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## 2008 Operations Manual ICE Performance-Based National Detention Standards

### ERO

U.S. Immigration and Customs Enforcement undertook a revision of the National Detention Standards to more clearly delineate the results or outcomes to be accomplished by adherence to their requirements. The Performance-Based National Detention Standards (PBNDS 2008), developed in coordination with agency stakeholders, prescribe both the expected outcomes of each detention standard and the expected practices required to achieve them. PBNDS 2008 was also designed to improve safety, security and conditions of confinement for detainees.

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# ICE/DRO DETENTION STANDARD

## EMERGENCY PLANS

**I. PURPOSE AND SCOPE.** This Detention Standard ensures a safe environment for detainees and employees by having contingency plans in place to quickly and effectively respond to any emergency situations that arise and to minimize their severity.

General emergency plans developed under the facility's health authority for control of communicable diseases (including avian flu) are covered on a separate Detention Standard.

It applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs may adopt, adapt, or establish alternatives to the italicized procedures, provided they meet or exceed the intent represented by those procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Each facility will have in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.
2. Staff will be trained at least annually in emergency preparedness and implementation of the facility's emergency plans.
3. An evacuation plan will be in place in the event of a fire or other major emergency, and the plan will be locally approved in accordance with this Detention Standard and updated at least annually.
4. Events, staff responses, and command-related decisions during and immediately after emergency situations will be accurately recorded and documented.
5. Plans will include procedures for handling detainees with special needs during an emergency or evacuation.
6. The applicable content and procedures in this standard will be communicated in a language or other manner that the detainee can understand.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Emergency Plans** dated 9/20/2000.

## **IV. REFERENCES**

American Correctional Association 4th Edition, Standards for Adult Detention Facilities:

4-ALDF-1C-01, 1C-02, 1C-03, 1C-04, 1C-05, 1C-06.

ICE/DRO Detention Standard on **Environmental Health and Safety** that provides requirements and guidelines for avoiding and mitigating dangerous situations, specifically in regard to fires, environmental hazards, and evacuations.

ICE/DRO Detention Standard on **Use of Force and Restraints** that provides requirements and guidelines for emergency situations that require the use of force.

Memorandum dated 7/14/2006 on **Escape Reporting** from the ICE/DRO Director, which specifies requirements for the reporting, tracking, and investigating of the escape of an ICE/DRO detainee.

A helpful resource is: ***A Guide to Preparing for and Responding to Prison Emergencies***. The Guide is available at <http://www.ncicic.org/>

## **V. EXPECTED PRACTICES**

### **A. Staff Training**

Each facility shall include emergency preparedness as part of the initial orientation and training provided all new employees, and all staff shall be trained at least annually on the facility's emergency plans.

Other training requirements, for example, climate monitoring, Special Response Teams (SRTs), the Disturbance Control Teams (DCT), Hostage Negotiation Teams (HNTs), video equipment, and the Command Post, are specified in other sections in this Standard.

### **B. Preventive Action**

#### **1. Climate Monitoring**

Staff alertness to changes in facility "climate," promptly reported, can be of critical importance in defusing a potentially explosive situation. Detention management experience indicates that certain circumstances may predictably contribute to increased tensions in a detained population. Often such issues can be controlled or lessened before they erupt into some sort of incident or disturbance.

Staff shall be trained to watch for signs of mounting tension among the detainee population, such as a spike in the number of detainee requests and incident reports, sullen, restless, and short-tempered behavior, or detainees avoiding contact with staff (including eye contact).

Factors known to exacerbate tensions that may lead to group disturbances include, but are not limited to:

- Racism,
- Heightened complaints about food,
- Dissatisfaction with the performance or attitude of a post officer,
- Increasing complaints about recreation, medical care, visiting, mail, etc.,
- Gang activity,

- Prohibited sexual activity, and
- Inaccurate or incomplete information about detainee cases or facility policies.

## **2. Staff Actions**

Staff may improve their chances of resolving and deflecting detainee unrest by:

- Discussing plans, programs, and procedures among themselves;
- There should be an open dialogue between staff and detainees that address concerns;
- Treating detainees fairly and impartially;
- Reducing misunderstandings among detainees, for example, by enforcing and explaining rules that prevent any individual or group from imposing its will on other detainees;
- Resolving misunderstandings and conflicts as they arise;
- Encouraging participation in work and recreational programs;
- Routinely reporting on facility climate and detainee attitudes to the facility administrator; and
- Alerting supervisors at the first sign(s) of trouble, gang activity, group hostilities, etc.

Quick, decisive staff action can prevent the start or spread of a disturbance.

The facility administrator shall develop written procedures for staff to follow when reporting an emergency.

## **3. Pre-Incident Considerations**

When all attempts to defuse a volatile situation have failed, the facility administrator shall determine how to proceed, based on considerations of safety (detainees, personnel, general public); property protection; and, if applicable, the safety and welfare of hostages.

# **C. Contingency Plan Development**

## **1. Basic Planning**

### **a. Responsibility**

Every facility shall designate the individual(s) responsible for developing and implementing emergency contingency plans. All plans shall comply with the ICE/DRO standards for confidentiality, accountability, review, and revision included in this section.

Each plan shall include procedures for rendering emergency assistance to another ICE/DRO facility, for example, supplies, transportation, and temporary housing for detainees, personnel, and/or TDY staff.

*In SPCs and CDFs, the chief of security is the individual responsible for developing each contingency plan and implementing it when an emergency*

*situation occurs. In the development process, he or she shall rely upon the expertise of all department heads and ensure all departments understand and are fully ready to execute their responsibilities under the plan.*

*Each facility shall maintain an accurate inventory of equipment identified and shall review that inventory at least every six months to ensure its accuracy.*

#### **b. Planning with Other Agencies**

*Each SPC and CDF shall develop contingency plans with local, State, and Federal law enforcement agencies and formalize those agreements with Memoranda of Understanding (MOUs).*

- *Facility legal staff and/or the respective Chief Counsel should review MOUs for legal sufficiency and, in particular, other agency rules regarding arrest authority, use of intermediate and deadly force, jurisdiction, and outside-agency involvement.*
- *The facility administrator and representatives from the affected agencies shall cosign the MOUs.*
- *Simulated exercises to test the contingency plans shall occur on a regular, mutually agreed-upon basis and at least annually.*
- *The facility administrator shall review and approve contingency plans at least annually.*

*If any local, State, or Federal agencies decline to participate, the facility administrator shall inform the Field Office Director and make periodic contact to revisit the issue.*

*The Field Officer Director for the respective SPC or CDF is required to forward copies of all their emergency plans (or documentation of lack of other agency cooperation) and MOUs to the Deputy Assistant Director (DAD), Detention Management Division, and the DAD, Response Coordination Division, when they are signed or updated, as well as annual reports on their status.*

### **2. Keeping Plans Current**

*The chief of security shall:*

- *Update the plans as often as necessary and forward them for facility administrator approval. If the facility administrator requests changes, the chief of security shall incorporate them and resubmit the plans within 30 days.*
- *Conduct annual contingency plan reviews, with participation from every department head.*
- *Document each annual review and approval of the plan on the master copy of the Contingency Plan File, even if review resulted in no changes.*

### **3. Safeguarding Plan Confidentiality**

Every plan that is **being developed or is final** must include a statement prohibiting unauthorized disclosure. Staff may not discuss any aspect of a plan within the

hearing of a detainee, visitor, or anyone else not permitted access to the plan.

*The chief of security shall determine where copies of the various plans are to be stored, and in what quantity. A master copy shall be kept outside the secure perimeter, along with an itemized list of plans and where to find them.*

*The chief of security shall implement a checkout system that accounts for all plans at all times, with safeguards against detainee access. Release of contingency plan details to non-ICE/DRO personnel requires the written approval of the respective Field Office Director.*

*The chief of security shall send a disk containing the facility's contingency plans to the Field Office Director and Assistant Director, Detention Management Division, Office of Detention and Removal. The packages containing the disks shall be marked "**Confidential**."*

#### **4. Organization of the Contingency Plan File**

- **General Plans.** A general section shall contain policy, procedures, and plans common to most emergency situations.
- **Contingency-Specific Plans.** The sections that follow the general section shall contain contingency-specific plans, as detailed below. They may incorporate by reference the provisions of the general section and shall contain only the exceptions and/or additions applicable to the particular contingency.

#### **D. General Implementation of Contingency Plans**

Each facility shall establish written policy and procedures addressing, at a minimum: chain of command, command post/center, staff recall, staff assembly, emergency response components, use of force, video recording, records and logs, utility shutoff, employee conduct and responsibility, public relations, facility security, etc.

The respective Field Office Director shall maintain up-to-date data on the physical capacities of each facility that can be used to quickly identify the best source(s) of emergency assistance.

*In SPCs and CDFs:*

##### **1. Chain of Command**

*The facility administrator shall identify the chain of command for directing operations in an emergency.*

##### **2. Command Post**

###### **a. Equipment for the Command Post**

*The facility shall set up a primary command post outside the secure perimeter that, at a minimum, is equipped as follows.*

Internal/external phone capabilities

- *Two private outside lines:*
  - *A speakerphone for open conference calls among the facility, Field*

*Office, and possibly Detention Management Division command posts.*

- *A second line to handle all other calls.*
- *A separate line for internal communications.*
- **Radio equipment** equipped for facility frequencies, local law enforcement communications and, if possible, other Federal law enforcement agencies;
- *A **computer** with Internet capabilities.*
- **Facility plot plan**, including property maps, up-to-date building blueprints, local maps, and overhead photographs;
- **Video recordings** of building interiors within the secure perimeter (showing doors, windows, closets, ceilings, floors, etc.);
- **Escape-post kits**, including maps, directions, etc. (as detailed below under the contingency-specific plan for escape);
- **Contingency plans** – one or more copies;
- **Hostage Negotiation Team** equipment;
- **Videotape or Digital Video Disc (DVD) player/television;**
- **Voice-activated recorder or conventional tape recorder;**
- **Assault/breaching plans (building-specific, as appropriate for the facility);** and
- **Supply Kit** containing general supplies that may be needed (at a minimum, logbooks, blank rosters, purchase orders, and writing utensils).

**b. Staffing the Command Post**

*In SPCs and CDFs, the facility administrator shall control the decision-making process, at the discretion of the Field Office Director.*

*Command Post staffing shall include, but is not limited to, the following:*

- *Facility administrator or incident commander;*
- *Assistant facility administrator;*
- *Chief of security;*
- *Person to log activities in chronological order;*
- *Person to handle communications with the Field Office, maintaining open lines of communication throughout the situation; and,*
- *Person to control traffic in and out of the Command Post. To control incoming and outgoing Command Post traffic, the chief of security may implement a pass system.*

*To ensure alertness:*



- *Command Post staff must rotate shifts with personnel from the relief roster after each shift.*
- *Command Post staff shall be relieved for short breaks during each shift to prevent mistakes and misjudgments as a result of fatigue or stress.*

### **c. Activating the Command Post**

*The chief of security shall activate the Command Post at the facility administrator's direction.*

*The activated Command Post shall immediately open the conference-call line to the Field Office and DRO HQ Detention Management and the, Response Coordination Divisions, if applicable. The Field Office Director or HQ Divisions may wait until the dimensions of the unfolding incident are known before deciding to activate their command posts.*

*The facility's Command Post shall remain activated 24 hours a day until the situation is resolved or the facility administrator, in consultation with the Field Office Director, determines it is no longer useful.*

### **d. Testing and Training**

*Emergency preparedness activities shall include activating the Command Post phone lines and other logistical support systems at least **monthly** to test equipment and familiarize staff with the Command Post and its equipment.*

## **3. Emergency Recall List**

*As detailed in the Detention Standard on **Facility Security and Control**, the facility Control Center is required to maintain a list of the phone numbers of every officer, administrative/support services staff, emergency response components and law enforcement agencies.*

*For emergency response purposes, the Control Center shall also maintain a current roster of all Field Office and DRO HQ Detention Management and Response Coordination Division numbers.*

## **4. Assembly of Staff**

*The facility administrator shall:*

- *Develop Control Center procedures for executing an all-staff recall;*
- *Designate primary and secondary areas for staff assembly, preferably where they cannot be observed by detainees; and*
- *Also designate backup areas for each primary and secondary area, and specify exceptions, if any, for a specific contingency.*

## **5. Emergency Response Components**

*At SPCs and CDFs, the facility administrator shall ensure the appropriate personnel are trained under the DCP and establish and maintain DCTs, SRTs and HNTs based on ICE criteria.*

*The DCT shall consist of trained staff in protective equipment capable of an unarmed response to a crisis. They shall have at their disposal less-than-lethal response options, including standard riot batons, and chemical agents.*

*SRTs are highly trained, well-equipped tactical teams capable of providing both less-than-lethal as well as lethal response options.*

*HNTs are trained negotiators whose goal is to bring a successful resolution to a crisis through verbal dialogue.*

*If the facility does not have the capacity to establish or maintain these emergency response components, the facility administrator shall develop agreements or MOUs with local, State, or Federal agencies, as appropriate, for these resources.*

## **6. Use of Force**

Any force that must be used to control an emergency situation shall be in accordance with the Detention Standard on **Use of Force and Restraints** and any other applicable ICE policies on the use of force.

*Emergency Plans at SPCs and CDFs shall be based on, and consistent with, three documents:*

- *ICE Interim Use of Force Policy (July 7, 2004),*
- *ICE Interim Firearms Policy (July 7, 2004), and*
- *“DRO Addendum to Interim ICE Firearms” memorandum to Field Office Directors from Wesley J. Lee, Acting ICE Director (July 11, 2005).*

## **7. Video Equipment**

At least one video camera shall be maintained in the Control Center for use in emergency situations, and the facility administrator shall ensure it is maintained, tested, and supplied as required in the section on “**Maintaining Video Recording Equipment**,” in the Detention Standard on **Use of Force and Restraints**.

That Detention Standard also details requirements and procedures for video-recording use-of-force incidents.

*In SPCs and CDFs, shift supervisors, along with other designated staff, shall be trained to use video equipment, plus such technical issues as how to identify tapes or DVDs and photographs by date and location.*

## **8. Records and Logs**

*The facility administrator shall designate the Command Post staff member who shall keep a date-and-time chronological logbook record of events during the emergency, including all command-related decisions and discussions, phone calls, and radio transmissions.*

*Radio transmissions shall be documented by a voice-activated tape recorder whenever possible.*

*Command Post staff shall also maintain a reading file to update staff coming on duty.*

## **9. News Media/Public Relations**

The Public Information Officer is responsible for coordinating briefings with news and television media. All media releases should be coordinated through the Field Office public affairs liaison.

## **10. Facility Security**

The facility administrator shall provide written procedures for:

- Detainee recall and lockdown,
- Counts (in accordance with the Detention Standard on **Population Counts**),
- Intensifying security,
- Security key access (issuance and accountability, drop chute, etc.), and
- Evidence seizure and preservation.

## **11. Health Services Responsibilities**

The plan shall specify procedures for providing immediate and follow-up medical care to detainees and staff under every emergency scenario outlined in the section on **Contingency-Specific Plans**.

## **12. Food Service Responsibilities**

The plan shall specify procedures for updating the Food Service Administrator (FSA) on such issues as the number of people who will be on duty and require meals.

The FSA shall make contingency plans for providing meals to detainees and staff during an emergency, including access to community resources, which the FSA shall negotiate during the planning phase.

## **13. Maintenance Department Responsibilities**

The plan shall provide for emergency utility control, including plot plans identifying locations of water and gas shut-off valves and electrical circuit breakers. It is suggested that the utility shut-off's be photographed and included in the plans for quick identification during an emergency.

## **14. Employee Conduct and Responsibility**

The plan shall address professional conduct and responsibility, including what to do if taken hostage with instructions and guidelines on:

- Staying calm and controlling emotions,
- Being deliberate - thinking before speaking or acting,
- Accepting the reality of the situation,
- Using a mild tone when speaking with captors,
- Observing captors, mentally noting their distinguishing characteristics (physical features, weapons, clothing, etc.),
- Responding to captors' orders,
- Eye contact and other interactions with captor(s),

- Telephone communications,
- Escape attempts.

### **15. Facility Access Routes**

The plan shall specify alternative means of reaching the facility for emergency staff if the main approach becomes dangerous or inaccessible (for example, during a civil disturbance, adverse weather conditions, fire, etc.).

### **16. Nearby Residents**

*The plan shall specify how and when staff shall notify nearby residences of the situation, including type of emergency, actions being taken, evacuation routes if applicable, and special precautions.*

### **17. Communications Equipment/Radio**

*The plan shall specify whether the remote battery-charging units shall be maintained in the Control Center or outside the secure perimeter. A determination as to the type of radios being used in the facility should dictate whether the battery charging units should be maintained outside the secure perimeter. If the radios can be taken off-line and rendered useless, the battery charging units may be maintained inside the secure perimeter. If not, they should remain outside the secure perimeter.*

### **18. Post-Emergency Procedures**

The post-emergency part of the plan shall include the following action items:

- a. Segregating the detainees involved in the incident;
- b. Collecting written reports;
- c. Seizing, documenting, and preserving evidence;
- d. Accountability (especially of sensitive equipment and staff);
- e. Damage assessment and repair;
- f. Injury treatment and documentation;
- g. Coordinating legal actions/prosecutions;
- h. Debriefing of staff involved and follow-up for additional analysis and implications for changes in policy or procedures;
- i. General review and critique of the emergency operations and management, with a follow-up agenda, including, but not limited to:
  - Monitoring the facility climate, and
  - Revising the Contingency Plan.

## **E. Contingency-Specific Plans**

The facility shall compile individual contingency-specific plans, as needed, in the following order:

- |                     |                      |
|---------------------|----------------------|
| 1. Fire             | 8. Adverse Weather   |
| 2. Work/Food Strike | 9. Civil Disturbance |

- |                        |  |
|------------------------|--|
| 3. Disturbance         | 10. Environmental Hazard                     |
| 4. Escape              | 11. Detainee Transportation System Emergency |
| 5. Hostages (Internal) | 12. Evacuation                               |
| 6. Search (Internal)   | 13. ICE-wide Lockdown                        |
| 7. Bomb Threat         | 14. Staff Work Stoppage                      |
|                        | 15. If needed, other site-specific plans     |

### **1. Fire**

*The safety/maintenance supervisor shall develop a comprehensive Fire Control Plan, in accordance with the **Fire Prevention and Control** section of the Detention Standard on **Environmental Health and Safety**.*

*The chief of security shall develop a procedural outline for shift supervisors in the event a fire occurs during non-duty hours.*

### **2. Work/Food Strike**

*The facility administrator shall determine the course of action to pursue, based on whether:*

- *Strikers have announced when the strike shall end;*
- *Occurrence of or potential for violence;*
- *The number of detainees involved;*
- *The prospects for neutralizing the problem.*

### **3. Disturbance (Internal)**

*After determining the course of action to pursue, the facility administrator shall direct staff to implement the action plan, which shall cover at a minimum:*

- a. Controlling utilities;*
- b. Available emergency entrances, for example, Food Service, housing areas, etc.;*
- c. Trained emergency responders/other staff and equipment;*
- d. Dispensing chemical agents in specific areas;*
- e. Perimeter security, including crowd, traffic, and media control;*
- f. Shutting down detainee telephone systems;*
- g. Notification of outside agencies;*
- h. Removal of controlled substances from the pharmacy area.*

### **4. Escape**

#### **a. Implement Local Procedures**

*The facility administrator shall deploy staff to primary, secondary, and directional escape posts, designating a timekeeper/recorder for each:*

- **Primary.** *Fixed and mobile posts near the facility;*
- **Secondary.** *Fixed and mobile posts beyond the immediate facility area;*

- **Directional Posts.** No fixed location and based on situational intelligence that indicates a direction for the search.

