Based on historical contract actions for the same or similar requirements, the development and use of a robust and viable Staffing Plan is critical to success of this type of labor-intensive contract.

The Contractor shall submit a complete Staffing Plan covering this critical function of the contract with their proposal submission, outlining at a minimum the following:

1. Recruiting strategy.
2. Pre-Screening strategy to ensure only potentially viable employees are submitted to the CBP BI. Minimum requirements for this strategy are set out in the Pre-Screening Clause.
3. Oversight and control of employees in the CBP BI pipeline, who are going through the clearance process, including potential incentives for personnel for same.
4. A complete Shift schedule to be maintained to provide 24/7 positions as required.
5. Any other information supporting the strategy of recruiting, retaining, and enabling the CBP BI process to completion.

C. Task #3: Caregivers Assignments and Duties

The provision of Caregiver positions and Supervisor positions is based on individual Task Orders driven by the demands at each location. The primary goal of each Caregiver position

shall be to facilitate and promote the safety and well-being of assigned children, always providing for their general care and direct supervision. The following assignment and duties are applicable to this overall requirement:

i. Assignments

1. The Contractor shall provide a mixed gender staff (Male/Female) of employees fulfilling the Caregiver position, at each active location as designated, when more than a single Caregiver position is required. The Contractor shall provide for at least one Supervisor position at each active location as designated. The number of Caregiver positions shall be dependent on the requirements of each active location. It is not expected that all locations will be active at the same time. However, Caregiver positions and Supervisor positions may be interchangeable and utilized between each active location, as required by the Government, and provided the Contractor is given no less than 48-hours notification. Movement of Caregivers may only take place within each Sector as assigned. In the event of extraordinary circumstances with regards to a geographical location move within a Sector, the movement of Caregivers may require additional time.

2. Emergency Movement of Staff:
   The contractor shall maintain an agile and flexible posture when staffing locations. To support this posture, the contractor shall utilize emergency movements of staff in accordance with the below procedures:

   a. In the event of a weather emergency or other situation requiring the evacuation of detainees and operational staff, the contractor shall take the following actions:
      i. Follow the CBP emergency response plan or Continuation of Operations Plan (COOP) and follow the operations to an alternate work site.
      ii. Notify Office of the Chief Medical Officer (OCMO) of the staffing movement by emailing cbpchildwelfareprogram@cbp.dhs.gov
      iii. Notify CBP Contracting Officer Representatives
   b. Due to the emergency nature of the movement approval is not required.
   c. Once continuity of operations is re-established and CBP has deemed the location safe, staff shall return to their original assignments. Until that time, the contractor shall provide, at minimum, daily situation updates by email to cbpchildwelfareprogram@cbp.dhs.gov and to the CBP Contracting Officer Representatives.

3. At facilities identified as “Juvenile Priority Facilities,” the Contractor shall provide a mixed gender staff of employees fulfilling Caregiver positions to include “standard” caregiver positions as well as supervisors; comprised of at least one male and one female employee. Contractor shall ensure a continuous rotation of employees for this requirement. The current list of Juvenile Priority Facilities

(JPFs) is listed below in SOW Section 8. CBP may add or remove certain Juvenile Priority Facilities, as needed, through formal bilateral modification action.

4. At facilities identified as "Juvenile Priority Facilities," the Contractor shall provide at least one Caregiver position for each holding pod or cell in which minor children are held.

5. At facilities identified as "Juvenile Priority Facilities," the Contractor shall provide enough additional Caregiver positions, to assist with showers, meals, recreation time and other responsibilities without depleting the pod staffing. The additional Caregiver positions do not need to be available during hours in which these activities are not typically provided.

6. At facilities identified as having quarantine or isolation pods or units, the Contractor shall provide enough designated Caregiver positions to monitor and care for children/infants within the isolation pods who are sick or identified as positive with communicable diseases, to assist with showers, meals, recreation time and other responsibilities without depleting the overall pod staffing. The Government shall specify the specific type of communicable disease apparent within the pod prior to placement of Caregivers, to provide sufficient time for Contractor to prepare for any Personal Protective Equipment (PPE) requirements.

7. Contractor shall provide all necessary comprehensive training for the Communicable Diseases Pod caregiver positions. Training shall include but is not limited to the following in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines:

    a. When and what Personal Protective Equipment (PPE) is necessary.
    b. How to don (put on) and doff (take off) PPE.
    c. Limitations of PPE, and proper care, maintenance, and disposal of PPE.
    d. Guidance for management of patients (including pediatric patients) with identified communicable diseases.
    e. The designated isolation pod Caregiver positions do not need to be available during hours in which these requirements are not needed. However, all specific requirements shall be outlined within each individual Task Order.

8. The Contractor shall create and maintain an inventory tracking system of government owned clothing, towels, and hygiene kits available for use and notify USBP staff of any low inventories to initiate procurement actions. No government furnished equipment, or workstations shall be provided to the Contractor for this requirement. Contractor shall coordinate with the Contracting Officer's Representative (COR) to establish inventory levels.

9. Caregivers shall receive training on Trauma-Informed recognition of medical and

behavioral distress to ensure they can effectively support CBP's approach to trauma informed care in custody. See Appendix One of this SOW.

ii. Supervisor Duties and Responsibilities

1. Supervisor positions shall oversee the day-to-day performance of Contractor personnel fulfilling the Caregiver positions at the location(s) assigned.

2. Supervisor shall maintain shift logs of personnel scheduled to fill Caregiver positions, including breaks, meal periods, and other regular operations throughout the work period.

3. When required during unexpected absences, shift turnovers or other periods as necessary, Supervisors shall aid and perform the duties of Caregivers until such time as the Caregiver positions can be fully engaged.

4. At locations identified as "Juvenile Priority Facilities," 1 Supervisor position shall be available 24/7.

iii. Caregiver Duties and Responsibilities

1. The Caregivers shall provide initial and daily orientation of assigned children and communicate facility expectations and processes.

2. The Caregivers shall be responsible for the operation of the shower facilities and the care of children and infants as outlined below.

3. The Caregivers shall perform the collection and bagging of dirty laundry and staging the bags for transport to on-site laundry trailer facilities. Caregivers are not required to perform the laundering, as another third party will perform the laundering tasks.

4. The Caregivers shall issue and collect Government-furnished shower/hygiene supplies.

5. The Caregivers shall monitor (i.e., maintain visual contact) minor children at all times going into and out of showers, from start to finish and adhering to DHS regulations implementing the Prison Rape Elimination Act (see, e.g., 6 C.F.R. § 115.115(d)).

6. The Caregivers shall assist in bathing minor children, ages 17 and under who are unable to bathe independently (i.e., disability, mobility, maturity, etc.,), as well as to assist with minor children of family units that require the same assistance. To comply with 6 C.F.R. 115.115(d) and for the safety of the children, child caregivers assisting in bathing children should be of the same gender as the child. For children not needing assistance, shower monitoring must be contactless to adhere to DHS regulations implementing the Prison Rape Elimination Act (PREA).

7. The Caregivers shall be responsible for storing Government-furnished clothing in designated shelves and issuing it to minor children while the detainees' clothing is being washed.

8. The Caregivers shall maintain a safe working environment, observing and encouraging adherence to safety rules and health guidelines set in place by the USBP staff and medical staff, including any applicable special requirements for the use of Personal Protective Equipment (PPE), such as masks and gloves. Guidelines are subject to change and shall be presented upon start of contract.

9. The Caregivers shall engage/interact with minor children throughout their time in CBP custody.

10. The Caregivers shall introduce themselves and describe their role.

11. The Caregivers shall be positioned in all designated holding areas holding minor children with continuous monitoring and supervision.

12. The positioning of Caregivers inside or outside of a designated holding area is under the guidance of CBP and subject to change due to operational needs.

13. The Caregivers shall be positioned in the Sallyport areas and be available to provide support to minor children upon arrival at the facility.

14. The Caregivers shall assist with the general care of minor children to include the following:

    a. Monitoring children using positive child management techniques including verbal redirection, de-escalation, and containment.
    b. Treat children with dignity and respect.
    c. Observe children for inappropriate behavior, signs of medical or emotional distress and notify CBP personnel and medical personnel if required.
    d. Provide supervision and support to children during recreation and exercise activities. Complete all required documentation to maintain a shower and inventory log, to be made available to the COR upon request.
    e. Changing diapers, assisting with toilet use and handwashing, feeding when a child is not able to feed him or herself, assisting to facilitate other requirements to include recreation supervision (e.g. reading, drawing, outside physical activity) when available or needed.
    f. Identifying and tending to other similar basic needs of minor children as they arise. Children may ask Caregivers for extra clothing, a blanket, a mat, snack, juice, milk, drinking water, feminine hygiene product, soap, towel for showering, and a toothbrush and toothpaste at any time.

g. Given the possibility of reluctance of some children to request extra clothing, Caregivers will use discretion to offer warm clothing when observing a child is cold.