#### **b. Notify Authorities**

*The facility administrator shall:*

*Immediately notify local, state, and federal law enforcement officials and ensure that the respective Field Office is immediately notified. Ordinarily, in a CDF, notification will be through the facility's ICE/DRO COTR and, in an IGSA facility, the ICE/DRO representative.*

*Within one hour of discovery, the escape shall be reported to the nearest U. S. Marshals Service office if the escapee was:*

- *Convicted of a criminal violation, and/or*
- *Paroled for deportation prior to the completion of his or her sentence.*

*Additional requirements for ICE/DRO are detailed in the 7/14/2006 memorandum from the ICE/DRO Director cited above under **REFERENCES**.*

*Briefly, those requirements include reporting the escape through the Significant Incident Reporting (SIR) system, and forwarding an Escape Report to the DRO Headquarters Detention Management Division for tracking in the National Escape Tracking Database (NETS). The Field Office Director is also required to conduct an investigation, determine whether proper procedures were observed, and provide a report to the Detention Management Division.*

#### **c. Escape-Post Equipment**

*Escape-post equipment kits shall be stored in the Command Center, and include, at a minimum:*

- 1. Flashlight;*
- 2. Restraints (handcuffs and/or flex-cuffs);*
- 3. Packet containing post location, map(s), fact sheet highlighting arrest authority, search procedures, apprehension techniques, etc.;*
- 4. Radio;*
- 5. Binoculars, if applicable.*

#### **d. Escape by aircraft:**

- 1. Observe and record aircraft description such as colors, registration or tail number, direction of flight, etc.;*
- 2. Notify local law enforcement and Federal Aviation Administration;*
- 3. Firing on aircraft is prohibited, except to return fire originating from the aircraft. Even in that case, however, the usual deadly-force considerations apply, and staff must carefully weigh the consequences (the aircraft may*

*crash into a building, the pilot is most likely under duress, etc.).*

## **5. Hostage Situations**

### **a. ICE/DRO Field Office Hostage Situation Management Plan**

*The Field Office Hostage Situation Management Plan shall make available the essential logistical support, local and/or backup resources (equipment, expertise, personnel) to any affected facility in the jurisdiction.*

- 1. The Field Office and Response Coordination Division shall jointly provide designated facilities with well-trained and well-equipped HNTs.*
- 2. The Field Office plan shall identify, for each facility, the backup personnel, mental health professionals, and others as needed during a prolonged crisis. The Field Office shall maintain a list of all ICE/DRO hostage-negotiation trainers/consultants and trained negotiators in the jurisdiction.*
- 3. The Field Office Director, in consultation with the facility administrator, shall ensure the availability of Crisis Support Teams, consisting of trained counselors/therapists to:*
  - Provide post-crisis services to staff and families, and*
  - Upon request, assist facilities to develop site-specific emergency plans for victims and their families.*

### **b. Hostage Negotiation Teams (HNTs)**

- 1. Each facility's core negotiation group (generally the team leader, primary negotiator, and mental health expert) shall attend Hostage Negotiation Training and be certified as hostage negotiators.*
  - Requirements for the team leader include: experience and skill applying hostage negotiation principles and strategies, working effectively under stress, and proven leadership ability. The facility administrator shall generally select a department head as the team leader.*
  - Negotiators must possess strong verbal/interpersonal skills, personal maturity, a commitment to negotiation as the key to conflict resolution, flexibility, and a history of working well under pressure.*
- 2. The Headquarters Response Coordination Division shall:*
  - Maintain a roster of ICE/DRO personnel who are trained in hostage negotiation and qualified and available for work on an HNT in any ICE/DRO facility; and*
  - Provide copies to the Field Offices and keep them updated.*
- 3. HNT members shall convene for no less than eight hours of duty time every month to plan, practice negotiation scenarios, and consult with other law enforcement agencies. To solidify working relations and complementary*

*strategies and techniques/tactics, an SRT member shall serve as team liaison and routinely attend the negotiation team's monthly sessions.*

*4. Whenever possible, the negotiation team shall conduct annual joint training sessions with negotiators from other law enforcement agencies and maintain contact with counterparts in other agencies.*

*5. Training exercises integrating the activities of the Command Post, HNT and SRT shall occur every six months to underscore the importance of a total facility response to a hostage situation. As participants collaborate and interact, they will experience how the other operational teams think and function, as well as what each can contribute in a crisis.*

*6. Every negotiation team shall have access to portable communication equipment, or "throw phones." To operate the equipment when needed in an emergency, team members shall have access to the equipment for routine practice sessions. A communications equipment expert, thoroughly familiar with the operation of the throw phone, should be available to each negotiation team during practical exercises.*

*7. Each facility shall maintain a list of translator services, in the event one is needed for hostage negotiation.*

*8. Each facility should also consider having available an electronic translator, such as a hand-held computer that translates spoken English phrases into other languages.*

#### **c. Chain of Command in Hostage Situations**

*As a general rule, the Facility Administrator will ensure the Field Office Director is kept informed of every aspect of the crisis on a pre-determined schedule until the crisis is resolved. The DRO HQ Assistant Director, Field Operations may assume control of a large-scale operation involving coordination with other ICE/DRO components and law enforcement agencies as necessary.*

*1. The facility administrator shall immediately report a hostage situation to the Field Office Director, who shall in turn notify the Assistant Director, Field Operations. The facility administrator shall assign a senior manager to serve as liaison with the Field Office and Field Operations.*

*2. The facility administrator shall notify the FBI and other agencies, as appropriate, of the situation.*

*3. Under no circumstances may facilities cede command authority to external law enforcement agencies (such as ICE or the FBI) unless required in a signed MOU.*

#### **d. Disturbance Containment and Facility Security**

*1. Prevent movement into or out of the scene of the hostage area;*

*2. Add exterior, armed patrols;*

*3. Terminate detainee telephone usage;*



4. *Limit or curtail staff radio usage;*
5. *Remove visitors and civilians, including contract employees and volunteers;*
6. *Recall detainees for immediate official count;*
7. *Remove detainees from the hostage area. If in a housing unit, move the detainees into temporary housing, in accordance with written, site-specific procedures;*
8. *Conduct staff roll call, in accordance with written procedures, to determine the number and identity of hostages.*

**e. Negotiations**

*The facility administrator shall have no hands-on involvement in the negotiation process. Once the emergency response component has contained and stabilized the immediate situation, the trained HNT shall take over.*

1. *Hostage negotiators act as intermediaries between the Command Post and the hostage-takers, keeping the lines of communication with the captors' open and maintaining calm while working toward a nonviolent resolution.*
2. *The HNT shall generally include:*
  - a. *Team leader (manages negotiations; Command Post liaison);*
  - b. *Primary negotiator (communicates directly with hostage takers);*
  - c. *Secondary negotiator (advises/assists/spells primary negotiator);*
  - d. *Mental health professional (observes, provides psychological analyses/ assessments and advice; monitors stress levels/emotional climate); and*
  - e. *Note taker (documents every communication to/from hostage takers).*
3. *Hostage negotiators shall have no decision-making authority. Negotiators shall maintain close contact with the decision-makers and persons in charge of tactical assault teams by means of continuous briefings on the status of the negotiations.*
4. *Certain issues are not open to negotiation, such as releasing the hostage-taker(s) from custody, providing weapons, arranging a hostage exchange, and immunity from prosecution.*
5. *Third-party participation in negotiations shall be consultative only.*
6. *Unless formally involved in the negotiations, staff shall have no contact with the hostage-takers.*

**f. Status of Certain Staff during and After a Hostage Situation**

1. *Regardless of the individual's rank or authority under normal conditions, facility personnel shall not be bound by instructions/orders/suggestions from any supervisor or other staff member who is a hostage.*

2. *A staff member with a relative or close associate among the hostages shall be relieved from duty, responsibility, and authority pending resolution of the incident.*
3. *Emergency plans shall specify the procedures for screening freed hostages for medical and psychological problems.*
  - *The DHS Division of Immigration Health Services (DIHS) or designated Employee Assistance Program (EAP) contact shall coordinate and conduct the screenings and debriefings of all hostages and other employees involved in the disturbance.*
  - *Psychological screenings shall take place within 36 to 48 hours of the hostages' release to guide decisions about counseling/therapy and work reentry.*
  - *The DIHS shall advise the senior official in charge of any employees who may be unfit for duty.*
4. *The facility administrator shall ensure that there is a debriefing with the former hostages after their psychological and medical screenings, unless DIHS staff advises postponement.*
5. *Emergency plans shall also provide for the debriefing of personnel not taken hostage, but significantly involved in the operation to free the hostages.*

**g. Hostage Family Services**

1. *The facility administrator shall notify the hostages' families of the situation as early as possible.*
2. *If the situation is not resolved quickly, the Field Office Director (or designee) shall identify the members of the Crisis Support Team and direct them to establish a family service center at the facility.*
  - *The Crisis Support Team shall be distinct from the HNT.*
  - *The two teams shall have no members in common.*
3. *At the family service center, the Crisis Support Team shall provide members of affected families accurate information, updates and breaking news, and professional advice and help. Among other things, the families may form mutual support groups.*
4. *The Crisis Support Team shall directly address children's stress and stress-generated behavior. The Employee Assistance Program may assist with the family's stress management.*

**h. Media**

*News media organizations shall abide by the policies and procedures of the facility being visited or toured. The staff member handling press releases and inquiries is responsible for:*

- *Situating any media representatives who are present in an area where their presence will not interfere with emergency operations;*

- *Arranging regular briefings; and handling incoming inquiries*

## **6. Search (Internal)**

### **a. Search Teams**

*The shift supervisor shall serve as search coordinator, dispatching a separate two-officer search team for every missing detainee, at least one of whom shall be thoroughly familiar with the assigned search area.*

*The supervisor shall instruct them regarding which keys to draw, which search method to use, areas with nonstandard construction features (temporary or permanent); and the designated radio frequency.*

### **b. Equipment (at a minimum):**

- *Master blueprint or schematic for search coordinator;*
- *Separate blueprints for each search area;*
- *Radios (one per team);*
- *Flashlights;*
- *Restraints;*
- *Ladders;*
- *Tools as needed;*
- *Riot batons.*

## **7. Bomb Threat**

### **a. Immediate Response**

**1. Phone Threat.** *The facility administrator shall develop a "script" for staff to follow upon receiving a telephoned bomb threat and make it available at every staff telephone for instant access.*

*(FBI Bomb Threat DATA Form, DOJ 370)*

*The objective of the scripted questions is to secure the following information from and about the caller:*

- *Bomb location*
- *Time set for detonate*
- *Type of explosive*
- *Caller's affiliation/self-identification (credibility of threat)*
- *Caller's gender, accent, tone, other characteristics.*

**2. Mail Threat.** *The facility administrator shall instruct staff to consider suspect any letter or package with:*

- *Oily/greasy stains/discoloration;*
- *An incorrect title/department for the addressee;*

- *The addressee's name misspelled;*
- *Disproportionate weight relative to the size of the envelope or box; and/or:*
- *No return address.*

3. **Written Threat.** *Upon receipt of a written threat, staff shall treat the paper or other means of communication as they would any other criminal evidence, preventing unauthorized handling of the material and saving all material associated with the delivery (envelope, wrapping, etc.).*

4. **In-Person Threat.** *Staff shall elicit as much information as possible from the person who has delivered an in-person threat while simultaneously contacting a supervisor.*

#### **b. Searching for a Bomb**

*The shift supervisor shall notify the local fire department and hospital, in addition to the chief of security, facility administrator, safety/maintenance supervisor, and other appropriate facility officials.*

1. *Search teams shall report any suspicious object immediately upon discovery. At least one member of each search team shall know the assigned area well enough to spot changes, for example, unusual objects, items moved from their normal locations, etc.*
2. *If appropriate, the facility administrator shall order a power shutdown.*

#### **c. If a Bomb Is Found**

1. *Team members shall keep as still as possible, radios, body alarms, cell phones, any and all electronic equipment capable of emitting an RF signal etc. will be turned off.*
2. *Incoming traffic shall cease.*
3. *The shift supervisor shall notify the bomb removal agency listed in the written procedures.*
4. *Officers shall clear the surrounding area.*

#### **d. After an Explosion**

1. *The safety/maintenance supervisor shall implement appropriate measures, in accordance with written procedures, that assume:*
  - *Structural damage*
  - *Additional bomb(s).*
2. *The Bureau of Alcohol, Tobacco, and Firearms, the Federal Bureau of Investigations, the local fire chief, or other explosive expert shall conduct the investigation.*

## **8. Adverse Weather**

*After defining and mapping the interior- and perimeter-post areas, the facility administrator shall:*

- a. Prepare a separate map showing locations of all unarmed interior posts. Set up and equip fog-patrol posts; establish procedures and assign responsibility for ensuring equipment is available and in working order at all times.*
- b. Prepare another map showing locations of all perimeter/exterior posts:*
  - *Identify each as armed or unarmed.*
  - *List the weapons to be used at armed posts, and where they can be drawn.*
  - *Store multiple copies of the interior- and perimeter-post maps in the Control Center and Command Center.*
- c. Ensure that the perimeter security has been enhanced with additional staff.*
- d. Remove objects and items that could become airborne and act as missiles during high winds.*
- e. Ensure staff is appropriately provided with necessary foul weather gear.*
- f. Ensure generators are functioning properly and have an adequate supply of fuel for a protracted situation.*
- g. Ensure that if institution is placed on lockdown status, a briefing with staff occurs.*
- h. It is suggested that if the facility is placed in lockdown status, a memorandum be generated to the detainee population explaining the reason for the lockdown and the anticipated duration.*

### **i. Civil Disturbance**

#### **a. Scenarios**

*The plan shall address various scenarios, for example, a single event (small/large); several coordinated events at one or more locations, at one or time or staggered times; type of event and individuals involved; other law enforcement agency involvement.*

*Depending on the scenario, the plan shall specify procedures for multiple deployments involving the same and/or different kinds of equipment and teams, in the event of simultaneous demonstrations.*

#### **b. Basic Procedures**

*The plan shall specify procedures for standard activities, including, but not limited to, the following:*

- *Denying access to facility property (barricades, roadblocks, etc.),*
- *Using riot equipment with the general public,*
- *Notifying/involving other law enforcement agencies,*

- *Establishing detention areas,*
- *Marking unmarked property lines,*
- *Medical care.*

## **9. Environmental Hazard**

### **a. Safe Harbors**

*The facility administrator shall identify and equip one or more "safe harbor" areas in the facility.*

- *These designated areas shall have the capacity to house a large number of detainees safely and securely for two or three hours (gym, auditorium, food service area, etc).*
- *Every designated safe harbor shall maintain supplies of, among other things, duct tape, plastic, and other items intended for use during an environmental hazard.*

*Every department (food service, medical, maintenance, recreation, administration, etc.) shall have written procedures, and at least three days' provisions, for use in temporary quarters. The objective is to disrupt the daily routine as little as possible.*

### **b. Procedures When There Is an Environmental Hazard**

1. *The facility administrator shall designate an officer to supervise a detainee crew to seal off the specified area(s) in a timely manner.*
  - *Staff and detainees shall receive the necessary training as part of the facility's emergency-preparedness training program.*
  - *The plan shall specify how often and where the specialized training shall occur.*
  - *The plan shall specify the number of employees and detainees to receive the training.*
2. *The safety/maintenance supervisor shall, if necessary, shut down ventilation units (cooling/heating systems, fans, etc.).*
3. *The shift supervisor shall direct the detainees' orderly transfer to the safe harbor areas.*
4. *Staff shall transport detainee identification cards to the safe harbor areas, to ensure accountability.*
5. *Detainees may take no personal property into safe harbor areas, with the exception of prescribed medicine.*
6. *When the danger has passed, the shift supervisor shall direct the detainees to return to their housing areas, after which staff shall conduct a population count.*
7. *If environmental conditions worsen or fail to improve within an acceptable*

*time frame, the facility administrator shall implement the facility's Evacuation Plan.*

#### **10. Detainee Transportation System**

*If an emergency occurs while detainees are being transported, the facility administrator shall, upon request of transportation staff, provide any or all of the following:*

- *Vehicular escort*
- *Personnel*
- *Mechanical assistance*
- *Medical assistance*
- *Replacement Transportation (if vehicle disabled)*
- *Notification to other law enforcement agencies*
- *Holdover lodging.*

#### **11. Evacuation**

*The facility administrator shall have emergency contracting authority during an officially approved evacuation. It is recommended that facilities enter into contract negotiations with vendors within 75 to 100 miles to provide needed resources at an agreed- upon cost. In the event of an emergency, community resources will likely be directed towards hospitals, nursing homes, schools, and other vital infrastructure and may not be available.*

*a. The facility's plan shall factor in all variables, and combinations of variables, that may precipitate or affect a mass evacuation, such as the following contingencies, and their repercussions:*

- 1. Minimal warning/preparation time;*
- 2. Weather-related complications, i.e. tornadoes, hurricanes, blizzards, etc.*
- 3. An area-wide disaster would limit facility access to State and local emergency services (police, fire department, hospitals, military) and transportation provider;*
- 4. At least 10 percent of the staff fails to respond when recalled. The type and scope of the emergency would determine whether and by how much that percentage might increase.*

*b. For every evacuation scenario, the plan shall:*

- 1. Identify and prepare a list of suppliers to provide essentials during the emergency;*
- 2. Prepare an alternative list, identifying product substitutions and alternative suppliers;*
- 3. Assign priorities among the essentials listed, recognizing the likelihood of shortages occurring during an area-wide emergency.*

*c. The facility administrator shall secure as many signed contracts, agreements, and commitments for transportation and supplies as needed in the event that Federal and other public-sector resources are unavailable.*

**d. Pre-Evacuation Procedures**

- 1. Emergency staff recall (time permitting);*
- 2. Implement procedures to retrieve/pack detainees' personal property, central files, medical records, etc.;*
- 3. Implement department-by-department procedures to transport material needed to conduct daily operations at the temporary site: personnel files, blank rosters, forms, etc.;*
- 4. Deploy emergency equipment;*
- 5. Notify State and local authorities; and*
- 6. Conduct (exit) emergency count.*

**e. Facility Shutdown**

- 1. Verify the count;*
- 2. Implement the internal search plan, if appropriate;*
- 3. Apply emergency utility controls; and*
- 4. Secure the site, to extent possible.*



**f. Transition to Temporary Site**

1. *Confirm the previously projected number of vehicles needed for:*
  - *Detainees*
  - *Supplies.*
2. *Record vehicle data, including number and source(s);*
3. *Reconfirm security arrangements with other ICE/DRO components, the Bureau of Prisons, U.S. Marshals Service, local and State agencies, and the military;*
4. *Separate Special Management Unit detainees before moving, individually or as a group, to another such unit or to a local detention facility equipped to accommodate SMU detainees' security and safety needs;*
5. *Confirm staffing/assignments, including TDY arrangements.*

**12. Nationwide Lockdown**

*In the event there is a compelling need to secure all ICE/DRO facilities, the DRO HQ Assistant Director, Field Operations shall notify Field Office Directors, who shall notify the facility administrators.*

- a. *The facility administrator shall implement the following lockdown procedures:*
  1. *Emergency count;*
  2. *Staff briefing (may include interim increase to 12-hour shifts);*
  3. *Suspend detainee access to telephones and televisions;*
  4. *Suspend visitation. Designated staff shall attempt to contact individuals with visits planned. Detainees may notify interested persons of the lockdown and suspension of visits by mail;*
  5. *Provide meal service in the housing units;*
  6. *Activate the Command Post;*
  7. *Contact specialized personnel and teams, as appropriate (SRTs, HNTs, etc.*
- b. *The facility administrator shall inform the detainees, in writing, why the lockdown is necessary, what to expect, and how long it is likely to last. The facility administrator shall provide this detainee notification as soon as possible after implementing the necessary procedures (as provided in preceding paragraph).*
- c. *Health Services staff shall make their regularly scheduled rounds*

d. When the nationwide lockdown is terminated, the facility administrator shall:

- Relax the lockdown systematically, according to written procedures.
- Implement a **Lockdown Recovery Plan**.

*The plan should include slowly returning the facility to normal operating procedures by bringing small groups out at a time (this may be one range of a pod in each housing unit), feeding one range at a time, then gradually increasing over a period of a couple of days. This affords staff the ability to accurately assess the mood of the population and take appropriate actions as needed.*

**Standard Approved:**

James T. Hayes, Jr. /s/

12/5/2008

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James T. Hayes, Jr.  
Director  
Office of Detention and Removal Operations

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Date

# ICE/DRO DETENTION STANDARD

## ADMISSION AND RELEASE

**I. PURPOSE AND SCOPE.** This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.

It applies to the following types of facilities housing ICE/DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Upon admission each detainee will be screened to ensure facility safety, security, and good order. Strip searches will be conducted in the least intrusive manner practicable.
2. Upon admission, each detainee's personal property and valuables will be checked for contraband, inventoried, receipted, and stored.
3. Each detainee's identification documents will be secured in the detainee's A-file.
4. Upon admission, each detainee will be medically screened to protect the health of the detainee and others in the facility.
5. Upon admission, each detainee will be given an opportunity to shower and be issued clean clothing, bedding, towels, and personal hygiene items.
6. Upon admission, each detainee will undergo screening interviews and complete questionnaires and other forms.
7. Each newly admitted detainee will be kept separated from the general population until classified and housed accordingly.
8. Each newly admitted detainee will be oriented to the facility through written material on facility policies, rules, prohibited acts, and procedures and, in some facilities, by viewing an orientation video, in a language or manner he or she can understand.
9. Detainees will be released, removed, or transferred from a facility only when staff have followed specified procedures and completed required forms.

10. The facility will maintain accurate records and documentation on all detainees' admission, orientation, and release.
11. Detainees will have access to a telephone during the admission process
12. The applicable contents and procedures in this Standard will be communicated to the detainee in a language or manner which the detainee can understand.

### III. DIRECTIVES AFFECTED

This Detention Standard replaces **Admission and Release** dated 9/12/2008.

This Detention Standard incorporates the Change Notice to the **Admission and Release** Detention Standard communicated in a memorandum for Field Office Directors and others dated 10/15/2007 from the Director, Office of Detention and Removal Operations.

### IV. REFERENCES

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities: 4-ALDF-2A-08, 2A-17, 2A-19, 2A-20, 2A-21, 2A-22, 2A-23, 2A-24, 2A-25, 2A-26, 2A-27, 2A-28, 2A-29, 2A-30, 2A-32, 2A-33, 2C-03, 2C-04, 2C-05, 3A-01, 4B-02, 4B-06, 4C-29, 5B-18, 6A-05, 7D-11, 7D-20.

ICE/DRO Detention Standard on **Searches of Detainees**.

ICE/DRO Detention Standard on **Contraband**.

ICE/DRO Detention Standard on **Funds and Personal Property**.

ICE/DRO Detention Standard on **Personal Hygiene**.

ICE/DRO Detention Standard on **Classification System**.

ICE/DRO Detention Standard on **Detainee Handbook**.

ICE/DRO Detention Standard on **Transfer of Detainees**.

ICE/DRO Detention Standard on **Telephone Access**.

### V. EXPECTED PRACTICES

#### A. Overview of Admission, Orientation, and Release

As detailed below, each facility is required to implement written policies and procedures for the intake and reception of newly arrived detainees and to provide them with information about facility policies, rules and procedures. At intake, detainees shall be searched, and their personal property and valuables checked for contraband, inventoried, receipted, and stored. Each detainee's identification documents shall be secured in the detainee's A-file. Medical screening protects the health of the detainee and others in the facility, and the detainee shall be given an opportunity to shower and be issued clean clothing, bedding, towels, and personal hygiene items.

Each new arrival shall undergo screening interviews, and shall complete questionnaires and other forms. For safety, security, and good order of the facility, each newly arrived detainee shall be kept separated from the general population until he or she is classified and housed accordingly.

Each new arrival shall be oriented to facility operations through written material in the form of a handbook or equivalent, covering such issues as access to health care services, sick call and grievance procedures, and the facility's rules and prohibited acts. In some facilities, they may have an opportunity to view an orientation video.

Before a detainee's release, removal, or transfer from a facility, staff must follow specified procedures and complete various forms.

## **B. Intake and Reception**

1. All facilities shall have in place a written policy and procedure related to the admissions process, which shall include intake and admissions forms and screening forms. Staff members shall be provided with adequate training on the admissions process at the facility. Admission processes for a newly admitted detainee include, but are not limited to:

- Recording basic personal information;
- Criminal history check;
- Photographing and fingerprinting, including notation of identifying marks or other unusual physical characteristics;
- Medical and mental health screenings;
- Inventory of personal property.

### **2. Screening of Detainee**

All detainees shall be screened upon admission, ordinarily including:

- Screening with a metal detector,
- A thorough pat search, and
- A search of his or her clothing (or the issuance of institutional clothing).

Staff shall permit the detainee to change clothing and shower in a private room without being visually observed by staff, unless there is reasonable suspicion to search the detainee in accordance with the section below on Strip Searches and the Detention Standard on **Searches of Detainees**. A staff member of the same gender shall be present immediately outside the room where the detainee changes clothing and showers, with the door ajar to hear what transpires inside. The staff member must be prepared to intervene or provide assistance if he or she hears or observes any indication of a possible emergency or contraband smuggling.