15. All duties shall be performed at a level of quality and according to industry safety standards commensurate with those required of Caregivers employed at state-licensed daycare facilities in the state where the Caregiver performs services.

16. The Caregivers shall assist in keeping shower facilities well-ordered and cared for between uses by the minor children. Cleaning and sanitizing shall be the responsibility of a separate cleaning company.

17. The Caregivers shall communicate rights at a minimum of twice daily to minor children informing them of their rights to request to use the telephone or go for medical advice. Caregivers will ensure children know to whom they make the request (e.g., CBP personnel, Security Guards, Child Caregivers).

18. Caregivers to communicate with CBP personnel when minor children have requested an opportunity to use the telephone or go for medical advice.

19. The Contractor shall create and maintain a tracking system to document that these rights have been communicated. No government furnished equipment shall be provided to the Contractor for this requirement. Within 24 hours of receiving the request, the contractor shall provide the tracking system documentation to the COR via email. The tracking system shall include the following:

    a. Name of Caregiver(s) who communicated rights to minor children.
    b. Date and time completed.

20. The Caregivers shall assist in the distribution of meals delivered to the facility, as needed.

21. The Caregivers shall document the following metrics, either by data entry via paper or electronic means, as directed by the Government. The log may include, but not be limited to, the following categories:
    a. Orientation
    b. Communication & Rights
    c. Hygiene and Personal Care
    d. Nutrition & Meals
    e. Clothing & Comfort
    f. Supervision/Support

    In addition, the log may include data metrics, including but not limited to:
    a. Number of showers (including both parents and children)
    b. Number of bottles distributed

c. Number of trips to medical after initial intake

D. Task #4: Post Orders

The Contractor shall provide a posting order spreadsheet that lists number of Caregivers available with their locations/assignments to the onsite designated BP Agent in Charge or designee.

The posting order spreadsheet covering each shift shall be emailed to the BP Agent in Charge (or designee) at the start of each shift. The Contractor shall coordinate with the BP Agent in Charge at the respective locations to determine who shall receive the posting order email.

The Contractor shall provide a hardcopy of daily post orders, which should be kept in a conspicuous location so that all Caregivers can easily reference.

E. Task #5: Transition Management Plans

1. The Contractor shall develop a Transition Management Plan (TMP) for contract turnover as required. The TMP shall include at a minimum:

   i. Invoke a timeline which provides for complete transition not longer than 30-days from receipt of notice to proceed from the Contracting Officer (CO).
   ii. Overall strategy for "transition in" and "transition out"; to include how the lines of communication between the Government, incumbent Contractor and awardee Contractor shall be accomplished.
   iii. Roles and responsibilities document, outlining the specific Caregiver duties during transition as well as the duties and responsibilities of the supervisor and management staff during transition.
   iv. Risks and mitigation strategies, considering areas such as realistic timeframes for security clearance and for transferring Government Furnished Equipment (GFE), Government Furnished Property (GFP) and Government Furnished Information (GFI), if applicable, to the contract from one contractor to another.
   v. Strategy for training new staff, workload and workforce management requirements.

2. TMP Transition Support In / Out

   Work shall include, but not be limited to, the following:

   i. Coordination with Government and Contractor representatives.
   ii. Review, evaluation and transition of current support services.
   iii. Transfer of all necessary business and / or technical documentation.
   iv. Outgoing Contractor's employee return of all individual assigned GFE/GFP, if

applicable, and GFI, from the outgoing contractor to the Government or Incoming Contractor, as directed by the Government Representative.

v. Transfer of GFE, GFP, and GFI from the Government to the incoming Contractor.

vi. Applicable Contractor in /out-processing and briefing / debriefings.

At the conclusion of the contract, the Contractor, with assistance from the CBP COR, shall provide:

i. All necessary effort and assistance to the new Contractor in supporting the Transition In to the incoming contractor / Out from the outgoing contractor.

ii. Provide all necessary guidance and instruction to the new Contractor on processes of all functions to insure restoration of all services in this transition.

5. DELIVERABLES AND DELIVERY SCHEDULE:

The following table specifies the delivery schedule for the Deliverables required under this contract:

SOW Reference	Deliverable	Delivery Time	Frequency
Section 4.B. (Task #2)	Staffing Plan – Methodology for Recruitment and Retention included	With proposal	Initial plan submitted with proposal and updated as required.
Section 3 and Section 9	CBP Background Investigation documentation – See contract terms and conditions for complete requirements	Within 5 days after award	Continuous requirement based on the actual BI process
Section 4.C.iii.21	Data Metrics Report	Within 30 days after award	As required by the Government
Section 4.E. (Task #5)	Transition Management Plan	Within 30 days prior to contract end	One time requirement
Section 10.k.	Flores Settlement Compliance Orientation Record	Within 24 hours of COR's request	Upon request by the COR
Appendix One	Trauma-Informed Recognition of Medical Distress Training Roster	Within 24 hours of COR's request	Upon request by the COR

6. GOVERNMENT-FURNISHED EQUIPMENT AND INFORMATION:

a. Government will provide Shower and Laundry facilities

b. Government will provide shower/hygiene supplies
c. Government will provide clothing, diapers, diaper changing supplies, lotions, detainee food, latex gloves
d. Government will provide shelves to store government supplies and equipment
e. Government will provide access cards to facility once clearance is provided
f. Caregivers will be provided a designated area in the general holding area to operate from, including tables and chairs

7. PERIOD OF PERFORMANCE:

The Contract Ordering Period shall be for a total of five (5) years with 5 separate 1-year ordering periods or up to the maximum order limitation, whichever limit is reached sooner:

a. Ordering Period 1: September 1, 2026 – August 31, 2027
b. Ordering Period 2: September 1, 2027 – August 31, 2028
c. Ordering Period 3: September 1, 2028 – August 31, 2029
d. Ordering Period 4: September 1, 2029 – August 31, 2030
e. Ordering Period 5: September 1, 2030 – August 31, 2031

The IDIQ will be reviewed annually at each anniversary to determine if the IDIQ will continue.

8. PLACE OF PERFORMANCE:

Each of the locations listed below have the potential requirement for Caregiver and Supervisor positions. Task Orders (TO's) for Caregiver and Supervisor positions shall be awarded as needed and based on location requirements. When there is more than one (1) Caregiver position required at any single location, a mixed gender staff is required.

a. **Del Rio Sector (DRT)**: *Estimated Annual position requirements for all locations within this sector:* ***4 Caregiver Positions and 2 Supervisor Positions***

Del Rio Sector Area of Responsibility: The Del Rio Sector is comprised of more than 59,541 square miles of Texas and more than 41 Texas counties.

The stations that make up the Del Rio Sector are:

1. Del Rio Station
2. Eagle Pass
3. Carrizo Springs
4. Uvalde (Juvenile Priority Facility)
5. Temporary soft-sided structures as may later be designated.

b. **Laredo Sector (LRT):** *Estimated Annual position requirements for all locations within this sector:* ***2 Caregiver Positions and 1 Supervisor Position***

Laredo Sector Area of Responsibility: Laredo Sector is comprised of nine (9) stations and covers approximately 171 miles of border and 116 Texas counties.

The stations that make up the Laredo Sector are:

1. Laredo North Station
2. Laredo South Station (Juvenile Priority Facility)
3. Laredo West Station
4. Temporary soft-sided structures as may later be designated.

c. **Rio Grande Valley Sector (RGV)**: *Estimated Annual position requirements for all locations within this sector:* ***6 Caregiver Positions and 1 Supervisor Position***

Rio Grande Valley Sector Area of Responsibility: Rio Grande Valley Sector is comprised of more than 34,000 square miles of Southeast Texas with 34 Texas counties.

The stations that make up the Rio Grande Valley Sector are:

1. Brownsville
2. Fort Brown Station
3. Harlingen
4. CPC Ursula (Juvenile Priority Facility)
5. Temporary soft-sided structures as may later be designated.

d. **San Diego Sector (SDC)** *Estimated Annual position requirements for all locations within this sector:* ***4 Caregiver Positions and 1 Supervisor Position***

San Diego Sector Area of Responsibility: San Diego Sector is comprised of eight stations, covers approximately 60 miles of border, and is comprised of three California counties.

The stations that make up the San Diego Sector are:

1. Imperial Beach Station
2. Brown Field Station
3. Campo Station
4. San Clemente Station
5. El Cajon Station
6. Theodore L. Newton, Jr. and George F. Azrak Station
7. Chula Vista Station (Juvenile Priority Facility)
8. Boulevard Station
9. Temporary soft-sided structures as may later be designated.

e. **El Centro Sector (ELC)***: Estimated Annual position requirements for all locations within this*

sector: ***1 Caregiver Positions and 1 Supervisor Position***

El Centro Sector Area of Responsibility: El Centro Sector is comprised of three stations, covers approximately 70 miles of border, and while the patrol area is comprised of two California counties, the sector is responsible for inland areas extending to the Oregon State line.

The stations that make up the El Centro Sector are:

1. El Centro Station (Juvenile Priority Facility)
2. Temporary soft-sided structures as may later be designated.

f. **Yuma Sector (YUM)**: *Estimated Annual position requirements for all locations within this sector:* ***2 Caregiver Positions and 1 Supervisor Position***

Yuma Sector Area of Responsibility: Yuma Sector is comprised of three stations, covers approximately 126 miles of border, and is comprised of one Arizona county.

The stations that make up the Yuma Sector are:

1. Yuma Station (Juvenile Priority Facility)
2. Temporary soft-sided structures as may later be designated.

g. **Tucson Sector (TCA)**: *Estimated Annual position requirements for all locations within this sector:* ***3 Caregiver Positions and 2 Supervisor Positions***

Tucson Sector Area of Responsibility: Tucson Sector covers 262 miles of linear border from the Yuma County line to the Arizona/New Mexico state line. It is made up of eight stations that are broken down into three corridors.

The stations that make up the Tucson Sector are:

1. Tucson
2. Nogales (Juvenile Priority Facility)
3. Temporary soft-sided structures as may later be designated.

h. **El Paso Sector (EPT)**: *Estimated Annual position requirements for all locations within this sector:* ***6 Caregiver Positions and 1 Supervisor Position***

El Paso Sector Area of Responsibility: The El Paso Sector is comprised of eleven stations and covers the geographical region of the entire state of New Mexico as well as two counties within far west Texas.

The stations that make up the El Paso Sector are:

1. El Paso Station
2. Includes Processing Transportation Detention Unit designated as Juvenile Priority Facility. (Juvenile Priority Facility)
3. Temporary soft-sided structures as may later be designated.

9. <u>SECURITY:</u>

The contractor shall read and comply with all listed security and background investigation requirements which are outlined within the contract terms and conditions.

10. <u>SPECIAL CONSIDERATIONS:</u>

a. Standards of Conduct

The Contractor shall be responsible for maintaining satisfactory standards of Contractor Personnel competency, conduct, appearance, and integrity and shall be responsible for taking such disciplinary action with respect to its personnel as may be necessary. The following actions by Contractor Personnel shall be prohibited as violations of Federal, State or local law or CBP Policies:

i. Violation of the Rules and Regulations Governing Public Buildings and Grounds, 41 CFR Part 102-74, Subpart C. This includes the carrying or possession of explosives or items intended to be used to fabricate an explosive or incendiary device.
ii. Neglect of duty, including sleeping while on duty, unreasonable delays, failure to carry out assigned tasks, conducting personal affairs during official time, refusing to render assistance, or cooperate in upholding the integrity of the security program at the work site.
iii. Falsification or unlawful concealment, removal, mutilation, or destruction of any official documents or records, or concealment of material facts by willful omissions from official documents or records.
iv. Disorderly conduct, uses of abusive or offensive language, quarreling, intimidation by words or actions, fighting, or participation in disruptive activities that interfere with the normal efficient operations of the Government.
v. Theft, vandalism, immoral conduct, or any other criminal action.
vi. Selling, consuming, or being under the influence of intoxicants, drugs, or substances which produce similar effects while in or on Federally controlled property.
vii. Improper use of Government identification.
viii. Unauthorized use of communication equipment on Government property.
ix. Violation of security procedures or regulations.
x. Violation of 18 U.S.C. Section 930, which prohibits the knowing possession or the causing to be present firearms or other dangerous weapons in Federal facilities and Court facilities.

b. Removal from Work Supporting the Contract

The Government, through the Contracting Officer (CO) or the Contracting Officer Representative (COR), may deny access to any individual employed or subcontracted by the Contractor (contractor employee) from government facilities, property, information technology systems, and computer networks if, in its sole discretion, the Government determines the contractor employee is unsuitable to have such access. The Government may require the Contractor to cease using any contractor employee to support this contract.

Where any contractor employee directly supporting the requirements of the contract is granted a temporary suitability determination, and an unfavorable final suitability determination is later rendered, the Government may require the Contractor to cooperate with and facilitate the contractor employee's removal from and denial of access to government facilities, property, information technology systems, and computer networks.

If the Contractor, acting at its own discretion, removes any contractor employee from supporting the requirements of this contract, directly or indirectly, for reasons of misconduct, the Contractor shall inform the CO and the COR of the following:

1. Offending individual's identity
2. Position held by the individual (direct or indirect support)
3. Nature of the alleged negligence or misconduct

The contractor shall immediately report to the CO or COR the arrest, indictment, or conviction for any reason of any contractor employee who is involved in supporting the requirements of the contract, directly or indirectly.

This information is required by the Government for critical tracking of personnel who have supported or are supporting CBP contracts and shall be maintained within the CBP Contractor Tracking System (CTS). The Contractor shall take possession of any PIV Identification or other Government Property assigned to the terminated employee and promptly turn same over to the COR.

The Contractor shall be responsible for providing replacement contractor employees at no additional cost to the Government, in all cases where contractor employees are removed by either the Government or the Contractor.

c. Identification Credential

Upon receipt of favorable suitability determination as indicated in the contract, each personnel of the Contractor shall be issued an identification credential (PIV Card). At all times while working on the contract, Contractor personnel, including the sub- contractor personnel, shall have in their possession the Government-issued PIV Card credential.

The identification credential (PIV Card) shall be always displayed and be visible while on Government property. The CO or designee, Government law enforcement, or security personnel shall periodically verify that Contractor personnel match their personnel identification. The Contractor's personnel shall always comply with security verification procedures.

The Contractor shall see that every contractor employee has a Government-issued identification credential (PIV Card) before the employee enters on duty. As required by the Government, the Contractor shall make their personnel available for photo identification for the PIV Card, on a schedule to be worked out with the Contracting Officer or designee. The Government will issue the PIV Cards after a favorable security determination has been received for the Contractor's personnel. PIV Cards shall have an expiration date, and all Contractor personnel shall sign their cards at the time of photographs are taken.

The Contractor shall be responsible for ensuring that all PIV Cards are returned to the Contracting Officer or designee as their personnel leave the contract (e.g., contract is completed, personnel leave employment of the company, personnel are dismissed or terminated). The Contractor shall notify the Contracting Officer or designee when PIV Cards are lost.

The Contractor shall be responsible for paying the Government for replacement credentials at the current cost per PIV Card.

d. Recording Presence

All Contractor Personnel and subcontractor personnel must sign-in when reporting for duty and sign out when leaving at the end of the workday.

e. Work Schedule

The locations listed above in Section 8 are 24 hours per day/7 days per week/365 days per year operational facilities when active. Contractor shall provide a complete staffing plan, with proposal, to ensure 24/7/365 coverage for operations consistent with the requirements listed above in section 4.B., Task #2: Staffing Plan.

f. Requirements and Qualifications

i. Caregivers General Qualifications

Each contractor employee fulfilling a Caregiver or Supervisor Position shall have experience and training in the following areas of responsibility commensurate with the level required of Caregivers employed at state-licensed daycare facilities in the state where the Caregiver performs services.

Certification of training and/or licensing shall be provided within 30 days after award, and shall also indicate the following minimum requirements have been met:

1. High School Diploma or equivalent. A valid driver's license.
2. Minimum age of 18 years old.
3. Record of immunizations and ability to pass background check.
4. Good communication and interpersonal skills – ability to communicate effectively in English and Spanish,
5. Training in the following skills – personal care and toileting for children; basic hygiene and basic infection control; maintaining a clean, safe and healthy environment; basic first aid and basic emergency procedures; understanding abuse and neglect.
6. Ability to perform vigorous physical activity (bending, standing, walking, sitting, etc.) for extended periods.
7. Ability to hear and see well enough to monitor children and always keep them safe.
8. Ability to lift 40 lbs.