*In SPCs and CDFs, to maintain standards of personal hygiene and to prevent the spread of communicable diseases and other unhealthy conditions within the housing units, every detainee must shower before entering his or her assigned unit. During the detainee's shower, an officer of the same gender shall remain in*

*the immediate area as described above.*

### **3. Search of Clothing and Personal Items**

Staff shall focus search efforts on commonly used hiding and smuggling places, such as pockets, waistbands, seams, collars, zipper areas, cuffs, and shoe exteriors and interiors, including under the inner soles.

Staff shall also inspect all open containers, and inventory and store factory-sealed durable goods in accordance with facility procedures.

Items discovered during the search of a detainee or his or her property shall be identified as:

- Contraband and processed in accordance with the Detention Standard on **Contraband**, or
- Funds, valuables, or other personal property, to be kept in the detainee's possession or inventoried, receipted, stored, or mailed to an address provided by the detainee, in accordance with the Detention Standard on **Funds and Personal Property**.

### **4. Strip Searches**

#### **a. Description**

Staff shall not routinely require a detainee to remove clothing or require a detainee to expose private parts of his or her body to search for contraband.

A strip search must take place in an area that affords privacy from other detainees and from facility staff who are not involved in the search. Observation must be limited to members of the same sex.

The articulable facts supporting the conclusion that reasonable suspicion exists should be documented.

*During all strip searches, a Form G-1025 (Record of Search) or its equivalent will be completed.*

#### **b. Gender of Inspector**

Staff of the same gender as the detainee shall perform the search, except where circumstances are such that delay would mean the likely loss of contraband. Where staff of the opposite gender makes a strip search, staff shall document the reason for the opposite gender search in any logs used to record searches and in the detainee's detention file.

Except in the case of an emergency, a staff member may not perform strip searches of detainees of the opposite gender. When members of the opposite sex perform a strip search, it is mandatory that two staff members must be present.

#### **c. Reasonable Suspicion**

Staff may conduct a strip search only where there is reasonable suspicion that contraband may be concealed on the person. Officers must obtain supervisory approval before conducting strip searches. "Reasonable suspicion" means

suspicion that would lead a reasonable correctional officer to believe that a detainee is in possession of contraband. It is a more permissive (lower) standard than probable cause, but it is more than a mere hunch. It must be based on specific and articulable facts—along with reasonable inferences that may be drawn from those facts—that the officer should document in Form 1025 (or contractor equivalent).

Reasonable suspicion is determined under the totality of the circumstances. There is no simple, exact, or mathematical formula for reasonable suspicion. It may be based on one, or a combination of, the following factors:

- Observation of unusual, surreptitious, or suspicious appearance or behavior;
- Evasive or inconsistent responses to questions by law enforcement officers;
- Discovery of a weapon or other contraband during a pat search, metal detector scan, or other non-intrusive search;
- The detainee's criminal history, particularly felony or misdemeanor convictions of crimes involving violence, weapons, † contraband, and illegal substances. Ordinarily, convictions for minor or non-violent offenses should not be the only basis for reasonable suspicion;
- Whether the detainee was detained concurrently with an arrest for a crime of violence; or whether the detainee was arrested in possession of a weapon, or in possession of contraband such as illegal drugs.
- Information from law enforcement databases or from other reliable sources suggesting that the detainee has affiliations with terrorist organizations, criminal gangs, or organized crime;
- The detainee's history during confinement, particularly of violence, or possession of contraband, or
- The lack of identity documents, or the possession of multiple or fraudulent identity documents, making it difficult to verify the detainee's criminal or institutional confinement history.

Before strip searching a detainee to search for contraband, an officer should first attempt to resolve his or her suspicions through less intrusive means, such as a thorough examination of reasonably available ICE, CBP, and other law enforcement records; a pat-down search; a detainee interview; or (where available) the use of a magnetometer or Boss chair. The officer should document the results of those other, less intrusive, search methods on Form G-1025 (or contractor equivalent).

## **5. Search of Baggage and Personal Property**

In accordance with the Detention Standard on **Funds and Personal Property**, each facility shall have a procedure for inventory and receipt of detainee baggage and personal property (other than funds and valuables, which are addressed below).

Identity documents, such as passports, birth certificates, driver's licenses, shall be inventoried and given to ICE/DRO staff for placement in the detainee's A-file.

*In SPCs and CDFs, staff shall prepare an itemized list of the detainee's baggage and personal property, using the Personal Property Inventory Form. If a detainee has no baggage, staff shall use a facility container to store his or her personal property.*

## **6. Missing Detainee Property**

When a newly arrived detainee claims his or her property has been lost or left behind, staff shall complete a Form I-387, "Report of Detainee's Missing Property." IGSA facilities shall forward completed I-387s to ICE/DRO.

In accordance with the Detention Standard on **Funds and Personal Property**, each facility shall institute procedures for inventory and receipt of detainee funds and valuables.

## **7. Medical Screening**

To protect the health of the detainee and others in the facility, each facility shall medically screen each newly arrived detainee, in accordance with the Detention Standard on **Medical Care**.

## **8. Establishment of a Detainee Detention File**

As part of the admission process, staff shall open a detainee detention file that shall contain all paperwork generated by the detainee's stay at the facility. Reference is made to the Detention Standard on **Detention Files**.

## **C. Clothing and Bedding**

In accordance with the Detention Standard on **Personal Hygiene**, staff shall issue those clothing and bedding items that are appropriate for the facility environment and local weather conditions.

## **D. Classification**

In accordance with the Detention Standard on **Classification System**, staff shall use the documentation accompanying each new arrival for identification and classification purposes. If the classification staff is not ICE/DRO employees, ICE/DRO shall provide only the information needed for classification.

Under no circumstances may non-ICE/DRO personnel have access to the detainee's A-file.

The classification process determines the appropriate level of custody for each detainee. Once this is established, staff can issue the detainee clothing and wristband in the appropriate color for his or her classification level.

*In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.*



## **E. Admissions Documentation**

An Order to Detain or Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/DRO Authorizing Official signature, must accompany each newly arriving detainee. Staff shall prepare specific documents in conjunction with each new arrival to facilitate timely processing, classification, medical screening, accounting of personal effects, and reporting of statistical data.

*In SPCs and CDFs:*

*An A-File, temporary work file, or book-in packet must accompany the arriving detainee, unless ICE/DRO and facility officials have authorized other arrangements.*

*Forms requiring completion include, but are not limited to, the Alien Booking Record (Form I-385 or equivalent); the medical questionnaire; the housing assignment card, and any others used by the booking SPC/CDF.*

*Based on a one-on-one interview with the newly arrived detainee, the admissions processing officer, or designated medical officer shall complete the DIHS In-Processing Health Screening Form I-794.*

*For SPCs the following criteria applies (CDFs and IGSA's shall develop an equivalent process for processing detainees):*

*The I-385 or equivalent, Alien Booking Record or booking card, contains blocks in which the Processing Officer shall enter information during the admissions process. In some circumstances, the arresting or delivering office shall enter biographical information, including name, sex; age, date of birth, birthplace, country of citizenship, A-number; medical alert, date apprehended, booking office, date of transfer, and places involved in transfer (origin and destination).*

*If the arresting/delivering office has not initiated an I-385, the admissions processing officer is responsible for its completion, excluding the release information.*

- 1. Circle or write the name of the facility receiving the detainee.*
- 2. Complete the biographical information in blocks 1, 2, 3, 4, 5 and 6 with information provided in the detainee's A-file or I-385 (presence of detainee not required).*
- 3. Attach the detainee's photograph to the right of the biographical data.*
- 4. Record detainee responses (checking "yes" or "no") to Section I interview questions covering recent doctor visits, hospital stays, drug and alcohol abuse; and other physical and mental health conditions and concerns. On the forms for male detainees, strike the pregnancy question and enter "N/A."*
- 5. Mark the diagrams of the human anatomy printed to the right of Section I, to indicate the approximate locations of any bruises, scars, cuts, and other marks and distinguishing characteristics observed on the detainee. If the officer who searches the detainee is not the officer completing the questionnaire, he/she shall likewise mark the diagram.*
- 6. Respond "yes" or "no" to the questions in Section II, based on general*

observations of the detainee during the admissions process so far (compliance with orders, responsiveness, demeanor, etc.).

7. *Circle the appropriate action of the above questioning in Section III, below:*

*#1 - "General Population" – Applicable when 100 percent of responses to questions in sections I and II are negative ("no" circled). This authorizes the detainee's release into the facility's general population, once the classification level is established.*

*#2 - "General Population with Referral to Medical Care" – Applicable when one or more responses to questions in sections I and II are positive ("yes" circled) and, while this could indicate any of several conditions, none causes immediate concern. The detainee's release into the facility's general population is authorized, with follow-up by the medical department.*

*#3 - "Referral for Immediate Medical Attention" – Applicable when one or more positive responses in sections I and II cause immediate concern for the detainee's physical or mental health. The officer informs the shift supervisor of the need for immediate medical attention; the shift supervisor then contacts the medical department, describes the situation, and does as instructed.*

*#4 - "Isolation until Medically Evaluated" - Applicable when a positive response in section I or II suggests a contagious disease, or when the detainee's behavior during questioning seems threatening to self or others. The officer prepares an Administrative Segregation Order and, in accordance with facility procedures, the detainee is placed in the Special Management Unit pending medical review. The medical review shall take place as soon as practical, but no later than 24 hours after isolation, even if this means involving on-call medical staff.*

8. *After completing the form, provide signature and ID number in the signature block and, if the signature is illegible, neatly print name above it.*

9. *Print onto a color-coded wristband information that includes, but is not limited to, the following: detainee's name and A-number; housing and bunk assignment; and I-77 number.*

10. *Strap the color-coded wristband around the detainee's wrist in a way that shall not cause circulation problems. Advise the detainee that the wristband must remain on his or her wrist until removed by an officer, and that disregarding this requirement could lead to disciplinary action.*

## **F. Orientation**

All facilities shall have a method to provide ICE/DRO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand. Orientation procedures in IGSA's must be approved in advance by the ICE/DRO office of jurisdiction.

*As part of the admissions process in SPCs and CDFs, the facility administrator shall screen the facility's orientation video for every detainee.*

*The video shall:*

1. *Be produced with either professional or local resources and meet the standards of quality established by ICE/DRO.*
2. *Be in English and Spanish or English and the most prevalent language(s) spoken by detainees at the facility. The facility administrator shall establish procedures that ensure the availability of an interpreter for a detainee who does not speak the language(s) used in the video. The interpreter shall be available for orientation and scheduled meetings with the detainee. Outside sources may be used if necessary to ensure compliance with this requirement consistent with security measures.*
3. *Present an overview of the facility operations that most affect the detainees.*
4. *At a minimum, each video must provide the following material, which may appear in any order as long as the presentation is coherently organized and edited, with smooth transitions between subjects. The facility administrator may supplement the required information with explanations of particular policies, rules, and procedures.*
  - *Facility administrator's introduction;*
  - *Typical detention-case chronology (what most detainees can expect);*
  - *Authority, responsibilities, and duties of security officers (ICE/DRO and contract);*
  - *How the detainee can contact the deportation officer handling his or her docket;*
  - *Availability of pro bono legal services, and how to pursue such services in the facility, including accessing **Know Your Rights** presentations (location of current listing, etc.);*
  - *Standards of conduct, including acceptable and unacceptable detainee behavior, with an overview of other rules and requirements;*
  - *Disciplinary procedures, including criminal prosecution; grievance procedures; appeals process;*
  - *The facility's Sexual Abuse and Assault Prevention and Intervention Program, including (at a minimum):*
    - *Self-protection;*
    - *Prevention and intervention;*
    - *Reporting sexual abuse or assault; and*
    - *Treatment and counseling.*
  - *Introduction to the individual departments (recreation, medical, etc.); the various housing units; and food services, including availability of diets which satisfy religious requirements;*
  - *Schedule of programs, services and daily activities, including visitation, telephone usage, mail service, religious programs, count procedures,*

*access to and use of the law library and the general library; and sick-call procedures;*

- *Voluntary work program, with specific details including how to volunteer.*

*Following the video, staff shall conduct a question-and-answer session. Staff shall respond to the best of their ability. Under no circumstances may staff give advice about a legal matter or recommend a professional service.*

## **G. Detainee Handbook**

1. In accordance with the Detention Standard on **Detainee Handbook**, every facility shall issue to each newly admitted detainee a copy of the ICE National Detainee Handbook and local supplement that fully describes all policies, procedures, and rules in effect at the facility.

2. The Handbook shall provide a more detailed discussion of the material covered in the video overview. The Handbook shall be in English and Spanish or English and the most prevalent language(s) spoken by detainees at the facility. Detainees will be allowed to keep the Handbook with them in their living quarters.

3. If a detainee does not understand the language of the Handbook, the facility administrator shall provide a translator or access to interpreter services as soon as possible for the purpose of orientation. When needed, the facility administrator may contact an outside source.

4. *As part of the admissions process, the detainee shall acknowledge receipt of the Handbook by signing where indicated on the back of the I-385 (or on a separate form).*

- *The designated spot on the back of the I-385 may be a stamped entry containing the date of issue; handbook number, if applicable; initials and ID number of the issuing officer; detainee-signature line; and space for date of return and the receiving officer's initials and ID number.*
- *The stamp used for the handbook issuance may contain an identical section for locker-key issuance.*
- *If a form is used instead of a stamp or comparable notation on the back of the I-385, the officer must record the detainee's name and A-number in addition to the above-required information. The form is maintained in the detainee's detention file.*

## **H. Releases**

Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, checking wants and warrants, etc. ICE/DRO shall approve IGSA release procedures.

*In SPCs and CDFs:*

1. *A detainee's out-processing begins when release processing staff receive the Form I-203, "Order to Detain or Release," signed by an authorizing official.*  
*Generally other paperwork accompanies the I-203, such as the I-205, "Warrant of Removal," the I-286, "Notice of Custody Determination," the I-220A, "Order of Release on Recognizance," the I-220B, "Order of Supervision," the EOIR Order of the Immigration Judge, etc.*
2. *Responsibility for having all documentation required for the detainee's release or transfer complete and ready for use by out-processing officers rests with the requesting ICE/DRO official. The requesting ICE/DRO official shall organize documents that must be completed with fingerprints, witness signatures, date stamps, receipt numbers, etc., during out-processing.*
3. *The requesting ICE/DRO official shall present/forward the appropriate documents to the facility administrator or facility administrator's designee.*
4. *After verifying the documents, the facility shall use the most expeditious communication system (e.g., public address system) to instruct the detainee to report to the nearest officer.*
5. *The officer shall check the wristband of the detainee who reports as instructed to verify his or her identity.*
6. *The officer shall advise the detainee to remove all facility-issued items, including the detainee handbook and locker key (if issued), and personal property from the housing unit and, after doing so, to return to the officer for further instruction. If the detainee is physically unable to remove his or her facility-issued and personal items, assistance shall be provided.*
7. *The officer shall remove the detainee's housing-identification card from the file system and turn it over to the detainee, then instruct the detainee to report to Processing. The officer shall use the radio to notify Processing and other officers that the detainee is en route to Processing.*
8. *At this stage of the detainee's out-processing, the Control Officer shall remove any G-589 receipts from the detainee's detention file. The Control Officer shall give the G-589(s) to the shift supervisor for further action, and send the remaining documents to Processing.*
  - *The shift supervisor shall compare the information on the blue portion of the G-589 with that on the pink triplicate portion and, if they match in all particulars, remove the pink copy from its safeguards.*
  - *After verifying the information on each portion of the G-589, the shift supervisor shall remove the funds and valuables from safeguards, attach the two portions of the G-589, make the necessary log entries, place the items in a secure container, and deliver the container to the Processing Officer.*
9. *When the detainee arrives in Processing, the Processing Officer shall verify the detainee's identity, and take physical possession of the housing-identification card, detainee handbook, and locker key (if issued) handed back by the detainee. The officer shall then date and sign the back of the I-385 or specified form and remove the bottom portion(s) of the detainee's I-77(s).*

- *The I-77 authorizes the removal from storage of the detainee's personal property, as inventoried on the form.*
- *Before returning the property to the detainee, the officer shall explain the form and require the detainee to sign his or her name on the bottom of the I-77 or on a separate piece of paper. The officer shall compare this signature with the signature on the back of the top portion of the I-77 that is attached to the property. If the signatures appear the same, the officer shall return the items to the detainee.*
- *The detainee shall check his or her property against the original personal property inventory form. If all property is correctly accounted for, the detainee shall sign the inventory sheet, a copy of which the officer shall place in the detainee's detention file. The detainee shall be provided a copy of the signed form upon request.*

*In a private part of the processing area, staff shall:*

- *Instruct the detainee to remove all facility-issued clothing, and to dress in his or her personal clothing.*
  - *Inspect the condition and quantity of facility-issued clothing, bedding, etc., surrendered by the detainee.*
  - *Place the returned clothing and bedding, excluding the mattress, in the bin designated for soiled items. These shall be laundered and sanitized as appropriate before reuse.*
  - *Set aside the plastic-covered or -sheathed mattress for rinse and wipe-down with disinfectant or other solution prescribed by the medical department.*
  - *If property is missing, a form I-387 will be provided to the detainee.*
10. *The processing officer shall compare the blue and pink copies of the G-589 with the white copy presented by the detainee. If the detainee's documentation is in order, the officer shall return the detainee's funds and secure the detainee's signature confirming receipt of the inventoried property on the blue copy of the G-589. The facility shall retain all three copies (blue, pink, and white) of the closed-out G-589 in the detainee's detention file.*

*If the detainee claims to have lost the white portion of the G-589, the processing officer shall note this on the blue copy, which he/she and the detainee shall certify by signing immediately below. Staff should ensure that the content of the form is clear and that the detainee is made fully aware of what he or she is signing in a language or other manner which the detainee can understand.*

#### **11. Releases or Removals**

*Forms associated with detainee releases or removals from SPCs and CDFs include, but are not limited to:*

- **I-203**                      *Order to Detain or Release*
- **I-205**                      *Warrant of Removal/Deportation*

- **I-210**                      *Notice of Action--Voluntary Departure*
- **I-220A**                    *Order of Release on Recognizance*
- **I-220B**                    *Order of Supervision*
- **I-296**                     *Notice to Alien Ordered Excluded by Immigration Judge*
- **I-352**                     *Immigration Bond*
- **I-860**                     *Notice and Order of Expedited Removal*

*ICE staff shall enter all information pertaining to release, removal, or transfer of detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.*

*When a detainee is released from the facility, the facility shall ensure that the release point is an acceptable one. Facilities that are not within a reasonable walking distance of, or that are more than one mile from, public transportation shall transport detainees to local bus/train/subway stations prior to the time that the last bus/train leaves such stations for the day. If public transportation is within walking distance of the detention facility, detainees shall be provided with an information sheet that describes those transportation services. Upon release, detainees shall also be provided with a list of shelter services available in the immediate area. Prior to their release, detainees shall be given the opportunity to make a free phone call to a friend or relative to arrange for pick up from the facility.*

## **12. Transfers**

Transfers will be made in accordance with the Detention Standard on **Transfer of Detainees**.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## SEARCHES OF DETAINEES

**I. PURPOSE AND SCOPE.** This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.

It applies to the following types of facilities housing ICE/DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

*Procedures in italics are specifically required for SPCs and CDFs; however, IGSA facilities may also find them useful as guidelines. IGSAs may adopt, adapt or establish alternatives to the italicized procedures, provided they meet or exceed the intent represented by those procedures.*

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Detainees will live and work in a safe and orderly environment.
2. Contraband will be controlled.
3. Searches of detainees, housing, and work areas will be conducted without unnecessary force and in ways that preserve the dignity of detainees.
4. When body searches are conducted, the least intrusive practicable search method will be employed, as indicated by the type of contraband and the method of suspected introduction or concealment.
5. Pat searches of detainees and metal detector screening will be conducted routinely to control contraband.
6. A strip search will be conducted only when there is reasonable suspicion that contraband may be concealed on the person, or when there is a reasonable suspicion that a good opportunity for concealment has occurred, and when properly authorized by a supervisor.
7. A body cavity search will be conducted by designated health personnel only when authorized by the facility administrator on the basis of reasonable suspicion that contraband may be concealed in or on the detainee's person.



8. “Dry cells” will be used for contraband detection only when there is reasonable suspicion of concealment, with proper authorization, and in accordance with required procedures.

9. Contraband that may be evidence in connection with a violation of a criminal statute will be preserved, inventoried, controlled, and stored so as to maintain and document the chain of custody.

10. Canine units (in facilities that have them) may be used for contraband detection when detainees are not present, but canine use for force, intimidation, control, or searches of detainees is prohibited.

11. The applicable contents and procedures in this Standard will be communicated to the detainee in a language or manner which the detainee can understand.

### **III. DIRECTIVES AFFECTED**

This is a new Detention Standard.

### **IV. REFERENCES**

American Correctional Association Standards for Adult Local Detention Facilities, 4<sup>th</sup> Edition: 4-ALDF-2C-01, 2C-02, 2C-03, 2C-04, 2C-05, 2C-06, 2A-20, 6C-19.

Notice Admission and Release – National Detention Standard Strip Search Policy (10/15/2007)

This Detention Standard incorporates the restrictions on the use of canines originally communicated via a memorandum on ICE use of canines in support of ICE detention operations dated 11/18/2004 from the Acting Director of Detention and Removal Operations.

ICE/DRO Detention Standard on **Admission and Release**

ICE/DRO Detention Standard on **Contraband**

ICE/DRO Detention Standard on **Hold Rooms in Detention Facilities**

ICE/DRO Detention Standard on **Visitation**

### **V. EXPECTED PRACTICES**

#### **A. Written Policy and Procedures Required**

All facilities shall have written policy and procedures consistent with this Standard for:

- Searches of detainee housing and work areas;
- Body searches, including pat searches (“pat downs”), strip searches, body cavity searches, and x-rays;
- Close observation in “dry cells” to detect contraband;
- Employing the least intrusive method of search practicable, as indicated by

the type of suspected contraband and the method of suspected introduction or concealment;

- Avoiding unnecessary force during searches and to preserve the dignity of the detainee being searched, to the extent practicable;
- Leaving a searched housing or work area and detainee property in its original order, to the extent practicable;
- Handling of contraband;
- Use of canine units (in facilities that have them); and
- Preservation of evidence.

## **B. Staff Training**

All staff who do housing or work area searches or body searches shall receive initial training regarding search procedure prior to entering on duty, and annual training in effective techniques thereafter.

## **C. Search of Detainee Housing and Work Areas**

Staff may search a detainee's housing and work area, and personal items contained within those areas, without notice to or approval from the detainee and without the detainee's presence.

Each facility shall establish procedures to ensure all housing units and work areas are searched routinely, but irregularly, since such inspections are primarily designed to:

- Detect contraband,
- Prevent escapes,
- Maintain sanitary standards, and
- Eliminate fire and safety hazards.

Staff shall maintain written documentation of each housing unit search within the individual housing unit. Work areas shall be searched each workday by shop supervisors, and these inspections shall be supplemented with periodic searches by designated search teams. When property is taken during a housing search, a receipt should be given to the detainee. The chief of security shall maintain documentation of search team inspections.

Facilities shall have written procedures to provide for basic correctional services during lockdowns, such as delivery of food services, toilet access, medication delivery, etc.

## **D. Body Searches of Detainees**

### **1. Pat Search**

A pat search (or “pat down”) is a physical inspection of a detainee, using the hands. The inspector uses his or her sense of touch when patting or running the hands over the clothed detainee’s body.

A pat search does not require the detainee to remove clothing, although the inspection includes a search of the detainee's clothing and personal effects.

A hand-held and/or stationary metal detector, when available, may be used in conjunction with a pat search.

Staff may conduct a pat search of a detainee on a routine or random basis to control contraband without a threshold level of suspicion.

### **2. Strip search**

#### **a. Description**

A strip search is a visual inspection of all body surfaces and body cavities. Staff shall not routinely require a detainee to remove clothing or require a detainee to expose private parts of his or her body to search for contraband. To the extent reasonably possible, the inspector refrains from touching the skin surface of the detainee; however, the inspector may request that the detainee move parts of the body to permit visual inspection. It is considered more intrusive than a pat search and shall be made in a manner designed to assure as much privacy to the detainee as practicable.

A strip search requires the removal or rearrangement of some or all of the detainee’s clothing to examine the clothing or to permit the inspection of exterior skin surfaces of the body, including breasts and exterior anal and genital areas, as well as inside of the nose, ears, and mouth. If items are discovered that protrude from a body cavity, the removal of those items are governed by the procedures applicable to body cavity searches, addressed below.

The articulable facts supporting the conclusion that reasonable suspicion exists should be documented.

*During all strip searches, a Form G-1025 (Record of Search) or its equivalent will be completed.*

#### **b. Gender of Inspector**

Staff of the same gender as the detainee shall perform the search. Except in the case of an emergency, a staff member may not perform strip searches of detainees of the opposite gender. When members of the opposite gender perform a strip search, it is mandatory that two staff members must be present, and it should be done in private.

Where staff of the opposite gender makes a strip search, staff shall document the reasons for the opposite gender search in any logs used to record searches and in the detainee's detention file.

### **c. Reasonable Suspicion**

Staff may conduct a strip search only where there is reasonable suspicion that contraband may be concealed on the person. Officers must obtain supervisory approval before conducting strip searches. "Reasonable suspicion" means suspicion that would lead a *reasonable correctional officer* to believe that a detainee is in possession of contraband. It is a more permissive (lower) standard than probable cause, but it is more than a mere hunch. It must be based on specific and articulable facts—along with reasonable inferences that may be drawn from those facts—that the officer should document in Form G-1025 (or contractor equivalent).

Reasonable suspicion is determined under the totality of the circumstances. There is no simple, exact, or mathematical formula for reasonable suspicion. It may be based on one, or a combination of, the following factors:

- Observation of unusual, surreptitious, or suspicious appearance or behavior;
- Evasive or inconsistent responses to questions by law enforcement officers;
- Discovery of a weapon or other contraband during a pat search, metal detector scan, or other non-intrusive search;
- The detainee's criminal history, particularly prior felony or misdemeanor for convictions of crimes involving violence, weapons, contraband, or illegal substances. Ordinarily, convictions for minor or non-violent offenses should not be the only basis for reasonable suspicion;
- Whether the detainee was detained concurrently with an arrest for a crime of violence; or whether the detainee was arrested in possession of a weapon, or in possession of contraband such as illegal drugs;
- Information from law enforcement databases or from other reliable sources suggesting that the detainee has affiliations with terrorist organizations, criminal gangs, or organized crime;
- The detainee's history during confinement, particularly of violence, or of possession of contraband; or
- The lack of identity documents, or the possession of multiple or fraudulent identity documents, making it difficult to verify the detainee's criminal or institutional confinement history.

Before strip searching a detainee to search for contraband, an officer should first attempt to resolve his or her suspicions through less intrusive means, such as a thorough examination of reasonably available ICE, CBP, and other

law enforcement records; a pat-down search; a detainee interview; or (where available) the use of a magnetometer or Boss chair. The officer should document the results of those other, less intrusive, search methods on Form G-1025 (or contractor equivalent).

### **3. Body Cavity Searches**

A body cavity search is an inspection for contraband or any other foreign item in a body cavity of a detainee by use of fingers or simple instruments, such as an otoscope, tongue blade, short nasal speculum, and simple forceps. Therefore, a body cavity is considered the most intrusive type of search.

DIHS staff is not authorized to collect or participate in the collection of specimens or other information that will be used for forensic purposes except in the case of drawing blood for toxicology studies and DNA testing. Documented consent must be granted by the detainee and documented in the medical record before the blood sample is drawn. Requests for forensic studies should be referred to the medical facility HSA who is authorized to facilitate arrangement for these services off-site.

1. A body cavity search may be conducted by authorized medical personnel only upon approval of the facility administrator or acting facility administrator and only if that person has reasonable suspicion that contraband may be concealed in or on the detainee's person.
2. The articulable facts supporting the conclusion that reasonable suspicion exists shall be documented.
3. Often a body cavity search is advisable to protect the health and safety of a detainee.
4. Only designated qualified health personnel may conduct a digital or simple instrument search (for example, physicians, physician assistants, and nurses), in a licensed medical setting.
5. The detainee's health and welfare will be considered prior to any digital or simple instrument search conducted.
6. The detainee's written consent should be obtained prior to conducting a digital or simple instrument search; however, the detainee's consent is not required.
7. Staff of the opposite gender from the detainee may not observe the digital or simple instrument search.
8. If located, the contraband or foreign item may be removed immediately by medical staff if such removal can easily be effected by use of fingers or the simple medical instruments.

Staff shall document all digital and simple instrument searches, the authorizations, and the reasons for the searches in any logs used to record searches and in the detainee's detention file.

## **E. Close Observation in a "Dry Cell"**

### **1. Description and Authorization**

When there is reasonable suspicion that a detainee may have ingested contraband or concealed contraband in a body cavity, and the methods of search specified above are inappropriate or likely to result in physical injury to the detainee, the facility administrator or designee may authorize the placement of the detainee in a room or cell to be closely observed by staff until the detainee has voided or passed the contraband or until sufficient time has elapsed to preclude the possibility that the detainee is concealing contraband.

Such placement is commonly referred to as "dry cell" status, which may be approved:

- During regular duty hours by the facility administrator or designee, and
- At other times by the shift supervisor.

### **2. Requirements for "Dry Cells"**

It is recommended that one or more rooms or cells be identified as dry cells that meet the following requirements:

- The room should be free of hiding places and be equipped with only a bed.
- Doors should have proper observation panels to protect staff and to allow unobstructed observation.
- Windows in the dry cell shall have a security screen to prevent loss of contraband.
- If the designated area is equipped with a toilet and/or sink, the water to the cell should be shut off, and removed prior to the detainee's being allowed into the room. The water should remain off for the duration of the dry cell process.
- Prior to placement of a detainee in dry cell status, the room to be used shall be completely searched and determined to be free of contraband. Potential hiding places, if any, for the contraband shall be noted.

### **3. Advising the Detainee**

The supervisor responsible for initiating the close observation watch shall advise the detainee of the conditions and of what is expected, and document the notification on an Administrative Segregation Order (*form I-885 in SPCs and equivalents in CDFs*). The detainee will be advised of the reasons he or she is being placed in a dry cell, the purpose of this placement, the conditions he or she can expect, and the means by which he or she can request items and services including, but not limited to, food and water, medical care, hygiene products, and bedpans.

#### 4. Conditions of “Dry Cell” Status

- For the detainee’s safety, he or she shall be required to provide a urine sample within two hours of placement under close observation. A second urine sample shall be required prior to releasing the detainee from close observation.
- The light shall be kept on at all times.
- The detainee will have regular access to water.
- The detainee shall be provided telephone access.
- The detainee may not be allowed to come in contact with another detainee.
- Ordinarily, the detainee may not be allowed personal property, except legal and personal mail and a reasonable amount of legal materials.
- Personal hygiene items shall be controlled by staff. When the detainee requests to shave, brush teeth, etc., a wash pan and container of water is to be provided for use in the cell.
- When the detainee is lying on a bed, the detainee shall be required to lay on top of the mattress in full view, weather and room temperature permitting. When necessary for the detainee to use covers, hands must remain visible at all times so that staff can observe any attempt to move contraband.
- A detainee might attempt to remove and/or insert contraband from or into a body cavity, so it is important to constantly observe his or her hands.
- Ordinarily, the detainee shall not be permitted to leave the cell or room.
- The detainee shall be served the same meals as the general population, unless medically contraindicated. All meals are to be inspected for contraband prior to delivery to the detainee, and any food remaining after the meal, as well as the utensils and tray, are to be thoroughly inspected before their return to food service.
- Only medications prescribed and administered directly to the detainee by medical personnel may be given the detainee. No laxatives may be given except natural ones like coffee, prune juice, etc.
- When the detainee needs to urinate and/or defecate, he or she shall be furnished an empty hospital bedpan, which shall afterward be closely inspected to ascertain whether any contraband is present.
- Since the detainee is in Administrative Segregation status even if not actually housed in the SMU, the requirements for **Supervisory and Staff Visits** in the Detention Standard on **Special Management Units** apply.

#### 5. Post Orders

The chief of security shall have Post Orders for closely observing a detainee in dry cell status. Consideration should be given to the use of a video camera.

## **6. Requirements for Close Observation**

The detainee shall be constantly observed and supervised by a staff member of the same gender.

It is the observer's responsibility to ensure the detainee does not dispose of any concealed item, or to allow an activity which would allow the detainee access to it, thereby jeopardizing the security and good order of the facility, staff, and detainees. Any questions, emergency, or other situation that arises shall immediately be brought to the attention of the shift supervisor.

The detainee shall never be allowed freedom to move around unsupervised, or be given an opportunity to dispose of any objects he or she may be concealing.

1. The observing staff member shall be issued a portable radio or telephone and flashlight, so that he or she does not have to interrupt constant observation to communicate with other staff (such as for watch calls).
2. Detainees will be monitored for changes in medical and mental health status by medical staff.
3. A daily log and Special Management Unit record shall be maintained on each detainee in dry cell status.
4. The shift supervisor shall ensure observers have reviewed the Post Orders.
5. The shift supervisor shall provide periodic staff relief to the observer and at any other time it is necessary for the observer to leave the area. The detainee must not be left unattended.
6. Trash may not be allowed to accumulate, and each item shall be thoroughly searched before disposal.
7. Periodic searches shall be conducted:
  - A strip search of the detainee when he or she is placed in the dry cell after which the detainee shall be issued a jump suit (or other suitable loose-fitting clothing).
  - A strip search of the detainee at least once each shift.
  - A search of the dry cell at least once each shift.

Searches should be conducted so as to not reveal to the detainee a predictable pattern. Prior to each search, the shift supervisor must be notified and a second person provided to ensure continual close observation and supervision of the detainee. Each search must be documented on Form G-1025 (or contractor equivalent).

8. Staff shall notify the shift supervisor when contraband is found, secure the contraband in a properly documented evidence bag, and maintain the chain of evidence.

## **7. Length of Observation**

The length of close observation status must be determined on an individual



basis. Ordinarily, the chief of security during regular work hours or the shift supervisor at other times, in consultation with qualified health personnel, shall determine when termination is appropriate.

**a. Three Days**

The status of a detainee under close observation for as long as three days must be reviewed by the Administrative Segregation review official in accordance with the Detention Standard on **Special Management Units** (irrespective of whether the observation actually takes place in the SMU).

**b. Seven Days**

Since it is unlikely that the objective of dry cell status will not be achieved within seven days, maintaining a detainee under close observation beyond seven days requires prior approval of the facility administrator and medical staff.

**F. X-RAY**

**1. Medical**

The facility physician may authorize use of an X-ray for medical reasons and only with the consent of the detainee.

**2. Security**

Only the facility administrator, upon approval of the respective Field Office Director (or persons officially acting in that capacity) may authorize the facility physician to order a non-repetitive X-ray examination for the purpose of determining if contraband is concealed in or on the detainee (for example: in a cast or body cavity).

Such approval and authorization shall be based on their determination that:

- An X-ray examination is necessary for the security, safety, good order, or discipline of the facility,
- No reasonable alternative exists, and
- The examination is not likely to result in serious or lasting medical injury or harm to the detainee, based on the determination of qualified medical staff.

Staff shall place documentation of the examination, the authorizations, and the reasons for the examination in the detainee's detention file and medical file.

An X-ray examination may not be performed on a detainee without the detainee's consent. Staff shall solicit the detainee's consent and cooperation prior to the X-ray examination; but force may never be used.

**3. Objects**

The facility administrator may direct X-rays of inanimate objects where the

detainee is not exposed.

#### **G. MAJOR INSTRUMENT, FLUOROSCOPE, OR SURGICAL INTRUSION**

Only a physician may authorize use of a fluoroscope, major instrument (including anoscope or vaginal speculum), or surgical intrusion **for medical reasons only** and only with the detainee's consent.

#### **H. PRESERVATION OF EVIDENCE**

Contraband that may be evidence in connection with a violation of a criminal statute shall be preserved, inventoried, controlled, and stored so as to maintain and document the chain of custody and reported to the appropriate law enforcement authority for action and possible seizure and prosecution.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION

**I. PURPOSE AND SCOPE.** This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.

It applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Sexual abuse and assault of detainees will be prevented.
2. Detainees will be informed about the facility's sexual abuse or assault prevention and intervention program.
3. Detainees will be screened to identify those likely to be sexual aggressors or sexual victims and will be housed to prevent sexual abuse or assault. Detainees who are considered likely to become victims will be placed in the least restrictive housing that is available and appropriate.
4. All allegations of sexual abuse or assault will be promptly and effectively reported and investigated. Detainees will not be punished for truthfully reporting abuse or signs of abuse observed.
5. If sexual abuse or assault of any detainee occurs, the medical, psychological, safety, and social needs of the victim will be promptly and effectively met.
6. Where possible and feasible, a victim of sexual assault will be referred under appropriate security provisions to a specialized community facility for treatment and gathering of evidence.
7. Assailants will be confined and disciplined and may be subject to criminal prosecution.
8. Sexual conduct between detainees, staff, volunteers, or contract personnel, regardless of consensual status, is prohibited and subject to administrative, disciplinary, and criminal sanctions.

9. All case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling will be retained in accordance with an established schedule.
10. For monitoring, evaluating, and assessing the effectiveness of the sexual abuse and assault prevention and intervention program, incidents of sexual abuse and assault will be specifically documented and tracked as specified in this Detention Standard (in addition to standard facility operational and disciplinary documentation of any assault).
11. The applicable content and procedures in this Standard will be communicated to the detainee in a language or manner which the detainee can understand.

### III. DIRECTIVES AFFECTED

This Detention Standard incorporates the requirements for posting and distributing information to ICE detainees in a memorandum entitled "Sexual Assault Awareness Information" from the Acting Director, Office of Detention and Removal Operations (10/26/2006). The information for detainees was provided in both poster and pamphlet format (see Appendix C).

### IV. REFERENCES

4-ALDF-4D-22, 4D-22-1, 4D-22-2, 4D-22-3, 4D-22-4, 4D-22-5, 4D-22-6, 4D-22-7, 4D-22-8, 2A-29.

ICE/DRO Detention Standard on the detainee **Disciplinary System**.

ICE/DRO Detention Standard on **Medical Care**, particularly in regard to confidentiality of records.

ICE/DRO Detention Standard on **Detention Files**, particularly in regard to confidentiality of records and electronic records systems.

### V. EXPECTED PRACTICES

#### A. Background

The Prison Rape Elimination Act of 2003 (PREA) sets a zero tolerance standard regarding rape and sexual assault in "any confinement facility of a Federal, state, or local government, whether administered by such government or by a private organization.

Research indicates that a small percentage of individuals express aggression and seek to dominate others through violent sexual behavior. Forceful and pressured sexual interactions are among the most serious threats to detainee safety and facility security and good order. Victims suffer physical and psychological harm and could be infected with a life-threatening disease.

Not only does ICE/DRO expect all facilities to affirmatively act to prevent sexual abuse and assaults on ICE/DRO detainees, but it also takes any allegations of sexual misconduct and assault against ICE/DRO detainees in any facility very

seriously. Every allegation is reviewed, and, where warranted, referred for criminal prosecution consistent with a zero-tolerance standard.

## **B. Written Policy and Procedures Required**

Each facility administrator shall have written policy and procedures for a Sexual Abuse and Assault Prevention and Intervention Program that includes, at a minimum:

1. Measures taken to prevent sexual abuse and sexual assault,
2. Measures taken for prompt and effective intervention to address the safety and treatment needs of detainee victims if an assault occurs, and
3. Investigation of incidents of sexual assault, and discipline and prosecution of assailants.

Each facility must have a policy and procedure for required reporting through the chain-of-command from the reporting official to the highest facility official as well as the ICE Field Office Director. The entire spectrum of crisis intervention, counseling, investigation, and prosecution of sexual abuse or assault victims has become a specialty in itself, and each facility administrator should always consider what resources and services are available within the local community that could provide valuable expertise and support.

**Appendix B** offers sample protocols as guidelines for the development of written policies and procedures. Some procedures may not be applicable or feasible for implementation at a particular facility, but to the extent possible, they should be incorporated as part of a successful program.

*The facility administrator of each SPC and CDF shall ensure that, within 90 days of the effective date of this Detention Standard, written policy and procedures are in place and that the facility is in full compliance with its requirements and guidelines.*

*Each facility's policy and procedures shall reflect the unique characteristics of each facility, based on factors such as the availability of specialized community-based services, including rape crisis/trauma units in local medical centers, clinics, and hospitals.*

*The facility administrator shall submit the local policy and procedures document to the respective Field Office Director for review and approval. Field Office Directors shall ensure that each facility:*

- *Specifies procedures for offering immediate protection, including prevention of retaliation, and medical and mental health referral, to any detainee who alleges that he or she has been sexually assaulted;*
- *Specifies procedures for reporting an allegation or suspicion of sexual assault up the chain of command, including written documentation requirements to ensure each allegation or suspicion is properly reported and addressed;*
- *Specifies local response procedures (including referral procedures to appropriate law enforcement agencies) when a sexual assault is alleged or suspected;*

- *Establishes procedures to include outside agencies in sexual abuse or assault prevention and intervention programs, if such resources are available;*
- *Designates specific staff (psychologist, deputy facility administrator, appropriate medical staff, etc.) to be responsible for staff training activities;*
- *Specifies medical staff's responsibility to report allegations or suspicions of sexual assault to facility staff for appropriate reporting and intervention.*
- *Specifies how the future safety needs of a victim will be protected;*
- *Specifies the senior manager responsible for insuring that staff is appropriately trained and respond in a coordinated fashion when a detainee reports an incident of sexual abuse or assault;*
- *Designates a specific staff member to be responsible for detainee education regarding issues pertaining to sexual assault; and*
- *Specifies how medical staff will be trained or certified in procedures for examining and treating victims of sexual assault in facilities where medical staff will be assigned these activities.*

### **C. Program Coordinator**

*In SPCs and CDFs, the facility administrator shall designate a Sexual Abuse and Assault Prevention and Intervention Program Coordinator to:*

- *Assist in the development of the written policies and procedures for the Sexual Abuse and Assault Prevention and Intervention Program. The Program Coordinator shall also be responsible for keeping them current.*
- *Assist with the development of initial and ongoing training protocols.*
- *Serve as a liaison with other agencies.*
- *Coordinate the gathering of statistics and reports on incidents of sexual abuse or assault, as detailed below in the section on **Tracking Incidents of Sexual Abuse and Assault**.*
- *Reviewing facility practices to ensure the required levels of confidentiality are maintained.*

**D. Definitions.** For the purposes of this Detention Standard, the following definitions apply:

#### **1. Detainee-on-detainee sexual abuse or assault**

One or more detainees engaging in a sexual act, including contact between the penis and the vulva or the penis and the anus, and for purposes of this subparagraph, contact involving the penis occurs upon penetration, however slight; contact between the mouth and the penis, the mouth and the vulva, or the mouth and the anus; or the penetration, however slight, of the anal or genital opening of another by a hand or finger or by any object, with an intent to abuse, humiliate, harass, degrade, or arouse or gratify the sexual desire of any person ; or the use of threats, intimidation, inappropriate touching, or other actions and or

communications by one or more detainees aimed at coercing and or pressuring another detainee to engage in a sexual act.

Specifically, detainees may be charged with Prohibited Acts detailed in the Detention Standard on the **Disciplinary System**:

Code 101	Sexual Assault
Code 206	Engaging in a Sex Act
Code 207	Making a Sexual Proposal
Code 300	Indecent Exposure
Code 404	Using Abusive or Obscene Language

## **2. Staff-on-detainee sexual abuse or assault**

One or more staff member, volunteer or contract personnel engaging in, or attempting to engage in a sexual act with any detainee, or the intentional touching of an detainee's genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desire of any person.

## **E. Sexual Conduct between Detainees and Staff, Volunteers, or Contract Personnel Prohibited**

Sexual conduct between detainees and staff, volunteers, or contract personnel, **regardless of consensual status**, is prohibited and subject to administrative, disciplinary and criminal sanctions.

## **F. Staff Training**

Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program shall be included in training for employees, volunteers, and contract personnel and shall also be included in annual refresher training thereafter.