Each contractor employee fulfilling a Supervisor Position shall additionally have qualifications and training in Management of personnel, Directing, and decision-making. Moreover, a minimum of 2 years progressively responsible experience in a same or substantially similar caregiver role shall be required for each supervisor position.

g. Key Personnel

The personnel specified below are considered essential to the work being performed under this contract and may, with the consent of the contracting parties, be changed from time to time during the course of the contract by adding or deleting personnel, as appropriate.

Before removing or replacing any of the specified individuals, the Contractor shall notify the Contracting Officer, in writing, before the change becomes effective. The Contractor shall submit sufficient information to support the proposed action and to enable the Contracting Officer to evaluate the potential impact of the change on this contract. The Contractor shall not remove or replace personnel or facilities until the Contracting Officer approves the change.

The Key Personnel under this Contract are as follows:

1. *Project/Program Manager*: The contractor personnel fulfilling this position shall have experience in a supervisory, or leadership role within a childcare center, healthcare staffing agency, or related field/industry. Additionally, experience in staff training and team management shall be required.
2. *Financial Services Representative/Manager for invoicing*: The contractor personnel fulfilling this position shall have experience in the accounting/finance, billing, or accounts

receivable field along with proficiency in the use of invoicing software (e.g., SAP, the Invoice Processing Platform, or Microsoft Excel).

3. *Single Contractor point of contact for any and all CBP BI issues*: The contractor personnel fulfilling this position shall have demonstrated ability to handle sensitive and confidential information. This position shall also have experience in human resources (HR), compliance, or investigative roles. Strong organizational, communication, and analytical skills to manage large volumes of sensitive data along with proficiency in the use of computer systems (e.g., HR information systems, background screening tools, etc.) shall be required.

h. Non-Disclosure Agreement (NDA)

All Contractor personnel performing work under the terms of this contract shall complete and sign DHS Form 11000-6, Non-Disclosure Agreement in accordance with the requirements of the CBP BI Process. The Contractor shall provide the completed form to the COR before Contractor personnel has access to any information, materials, or documents pertaining to the Contract.

i. Government Quality Assurance

The COR and designated Points of Contact at each location will monitor the Contractor performance and inspect and accept or reject the services as required by the contract. Further, the COR and designated Points of Contact will evaluate the contractor's performance under this contract using the method of surveillance deemed appropriate.

Examples of unacceptable services include, but are not limited to:

1. Exhibiting a poor level of customer service and professionalism.
2. Failure to adhere to security section of this SOW; and
3. Contractor staff presents as Federal employee.

j. Training Requirements

The training requirements outlined in the table below are applicable to all caregiver and supervisor positions during performance of the contract:

Training Title	Training Requirement Frequency
CBP National Standards on Transport, Escort, Detention, and Search (TEDS): Duration, Conditions, and Monitoring of Individuals in Custody Training	Orientation and Annually
Flores Settlement Compliance	Orientation and Annually

Prison Rape Elimination Act (PREA)	Orientation. Confirmation that all contractors who may have contact with holding facility detainees have completed this training must be submitted to the CO, or the COR, and maintained for at least five (5) years.
Trauma Informed Recognition of Medical Distress	Orientation and every two years

1. Contractor shall provide training records to COR(s) on an as needed basis.
2. COR(s) may request all training records from contractor on a quarterly basis.
3. Contractor shall provide records of Flores requirement rights being communicated twice daily. (See section j below)

k. Flores Settlement Compliance Orientation

The Contractor shall provide Exhibit 4(d): Summary of CBP Flores Agreement: RGV and El Paso Sectors to all Contractor personnel who perform services in Rio Grande Valley and/or El Paso Sector facilities in written form as an orientation regarding the requirements of CBP's Settlement Agreement. As part of that orientation, if not previously provided in conjunction with other training (e.g., PREA compliance), the Contractor shall also provide Contractor personnel information on monitoring in CBP facilities, caregiver's role in observing and reporting inappropriate behavior, juvenile health conditions, the recognition and referral of those juveniles displaying emotional and mental distress, and TEDS compliance. Generally, exhibit 4(d) sets out CBP policy guidance intended to ensure that CBP and all contractor personnel treat minors in CBP custody with dignity, respect and special consideration for their vulnerability as minors and that CBP facilities where minors are being held are safe and sanitary. Requirements relevant to the services being provided are summarized under the Caregivers header within Exhibit 4(d).

Questions regarding Exhibit 4(d) shall be directed to the COR. The Contractor shall prepare and retain a record that adequately documents its compliance with this orientation requirement and shall provide this record to the COR upon request.

11. POINTS OF CONTACT:

a. Program Management Office (PMO):
   To Be Provided at Award

b. Contracting Officer's Representative (COR):
   To Be Provided at Award

c. Location Points of Contact:
   To Be Provided at Award of Each Task Order

d. Contract Specialist (CS)/ Administrative Contracting Officer (ACO)
   Benjamin J. Dorgan
   CBP Border Enforcement Contracting Division – Pacific Branch

Phone: (520) 407-2808
Email: benjamin.j.dorgan@cbp.dhs.gov

e. Contracting Officer (CO)
Connie McKay
CBP Border Enforcement Contracting Division – Pacific Branch

APPENDIX ONE

Trauma-Informed Recognition of Medical Distress Training

The CBP Directive on Trauma-Informed Care for Persons in Custody requires that CBP Caregivers receive training on trauma-informed recognition of medical and behavioral distress.

The Contractor shall provide this training to its personnel every two years to ensure they can effectively support CBPs approach to trauma informed care.

Contractor shall maintain a roster of recorded training and ensure all Contractor personnel complete the course requirements. Roster shall be submitted to COR within 24 hours of receiving the request.

Course Objectives:

After completion of this course, Contractor personnel should be able to promote health and well-being of juveniles experiencing medical and behavioral distress while in CBP custody as described in the trauma-informed care approach.

APPENDIX TWO

Summary of CBP *Flores* Agreement: RGV and El Paso Sectors

The Parties entered into this Agreement for the purpose of clarifying the Parties' understanding of the meaning of certain provisions of the *Flores* Settlement Agreement ("Settlement"), as they apply to conditions of CBP detention in the Rio Grande Valley (RGV) and El Paso Sectors of the U.S. Border Patrol. The provisions in question are Paragraphs 11 and 12A. "Juveniles" include all minors under the age of 18 in CBP custody, both accompanied and unaccompanied.

The information below has been summarized from the actual Agreement for training/orientation purposes. Exhibit 4 mainly addresses sections VII. Conditions at CBP Facilities, VIII. Extended Time in Custody, and Annex I. Since the Agreement applies to both CBP employees and contractors, the summarized information was organized into the following areas of responsibility: USBP Headquarters and El Paso and RGV Sector Management; U.S. Border Patrol Agents; CBP Procurement Directorate, and RGV and El Paso Contractors; the Juvenile Coordinator's Office; and the Office of the Chief Medical Officer. If additional information is needed, please refer to the Agreement.

Definitions

- A Juvenile Priority Facility is a facility, designated by CBP, as being the first option to hold juveniles until appropriate placement with ICE or HHS can be secured or release from CBP custody can be accomplished.
- Medical Priority Locations are any CBP facility with contracted medical personnel. All Juvenile Priority Facilities will be medical priority locations.

USBP Headquarters and RGV/El Paso Sector Management

Facilities

- CBP shall display Exhibit 1 (poster) in all CBP facilities in the RGV and El Paso Sectors where juveniles are held. The poster will be placed in close proximity to juveniles.
- Juvenile Priority Facilities
  - CBP shall identify at least one Juvenile Priority Facility in RGV Sector and one in El Paso Sector, notify Class Counsel of this designation, and begin utilizing those facilities. If CBP changes its juvenile priority facilities or commences operation of a new Juvenile Priority Facility in either the RGV or El Paso Sectors, CBP shall notify Class Counsel within thirty days.
  - All Juvenile Priority Facilities shall be designated as medical priority facilities.
  - CBP Juvenile Priority Facilities will have 24/7 access to contracted onsite medical support.
  - All juveniles not immediately returned voluntarily to their country of origin shall be transferred to juvenile priority facilities within 24 hours of arrival at a non-priority facility, or, in exigent circumstances, 48 hours.
  - All reasonable efforts shall be made to keep juveniles in Juvenile Priority Facilities while in CBP custody.

- Juvenile Priority Facilities shall work to reduce the use of fencing and enclosures that are not needed for security reasons.
- Juvenile Priority Facilities, to the extent possible, shall have areas that provide the least restrictive setting for juveniles appropriate to their age and special needs. These settings will be consistent with the need to ensure safety and security of everyone within the facility.
- The planning and construction of new CBP facilities in the RGV and El Paso Sectors will take into consideration that the facilities will be permanently or temporarily used as Juvenile Priority Facilities.