Training shall include:

- Definitions and examples of prohibited and illegal behavior;
- Agency prohibitions on retaliation against detainees and staff who report sexual abuse;
- An understanding that sexual abuse or assault is never an acceptable consequence of detention;
- Recognition of situations where sexual abuse or assault may occur;
- Recognition of the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences;
- The investigation process and how to ensure that evidence is not destroyed;
- Prevention, recognition, and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities;

- Understanding of how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals to the facility's program.
- Understanding of documentation and referral procedures of all allegations or suspicion of sexual assault
- **Appendix A** lists resources available from the National Institute of Corrections that may be useful in developing a training program and/or for direct use in training, including a copy of the PREA, two videos, a facilitator's guide, reference material, and a PowerPoint presentation.

## **G. Detainee Notification and Orientation**

The facility administrator shall ensure that the orientation program required by the Detention Standard on **Admission and Release**, and the detainee handbook required by the Detention Standard on **Detainee Handbook**, notify and inform detainees about the facility's Sexual Abuse and Assault Prevention and Intervention Program and that they include (at a minimum):

- Prevention and intervention;
- Definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse, and coercive sexual activity.
- Explanation of the ways of reporting sexual abuse or assault, and the investigation process.
- Self-protection
- Prohibition against retaliation
- Treatment and counseling.

Each facility's Sexual Abuse and Assault Prevention and Intervention Program shall provide detainees who are victims of sexual abuse or assault an option to report the incident or situation to a designated staff member other than an immediate point-of-contact line officer (for example, the program coordinator or a mental health specialist).

As cited earlier under **DIRECTIVES AFFECTED**, ICE has provided a Sexual Assault Awareness notice to be posted in English and Spanish on all housing unit bulletin boards, as well as a Sexual Assault Awareness Information pamphlet to be distributed in SPCs and CDFs and optionally in IGSA's.

## **H. Prevention**

All staff and detainees are responsible for being alert to signs of potential situations in which sexual assaults might occur and making reports and intervention referrals.

In accordance with the Detention Standards on **Admission and Release** and **Classification System**:

- Detainees shall be screened upon arrival at the facility for potential vulnerabilities to or tendencies of acting out with sexually aggressive behavior.



- Each new arrival shall be kept separated from the general population until he or she is classified and may be housed accordingly.
- Detainees with a history of sexual assault shall be identified, monitored, and counseled. Detainees identified as 'high risk' for committing sexual assault shall be assessed by a mental health or other qualified professional and treated as appropriate.
- Detainees at risk for sexual victimization shall be identified, monitored, and counseled. Detainees identified as 'high risk' for sexual victimization shall be assessed by a mental health or other qualified professional. Detainees who are considered likely to become victims will be placed in the least restrictive housing that is available and appropriate.
- Detainees identified as being at risk for sexual victimization shall be transported in accordance with that special safety concern. The Detention Standard on **Transportation (By Land)**, in the section on **Count, Identification, and Seating**, requires that transportation staff seat each detainee in accordance with written procedures from the facility administrator, with particular attention to detainees who may need to be afforded closer observation for their own safety.

#### **I. Prompt and Effective Intervention**

Staff sensitivity toward detainees who are victims of sexual abuse or assault is critical.

Staff shall take seriously all statements from detainees claiming to be victims of sexual assaults and respond supportively and non-judgmentally. Any detainee who alleges that he or she has been sexually assaulted shall be offered immediate protection from the assailant and referred for a medical examination and/or a clinical assessment of the potential for negative symptoms. Staff becoming aware of an alleged assault shall immediately follow the reporting requirements set forth in the written policies and procedures.

#### **J. Notifications and Referrals**

Designated staff shall provide services to victims and shall conduct investigations of sexual abuse or assault incidents. Information concerning the identity of a detainee victim reporting a sexual assault, and the facts of the report itself, shall be limited to those who have a need to know in order to make decisions concerning the detainee-victim's welfare and for law enforcement/investigative purposes.

The timely reporting of all incidents and allegations is of paramount importance.

##### **1. Alleged Detainee Perpetrator**

When a detainee(s) is alleged to be the perpetrator, it is the facility administrator's responsibility to ensure that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction for investigation and reported to ICE through the SEN (Significant Event Notice) system.

## **2. Alleged Staff Perpetrator**

When an employee, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse or assault, the following shall be notified immediately:

- The facility administrator,
- The highest ranking on-site ICE/DRO representative,
- The respective Field Office Director.

The Field Office Director shall notify:

- The Deputy Assistant Director, Detention Management Division,
- The ICE Office of Professional Responsibility (OPR). OPR will refer the matter to the DHS Office of the Inspector General (OIG).

The facility administrator or Field Office Director shall also refer the matter to the FBI (or other appropriate law enforcement agency).

## **K. Investigation and Prosecution**

If a detainee alleges sexual assault, a sensitive and coordinated response is necessary.

When possible and feasible, appropriate staff shall preserve the crime scene, and safeguard information and evidence in coordination with the referral agency and consistent with established evidence gathering and processing procedures.

Based on such factors as availability of in-house expertise and general security considerations, the facility administrator will arrange for the victim to undergo a forensic medical examination. The results of the physical examination and all collected physical evidence are to be provided to the Field Office Director. Appropriate infectious disease testing, as determined by the health services provider, may be necessary. Part of the investigative process may also include an examination of and collection of physical evidence from the suspected assailant(s).

## **L. Transfer of Detainees to Hospitals or Other Facilities**

When possible and feasible, victims of sexual assault should be referred, under appropriate security provisions, to a community facility for treatment and gathering of evidence.

If these procedures are performed in-house, the following guidelines apply:

- Health care professionals shall conduct an examination to document the extent of physical injury and to determine if referral to another medical facility is indicated. With the victim's consent, the examination should include collection of evidence from the victim using a kit approved by the appropriate authority. All forensic evidence collected must be secured and processed according to an established plan to maintain the chain of custody for criminal evidence.
- Health care professionals shall test for sexually transmitted diseases (e.g., HIV, gonorrhea, hepatitis, and other diseases) and refer victim for counseling, as appropriate.

- Prophylactic treatment and follow-up examination for sexually transmitted diseases shall be offered to all victims, as appropriate.
- Following a physical examination, a mental health professional shall evaluate the need for crisis intervention counseling and long-term follow-up.

Once the transfer has taken place, a report shall be made to the facility program administrator or designee to confirm separation of the victim from his or her assailant. Transfers will take into account safety and security concerns and the special needs of victimized detainees.

## **M. Tracking Incidents of Sexual Abuse and Assaults**

All case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be maintained in appropriate files in accordance with these Detention Standards and applicable policies, and retained in accordance with established schedules.

Particularly applicable to the storage, confidentiality, and release of case records are the requirements of the ***Confidentiality and Release of Medical Records*** section of the Detention Standard on **Medical Care** and the requirements of the Detention Standard on **Detention Files**, especially in regard to the Privacy Act of 1974. Because of the very sensitive nature of information about victims and their medical condition, including infectious disease testing, staff must be particularly vigilant about maintaining confidentiality and releasing information only for legitimate need-to-know reasons.

Monitoring and evaluation are essential for assessment of the rate of occurrence of sexual assault and agency effectiveness in reducing sexually abusive behavior. Accordingly, the facility administrator must maintain two types of files.

- **General files** include:
  - The victim(s) and assailant(s) of a sexual assault,
  - Crime characteristics,
  - Detailed reporting timeline, including the name of the staff member receiving the report of sexual assault, date and time the report was received, and steps taken to communicate the report up the chain of command, and
  - Formal and or informal action taken.
- **Investigative files** include:
  - All reports,
  - Medical forms,
  - Supporting memos and videotapes, if any, and
  - Any other evidentiary materials pertaining to the allegation.

The facility administrator shall maintain these files chronologically in a secure location. Each facility administrator shall maintain a listing of the names of sexual assault victims and assailants along with the dates and locations of all sexual assault incidents occurring within the facility on his or her computerized incident reporting system. Such information shall be maintained on a need-to-know basis in accordance with the Detention Standards on **Medical Care** and **Detention Files**, which includes protection of electronic files from unauthorized access.

*In SPCs and CDFs, the facility administrator shall give assailant(s) and victim(s) involved in a sexual assault incident a specific designator as required in the official reporting system (SIR, SEN, Other).*

*Access to this designation shall be limited to those staff involved in the treatment of the victim or the investigation of the incident. The authorized designation will allow appropriate staff to track the detainee victim or assailant of sexual assault across the system. Based on the designated reporting data, the ICE/DRO program office shall report annually the number of sexual assaults occurring within secure detention facilities utilized by ICE/DRO. Data will be provided through the SEN system.*

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.,  
Director  
Office of Detention and Removal Operations**

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**Date**

## **Appendix A**

### **Resources Available from the National Institute of Corrections**

The National Institution of Corrections (NIC):

- Offers training and technical assistance and provides a national clearinghouse for information on the Prison Rape Elimination Act of 2003 (PREA), and
- Is required by the PRLE to produce an annual report to Congress.

“PREA Tool Kit 1,” available from NIC, contains:

- A copy of the video, Facing Prison Rape, and the accompanying Facilitator’s Guide.
- A copy of the full 3-hour videoconference “How PREA Affects You.”
- A copy of the Prison Rape Elimination Act of 2003.
- A bibliography of reference material.
- A PowerPoint presentation containing an overview and introduction to the PREA.

#### **Other Resource Links**

National Institute of Corrections: [www.nicic.gov](http://www.nicic.gov)

National Prison Rape Elimination Commission: [www.nprec.us](http://www.nprec.us)

NIC/WCL Project on Addressing Prison Rape: <http://www.wcl.american.edu/nic/>

Bureau of Justice Assistance: [www.ojp.usdoj.gov/BJA](http://www.ojp.usdoj.gov/BJA)

Bureau of Justice Statistics: [www.ojp.usdoj.gov/bjs](http://www.ojp.usdoj.gov/bjs)

The Moss Group: [www.mossgroup.us](http://www.mossgroup.us)

Stop Prisoner Rape: [www.spr.org](http://www.spr.org)

## **Appendix B**

### **Sample Sexual Abuse Prevention and Intervention Protocols**

These protocols serve as guidelines for staff in the development of written policies and procedures for a Sexual Abuse and Assault Prevention and Intervention Program.

Some procedures may not be applicable or feasible for implementation at a particular facility; however to the extent possible, they should be incorporated as part of a successful program.

#### **I. VICTIM IDENTIFICATION (all staff)**

A. Primarily, staff learns that sexual abuse or assault has occurred during confinement because:

- Staff discovers an assault in progress.
- A victim reports an assault to a staff member.
- Another detainee reports abuse or an assault, or a detainee is the subject of detainee rumors.
- Medical evidence indicates the probability of abuse or an assault.

While some victims will be clearly identified, many, even most, may not come forward directly with information. Some victims may be identified through unexplained injuries, changes in physical behavior due to injuries, or abrupt personality changes such as withdrawal or suicidal behavior.

B. The following guidelines may help staff in responding appropriately to a suspected victim:

- If it is suspected that the detainee was sexually assaulted, the detainee should be advised of the importance of getting help to deal with the assault, that he or she may be evaluated medically for sexually transmitted diseases and other injuries, and that trained personnel are available to assist.
- Staff should review the background of a suspected victim and the circumstances surrounding the incident without jeopardizing the detainee's safety, identity, and privacy.
- If staff discovers an assault in progress, the suspected victim should be removed from the immediate area for care and for interviewing by appropriate staff.
- The victim and the alleged assailant need to be immediately separated.
- If a suspected victim is fearful of being labeled an informer, he or she should be advised that the identity of the assailant(s) is not needed to receive assistance.
- The staff member who first identifies that an assault may have occurred should refer the matter to the security shift supervisor or investigative supervisor.

## **II. PROCEDURES FOR INVESTIGATION**

All reports of alleged sexual abuse or assault must be handled and investigated in accordance with the Prison Rape Elimination Act (PREA). The following procedures may apply for reported or known victims of sexual assault. If the detainee was threatened with sexual assault or was assaulted on a previous occasion, some steps may not be necessary.

- The standard protocol is to transport every alleged victim and assailant (separately) to the nearest hospital for a “rape kit” as soon as possible.

### **C. Collect Evidence from Assailant (security and health services staff)**

- Identify the assailant if possible and isolate the assailant, whenever possible, pending further investigation.
- Use standard investigative and evidence-gathering procedures.
- Report the incident to the appropriate law enforcement agency.
- If facility medical staff attempts to examine the alleged assailant, findings should be documented both photographically and in writing. A written summary of all medical evidence and findings should be completed and maintained in the detainee's medical record. Copies should also be provided to supervisory security staff and appropriate law enforcement officials.

## **III. MEDICAL ASSESSMENT OF VICTIM - (health services staff)**

- If trained medical staff is available in the facility, render treatment locally whenever feasible.
- If the alleged victim is examined in the facility to determine the extent of injuries, all findings should be documented both photographically and in writing and placed in the detainee's medical record, with a copy to supervisory security staff and appropriate law enforcement officials.
- If deemed necessary by the examining physician, follow established procedures for use of outside medical consultants or for an escorted trip to an outside medical facility.
- Notify staff at the community medical facility and alert them to the detainee's condition.
- When necessary, conduct STD and HIV testing.
- Refer the detainee for crisis counseling as appropriate.

## **IV. MEDICAL TRANSFERS FOR EXAMINATION AND TREATMENT - (security and health services staff)**

- If determined appropriate by the facility physician and if approved by the facility administrator or designee, the detainee may be examined by medical personnel from the community. A contractual arrangement may be developed with a rape crisis center or other available community medical service to enhance facility medical services. The contract should provide for clinical examination, for assessing physical injuries and collecting any physical evidence of sexual

assault. It should also allow for contract medical personnel to come into the facility and for escorting detainees to the contract facility (crisis care center, medical clinic, hospital, etc.).

- Escorting staff should treat the victim in a supportive and non-judgmental way.
- Information about the assault is confidential, and should be given only to those directly involved in the investigation and/or treatment of the victim.

## **V. MENTAL HEALTH SERVICES - (mental health staff)**

- Mental health staff should be notified immediately after the initial report of an allegation of sexual abuse or assault of a detainee.
- Any alleged victim should be seen within 24 hours following such notification by a mental health clinician to provide crisis intervention and to assess any immediate and subsequent treatment needs.
- The findings of the initial crisis evaluation session should be summarized in writing within one week of the initial session and placed in the appropriate treatment record, with a copy provided to the hospital administrator or clinical director and other staff responsible for oversight of sexual abuse or assault prevention and intervention procedures.
- Additional psychological or psychiatric treatment, as well as continued assessment of mental health status and treatment needs, should be provided as needed, with the victim's full consent and collaboration. Decisions regarding the need for continued assessment and treatment should be made by qualified clinicians according to established professional standards, and should be made with awareness that a victim of sexual abuse or assault commonly experiences both immediate and delayed psychiatric or emotional symptoms.
- If a victim chooses to continue to pursue treatment, the clinician will either provide appropriate treatment or facilitate referral to an appropriate treatment option, including individual therapy, group therapy, further psychological assessment, assignment to a mental health counselor or facility, referral to a psychiatrist, or other treatment options. Pending referral, mental health services should continue unabated. If a victim chooses to decline further treatment services, he or she should be asked to sign a statement to that effect.
- All treatment and evaluation sessions should be properly documented and placed in the appropriate treatment record to ensure continuity of care.
- Should a victim be released from custody during the course of treatment, the victim should be advised of community mental health resources in his/her area.

## **VI. MONITORING AND FOLLOW-UP**

- Classification and security staff should place the victim in appropriate housing and assess the risk of keeping the victim at the same facility where the incident occurred. Detainees who are considered likely to become victims will be placed in the least restrictive housing that is available and appropriate.



- Housing, medical and mental health staff should monitor the physical and mental health of the victim and coordinate the continuation of necessary services.
- Medical staff should dispense medication and provide routine examinations and STD and HIV follow-up.
- Mental health staff should conduct post-crisis counseling and arrange for psychiatric care if necessary.

## Appendix C

**SEXUAL ASSAULT AWARENESS:** This document is required to be posted in each Housing Unit Bulletin Board at all Service Processing Centers and Contract Detention Facilities and by Intergovernmental Service Agreement Providers that house ICE detainees.

While detained by the Department of Homeland Security, Immigration and Customs Enforcement, Office of Detention and Removal, you have a right to be safe and free from sexual harassment and sexual assault. Report all attempted assaults and assaults to your housing unit officer, a supervisor, the Officer in Charge, or directly to the Office of the Inspector General at 1 (800) 323-8603.

### **Definitions:**

**Detainee-on-Detainee Sexual Abuse/Assault:** One or more detainees engaging in, or attempting to engage in a *sexual act* with another detainee or the *use of threats, intimidation, inappropriate touching* or other actions and/or communications by one or more detainees aimed at *coercing* and/or *pressuring* another detainee to engage in a sexual act.

**Staff-on-Detainee Sexual Abuse/Assault:** Staff member engaging in, or attempting to engage in a sexual act with any detainee or the intentional touching of a detainee's genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desires of any person. *Sexual abuse/assault of detainees by staff or other detainees is an inappropriate use of power and is prohibited by ICE policy and the law.*

**Staff Sexual Misconduct is:** Sexual behavior between a staff member and detainee which can include, but is not limited to indecent, profane or abusive language or gestures and inappropriate visual surveillance of detainees.

### **Prohibited Acts:**

A detainee who engages in inappropriate sexual behavior with or directs it at others, can be charged with the following Prohibited Acts under the Detainee Disciplinary Policy.

*Code 101: Sexual Assault*

*Code 207: Making a Sexual Proposal*

*Code 404: Using Abusive or Obscene*

*Code 206: Engaging in a Sex Act*

*Code 300: Indecent Exposure or Language*

### **Detention as a Safe Environment:**

While you are detained, no one has the right to pressure you to engage in sexual acts or engage in unwanted sexual behavior regardless of your age, size, race, or ethnicity. Regardless of your sexual orientation, you have the right to be safe from unwanted sexual advances and acts.

### **Confidentiality:**

Information concerning the identity of a detainee victim reporting a sexual assault, and the facts of the report itself, shall be limited to those who have the need to know in order to make decisions concerning the detainee-victim's welfare and for law enforcement/investigative purposes.

### **Avoiding Sexual Assault:**

Here are some things you can do to protect yourself against sexual assault:

- Carry yourself in a confident manner. Many offenders choose victims who look like they would not fight back or who they think are emotionally weak.
- Do not accept gifts or favors from others. Most gifts or favors come with strings attached to them.
- Do not accept an offer from another detainee to be your protector.
- Find a staff member with whom you feel comfortable discussing your fears and concerns. Report concerns!
- Do not use drugs or alcohol; these can weaken your ability to stay alert and make good judgments.
- Avoid talking about sex. Other detainees may believe you have an interest in a sexual relationship.
- Be clear, direct and firm. Do not be afraid to say NO or STOP IT NOW.
- Stay in well-lit areas of the Facility.
- Choose your associates wisely. Look for people who are involved in positive activities like educational programs, work opportunities, or counseling groups. Get involved in these activities yourself.
- Trust your instincts. Be aware of situations that make you feel uncomfortable. If it does not feel right or safe, leave the situation. **If you fear for your safety, report your concerns to staff.**

### **REPORT all Assaults:**

If you become a victim of a sexual assault, you should report it immediately to any staff person you trust, to include housing officers, deportation officers, chaplains, medical staff or supervisors. Staff members keep the reported information confidential and only discuss it with the appropriate officials on a need to know basis. If you are not comfortable reporting the assault to staff, you have other options:

- Write a letter reporting the sexual misconduct to the Officer in Charge, Assistant Field Office Director, or Field Office Director to ensure confidentiality, use special mail procedures.
- File an Emergency Detainee Grievance - If you decide your complaint is too sensitive to file with the Officer in Charge, you can file your Grievance directly with the Field Director. You can get the forms from your housing unit officer, deportation staff or a facility supervisor.
- Write to the Office of Inspector General (OIG), which investigates allegations of staff misconduct.
  - The address is: Office of Inspector General, P.O. Box 27606, Washington, D.C. 20530

- Call at no expense to you the Office of Inspector General (OIG). The phone number is posted in your housing unit.

**Individuals who sexually abuse or assault detainees can only be disciplined or prosecuted if the abuse is reported.**

### **Next Steps after Reporting a Sexual Assault**

You will be offered immediate protection from the assailant and you will be referred for medical examination and clinical assessment. You do not have to name the detainee(s) or staff member who assaulted you to receive assistance, but specific information may make it easier for staff to help you. You will continue to receive protection from the assailant, whether or not you have identified your attacker or agree to testify against them. It is important that you do not shower, wash, drink, change clothing or use the bathroom until evidence can be collected.

### **The Medical Exam**

Medical staff will examine you for injuries, which may or may not be readily apparent to you and will gather physical evidence of assault. Bring the clothes and underwear that you had on at the time of the assault to the medical exam with you. You will be checked for the presence of physical evidence, which supports your allegation. With your consent, a medical professional will perform a pelvic and/or rectal examination to obtain samples of or document the existence of physical evidence such as hair, body fluids, tears or abrasions, which remain after the assault. This physical evidence is critical in corroborating the sexual assault occurred and in identifying the assailant; trained personnel will conduct the exam privately and professionally.

### **Understanding the Investigative Process:**

Once the misconduct is reported, the appropriate law enforcement agency will conduct an investigation. The purpose of the investigation is to determine the nature and extent of the misconduct. You may be asked to give a statement during the investigation. If criminal charges are filed, you may be asked to testify during the criminal proceedings. Any detainee who alleges that he or she has been sexually assaulted shall be offered immediate protection and will be referred for a medical examination.

### **The Emotional Consequences of Sexual Assaults:**

It is common for victims of sexual assault to have feelings of embarrassment, anger, guilt, panic, depression, and fear even several months or years after the attack. Other common reactions include loss of appetite, nausea or stomachaches, headaches, loss of memory and/or trouble concentrating and changes in sleep patterns. Emotional support is available from the facility's mental health and medical staff, and from the chaplains. Also, many detainees who are at high risk to sexually assault others have often been sexually abused themselves. Mental health services are available to them also so that they can control their actions and heal from their own abuse.

Sexual assaults can happen to anyone: any gender, age, race, ethnic group, socioeconomic status, sexual orientation, or disability. Sexual assault is not about sex; it is about POWER and CONTROL. All reports are taken seriously. Your safety and the

safety of others is the most important concern. For everyone's safety, incidents, threats, or assaults must be reported.

**Report all attempted assaults and assaults to your housing unit officer, a supervisor, the Officer in Charge, or directly to the Office of the Inspector General**

# ICE/DRO DETENTION STANDARD

## SPECIAL MANAGEMENT UNITS

**I. PURPOSE AND SCOPE.** This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.

It applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Each facility will have Special Management Units with an Administrative Segregation section for detainees segregated from the general population for administrative reasons and a Disciplinary Segregation section for detainees segregated from the general population for disciplinary reasons.
2. Detainees housed in the general population, staff, contractors, volunteers, and the local community will be protected from harm by the segregation of certain detainees in SMUs.
3. Any detainee who represents an immediate, significant threat to safety, security or good order will be immediately controlled by staff and, for cause and with supervisory approval, placed in Administrative Segregation.
4. Health care personnel will be immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care authority protocols.
5. A detainee will be placed in “protective custody” status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.

6. A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest", "High", or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System, Attachment A: Prohibited Acts and Sanctions.
7. The status of detainees in Special Management Units will be reviewed in accordance with required time schedules by supervisory staff and the results of those reviews will be documented.
8. A detainee will remain in Disciplinary Segregation for no more than 60 days for violations associated with a single incident, and his or her status will be reviewed after the first 30 days, and each 30 days thereafter by the facility administrator and the Field Office Director to determine if continued detention in Disciplinary Segregation is still warranted.
9. Detainees in SMUs will be afforded basic living conditions that approximate those provided to the general population, consistent with the safety and security considerations that are inherent in more controlled housing, and in consideration of the purpose for which each detainee is segregated.
10. In general, when a detainee in an SMU is deprived of any usually authorized items or activity, a report of the action is forwarded to the facility administrator for notice and review.
11. Detainees in SMUs will have regular access to supervisory, management, program, and health care staff.
12. Each detainee in an SMU will be offered a minimum of one hour of recreation per day, five days a week, unless documented security or safety considerations dictate otherwise.
13. Detainees in SMUs will be able to write and receive mail and correspondence as they would otherwise be able to do while detained within the general population.
14. Detainees in SMUs will be provided opportunities for general visitation, including legal visitation, unless there are substantial, documented reasons for withholding those privileges.
15. Detainees in SMUs will have access to personal legal materials, law library materials, and legal visits, in accordance with provisions in this Detention Standard.
16. Detainees in SMUs will have access to telephones, in accordance with provisions in this Detention Standard.
17. Detainees in SMUs will have access to programs and services such as commissary, library, religious guidance, and recreation, in accordance with provisions in this Detention Standard.
18. Detailed records will be maintained on the circumstances related to a detainee's confinement to the SMU, through required permanent SMU logs and individual detainee records.
19. The applicable contents and procedures in this Standard will be communicated to the detainee in a language or manner which the detainee can understand.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Special Management Unit (Administrative Segregation)** and **Special Management Unit (Disciplinary Segregation)**, both dated 9/20/2000.

#### **IV. REFERENCES**

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities: 4-ALDF-2A-44 through 2A-66.

ICE/DRO Detention Standards on:

**Correspondence and Other Mail**  
**Disciplinary System**  
**Facility Security and Control**  
**Law Libraries and Legal Material**  
**Personal Hygiene**  
**Recreation**  
**Searches of Detainees, particularly the section on Close Observation in a “Dry Cell”**  
**Staff-Detainee Communication**  
**Telephone Access**  
**Visitation**  
**Hold Rooms in Detention Facilities**  
**Suicide Prevention and Intervention**

#### **V. EXPECTED PRACTICES**

##### **A. Overview**

At times, a detainee must be isolated from the general population of ICE detainees for the protection of the detainee, other detainees, and facility staff. Such isolation is generically termed “segregation” and takes two different forms, depending on its intended purpose:

1. **Administrative Segregation** (also referred to as “Administrative Detention” by the Federal Bureau of Prisons), and
2. **Disciplinary Segregation** (also referred to as “Disciplinary Detention” by the ACA Standards).

DRO refers to each of these types of segregated housing as a “Special Management Unit,” and in many detention facilities, there is one SMU that has two sections, one for each type of segregation. While many of the standards, requirements, and basic operational procedures are the same for both SMU types, some distinct differences remain and are detailed below under **Basic Requirements for All Special Management Units**.

A detainee may be placed in **Disciplinary Segregation** only after being found guilty, through a formal disciplinary process, of a facility rule violation. Therefore, detainees in **Disciplinary Segregation** generally have fewer privileges than those in non-punitive **Administrative Segregation**. In particular, they are subject to more stringent controls,



for example, in regard to personal property and reading material. Additional limitations may also be imposed upon their television viewing, commissary/vending machine privileges, etc. Detainees in Administrative Segregation generally will be housed separately from those in Disciplinary Segregation

Because of that basic difference, the procedures for placing a detainee in **Administrative Segregation** are different than those for **Disciplinary Segregation**, as are the requirements for periodic review of each detainee, as detailed below.

## **B. Basic Requirements for All Special Management Units**

Conditions of confinement are based on the amount of supervision required to control a detainee and safeguard the detainee, other detainees, and facility staff. Therefore, the standard SMU living conditions specified below may not be modified for either disciplinary or punitive purposes. Staff shall treat each detainee in an SMU in a decent and humane manner, regardless of the purpose for which the detainee is segregated.

In every instance, any exceptions to these requirements shall be:

- Made only for the purpose of ensuring detainee and facility staff safety and security (i.e., not for purposes of punishment);
- Approved by a security supervisor (or higher official);
- On a temporary and situational basis, continued only for as long as it is justified by threat to the safety or security of the facility, its staff, or detainee population; and
- Documented in the unit log and, under circumstances specified later in this Detention Standard, documented in a memo which shall be placed in the individual detainee's detention file.

When a detainee in an SMU is deprived of any usual authorized items or activity, a report of the action shall be forwarded to the facility administrator. This report shall be made part of the detainee's facility record or disciplinary file.

1. **Control of Contraband and Tools.** In accordance with procedures detailed in the Detention Standard on **Facility Security and Control**, each facility administrator is required to establish written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts.
2. **Permanent Special Management Unit Logs.** The facility administrator shall ensure that permanent housing logs are maintained in SMUs to record specified data on detainees upon admission to and release from the unit. These logs shall also be used by supervisory staff and other officials to record their visits to the unit.
3. **Cell Occupancy.** Ordinarily, the number of detainees confined to each cell or room may not exceed the capacity for which it was designed. Under exigent circumstances, before approving any additional cell occupancy on a temporary basis, the facility administrator shall consult with HQ DRO's Detention Management Division, who shall consult with DHS/ICE legal counsel. If a decision is made to approve such additional cell occupancy, a report of the action should be filed with the facility and with the ICE Field Office Director.

4. **Cell Condition.** Cells and rooms used for purposes of segregation must be well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.
  - a. All cells must be equipped with beds that are securely fastened to the cell floor or wall.
  - b. Conditions for close observation in a “dry cell” without water are detailed in the Detention Standard on **Searches of Detainees**.
5. **Personal Property.** Each facility shall issue guidelines in accordance with this Standard concerning the property detainees may retain in each type of segregation. Generally, detainees in **Disciplinary Segregation** shall be subject to more stringent personal property restrictions and control than those in **Administrative Segregation**, given the non-punitive nature of Administrative Segregation.
6. **Privileges.** Each facility shall issue guidelines in accordance with this Standard concerning the privileges detainees may have in each type of segregation.
  - a. **Administrative Segregation** -- Generally, these detainees shall receive the same privileges as are available to detainees in the general population, depending on any safety and security considerations for detainees, facility staff and security. When space and resources are available, detainees in **Administrative Segregation** may be provided opportunities to spend time outside their cells (in addition to the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).
  - b. **Disciplinary Segregation** -- Generally, these detainees shall have fewer privileges than other detainees in either the general population or in Administrative Segregation. More specifically, they are subject to more stringent personal property control including, but not limited to, limitations on their reading material and television viewing (which may be completely terminated), and restricted commissary or vending machine purchases.
7. **Close Supervision.** Detainees in SMUs shall be personally observed at least every 30 minutes on an irregular schedule. For cases that warrant increased observation, the SMU personnel will personally observe them accordingly. (See also **Suicide Prevention** and **Searches of Detainees**, section on dry cells.)
8. **Supervisory and Staff Visits.** In addition to the direct supervision performed by unit staff:
  - a. The shift supervisor shall see each segregated detainee daily, including weekends and holidays.
  - b. The facility administrator (or designee) shall visit each SMU daily.
  - c. Program staff may visit a detainee upon his or her request.
  - d. Field Office staff shall visit a detainee in accordance with the Detention Standard on **Staff-Detainee Communications**.

The facility administrator may require other staff to visit each detainee daily.

9. **Health Care.** A health care provider shall visit every detainee in an SMU at least

once daily. Detainees shall be provided medications as prescribed for them. Detainees will have access to regularly scheduled sick call regardless of housing assignment.

Any action taken shall be documented in a separate logbook, and the medical visit shall be recorded on the SMU Housing Record (Form I-888) or equivalent form. A detainee's mental health status shall be reviewed and documented at least once every 30 days.

**10. Meals.** Detainees in SMUs shall be provided three nutritionally adequate meals per day, according to the general population meal schedule and ordinarily from the same menu; however, for reasons of safety and security, detainees in SMUs shall eat with disposable utensils.

**11. Clothing and Personal Hygiene.** In accordance with the Detention Standard on **Personal Hygiene**, detainees in SMUs may shave and shower at least three times weekly and receive other basic services such as laundry, hair care, barbering, clothing, bedding, and linen equivalent to general population detainees and consistent with safety and security of the facility.

a. As needed, staff shall provide toilet tissue, a wash basin, tooth brush, and shaving utensils, and may issue retrievable kits of toilet articles.

b. A detainee may be denied such items as clothing, mattress, bedding, linens, or pillow for medical or mental health reasons if his or her possession of such items raises concerns for detainee safety and/or facility security. All denials of such items shall be documented. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance by risking harm to self or others, the medical department shall be notified immediately and a regimen of treatment and control shall be instituted by the medical staff, as necessary. Extreme detainee behavior, such as destroying clothing or bedding or harmful behavior to self or others, must be documented, made part of the detainee's file with the facility and reported to the ICE Field Office Director to implement necessary efforts to protect and care for the detainee.

**12. Correspondence.** In accordance with the Detention Standard on **Correspondence and Other Mail**, detainees in an SMU may write and receive letters and other correspondence like those housed in the facility's general population.

**13. Visitation.** In accordance with the Detention Standard on **Visitation**, while in an SMU, a detainee ordinarily retains visiting privileges.

In a facility that allows contact visits, segregated detainees may ordinarily use the visiting room during normal visiting hours. However, the facility may restrict or disallow general visits for a detainee who violates visitation rules or whose behavior otherwise indicates the detainee would be a threat to the security or the good order of the visiting room.

a. General visitation may be restricted or disallowed when a detainee in **Administrative Segregation** is charged with, or has been found to have committed, a prohibited act related to visiting privileges or has otherwise acted in a way that would reasonably indicate that he or she would be a threat to the orderliness or security of the visiting room.

b. Under no circumstances may detainees participate in general visitation while in

restraints. If the detainee's behavior warrants restraints, the visit may not be granted under general population visiting conditions.

*In SPCs and CDFs, detainees in protective custody and violent and disruptive detainees shall not use the visitation room during normal visitation hours. Violent and disruptive detainees may be limited to non-contact visits. In extreme cases, where a visit would present an unreasonable security risk, even non-contact general visits may be disallowed for a particular detainee.*

**14. Legal Visits.** In accordance with the Detention Standard on **Visitation**, detainees in SMUs may not be denied legal visitation. However, the facility administrator, or designee, may implement whatever security precautions are necessary to protect the detainee and visitors and maintain good order. In such cases, staff shall advise legal service providers and assistants of any security concerns prior to their visits.

**15. Religious Guidance.** Detainees in SMUs shall be allowed visits by members of the clergy, upon request, unless the supervisor determines such a visit presents a safety or security risk, or would interfere with the orderly operation of the facility. Violent and uncooperative detainees may be temporarily denied access to religious guidance. Staff shall advise the clergy member of the detainee's present state of behavior before he or she agrees to visit the detainee. Each facility will develop procedures to allow detainees to retain religious items within their possession consistent with good security practices (e.g., religious wearing apparel, religious headwear, prayer rugs, beads, prayer rocks, medallions).

**16. Reading Materials (Non-Legal).** Detainees in SMUs shall have access to reading materials, including religious materials. The Recreation Specialist shall offer each detainee soft-bound, reading materials of this type on a rotating basis

**17. Legal Materials.** Detainees in SMUs shall have access to legal materials, in accordance with the Detention Standard on **Law Libraries and Legal Material**.

Detainees may retain a reasonable amount of personal legal material upon admittance to an SMU, provided such material does not create a safety, security or sanitation hazard.

Detainees with a large amount of legal material may be required to place a portion with their stored personal property, with access permitted during scheduled hours. Requests for access to such legal material shall be accommodated as soon as possible, but in no case more than 24 hours after receipt of the initial detainee request to retrieve documents, except for documented security reasons.

**18. Law Library Access.** In accordance with the Detention Standard on **Law Libraries and Legal Material**, detainees housed in **Administrative Segregation** or **Disciplinary Segregation** units shall have the same law library access as the general population, unless compelling security concerns require limitations.

a. Facilities may supervise the library use by a detainee housed in an SMU as warranted by the individual's behavior. Detainees segregated for protection must be provided access to legal materials. Such detainees may be required to use the law library separately or, if that is not feasible, legal materials must be brought to them upon request

b. Violent or uncooperative detainees may be temporarily denied access to the law library if necessary to maintain security, until such time as their behavior warrants resumed access. In some circumstances, legal material may be brought to individuals in **Disciplinary Segregation**.

c. Denial of access to the law library must be:

- Supported by compelling security concerns;
- For the shortest period required for security; and
- Fully documented in the SMU housing logbook.

d. The facility administrator shall notify ICE/DRO every time access is denied, with documentation placed in the detention file.

**19. Recreation.** Recreation for detainees housed in the SMU shall be separate from the general population. As necessary or advisable to prevent assaults and reduce management problems, recreation for some individuals will be alone and separate from all other detainees.

a. The facility administrator shall develop and implement procedures to ensure that detainees who must be kept apart never participate in activities in the same location at the same time as detainees housed in the general population. For example, recreation for detainees in protective custody shall be separate from other detainees.

Nevertheless, detainees in the SMU shall be offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees shall be provided weather-appropriate equipment and attire.

b. The recreation privilege shall be denied or suspended only if the detainee's recreational activity would unreasonably endanger detainee safety or security. The case of a detainee denied recreation privileges shall be reviewed at least once each week, as part of the reviews required for all detainees in SMU status.

- As part of this process, the reviewer shall document whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.
- The facility shall notify ICE/DRO when a detainee's denied recreation privileges exceeds 7 days.
- Such a denial of recreation privileges (for more than 7 days) requires the concurrence of the facility administrator and a health care professional. It is expected that such denials shall rarely occur, and only in extreme circumstances.

c. Ordinarily, a detainee may be denied recreation privileges only with the facility administrator's written authorization, documenting why the detainee poses an unreasonable risk even when recreating alone. When necessary to control an immediate situation for reasons of safety and security, SMU staff may deny an instance of recreation, upon verbal approval from the shift supervisor, and document the reasons for that denial in the unit logbook(s). In such a case, the supervisor may also require additional written documentation from the SMU staff for the facility administrator. When a detainee in an SMU is deprived of recreation (or any other usually authorized items or

activity), a report of the action shall be forwarded to the facility administrator.

Examples of such circumstances may include, but are not limited to:

1. A detainee segregated for specific administrative purposes,
  2. A detainee in protective custody, or
  3. A detainee whose mental and/or physical condition requires special handling and treatment by staff (for example, detainees who are drug or alcohol addicts or abusers, emotionally disturbed, mentally retarded, mentally ill, suicidal, disabled, or infirm).
- d. A detainee in **Disciplinary Segregation** may temporarily lose recreation privileges upon a disciplinary panel's written determination that he or she poses an unreasonable risk to the facility, him/herself, or others.

When his or her recreation privileges are suspended, the disciplinary panel or facility administrator shall provide the detainee with written notification, the reason(s) for the suspension, the duration of the suspension, and any conditions that must be met before the restoration of his or her privileges provided the requisite conditions are met.

**20. Telephone Access.** As detailed in the Detention Standard on **Telephone Access**, detainees in SMUs shall have access to telephones in a manner that is consistent with the special safety and security requirements of such units. Telephone access for legal calls will be provided, including calls to attorneys, other legal representatives, courts, government offices (including the Office of the Inspector General, Office for Civil rights, and Civil Liberties, DHS Joint Intake Center, and DHS Office of Internal Audit), and embassies or consulates, according to the facility schedule. Any denial of telephone access will be documented.

In general, any detainee in an SMU may be reasonably restricted from using or having access to a phone if that access is used for criminal purposes or would endanger any person, or if the detainee damages the equipment provided. In such instances, staff must clearly document why such restrictions are necessary to preserve the safety, security, and good order of the facility.

#### **a. Administrative Segregation**

Ordinarily, staff shall permit detainees in Administrative Segregation to have telephone access similar to detainees in the general population, but in a manner consistent with the special security and safety requirements of detainees in these units. This requirement applies to a detainee in Administrative Segregation pending a hearing because he or she has been charged with a rule violation, as well as a detainee in Administrative Segregation for other than disciplinary reasons (for example, protective custody, suicide risk, etc.).

#### **b. Disciplinary Segregation**

Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, even in Disciplinary Segregation, detainees shall have some telephone access for special purposes.

Ordinarily, staff shall permit detainees in Disciplinary Segregation to make direct or free Consular and legal calls as described in the Detention Standard on **Telephone Access**, except for compelling and documented reasons of safety, security, and good order.

## **21. Translation/Interpretation Services**

Detainees will be provided translation or interpretation services while in the Special Management Unit to assist with their understanding of conditions of confinement as well as their rights and responsibilities.

## **22. Special Needs**

Detainees in the SMU will be provided appropriate accommodations and professional assistance such as medical, therapeutic, or mental health treatment for special needs, as necessary.

## **C. Placement in Administrative Segregation**

Administrative Segregation status is a non-punitive status in which restricted conditions of confinement are required only to ensure the safety of detainees or others, the protection of property, or the security or good order of the facility. For matters of safety and security, staff may have to take immediate action to control a detainee, including placement in Administrative Segregation. Examples include detainees who require protective custody, who cannot be placed in the local population because they are en route to another facility ("holdovers"), who are awaiting a disciplinary hearing, or who require separation for medical reasons.

Each facility shall develop and follow written procedures governing the management of its Administrative Segregation unit that are consistent with this Detention Standard. These procedures must document detailed reasons for placement of an individual in Administrative Segregation. Detainees must be provided with a copy of the Administrative Segregation Order.

Prior to the detainee's placement in Administrative Segregation, the facility administrator and security supervisor, or equivalent, shall review the case to determine whether Administrative Segregation is, in fact, warranted. The facility administrator may delegate to the security supervisor the authority to place a detainee in Administrative Segregation.

**1. Reasons for Placement in Administrative Segregation.** A detainee may be placed in Administrative Segregation when the detainee's continued presence in the general population poses a threat to life, property, self, staff, or other detainees, for the secure and orderly operation of the facility, for medical reasons, or other circumstances as set forth below. Some examples of incidents warranting a detainee's assignment to Administrative Segregation include, but are not limited to, the following:

(a) A detainee is awaiting an investigation or a hearing for a violation of facility rules. Pre-disciplinary hearing detention should be ordered only as necessary to prevent further violation of those rules or to protect the security and orderly operation of the facility. It is not to be used as a punitive measure.

Time served in pre-hearing detention may be deducted from any time ordered by the

Institutional Disciplinary Panel (IDP).

(b) A detainee is a threat to the security of the facility. The facility administrator may determine that a detainee's criminal record, past behavior at other institutions, behavior while in ICE/DRO detention, or other evidence is sufficient to warrant placement of the detainee in Administrative Segregation. Copies of records supporting this action shall be attached to the Administrative Segregation Order.

(c) A detainee requires protection. Protective Custody may be initiated at the detainee's request or by whoever first ordered his or her segregation to protect the detainee from harm. Each facility will develop procedures to consider continued placement in protective custody as well as provisions for release from protective custody when appropriate. Frequently, the types of detainees who require this type of treatment include, but are not limited to:

- Victims of detainee assaults;
- Detainee informants or witnesses - detainees who provide information to institutional staff or any law enforcement agency concerning improper or criminal activities by others;
- Sexual predators;
- Detainees who have been pressured by other detainees to participate in sexual activity;
- Detainees who request Protective Custody;
- Detainees who refuse to enter the general population because of alleged intimidation from other detainees;
- Detainees who refuse to return to the general population, but who do not provide the reason for refusal;
- Detainees who appear to be in danger of bodily harm; or
- Detainees who seek protection, claiming to be former law enforcement officers or to have held sensitive law enforcement positions, whether or not there is official information to verify the claim.

(d) The IDP may order a detainee into Administrative Segregation following Disciplinary Segregation after determining that releasing the detainee into the general population would pose a threat to the security and orderly operation of the facility. A detainee transferred from Disciplinary Segregation to Administrative Segregation shall enjoy the same privileges as all other detainees in Administrative Segregation.

(e) A medical professional who ordered a detainee removed from the general population shall complete and sign an Administrative Segregation Order (see below), unless the detainee is to stay in the medical department's isolation ward.

(f) A detainee is scheduled for release, removal, or transfer within 24 hours. Such segregation may be ordered for security reasons or for the orderly operation of the facility.

**2. Administrative Segregation Order.** A written order shall be completed and approved by a security supervisor before a detainee is placed in Administrative



Segregation, except when exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility.

- a. The facility administrator or designee shall complete the Administrative Segregation Order (Form I-885 or equivalent), detailing the reasons for placing a detainee in Administrative Segregation, before his or her actual placement.
- b. An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer within 24 hours of its service.
- c. In an emergency, the detainee's placement in Administrative Segregation may precede the paperwork, which the facility administrator shall prepare as soon as possible after the detainee's placement.
- d. All memoranda, medical reports, and other relevant documents shall be attached to the Administrative Segregation Order.
- e. A copy of the completed Administrative Segregation Order shall be given to the detainee within 24 hours of placement in Administrative Segregation, unless delivery would jeopardize the safe, secure, or orderly operation of the facility.
- f. The order shall remain on file with the SMU until the detainee is returned to the general population.
- g. When the detainee is released from the SMU, the releasing officer shall indicate date and time of release on the Administrative Segregation Order. The completed order is then forwarded to the chief of security for inclusion into the detainee's detention file.
- h. If the segregation is ordered for protective custody purposes, the order shall state whether the detainee requested the segregation, and whether the detainee requests a hearing concerning the segregation.