- Non-Priority Facilities
  - Non-priority facilities shall maintain an adequate supply of items to accommodate the temporary holding of juveniles including:
    - Mats and blankets;
    - External garments, such as sweatshirts, and jackets;
    - Undergarments and clothing, such as sweatpants, t-shirts, and underwear;
    - Diapers of varying sizes and baby wipes;
    - Potable water, cups as appropriate, meals, and snacks;
    - Hygiene products to include soap and/or hand sanitizer, a mechanism for drying hands, toothbrushes, and toothpaste; and
    - Disposable baby bottles, baby formula, and baby/toddler food, cloth swaddling blankets, and beanies.

<u>Nutrition Standards</u>

- All facilities
  - Juveniles shall have access to age-appropriate meals and snacks that meet age-appropriate daily caloric needs and hydration needs. Food shall be in edible condition and not frozen, expired, or spoiled.
  - Food and water shall never be used as a reward or withheld as punishment.
  - Juveniles shall have ready access to clean drinking water and cups, as appropriate. There shall be a sufficient number of cups so that juveniles do not have to share cups. Portable water coolers shall be covered or enclosed and shall be washed or rinsed with warm water once during each shift and be thoroughly cleaned at least weekly. Portable water coolers shall be replaced when not working properly or unable to be cleaned due to age or deterioration.
  - Juveniles shall be offered snacks upon arrival to a CBP facility and meals at regularly scheduled intervals. Two of the meals shall be hot. Juveniles shall have regular access to snacks, milk, and juice.
  - Safe and hygienic age-appropriate food shall be provided to children under the age of two, including baby formula and baby foods.

    - Disposable baby bottles, potable water, and formula mixing instructions shall be readily accessible along with instructions in English and Spanish and diagrams on how to mix formula.
    - CBP shall record the availability of snacks and drinking water and the provision of meals in the appropriate electronic system of record.
    - CBP shall support breast feeding as desired by mothers in custody with young children.
    - CBP shall accommodate food allergies with simple, basic, readily available hypoallergenic alternatives.
  - Juvenile Priority Facilities
    - At least one of the following shall be available to all juveniles outside of the common toilet area: functioning clean and hygienic water fountains, bottled water, or portable water coolers with cups available.
    - CBP shall ensure all food service contracts provide meals that meet USDA nutritional guidelines and all other USDA-consistent nutritional standards adopted by CBP, for both tender-age children (age 12 and under) and older children (age 13 and over).
    - CBP shall use best efforts to accommodate juveniles' dietary restrictions and preferences.
- Non-Priority Facilities
  - CBP shall work with the Juvenile Care Monitor to develop and implement appropriate guidelines for food provided to juveniles in non-priority facilities.

<u>Temperatures and Warmth – All Facilities</u>

- Temperature
  - CBP shall maintain a temperature range between 69°F and 83°F, with the target temperature being one that is considered generally comfortable.
  - Facilities shall closely monitor and record ambient temperatures via digital displays or a temperature reading device.
- Garments
  - All facilities will maintain a stock of age-appropriate clothing for juveniles in a variety of sizes, including t-shirts, underwear, socks, sweatshirts, sweatpants, jackets, etc.
  - Juveniles shall be provided clean, dry clothing if their clothing is wet or soiled or when their personal clothing is discarded or laundered.
  - Juveniles shall be allowed to retain possession of their warm clothing unless they pose a health or safety hazard.
  - Beanies in various sizes shall be available for children under the age of five.
  - Blankets shall be available for juveniles, including cloth swaddling blankets for infants and children under the age of two.

Sleep

- All Facilities
  - CBP shall make all reasonable efforts to provide juveniles with sufficient space and a mat and blanket during sleep hours, typically from 2200-0600 hours.
  - Juveniles shall be provided blankets or extra clothing for adequate warmth upon request or upon expressing general discomfort from cold or when observed shivering or huddling for warmth.
  - If there are no safety concerns and not physically impracticable to do so, facilities shall make reasonable efforts to dim the lights between 2200 hours and 0600 hours. Dimming can include turning off sections of lighting in cells or pods. The facilities shall always maintain sufficient light to enable agents, security officers, and caregivers to properly monitor all individuals in custody.
  - CBP shall make reasonable efforts to minimize noise and disruptions between 2200 hours and 0600 hours.
- Juvenile Priority Facilities
  - Clocks shall be placed in locations visible from each pod/cell unless there is no available space.

Hygiene and Sanitation

- All Facilities
  - Hygiene kits shall be available to all juveniles upon request and when showers are offered. Such kits shall include appropriate soap for hair and body, toothbrushes/toothpaste, and towels for showering.
  - Toothbrushes/toothpaste shall be provided daily or upon request. When juveniles are part of a family unit or family group, parents and other accompanying adult family members are responsible for the dental hygiene of the juveniles.
  - If laundry facilities are available or laundry services are contracted, soiled clothing shall be laundered if operationally practicable. Otherwise, clean clothing shall be available to replace soiled clothing, including swaddling blankets, sweatpants, etc.
  - Diapers in a variety of sizes and baby wipes shall be accessible.
  - All juveniles shall always have access to functioning toilets and sinks, toilet paper, soap and/or hand sanitizer, and feminine hygiene products. Juveniles shall have a way to dry their hands.
  - Janitorial and portable toilet contractors shall maintain toilets and had washing stations.
  - Adequate storage space for storing hygiene supplies shall be available.
- Juvenile Priority Facilities
  - CBP shall provide a shower to each juvenile shortly after their arrival at the facility, and additional showers at 48-hour intervals thereafter.
  - If space is available, infant changing stations shall be maintained.
  - In juvenile priority facilities where caregivers are available, caregivers shall assist unaccompanied class members in their hygiene routines, as needed.

- In juvenile priority facilities where caregivers are available, caregivers shall assist family groups or units as needed in their hygiene routines, to include caring for minor children while parents or other adult family members shower.

Child Appropriate Environment

- All Facilities
  - CBP shall treat all juveniles in custody with dignity, respect, and special concern for their particular vulnerability as minors and place each juvenile in the least restrictive setting appropriate to the juvenile's age and special needs.
  - Absent an articulable operational reason, juveniles apprehended with adult family members (including non-parents or legal guardians) shall remain with that family member during their time in CBP custody, in accordance with TEDS, as well as the requirements of TVPRA.
  - When there is an operational reason to house family members separately, CBP shall record the reasons for holding them apart and make all reasonable efforts to ensure that the family members are able to interact.
  - When family members are held separately, efforts shall be made to ensure interaction between family members, such as providing a common area for visiting during the day, allowing them to share meals together in a common area, or allowing them to participate in recreation.
  - CBP shall notify HHS/ORR of UCs who are related and in need of placement to try to have them placed together or in facilities that are close to each other to allow for family interaction.
  - CBP shall make all reasonable efforts to provide UCs daily access to a phone to permit contact with family members.
- Juvenile Priority Facilities
  - CBP shall make reasonable efforts to have televisions available in pods that routinely hold juveniles when the televisions can be secured in a location that minimizes damage to the televisions or possible injury to the persons in the facility.
  - Facilities shall try to have available age-appropriate toys/activities that do not pose a health or security risk to any person in the facility.
  - Facilities shall provide child appropriate furniture that does not pose a health/safety risk in areas holding tender age children when operationally feasible.
  - Facilities shall provide UCs with at least one daily message (in person or video) providing reassurance of their safety and orienting them to date, time, location, and general process/disposition/expectations.

Medical – All Facilities

- CBP shall promptly activate the 911 system or refer juveniles to the local health system whenever appropriate for evaluation and treatment. Further, CBP shall refer juveniles with urgent or emergent medical issues to the local health system.

- Agents in the field shall be trained to recognize and respond to signs/symptoms of injury or illness.
- CBP will coordinate with ICE and HHS ORR regarding the transfer of persons in custody with identified medical issues.
- CBP shall conduct a health intake interview on all juveniles in custody upon arrival at a U.S. Border Patrol facility. This interview shall identify juveniles who are tender age (12 and under); pregnant; or with an illness, injury, disease, or other medical issue.
- Medical assessments shall be conducted on all juveniles who are tender age; pregnant; or with an injury, illness, disease, acute needs associated with a disability or chronic illness, or other medical issue. If contract medical personnel are unavailable, individuals in custody may be referred to the local health system or other available health care providers for a medical assessment, as appropriate.
- Juveniles in isolation/quarantine shall be provided a means to communicate with accompanying family member who are not isolated/quarantined with them at least twice a day, so long as such communication will not jeopardize the health or safety of the juvenile or their accompanying family member. While a juvenile and their accompanying relative are in CBP custody, CBP will make best efforts to allow an accompanying adult relative to remain with a class member who requires quarantine, if medically appropriate and operationally feasible.
- Any juvenile who received medical care in CBP custody shall have an exit health interview conducted by CBP contracted medical personnel. CBP will provide appropriate summary documentation of medical events which occurred within CBP custody to the patient or parent/legal guardian upon leaving CBP custody.
- CBP shall ensure documentation provided by the emergency room or hospital is shared with or transferred to appropriate parties as people are transferred or released from custody.