**3. Review of Detainee Status in Administrative Segregation.** All facilities shall implement written procedures for the regular review of all detainees held in Administrative Segregation, consistent with the procedures specified below.

- a. A security supervisor shall conduct a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification. The **Administrative Segregation Review** (Form I-885) shall be used for the review. If the detainee has been segregated for his or her own protection, but **not** at the detainee's request, the signature of the facility administrator or assistant facility administrator is required on the Form I-885 to authorize the alien's continued detention.
- b. A security supervisor shall conduct the same type of review after the detainee has spent seven days in Administrative Segregation, and every week thereafter, for the first 60 days and (at least) every 30 days thereafter.
- c. The review shall include an interview with the detainee, and a written record shall be made of the decision and its justification.
- d. When the reviewing authority concludes that the detainee should be removed from

Administrative Segregation, they shall submit that recommendation to the facility administrator (or designee) for approval.

e. A copy of the decision and justification for each review shall be given to the detainee, unless, in exceptional circumstances, this provision would jeopardize the facility's security. The detainee shall also be given an opportunity to appeal a review decision to a higher authority within the facility.

f. After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal the conclusions and recommendations of any review conducted to the facility administrator. The detainee may use any standard form of written communication, for example, detainee request, to file the appeal.

g. If a detainee has been in Administrative Segregation for more than 30 days and objects to that status, the facility administrator shall review the case to determine whether that status should continue. This review shall take into account the detainee's views and shall result in a written record of the decision and its justification. A similar review shall take place every 30 days and each 30 days thereafter.

h. When a detainee has been held in Administrative Segregation for **more than 30 days**, the facility administrator shall notify the Field Office Director (FOD), who shall notify the ICE/DRO Assistant Director, Detention Management Division in writing.

i. When a detainee is held in Administrative Segregation for **more than 60 days**, the FOD shall notify in writing, the Deputy Assistant Director, Detention Management Division. The Deputy Assistant Director shall then consider whether it would be appropriate to transfer the detainee to a facility where s/he may be placed in the general population.

#### **D. Placement in Disciplinary Segregation.**

To provide detainees in the general population a safe and orderly living environment, facility authorities shall discipline anyone whose behavior does not comply with facility rules and regulations. Such discipline may involve temporary confinement in the SMU apart from the general population. A detainee may be placed in Disciplinary Segregation only by order of the Institutional Disciplinary Panel (IDP), or its equivalent, after a hearing in which the detainee has been found to have committed a prohibited act. Ultimately, the IDP may order the detainee's placement into Disciplinary Segregation, but only when alternative dispositions would inadequately regulate the detainee's behavior.

**1. Duration.** A maximum sanction of 60 days in Disciplinary Segregation shall apply to violations related to a single prohibited incident. After the first 30 days, and each 30 days thereafter, the facility administrator shall send a written justification to the FOD, who may decide to transfer the detainee to a facility where security is such that he or she could be placed in the general population.

**2. Disciplinary Segregation Order.** A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into Disciplinary Segregation. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or the orderly operation of the facility or the safety of another detainee.

a. The IDP chairman shall prepare the **Disciplinary Segregation Order** (Form I-883 or equivalent), detailing the reasons for placing a detainee in Disciplinary Segregation, before his or her actual placement. All relevant documentation must be attached to the order.

b. A copy of the completed Disciplinary Segregation Order shall be given to the detainee within 24 hours of placement in Disciplinary Segregation, unless delivery would jeopardize the safe, secure, or orderly operation of the facility. The order shall be maintained on file in the SMU until the detainee is released from the SMU.

When the detainee is released from the SMU, the releasing officer shall indicate date and time of release on the Disciplinary Segregation Order, then forward the completed order to the chief of security for insertion into the detainee's detention file.

**3. Review of Detainee Status in Disciplinary Segregation.** All facilities shall implement written procedures for the regular review of all Disciplinary Segregation cases, consistent with the following procedures:

a. A security supervisor, or the equivalent, shall interview the detainee and review his or her status in Disciplinary Segregation every seven days to determine whether the detainee:

- Abides by all rules and regulations; and,
- Is provided showers, meals, recreation, and other basic living standards, as required by this Detention Standard.

b. The security supervisor shall document his or her findings after every review, by completing a **Disciplinary Segregation Review** (Form I-887).

- The security supervisor may recommend the detainee's early release from the SMU upon finding that time in Disciplinary Segregation is no longer necessary to regulate the detainee's behavior.

- An early-release recommendation must have the facility administrator's approval before the detainee may be returned to the general population.

- The security supervisor may shorten, but not extend, the original sanction.

- All review documents shall be placed in the detainee's detention file.

- At each formal review, the detainee shall be given a written copy of the reviewing officer's decision and the basis for his or her finding, unless it would result in a compromise of institutional security. If for some reason it can not be delivered, then the

detainee should be advised of the decision orally and the detention file should be so noted and the reasons identified in writing as to why the notice could not be provided in writing.

## **E. Logs and Records**

**1. Permanent SMU Log.** A permanent log shall be maintained in the SMU to record all activities concerning the SMU detainees, such as the meals served, recreational time, and visitors.

*In SPCs and CDFs, the SMU log shall record the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date (for detainees in Disciplinary Segregation), the authorizing official, and date released.*

**2. Visitor's Log.** *In SPCs and CDFs, a separate log shall be maintained in the SMU of all persons visiting the unit. This separate record shall include notation of:*

- *The time and date of the visit, and*
- *Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file.*

**3. Individual Special Management Housing Unit Record.** *In SPCs, **Special Management Housing Unit Record**, (Form I-888) shall be prepared immediately upon a detainee's placement in the SMU. CDFs and IGSA facilities shall use the Form I-888 or comparable form for this purpose as well.*

*a. The special housing unit officer shall immediately record:*

- *Whether the detainee ate, showered, recreated, and took any medication; and*
- *Any additional information, such as whether the detainee has a medical condition, or has exhibited suicidal/assaultive behavior.*
- *The officer that conducts the activity will print his/her name and sign the record.*

*b. The facility medical officer shall sign each individual's record when he or she visits a detainee in the SMU. The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift.*

*c. A new Form I-888 must be created for each week the detainee is in the SMU. The completed weekly forms shall be retained at the SMU until the detainee is released from the SMU.*

*d. Upon a detainee's release from the SMU, the releasing officer shall attach the entire housing unit record related to that detainee to either the Administrative Segregation Order or Disciplinary Segregation Order and forward it to the chief of security for inclusion into the detainee's detention file.*

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

**Date**

# ICE/DRO DETENTION STANDARD

## STAFF-DETAINEE COMMUNICATION

**I. PURPOSE AND SCOPE.** This Detention Standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.

It also requires the posting of Hotline informational posters from the Department of Homeland Security Office of the Inspector General.

This Detention Standard applies to the following types of facilities housing ICE/DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Detainees will have frequent opportunities for informal contact with facility managerial and supervisory staff and with ICE/DRO Field Office staff.
2. Facility managerial and supervisory staff and ICE/DRO Field Office staff will frequently and directly observe facility operations and conditions of confinement.
3. Detainees will be able to submit written questions, requests, and concerns to ICE/DRO staff and receive timely responses.
4. Detainees will be informed about how to directly contact the Department of Homeland Security Office of the Inspector General.
5. Detainee telephone serviceability will be monitored and documented by ICE staff and any problems immediately reported.
6. The applicable content and procedures in this Standard will be communicated to the detainee in a language or manner which the detainee can understand.

### III. DIRECTIVES AFFECTED

This Detention Standard replaces the Detention Standard on **Staff-Detainee Communication** dated 7/15/2003.

This Detention Standard incorporates the requirements for the posting of OIG Hotline posters originally communicated in an e-mail dated 11/17/2004 from the Acting Deputy Assistant Director of the Detention Management Division.

This Detention Standard incorporates the requirements for monitoring of detainee telephone serviceability detailed in a memorandum dated 4/7/2007 on "Detainee Telephone Services" from the Assistant Director for Management of the Office of Detention and Removal Operations.

This Detention Standard incorporates the requirements of a Change Notice to the former Detention Standard on **Staff-Detainee Communications** that provided a Model Protocol for DRO Officer Facility Liaison Visits, as detailed in a memorandum to Field Officer Directors dated 6/16/2007 from the Director, Office of Detention and Removal Operations.

#### **IV. REFERENCES**

American Correctional Association 4th Edition, Standards for Adult Detention Facilities: 4-ALDF-2A-05, 2A-06, 2A-12, 5A-03.

#### **V. EXPECTED PRACTICES**

##### **A. Staff and Detainee Contact**

ICE/DRO detainees shall have frequent informal access to and interaction with key facility staff members, as well as key ICE/DRO staff, in a language they can understand. As detailed below, Field Office Directors shall assign Deportation Officers, Immigration Enforcement Agents (IEAs), and Supervisory Immigration Enforcement Agents (SIEAs) to visit detention facilities. Detainees will be advised how to contact local ICE personnel.

Often detainees in ICE/DRO custody are unaware of or do not comprehend the immigration removal process, and staff should explain the general process without providing specific legal advice on individual cases. Staff should provide general information to detainees pertaining to the immigration court process. At a minimum, this information should include the types of hearings such as master calendar and merits hearings. Legal advice will not be provided by ICE/DRO staff.

##### **1. Unannounced Contact With Detainees**

Each field office shall have policy and procedures to ensure and document that the ICE/DRO assigned supervisory staff conduct frequent unannounced, unscheduled visits to the SPC, CDF, and IGSA facility's living and activity areas to informally observe living and working conditions and encourage informal communication among staff and detainees. Such unannounced visits shall include but not be limited to:

- Housing Units;
- Food Service preferably during the lunch meal;
- Recreation Area;
- Special Management Units (Administrative and Disciplinary); and
- Infirmary rooms.

Staff visiting Special Management Units shall talk with detainees, observe living conditions, and review detainee housing records.

These unannounced visits shall be conducted at least weekly.

Each facility shall develop a method to document the unannounced visits and ICE/DRO staff shall document their visits to IGSA's.

## **2. Scheduled Contact with Detainees**

Facility or Field Office ICE/DRO staff shall conduct scheduled visits to address detainees' personal concerns and monitor living conditions. Visiting staff shall be knowledgeable about the ICE/DRO Detention Standards and report any violations to the Field Officer Director.

### **a. In SPCs, CDFs, and IGSA's with On-Site ICE/DRO Presence**

The facility administrator or Supervisory Detention and Deportation Officer (SDDO) shall develop written schedules of weekly visits and ensure they are posted in detainee living and other appropriate areas. Each facility shall have specific procedures for documenting each visit.

### **b. In IGSA's without On-Site ICE/DRO Presence**

The Field Office Director shall develop written schedules and procedures for weekly contact visits by ICE/DRO Field Office staff and ensure the schedules are posted in detainee living and other appropriate areas. During such contact visits, ICE/DRO staff shall:

- Visit every housing unit where there are ICE/DRO detainees, including Special Management Units.
- Record the visit in the log.
- Announce their presence so ICE/DRO detainees know they are there.
- Interview detainees.
- Monitor housing conditions,
- Review all records, and
- Review grievance logs.

Each Field Office Director shall have specific written procedures for documenting each visit.

### **c. In Bureau of Prison Facilities with ICE/DRO Detainees**

The Field Office Director shall devise a written schedule and procedure for weekly detainee visits by Field Office staff. (This requirement is not applicable to BOP facilities exclusively housing Mariel Cubans, since communication with them is handled through a separate process.)

While ICE/DRO Detention Standards are not specifically applicable to BOP facilities, ICE employees conducting such visits shall:

- Provide ICE/DRO detainees opportunities to informally interact with ICE/DRO staff, and
- Review the conditions under which ICE/DRO detainees are being held,



including classification, basis for placement in the SMU, access to counsel, legal telephone calls, law libraries and legal materials, visitation privileges, and correspondence.

## **B. Written Detainee Requests to Staff**

Detainees may submit written questions, requests, or concerns to ICE/DRO staff, using the detainee request form, a local IGSA form, or a sheet of paper.

Such informal written requests are not intended as a substitute for the more formal process specified in the Detention Standard on **Grievance System**. However, informal written requests may be used to resolve informal grievances, as described in that Standard.

To prepare a written request, a detainee may obtain assistance from another detainee, the housing officer, or other facility staff and may, if he or she chooses, seal the request in an envelope that is clearly addressed with name, title, and/or office to which the request is to be forwarded.

Each facility administrator shall:

- Ensure that adequate supplies of detainee requests forms, envelopes, and writing implements are available.
- Have written procedures to promptly route and deliver detainee requests to the appropriate ICE/DRO officials by authorized personnel (not detainees) without reading, altering, or delaying.
- Ensure that the standard operating procedures accommodate detainees with special assistance needs based on for example disability, illiteracy, or limited use of English.
- The facility shall provide a secure dropbox for ICE detainees to correspond directly with ICE management. Only ICE personnel shall have access to the dropbox.

### **1. Response Times**

#### **a. In SPCs and CDFs and in IGSAs with ICE/DRO on-site presence**

The staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no longer than within 72 hours of receipt.

#### **b. In IGSA facilities without ICE/DRO on-site presence**

Each detainee request shall be forwarded to the ICE/DRO office of jurisdiction within two business days and answered as soon as possible and practicable, in person or in writing, but no longer than within three business days of receipt.

### **2. Record Keeping and File Maintenance**

All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record:

- Date of receipt;
- Detainee's name;
- Detainee's A-number;
- Detainee's nationality;
- Name of the staff member who logged the request;
- Date the request, with staff response and action, was returned to the detainee; and
- Any other pertinent site-specific information.

In IGSA's, the date the request was forwarded to ICE/DRO and the date it was returned shall also be recorded.

*A copy of each completed Detainee Request shall be filed in the detainee's detention file and be retained there for at least three years. Copies of confidential requests shall be maintained in the A-file.*

### **3. Detainee Handbook**

As required by the ICE/DRO Detention Standard on **Detainee Handbook**, each facility's handbook (or supplement) shall advise detainees of the procedures to submit written questions, requests, or concerns to ICE/DRO staff, as well as the availability of assistance to prepare such requests.

## **C. Monitoring Detainee Telephone Services**

Field Office Directors shall ensure that all phones for detainee use are tested at least weekly. To verify the serviceability of all telephones in detainee housing units, ICE/DRO staff shall:

- Make random calls to pre-programmed numbers for attorney and consulate services,
- Interview a sampling of detainees regarding telephone services, and
- Review written detainee complaints regarding telephone services.
- Check that TTY or other reasonable accommodation (e.g., Federal Relay Service) is working and available for hearing-impaired detainees.

Staff shall report any telephone serviceability problem within 24 hours to the appropriate ICE point of contact.

Staff shall document each serviceability test on a form that has been provided by DRO, and each field office shall maintain those forms, organized by month, for three years. The Detention Standards Compliance Unit shall conduct random audits of field office compliance.

## **D. OIG Hotline Informational Posters**

The Department of Homeland Security Office of the Inspector General (OIG) periodically revises a "DHS OIG Hotline" poster to be posted in facilities that house

ICE/DRO detainees.

1. The Chief of the Detention Standards Compliance Unit in the DRO HQ Detention Management Division is designated as the contact point for coordination with OIG and is responsible for distribution of Hotline posters to Field Officer Directors.
2. Field Office Directors shall distribute sufficient numbers of the posters to all facilities that house ICE/DRO detainees. It is recommended that each Field Office maintain a master copy from which additional copies can be duplicated when needed.
3. In each SPC and CDF, the facility administrator shall ensure that posters are mounted in every housing unit and in appropriate common areas (recreation areas, dining areas, processing areas, etc.).  
In each IGSA and ICE staging area, the facility administrator shall ensure that posters are mounted in appropriate common areas (recreation areas, dining areas, processing areas, etc.).
4. During staff-detainee communication visits, ICE/DRO staff shall verify the presence of posters at designated locations and shall ensure that any missing posters are replaced as soon as possible.

#### **E. Model Protocol for DRO Officer Facility Liaison Visits**

A **Model Protocol for DRO Officer Facility Liaison Visits**, along with associated documentation forms, are accessible via the website of the Headquarters Detention Standards Compliance Unit. The Model Protocol is designed to standardize an approach to conducting and documenting facility liaison visits, observing living and working conditions, and engaging in staff-detainee communications.

In accordance with the required frequency of liaison visits described above in the section on ***Scheduled Contact with Detainees***, Model Program forms shall be:

- Completed weekly for SPCs, CDFs, and regularly used IGSA facilities, and for each visit to intermittently used IGSA facilities.
- Submitted annually with the required Annual Detention Reviews.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## TOOL CONTROL

**I. PURPOSE AND SCOPE.** This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.

It applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate “Definitions” Standard.

**II. EXPECTED OUTCOME.** The expected outcome of this Detention Standard is:

Tools, maintenance implements, culinary utensils, medical and dental instruments, equipment, and supplies (particularly syringes, needles, and other sharps) will be maintained on an inventory, continually controlled and accounted for to insure the safe and orderly operation of the facility.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Tool Control** dated 9/20/2000.

## IV. REFERENCES

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities: 4-ALDF-2D-02, 2D-03.

## V. EXPECTED PRACTICES

### A. Overview

In a detention environment, all staff must be alert for any situation where tools, culinary utensils (such as kitchen knives and other food preparation implements but not including basic eating utensils), and medical and dental instruments, equipment, and supplies (particularly syringes, needles, and other sharps) are in the possession of, or available to, detainees, other than those authorized to have them (such as on work details).

Control, care, and accountability for tools:

- Prevents their use in escape attempts, as weapons, and in other ways that can be hazardous to individual safety or the good order of the facility;
- Improves the appearance of shop and construction areas;
- Helps ensure tools are good repair when needed;
- Reduces the costs of tool maintenance and inventory; and
- Detainees will be held accountable for tools that have been assigned to them.

## **B. Written Policy and Procedures Required**

Each facility administrator shall develop and implement a written tool control system that establishes:

1. A staff position responsible for:

- Developing and implementing tool control procedures, and
- Establishing an inspection system to ensure accountability;

*In SPCs and CDFs, the facility administrator shall delegate these responsibilities to the chief of security and shall also assign, in writing, the duties of Tool Control Officer to a staff member of the facility maintenance department.*

2. A tool classification system;

3. Procedures for marking tools so they are readily identifiable;

4. Procedures for storing tools;

5. Procedures and schedules for regular inventories of tools;

6. Procedures for issuing tools to staff and detainee workers;

7. Procedures governing lost tools;

8. Procedures for surveying and destroying excess, broken, or worn-out tools; and

9. Procedures for inspecting and controlling tools and equipment brought into the facility temporarily (repair and maintenance workers, sports teams, etc.)

## **C. Tool Classification**

The facility shall develop and implement a tool classification system.

*In SPCs and CDFs, tools are assigned one of two categories:*

- *Restricted (Class "R") -- Dangerous/hazardous tools*
- *Non-Restricted -- Non-hazardous tools*

*Class "R" tools include:*

- *Tools too dangerous for detainees to handle without constant staff supervision*
- *Tools to which detainee access is prohibited*
- *Tools that could facilitate an escape or an escape attempt*

- *Tools useful in making weapons, that could double as weapons, or that are capable of causing serious bodily harm*
- *Power hand tools, with or without cords*
- *Other tools that are generally hazardous to facility security or personal safety*

*Examples of restricted tools include:*

- *Metal cutting blades*
- *Mixing chambers*
- *Bolt cutters*
- *Ramset gun and ammunition (stored in armory only)*
- *Diamond-tipped tools*
- *Core drills*
- *Drills*
- *Circular saws*
- *Knives and other sharp culinary utensils*

*The facility administrator shall establish a policy document on facility tool use and storage that includes separate, comprehensive, alphabetical lists of both restricted and non-restricted tools.*

- *The lists shall indicate which of the listed tools are available on-site; describe them by type; and specify tool sizes.*
- *The lists shall be kept current by formatting them as attachments to the policy document, maintained and updated electronically.*
- *The lists shall be updated and distributed at least quarterly.*

*Tools included in tool sets and tools sized sequentially in standard increments may appear as a single listing. For example:*

*Drill bits, metal/wood                      1/32" – 7/8"*

*Drill bits, metal/wood                      7/16" - 7/8"*

*Wrench, comb. box/open end 1/4" - 7/16"*

*Wrench, comb. box/open end 7/16" - 7/8"*

*When a single set listing would not be sufficiently clear, however, each tool must be listed separately. For example, if a facility had:*

*A single "wrench, combination box/open end, 1 7/8 inches" but not the smaller or larger sizes; or*

*Several wrenches in different sizes, but the size differences are not standard.*

#### **D. Daily Removal and Storage of Class “R” Tools**

*In SPCs and CDFs, staff shall remove restricted tools from work areas at the end of each workday for safekeeping in a secure tool room, the armory, or the Control Center.*

#### **E. Acetylene**

*In SPCs and CDFs, staff shall:*

- *Restrict the supply of acetylene entering the facility to the amount needed in a single day, and*
- *At the end of each workday, store the used and unused acetylene tanks outside the secured perimeter in accordance with applicable codes, standards, and regulations (Occupational Safety and Health Administration's industrial safety regulations, etc.).*

#### **F. Departmental Responsibilities**

At a minimum, the following departments shall maintain tool inventories:

1. Facility Maintenance Department
2. Medical Department
3. Food Service Department
4. Electronics Shop
5. Recreation Department
6. Armory

*In SPCs and CDFs, each department head is responsible for implementing tool control procedures in that department, and the following procedures are specifically required of the Facility Maintenance Department Head, Health Services Administrator (HSA), Food Service Manager, Electronics Technician, Recreation Specialist, and Senior Firearms Instructor:*

1. *Prepare a computer-generated inventory of all class "R" tools in the maintenance restricted-tool room, the medical facility, the food service department; the electronics work area, recreation areas, and the armory.*
2. *Post a copy of the class "R" tool inventory with the equipment in a prominent position in the equipment area.*
3. *Submit a second copy of the inventory to the chief of security.*
4. *Retain a third copy in the department.*
5. *Repeat the class "R" tool inventory on a regular schedule:*
  - *Weekly -- food service*
  - *Monthly -- facility maintenance, medical*
  - *Quarterly -- electronics work area, recreation areas, armory*
6. *Send a copy of the inventory report to the facility administrator.*

7. *Report missing tools in accordance with procedures specified below.*
8. *All inventory sheets will include the date of issuance/revision.*

### **G. Tool Identification**

The facility administrator shall establish written procedures for marking tools, making them readily identifiable.