<u>Extended Time in Custody – Over 72 Hours</u>

- All Facilities
  - Provide a supplemental health interview to all juveniles every 5 days.
  - Conduct enhanced medical monitoring on juveniles, as appropriate, as needed.
  - Continue to offer showers to juveniles every 48 hours.
  - Continue to provide toothbrushes/toothpaste to juveniles daily and upon request, as well as hygiene kits at the time showers are provided.
  - Continue to provide juveniles access to clean and dry clothes.
  - Continue to provide adequate food and clean drinking water. Make all reasonable efforts to provide additional variety in meals.
  - Continue to provide mats and blankets during hours of sleep, as well as making reasonable efforts to dim the lights in CBP facilities during hours of sleep.
- Juvenile Priority Facilities
  - Provide recreation and other child-appropriate activities daily. CBP shall make all reasonable efforts to provide outdoor recreation.

U.S. Border Patrol Agents

- CBP shall transfer all juveniles who are not immediately returned to their country of origin to a Juvenile Priority Facility as expeditiously as possible, in general, within 24 hours of arrival at a non-priority facility, but no longer than 48 hours after arrival at a non-priority facility.
- Juveniles held in each pod in a CPC or soft-sided facility will generally be able to move freely around that pod.
- Juveniles aged 14 and older and all accompanying adult family members of juveniles under 14 years old shall be informed of their rights under this agreement orally and by video. They shall be provided an I-770 in English and Spanish. If the juvenile or accompanying adult family member do not read or speak Spanish, the I-770 shall be read to them in their native language.
- CBP shall provide a list of free legal services to all juveniles.
- Facilities shall provide UCs with at least one daily message (in person or video) providing reassurance of their safety and orienting them to date, time, location, and general process/disposition/expectations.

<u>Medical</u>

- CBP shall promptly activate the 911 system or refer juveniles to the local health system whenever appropriate for evaluation and treatment. Further, CBP shall refer juveniles with urgent or emergent medical issues to the local health system. Agents in the field will recognize and respond to urgent medical issues requiring activation of 911/EMS or transport to local health system.
- CBP will coordinate with ICE and HHS ORR regarding the transfer of persons in custody with identified medical issues.
- CBP shall conduct a health intake interview on all juveniles in custody upon arrival at a U.S. Border Patrol facility. This interview shall identify juveniles who are tender age (12 and under); pregnant; or with an illness, injury, disease, or other medical issue.
- Medical assessments shall be conducted on all juveniles who are tender age; pregnant; or with an injury, illness, disease, acute needs associated with a disability or chronic illness, or other medical issue. If contract medical personnel are unavailable, individuals in custody may be referred to the local health system or other available health care providers for a medical assessment, as appropriate.
- Agents shall refer juveniles with medical concerns to contracted medical personnel or to the local health system, as appropriate, and shall conduct regular 'welfare checks' to include observation for medical concerns.
- Agents shall inform individuals in custody that they have a right to medical treatment and shall inform and encourage individuals in custody to self-refer or to refer family members or companions for medical care.
- Any juvenile who received medical care in CBP custody shall have an exit health interview conducted by CBP contracted medical personnel. CBP will provide appropriate summary

documentation of medical events which occurred within CBP custody to the patient or parent/legal guardian upon leaving CBP custody.

- CBP shall ensure documentation provided by the emergency room or hospital is shared with or transferred to appropriate parties as people are transferred or released from custody.

Nutrition Standards

- Juveniles shall have accesses to age-appropriate meals and snacks. Food shall be in edible condition (not frozen, expired, or spoiled).
- Food and water shall never be used as a reward or withheld as punishment.
- CBP shall always provide ready access to clean drinking water and, as appropriate, cups. Drinking water may be provided via mechanisms such as functioning clean and hygienic water fountains, bottled water, or covered portable water coolers.
    - Sufficient cups shall be provided in all areas juveniles are held so that they are not required to share drinking cups with others.
    - Where portable water coolers are used, they shall be washed or rinsed with warm water once during every shift and thoroughly cleaned at least weekly.
- Juveniles shall be offered a snack upon arrival at a CBP facility. Juveniles shall have regular access to snacks, milk, and juice. Safe and hygienic age-appropriate food shall be provided to children under the age of two, including baby formula and baby foods.
- Juveniles shall be offered meals at regularly scheduled intervals. At least two of the meals shall be hot.
- Agents shall comply with food handling instructions included in any packaged food and shall wear gloves when preparing food.
- CBP shall record the availability of snacks and drinking water and the provision of meals for juveniles.
- CBP shall support breast-feeding as desired by mothers in custody with young children.

Temperature and Warmth

- The temperature range inside facilities shall be no less than 69°F and no more than 83°F.
- Agents shall record the temperature in the appropriate electronic system of record at appropriate intervals, no less than twice per day.
- If juveniles' clothing is wet or soiled, they shall be provided clean, dry clothing.
- If juveniles have their own warm clothing at the time of apprehension, they shall generally retain possession of it unless it poses a health or safety risk.
- Additional blankets shall be available upon request for the juvenile, their parents, or other accompanying family member.
- Juveniles shall be provided blankets or extra clothing for adequate warmth upon request or upon expressing general discomfort from cold or when observed shivering or huddling for warmth.

Sleep

- CBP shall make all reasonable efforts to provide juveniles with sufficient space, as well as a mat and blanket, during sleep hours (typically defined as from 2200 hours to 0600 hours).
- If there are no safety concerns and it is not physically impracticable to do so, CBP shall make reasonable efforts to dim the lights during sleep hours. Dimming can include turning off sections or lighting in the cells or pods.
- CBP shall make reasonable efforts to minimize noise and disruptions during sleep hours.

Hygiene and Sanitation

- Hygiene kits shall be available to juveniles upon request and will be provided to each juvenile when showers are offered.
- At Juvenile Priority Facilities, all juveniles shall be provided a shower as soon as possible upon arrival and additional showers at 48-hour intervals after that.
- Toothbrushes/toothpaste shall be provided daily and available upon request.
- All juveniles shall have access to functioning toilets and sinks, toilet paper, soap and/or hand sanitizer, and feminine hygiene products. Juveniles shall have a way to dry their hands.
- At juvenile priority facilities at which caregivers are present, caregivers can help unaccompanied juveniles with their hygiene routines if needed. Caregivers can also help family units with their hygiene routines if needed, such as watching minor children while the parent showers.

Child-Appropriate Environment

- CBP shall treat all juveniles in custody with dignity, respect, and special concern for their particular vulnerability as minors and place each juvenile in the least restrictive setting appropriate to the juvenile's age and special needs.
- Absent an articulable operational reason, juvenile apprehended with adult family members shall remain with that family member during their time in CBP custody, in accordance with TEDS, as well as the requirements of TVPRA.
    - Family members include parents, legal guardians or adult siblings, grandparents, cousins, aunts, uncles, great-aunts, or great-uncles.
- When there is an operational reason to house family members separately, CBP shall make and record the reasons for holding them apart. All reasonable efforts shall be made to ensure that family members have the opportunity to interact, such as providing a common area for visiting during the day, allowing them to share meals together in a common area, or allowing them to participate in recreation
- Agents shall inform juveniles that if they are housed separately from a family member, they can ask agents, guards, or caregivers to interact with that family member. This information must be provided orally.
- CBP shall notify HHS/ORR when there are UCs who are related and in need of placement.
- CBP shall make reasonable efforts to provide UCs daily access to a phone call to permit contact with family members.

Extended Time in Custody

When a juvenile remains in CBP custody for more than 72 hours, CBP shall:

- Provide a supplemental health interview to all juveniles every 5 days;
- Conduct enhanced medical monitoring on juveniles, as appropriate, as needed;
- Continue to offer showers to juveniles every 48 hours;
- Continue to provide toothbrushes and toothpaste to juveniles daily and upon request, as well as hygiene kits at the time showers are provided;
- Continue to provide juveniles access to clean and dry clothes;
- Continue to provide juveniles with adequate food and clean drinking water;
- Continue to provide mats and blankets during hours of sleep, as well as continue to make reasonable efforts to dim the lights in CBP facilities during hours of sleep; and
- In Juvenile Priority Facilities, provide opportunities for recreation and other child-appropriate activities daily. CBP shall make all reasonable efforts to provide juveniles with outdoor recreation.

CBP Procurement Directorate and RGV/El Paso Sector Contractors

Quality Assurance

- CBP shall assign a Contracting Officer Representative (COR) to oversee the contracts of each Juvenile Priority Facility.
- Contract terms shall not be inconsistent with the terms of this Agreement.
- The COR shall monitor the contracts and recommend corrective actions if deficiencies are noted.
- The COR shall also recommend increases in the services provided to ensure services are adequate even during a surge.
- Each contract shall have quality assurance measures to ensure all the standards in the contract statement of work are met. The COR will oversee the quality assurance process and collects logs documenting the existing process.
- CBP shall work toward training a limited number of COR level three representatives to provide a second level of observation and compliance for the contracts.

Caregivers

- General Provisions
  - All Juvenile Priority Facilities shall utilize caregivers.
  - Caregiver services shall be available on a 24/7 basis, to include weekends and federal holidays.
  - The contractor shall provide a mixed gender staff to include at least one male and one female staff member at all times. A supervisor shall be available at all times.
  - CBP shall provide an orientation to caregivers regarding the general requirements included in this Agreement as well as information on monitoring in CBP facilities, caregiver's role in observing and reporting inappropriate behavior, juvenile health conditions, and the recognition and referral of those juveniles displaying emotional and mental distress. Their training will also include Prison Rape Elimination Act (PREA) compliance, *Flores* compliance, and compliance with the CBP National Standards on Transport, Escort, Detention, and Search (TEDS).
- Additional Provisions
  - CBP will make best efforts to hire, contract for, or provide additional caregivers or other individuals sufficient to provide additional support for juveniles in custody.
  - Such additional Caregiver Support will include:
    - Assist juveniles in communicating with family members held in a separate cell or pod.
    - Monitor, change diapers, assist with toilet use and hand-washing, feed juveniles who cannot feed themselves, and tend to similar basic needs as they arise.
    - Provide supervision and support to juveniles during recreation and exercise activities.
    - Assist with distribution of meals.

- CBP shall make best efforts to provide caregiver staffing sufficient to:
    - Provide at least one caregiver for each holding pod or cell holding juveniles. For pods holding family units, the caregivers can be re-assigned if needed to supplement an emergent need to provide for special needs and tender age children.
    - Provide enough additional caregivers in place to assist with showers, meals, recreation time, and other responsibilities without depleting the pod staffing. The additional caregivers do not need to be available during hours in which these activities are not typically provided.
    - Provide additional staff during surges.

- Caregiver Responsibilities
  - Support general care to juveniles up to age 5.
    - Caregivers shall assist unaccompanied minors in their hygiene routines, as needed.
    - Caregivers shall assist family groups or units as needed in their hygiene routines, to include caring for minor children while parents or other adult family members shower.
  - Coordinate the collection and bagging of dirty laundry.
  - Issue and collect shower/hygiene supplies.
  - Monitor (i.e., maintain visual contact at all times) all juveniles going into and out of showers, from start to finish, taking care to adhere to DHS regulations implementing the PREA.
  - Assist in bathing juveniles.
  - Store clothing and issue it to juveniles to use while their clothing is washed.
  - Maintain inventory of the clothing, towels for showering, and hygiene kits available for use and notify CBP staff of any low inventories.
  - Refer any suspected or reported medical or mental health issues to USBP personnel or medical personnel onsite.
  - Maintain a safe working environment, observing and encouraging adherence to safety rules and health guidelines.
- Juveniles may ask caregivers for extra clothing, a blanket, a mat, snacks, juice, milk, drinking water, feminine hygiene products, soap, towels for showering, and a toothbrush and toothpaste, at any time.
- Juveniles may ask caregivers for help if they feel sick or need medical care, or if a family member needs medical care.
- If juveniles want to see a family member not held in the same room, they may ask a caregiver to contact that family member.
- Caregivers shall meet all required background checks and have sufficient experience and training to provide general support to juveniles in custody.

Food Service

- Food service contractors shall provide appropriate quality assurance, subject to CBP COR oversight.
- All meals shall be prepared in a safe and sanitary manner, considering all appropriate food safety requirements.
- Meals provided at priority facilities that are appropriate for tender-age children (age 12 and under) shall meet USDA nutritional guidelines and all other USDA-consistent nutritional standards adopted by CBP.
- Meals provided at priority facilities that are appropriate for older children/adults (age 13 and over) shall meet USDA nutritional guidelines and all other USDA-consistent nutritional standards adopted by CBP.

Medical

- Contracted medical personnel shall provide initial assessment, treatment, and referral to detained individuals.
- CBP shall conduct a health intake interview with all juveniles upon initial arrival at a U.S. Border Patrol facility in RGV and El Paso Sectors. This interview shall be conducted by contracted medical personnel or by Border Patrol agents, as appropriate.
    - CBP shall use a standardized form (CBP Form 2500) for this health interview, in addition to any forms utilized by CBP medical contractors.
    - During the health interview, CBP shall identify juveniles who are tender age (12 and under); pregnant; or with an illness, injury, disease, or other medical issue. For such juveniles, CBP will make the appropriate disposition, based on circumstances.
    - Juveniles will be assessed for current or unmet medication needs.
    - If a juvenile has medication with them, it will be assessed to determine validity, currency, and appropriateness. If the medication is deemed to be appropriate, it may be dispensed in a controlled manner. If there is any question about the appropriateness of the medication, the juvenile will be evaluated by medical personnel onsite or referred to the local health system as expeditiously as possible to evaluate medication requirements. If medication is required, a prescription will be obtained from onsite medical personnel or from the local health system and filled. Medication shall be held by CBP while a juvenile is in custody and dispensed in a controlled manner consistent with prescription instructions.
- Medical assessments shall be conducted on all juveniles who are tender age; pregnant; or with an injury, illness, disease, acute needs associated with a disability or chronic illness, or other medical issue. The assessment will be conducted by CBP contracted credentialed medical providers, when available. If providers are not available, individuals in custody may be referred to the local health system or to other available health care providers for a medical assessment, as appropriate. Complex or emergency issues shall be referred to the local health system.
    - Medical assessments shall include a detailed assessment for potential medical issues requiring further evaluation, including:

        - Targeted history, physical, vital signs, review of systems, assessment, disposition
        - Consideration of nutritional issues (such as potential acute malnutrition or dehydration) and mental or behavioral health issues. Juveniles in custody identified with a potential nutrition-related concern shall receive appropriate evaluation by onsite medical support personnel or referral to the local health system.
    - For juveniles identified as requiring additional medical evaluation or treatment, CBP will make the appropriate disposition based on circumstances.
- At Juvenile Priority Facilities, CBP contracted medical personnel shall always be onsite and able to provide evaluation and treatment for basic medical issues identified upon initial intake assessment or throughout time in custody.
- CBP contracted medical personnel shall provide follow-up care after referral to a local health system or hospitalization.
- CBP contracted medical personnel shall provide support to early identification, treatment, isolation, appropriate referrals, infection control, and public health support for infectious diseases in CBP facilities.
- CBP contracted medical personnel shall conduct exit health interviews for juveniles who receive medical treatment in CBP custody, as appropriate, to ensure persons in custody are fit for travel or transfer. CBP will provide appropriate summary documentation of medical events which occurred within CBP custody to the patient or parent/legal guardian.
- If a juvenile is in CBP custody for longer than 72 hours, CBP shall provide a supplemental health interview every 5 days. CBP shall also conduct enhanced medical monitoring on juveniles, as appropriate as outlined in Section I.D. of the attached Medical Annex.
- Medical personnel shall maintain visibility on medical issues within the juvenile population and be prepared to engage those in custody with medical issues.
- At medical priority CBP facilities with contracted medical support, CBP shall conduct enhanced medical monitoring of persons in custody identified with significant medical issues or concerns, with an emphasis on potentially vulnerable populations such as juveniles.
    - The timing and scope of the enhanced medical monitoring shall be tailored to the individual clinical situation or circumstance.
    - Enhanced medical monitoring shall consist of, at a minimum, symptom check and temperature check (plus additional vital signs as appropriate) by medical personnel.
    - Enhanced medical monitoring shall occur, at a minimum, every 4 hours.
    - Enhanced medical monitoring shall include a determination of the appropriate disposition after referral or discharge from local health system.
    - Enhanced medical monitoring shall include a process to track people subject to enhanced medical monitoring and turnover between shifts or rotation of providers.
    - Enhanced medical monitoring shall be documented appropriately.
    - Enhanced medical monitoring shall identify juveniles whose condition is deteriorating or who are not making expected progress, and prompt notification will be made to pediatric advisors or to the local health system, as appropriate.

- Juveniles shall be provided with a supply of medication or a prescription upon transfer or release, as appropriate, and instructions regarding use of the medication.
- CBP shall ensure appropriate documentation of medical information.
- CBP shall ensure documentation provided by the emergency room or hospital is shared with or transferred to appropriate parties as people are transferred or released from custody.
- CBP shall maintain a safe working environment, observing and encouraging adherence to safety rules and health guidelines.

Security Guards

- Security guards shall receive an orientation informing them, among other things, that they should refer juveniles with medical concerns to medical personnel.
- Juveniles may ask security guards for help if they feel sick or need medical care, or if a family member needs medical care.
- Juveniles may ask security guards for extra clothing, a blanket, a mat, snacks, juice, milk, drinking water, feminine hygiene products, soap, towels for showering, and a toothbrush and toothpaste, at any time.
- If juveniles want to see a family member not held in the same room, they may ask a security guard to contact that family member.

CBP Juvenile Coordinator's Office

- The CBP Juvenile Coordinator's Division (JCD) in coordination with the Office of the Chief Medical Officer, shall monitor adherence to CBP nutrition standards. Monitoring efforts shall include ongoing review of utilization of meals by tender-age children.
- When conducting site visits, JCD shall confirm that the temperature of all hold rooms where juveniles are present is within the appropriate temperature range. JCD shall also confirm that agents record whether the temperature is within range in the appropriate systems of record.
- JCD shall verify that facilities have a stock of garments during site visits.
- During site visits, JCD shall confirm availability of hygiene supplies in conformance with TEDS and guidelines established in this Agreement.
- JCD and the Office of the Chief Medical Officer shall rely on monitoring protocols approved by the Juvenile Care Monitor but retain discretion to update and amend such monitoring protocols as appropriate.
- JCD and the Office of the Chief Medical Officer shall engage with and address concerns raised by the Juvenile Care Monitor, as appropriate.

Office of the Chief Medical Officer

- The CBP Chief Medical Officer shall engage in all aspects of CBP medical support efforts on an ongoing basis.
- JCD and the Office of the Chief Medical Officer shall engage with and address concerns raised by the Juvenile Care Monitor, as appropriate.
- CBP will continue to review the appropriateness of vaccine administration for class members in CBP custody in collaboration with other relevant government agencies and the Juvenile Care Monitor.
- CBP shall coordinate with and request assistance from other relevant stakeholders, such as the U.S. Department of Homeland Security (DHS), ICE, HHS ORR, the Centers for Disease Control and Prevention (CDC), and state/local health officials, as appropriate, for additional medical support.
- In particular, CBP shall coordinate closely with ICE and HHS ORR regarding transfer of persons in custody with identified medical issues, to include infectious diseases, mental health issues, and acute or chronic medical conditions.
- CBP shall engage with its federal partners, public health experts, and the Juvenile Care Monitor on appropriate protocols for addressing issues of public health concern.
- As part of its medical support approach, CBP (working with its broader network of medical support) shall abide by relevant medical and public health standards of care that the Juvenile Care Monitor agrees are consistent with CBP's obligations under this Agreement in its treatment of class members.
- **Trauma-Informed Care-** At Juvenile Priority Facilities, CBP shall take a trauma-informed approach to class members in custody. Recognizing the potential for trauma in their home communities and on their journey and that time in custody can be destabilizing and disorienting, CBP will make efforts to foster reassurance, resilience, orientation, recreation, and distraction.
- CBP has engaged board-certified Pediatricians to serve as contracted Pediatric Advisors to enhance CBP medical support for juveniles in custody. Pediatric Advisors will be assigned regionally based on operational risk management considerations described in the Agreement. Pediatric Advisors' roles/responsibilities include:
  - Advise on ongoing medical protocol development and refinement for juveniles in CBP custody.
  - Provide consultation support to medical staff for complex juvenile medical cases.
  - Develop and conduct juvenile focused in-service training and ongoing professional development for medical staff.
  - Contribute to Medical Quality Management (MQM) efforts through juvenile chart review and Ongoing Professional Practice Evaluation.
  - Monitor juvenile referral practices and patterns and coordinate with medical providers and local health system to optimize juvenile referral practices.
  - Work with CBP, contract medical teams, and local health system to establish primary referral sites with pediatric expertise.
- CBP has engaged credential Behavioral Health clinicians to serve as Behavioral Health Advisors to support CBP behavioral health efforts. These Behavioral Health Advisors will be assigned regionally based on operational risk management

considerations described in the Agreement. Behavioral Health Advisors' roles/responsibilities include:

- Advise on ongoing behavioral health protocol development and refinement.
- Provide consultation support to medical staff for complex behavioral health cases.
- Develop and conduct behavioral health focused in-service training and ongoing professional development for medical staff.
- Contribute to MQM efforts through behavioral health chart review and Ongoing Professional Practice Evaluation.
- Monitor behavioral health referral practices and patterns and coordinate with contract medical providers and local health system to optimize behavioral health referral practices.
- Work with CBP, contract medical teams, and local health system to establish primary referral sites with appropriate behavioral health expertise.

- CBP shall adopt policies requiring that juveniles who receive medical treatment in CBP custody leave CBP with appropriate information regarding their medical condition and treatment while in CBP custody.

<u>Medical Quality Management</u>

- CBP Chief Medical Officer provides CBP medical direction and oversight of MQM efforts.
- CBP Chief Medical Officer coordinates with DHS Office of the Chief Human Capital Officer for support to MQM efforts.
- CBP Chief Medical Officer shall work with the CBP Juvenile Coordinator to include medical support efforts in ongoing review activities.
- MQM elements:
  - Licensing and Credentials Review
  - Focused Professional Practice Evaluation (FPPE)
  - Ongoing Professional Practice Evaluation (OPPE)
  - Chart reviews
  - Inservice reviews
  - Sentinel Event reviews
- Physician Supervisors – CBP Physician Supervisors will play an integral role in the CBP MQM program through ongoing chart review, FPPE, OPPE, sentinel event review, and in-service programs.
- Pediatric Advisors – CBP Pediatric Advisors will play an integral role in the CBP MQM program, with a focus on care for juveniles, through ongoing chart review, FPPE, OPPE, sentinel event review, and in-service programs.
- Behavioral Health Advisors – CBP Behavioral Health Advisors will play an integral role in the CBP MQM program, with a focus on behavioral health, through ongoing chart review, FPPE, OPPE, sentinel event review, and in-service programs.
- Patient Safety/Quality Managers – CBP will engage contracted professional Patient Safety/Quality Managers to administer the MQM program and provide coordination and documentation of MQM program efforts.

Public Health/Infectious Disease Management

- CBP shall consult with partners and stakeholders, including DHS, HHS, CDC, and state and local health officials, as appropriate, to address public health/infectious disease issues in CBP facilities.
- CBP shall develop and maintain protocols regarding public health/infectious disease events in CBP facilities, to include consideration of isolation/cohorting/quarantine considerations, with an emphasis on class members.
- CBP will emphasize early identification and evaluation for public health/infectious disease issues in persons in custody, with an emphasis on class members.
- Infectious disease cases will be assessed and treated onsite (where contracted medical support personnel are available) or referred to the local health system as appropriate.

Medical Monitoring and Compliance

- The CBP Chief Medical Officer shall conduct medical direction and oversight of CBP medical support efforts.
- The CBP Chief Medical Officer shall work with the CBP Juvenile Coordinator to incorporate medical monitoring and compliance into ongoing Juvenile Coordinator review efforts.
- Representative examples of medical monitoring and compliance assessment may include:
  - Data points: (including age and diagnosis/disposition as appropriate)
    - Number of class members apprehended and in custody
    - Number of class members with Health Intake Interview
    - Number of class members with Medical Encounter
    - Number of class members referred to local health system
    - Number of class members admitted to hospital
    - Number of class member deaths in custody
  - Observation and Document Review:
    - Presence of medical support on site
    - Health intake interviews, Medical Assessments, Medical Encounters being conducted
    - Medication reviews being conducted; medications provided
    - Enhanced medical monitoring being conducted
    - Medical documentation being conducted