*In SPCs and CDFs:*

1. *The Tool Control Officer shall mark every tool in every work location with a symbol signifying its storage location ("Armory," "Control Center," etc.) Some tools require "AMIS" bar-coding.*
2. *Tools too small, fragile, or otherwise susceptible to damage (surgical instruments, micrometers, small drill bits, etc.) shall be inventoried and kept in locked storage when not in use.*

### **H. Storage in Work Areas**

The facility administrator shall establish written procedures for a tool-storage system that ensures accountability. Commonly used, mounted tools shall be stored so that a tool's disappearance will not escape attention.

*In SPCs and CDFs:*

1. *Work-detail supervisors shall account for all tools at the end of every work period.*
2. *Shadow boards shall provide storage for tools that can be mounted, as follows:*
  - *One tool per shadow,*
  - *Tool and shadow identical in size and shape, and*
  - *Color-coded:*
    - *White backgrounds for all shadow boards*
    - *Red shadows for restricted tools*
    - *Black shadows for non-restricted tools*
3. *When a tool is removed from the inventory, its shadow shall likewise be removed from the shadow board.*
4. *Shadow boards accessible to detainees shall have expanded-metal covers and shall be locked when not in use.*
5. *All restricted tools shall be secured in a central tool room, isolated from the housing units.*
6. *If maintenance workers are assigned personal shadow boards, the boards must have expanded-metal covers.*
7. *Infrequently used tools may be stored in individual tool cages with shadow boards, secured by hasp and padlock.*



- *They must be included in the regular inventory checks.*
  - *A tag shall indicate the tool has been removed from its cage and a sign-in/-out board shall indicate area, date, times, and user.*
  - *The staff member responsible shall maintain an inventory sheet in the tool cage and provide a copy to the Tool Control Officer.*
8. *Tools not adaptable to shadow boards shall be kept in a locked drawer or cabinet.*
  9. *Staff shall not open sterile packs for inventory or any other non-medical reason, except when tampering or theft is suspected, in which case staff shall contact the health services department before opening a pack from which instruments may have been removed. To prevent such incidents, sterile packs shall be stored under lock and key at all times.*
  10. *Individual toolboxes containing tools used on a daily basis must be secured with hasp and padlock. The individual responsible for the toolbox shall keep an inventory sheet in the toolbox, and the Tool Control Officer shall maintain copies of all such inventory sheets.*

## **I. Receipt of Tools**

*In SPCs and CDFs:*

1. *If the warehouse is located outside the secure perimeter, the warehouse shall receive all tool deliveries.*

*If the warehouse is located within the secure perimeter, the facility administrator shall develop site-specific procedures, for example, storing the tools at the rear sallyport until picked up and receipted by the Tool Control Officer. The Tool Control Officer shall immediately place certain tools (for example, band saw blades, files, and all restricted tools) in secure storage.*

2. *The new tools shall be issued only after the Tool Control Officer has marked and inventoried them. Inventories that include any portable power tools shall provide brand name, model, size, description, and inventory control/AMIS number.*

## **J. Tool Inventories**

The facility administrator shall schedule, and establish procedures for, the quarterly inventorying of all tools. Facilities shall use inventory control number/AMIS bar code labels as necessary.

*In SPCs and CDFs,*

1. *Inventory maintenance at each work location is the responsibility of the detail supervisor and department head.*
2. *The work detail supervisor or staff member assigned a toolbox shall be accountable for the control of his or her assigned tools on a daily basis.*
3. *Any tool permanently removed from service shall be turned in to the Tool Control Officer for recordkeeping and safe disposal.*

4. Tool inventories shall be numbered and posted conspicuously on all corresponding shadow boards, toolboxes, and tool kits. While all posted inventories must be accurate, only the Master Tool Inventory Sheet in the office of the chief of security requires the certifiers' signatures.

5. Tools in current use shall be inventoried in accordance with the following schedule:

- **Annual.** At least once each year, the Tool Control Officer and employees responsible for tools shall together inventory all tools/equipment on-site.
  - Each inventory-taker shall certify the accuracy of that inventory, which must be approved by the facility maintenance supervisor and chief of security.
  - The Tool Control Officer shall provide the chief of security a complete set of the separate inventories (for example, restricted tools, non-restricted tools), referred to as the Master Tool Inventory Sheet.
- **Quarterly.** To ensure the accuracy and completeness of current inventory listings and check the condition of shadows and markings, every three months the employees responsible for tools shall conduct verification inventories and initial the appropriate column on the Master Tool Inventory Sheet in the office of the chief of security.

The chief of security shall assign an officer to monitor the quarterly inventories. This officer shall initial the bottom of each form certifying the records have been checked and all inventories completed.

6. **Inventory Files.** The facility administrator's designee shall maintain a separate file folder for each shop or area in which tools are stored.

- The left side of the folder shall contain the Master Tool Inventory Sheet(s).

When an addition or deletion is made to the master inventory, the page on which the change is made shall be completely retyped or reprinted and inserted into the master inventory. Staff shall not destroy any of the original pages but move them to the right side of the folder for future reference.

- The right side of the folder shall also contain (but is not limited to):
  - Lost or missing tool reports,
  - Requests for inventory additions or deletions,
  - Survey requests and reports,
  - Storeroom requisition forms, and
  - Any other document directly related to site-specific tool control procedures.
- When the annual inventory is completed, staff shall place the form on the left side of the folder and move the previous year's to the right side. Each folder shall contain the materials for the current year plus the preceding two years, with a divider to separate the annual records.

7. **Tools Used by Contractors.** Staff shall conduct an inventory of all contractor tools upon their admission and release. The chief of security shall establish control procedures, particularly for restricted tools. The chief of security, facility maintenance supervisor, and construction foreman shall maintain copies of all

*such inventories and control procedures.*

8. **Tools Purchased from Surplus Property.** *Tools purchased or acquired from surplus property shall be stored in the designated, secure storage area. The responsible employee shall maintain a perpetual inventory of unmarked or excess tools returned to secure storage for issue or reissue. The Tool Control Officer has sole authority to draw tools from this source. Any such tools kept in the Tool Control Officer's storage area shall be registered in a perpetual inventory.*
9. **Control and Inventory of Certain Items Not Classified as Tools.** *Other items that require strict property management controls, like weapons (other than firearms), chemical agents, restraints, other use-of-force and disturbance control equipment, binoculars; communication equipment, and similar items shall be inventoried (with serial numbers), maintained, issued, and disposed of in accordance with the procedures established herein for tools.*

*Control, inventory, maintenance, and destruction of ICE **firearms** are governed by the **ICE Interim Firearms Policy** (7/7/2004)*

#### **10. Tool and Equipment Accountability**

*All tools and equipment will be accounted for and documented on a regular basis.*

### **K. Issuing Tools**

Each facility shall have procedures in place for

- The issuance of tools to staff and detainees;
- Security issues of restricted and unrestricted tools;
- Control of ladders, extension cords, and ropes.

*In SPCs and CDFs:*

1. *The chief of security shall issue a restricted tool only to the individual who will be using it.*
2. *Detainees may use non-restricted tools under intermittent supervision; however, the detail supervisor shall account for all tools at the end of every work period.*
3. *A metal or plastic chit receipt shall be taken for all tools issued, and when a tool is issued from a shadow board, the receipt chit shall be visible on the shadow board.*
4. *The facility administrator shall establish site-specific procedures for the control of ladders, extension cords, ropes, and hoses.*
  - *All ladders, extension cords, ropes, and hoses over three feet long shall be stored in the designated location when not in use.*
  - *Every staff member supervising the use of extension ladder and/or heavy equipment shall have at his or her disposal a portable two-way radio.*
  - *Ladders shall be inventoried and stored by size to facilitate inspection and handling.*

- *Extension cords must be inventoried and have a metal or plastic tag attached, indicating issue number (by location) and length of cord.*
  - *Extension cords longer than 10 feet are classified and handled as Class R tools.*
  - *In high-rise SPCs and CDFs, electrical cords attached to buffers, vacuum cleaners, etc., may not exceed two feet.*
5. *Scissors used for in-processing shall be securely tethered to the furniture at which they are used.*
  6. *Issuance of tools from a storage location for a specified project for extended periods requires approval of the chief of security. The work detail supervisor shall conduct daily on-site checks of extended-use tools issued from the central tool room, and the facility maintenance supervisor shall conduct them at least monthly.*

## **L. Lost Tools**

The facility administrator shall develop and implement procedures governing lost tools, including:

- Verbal and written notification to supervisory officials
- Handling detainees with prior access to the tool(s) in question
- Documentation and review

*In SPCs and CDFs:*

1. *When a **restricted or non-restricted** tool is missing or lost, staff shall notify the chief of security in writing as soon as possible.*
2. *When the tool is a **restricted (Class "R")** tool, staff shall inform the shift supervisor orally immediately upon discovering the loss. Any detainee(s) who may have had access to the tool shall be held at the work location pending completion of a thorough search.*
3. *When a **medical department tool or equipment item** is missing or lost, staff shall immediately inform the HSA, who shall make the immediate verbal notification to the chief of security or shift supervisor and written notification to the facility administrator.*
4. *The shift supervisor's office shall maintain a lost-tool file, monitor the individual reports for accuracy, ascertain any unusual patterns or occurrences of loss in one or more shops, document search efforts, and send written notification to the chief of security.*
5. *On the day a tool is recovered, staff shall complete and send copies of the Lost or Missing Tool Report to the chief of security and shift supervisor.*
6. *The facility administrator shall implement quarterly evaluations of lost/missing tool files, reviewing the thoroughness of investigations and efforts to recover tools. Documentation of the quarterly evaluations shall be maintained on the right side of the tool inventory folder for the shop or area concerned.*

## **M. Disposition of Excess Tools**

All broken or worn-out tools shall be surveyed and destroyed in accordance with the written procedures established by the facility administrator.

*In SPCs and CDFs:*

- 1. The Tool Control Officer or Security Officer shall implement procedures for storing broken and/or worn-out tools in a secure area, pending survey and disposition.*
- 2. Excess tools not being surveyed shall remain in a designated, secure storage area until included in a subsequent survey, or returned to use.*
- 3. To maintain tool inventories at the most efficient operating level, staff in every shop and department shall identify and move to a secure storage area all rarely used tools. Bin cards shall account for the tools moved from shop to storage areas.*
- 4. Either the Tool Control Officer or Security Officer shall be responsible for destroying all surveyed tools.*
- 5. The office of the chief of security shall maintain records of all tool surveys.*

## **N. Private/Contract Repair and Maintenance Workers**

All visitors, including repair and maintenance workers who are not ICE/DRO or facility employees, shall submit to an inspection and inventory of all tools, tool boxes, and equipment that could be used as weapons before entering and leaving the facility.

The contractor shall maintain a copy of the tool inventory with them while inside the facility.

*In SPCs and CDFs:*

*An officer shall accompany non-employee workers in the facility to ensure that security and safety precautions and procedures are followed at all times, including removing tools at the end of each shift.*

*Before a detainee, employee, or contractor may enter a housing unit, the housing officer shall inventory tools and similar items to be carried into that unit and then, before departure from the unit, verify their removal in a second inventory. The housing officer shall immediately report discrepancies to the shift supervisor.*

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## USE OF FORCE AND RESTRAINTS

**I. PURPOSE AND SCOPE.** This Detention Standard authorizes staff to use necessary force after all reasonable efforts to otherwise resolve a situation have failed, for protection of all persons; to minimize injury to self, detainees, staff, and others; to prevent escape or serious property damage; or to maintain the security and orderly operation of the facility.

Staff shall use only the degree of force necessary to gain control of detainees and may use physical restraints to gain control of a dangerous detainee, under specified conditions.

This Detention Standard does not specifically address the use of restraints for medical or mental health purposes, which is addressed by the Detention Standard on **Medical Care**.

Canine units (in facilities that have them) may be used for contraband detection, but their use for force, control, or intimidation of detainees is prohibited.

This Detention Standard applies to the following types of facilities housing ICE/DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Physical force will be used only as a last resort and is restricted to instances of justifiable self-defense, protection of others, protection of property, and prevention of escapes.
2. Facilities will endorse the concept that confrontation avoidance is the recommended method for resolving situations and should always be attempted prior to any calculated use of force.
3. Physical force or restraint devices will not be used as punishment.
4. In circumstances when prior supervisory approval is required, restraints will not be applied without that approval.
5. Four/five-point restraints will be applied only in extreme circumstances and only where other types of restraints have proven ineffective. Advance approval is required, as is prompt notification of and examination by the medical staff. These restraints will be continued only in accordance with required procedures and

documentation.

6. Intermediate force devices will be used only in circumstances prescribed herein, with required prior approvals.
7. In each facility, all weapons and related equipment will be stored securely in designated areas to which only authorized persons have access.
8. In each facility, chemical agents and related security equipment will be inventoried at least monthly to determine their condition and expiration dates.
9. In each facility, a written record of routine and emergency distribution of security equipment will be maintained.
10. An employee will submit a written report no later than the end of his or her shift when force was used on any detainee for any reason, or if any detainee remains in any type of restraints at the end of that shift. This includes discharge of a firearm and use of less lethal devices to control detainees.
11. Telephonic notification to the FOD shall occur as soon as practicable. The Field Office Director will be notified of any use-of-force incident involving an ICE detainee within two business days via an ICE-approved form or IGSA equivalent.
12. Canines will not be used for force, control or intimidation of detainees.
13. Facilities will adhere to DHS' Use of Deadly Force Policy.
14. The applicable content and procedures in this Standard will be communicated to the detainee in a language or manner which the detainee can understand.

### **III. DIRECTIVES AFFECTED**

This Detention Standard replaces **Use of Force** dated 9/20/2000.

This Detention Standard incorporates the restrictions on the use of canines originally communicated via a memorandum dated 11/18/2004 from the Acting Director of ICE-DRO.

### **IV. REFERENCES**

American Correctional Association Standards for Adult Local Detention Facilities, 4th Edition: 4-ALDF-2B-01, 2B-02, 2B-03, 2B-04, 2B-05, 2B-06, 2B-07, 2B-08, 2C-01, 2C-02, 2C-06, 7B-15, 7B-16.

ICE Interim Use of Force Policy (7/7/2004), as amended or updated.

National Enforcement Standard, "Use of Intermediate Force"

DHS Use of Deadly Force Policy (06/25/2004).

### **V. EXPECTED PRACTICES**

#### **A. Overview**

- Use of force in detention facilities is never used as punishment, is minimized by staff attempts to first gain a detainee's cooperation, is executed only through



approved techniques and devices, and involves only the degree necessary and reasonable to gain control of a detainee.

- Various levels of force may be necessary and reasonable, depending on the totality of the circumstances.
- Generally, use of force is either **immediate** or **calculated**, the latter being preferable in most cases as the most likely to minimize harm to detainees or staff.
- Use of force may involve physical control and placement of a detainee in secure housing and/or the application of various types and degrees of restraint devices.
- Follow-up (medical attention, for example), documentation (including audiovisual taping for calculated use of force), reporting, and After-Action Review are required for each incident involving a use of force.

## **B. Principles Governing the Use of Force and Application of Restraints**

1. Instruments of restraint shall be used only as a precaution against escape during transfer; for medical reasons, when directed of the medical officer; or to prevent self-injury, injury to others, or property damage. Restraints should be applied for the least amount of time necessary to achieve the desired behavioral objectives.
2. Under no circumstances shall staff use force to punish a detainee.
3. Staff shall attempt to gain a detainee's willing cooperation before using force.
4. Staff shall use only that amount of force necessary and reasonable to gain control of a detainee.
5. Staff may immediately use restraints, if warranted, to prevent a detainee from harming self or others or from causing serious property damage.
6. Detainees subjected to use of force shall be seen by medical staff as soon as possible.
7. Facility administrator approval is required for continued use of restraints, if they are considered necessary, after a detainee is under control.
8. Staff may apply additional restraints to a detainee who continues to resist after staff achieves physical control. If a restrained detainee refuses to move or cannot move because of the restraints, staff may lift and carry the detainee to the appropriate destination. Staff may not use the restraints to lift or carry the detainee. If feasible, an assisted device (e.g., ambulatory chair, gurney) will be used to help move the restrained detainee.
9. Staff may not remove restraints until the detainee is no longer a danger to himself or others.
10. Staff may not use restraint equipment or devices (for example, handcuffs):
  - On a detainee's neck or face, or in any manner that restricts blood circulation or obstructs the detainee's airways (e.g. mouth, nose, neck, esophagus). See Section V.E. for more information;
  - To cause physical pain or extreme discomfort. While some discomfort may be

unavoidable even when restraints are applied properly, examples of prohibited applications include: improperly applied restraints, unnecessarily tight restraints, “hog-tying,” and fetal restraints (cuffed in front with connecting restraint drawn-up to create the fetal position).

11. Staff will comply with their defensive tactics training and the proper application of those techniques. Staff shall monitor all detainees placed in restraints.
12. During a use of force, hard restraints (for example, steel handcuffs and leg irons) shall be used only after soft restraints prove (or have previously proven) ineffective with a particular detainee. Attempts to use soft restraints prior to hard restraints shall be documented in the use-of-force reports.
13. Documenting, reporting, and investigating use-of-force incidents helps prevent unwarranted use of force and protects staff from unfounded allegations of improper or excessive use of force.
14. Calculated use of force requires supervisor pre-authorization and consultation with medical staff to determine if the detainee has medical issues requiring specific precautions.
15. Deadly force may be used only when the officer has a reasonable suspicion that the detainee poses an imminent danger of death or serious physical injury to the officer or to another person. Deadly force may not be used solely to prevent the escape of a fleeing suspect.

### **C. Use-of-Force Continuum**

The Use-of-Force Continuum is a five-level model used to illustrate the levels of force staff may use to gain control of a detainee. The levels are:

- Staff presence without action.
- Verbal commands.
- Soft techniques. Techniques from which there is minimal chance of injury (for example, grasping, empty-hand, “come-along” holds, using impact weapons for holds, pressure to pressure points, chemical agents).
- Hard techniques. Techniques where there is a greater possibility of injury (for example, strikes, throws, “take-downs,” striking using impact weapons (such as deploying chemical agents, expandable batons, straight batons, authorized less-lethal devices, specialty impact weapons).
- Deadly force is the use of any force that is reasonably likely to cause death or serious physical injury. Deadly force does not include force that is not reasonably likely to cause death or serious physical injury, but unexpectedly results in such death or injury.

While staff are trained and required to use only a level of force that is necessary and reasonable to gain control of a detainee, a higher level may be appropriate, depending on the totality of the circumstances. Staff may have to escalate or de-escalate through the Use-of-Force Continuum.

## D. Training

### 1. General Training

All new officers shall be sufficiently trained during their first year of employment. Through ongoing (at least annual) training, all detention facility staff must be made aware of their responsibilities to effectively handle situations involving aggressive detainees.

At a minimum, training shall include:

1. The requirements of this Detention Standard;
2. The Use-of-Force Continuum to include use of deadly force;
3. Communication techniques;
4. Cultural diversity;
5. Dealing with detainees with mental health conditions;
6. Confrontation-avoidance techniques;
7. Approved methods of self-defense, defensive tactics;
8. Forced cell move techniques;
9. Communicable diseases, particularly precautions to be taken when using force;
10. Application of restraints (progressive and hard);
11. Reporting procedures; and
12. Forced medication procedures.

Staff shall also be advised of the ***Prohibited Intermediate Force Acts and Techniques*** listed below. Staff shall receive defensive tactics training before being placed in a detainee contact position.

### 2. Specialized Training

Any officer who is authorized to use specialized intermediate force devices shall be specifically trained and certified to use that device. Training in the use of chemical agents also shall include treatment of individuals exposed to them.

Training shall also cover use of force in special circumstances (detailed below).

All employees who participate in a calculated use-of-force move shall have received prior training.

The employee will receive training on an annual basis, and documentation of that training will be maintained in the employee's training record for as long as he or she is employed by the facility. The employee must also maintain certification.

## E. Prohibited Force Acts and Techniques

The following acts and techniques are specifically prohibited:

1. Choke holds, carotid control holds, and other neck restraints;

2. Using a baton to apply choke or “come-along” holds to the neck area;
3. Intentional baton strikes to the head, face, groin, solar plexus, neck, kidneys, or spinal column;
4. Striking a detainee for failing to obey an order;
5. Striking a detainee when grasping or pushing him/her would achieve the desired result;
6. Using force against a detainee offering no resistance.
7. Restraining detainees to fixed objects not designed for restraint

## **F. Use of Force in Special Circumstances**

Occasionally, after the failure of confrontation avoidance techniques, staff must make a judgment whether to use higher levels of force with detainees with special circumstances. Staff shall consult with medical staff in certain cases set forth below before deciding the situation is grave enough to warrant the use of physical force. Situations in which consultation with medical staff is required include:

### **1. Pregnant Detainees**

Medical staff shall determine precautions required to protect the fetus, including:

- Safest method of restraint
- Presence of a medical professional
- Medical necessity of restraining the detainee

### **2. Detainees with Wounds or Cuts**

Staff shall wear protective gear when restraining aggressive detainees with open cuts or wounds. If force is necessary, this gear shall include a full-body shield.

*Aggressive detainees in restraints shall be placed in administrative detention, segregated from all other detainees. Such detainees generally remain in a Special Management Unit (SMU) until cleared to return to the general population by the Chief Immigration Enforcement Agent and the Clinical Director, with the facility administrator's approval.*

### **3. Detainees with Special Medical or Mental Health Needs**

If a situation arises involving a special needs detainee, the appropriate medical or mental health staff will be consulted prior to the use of force. This includes physically disabled detainees and detainees with a mental health condition that would impair them from understanding the situation. Medical staff shall be consulted in these circumstances.

## **G. Intermediate Force Weapons**

In this Detention Standard “Intermediate Force Weapons” refers to weapons otherwise known as “non-deadly force weapons,” “non-lethal weapons,” or “less-than-lethal weapons.”

## **1. Storage**

Ordinarily, when not actually in use, intermediate force weapons and related equipment are permitted only in designated areas:

- Where access is limited to authorized personnel, and
- To which detainees and non-authorized personnel have no access.

If such equipment is kept in an SMU, staff shall store and maintain it under the same conditions as Class "A" tools. If an SMU lacks appropriate secure space, the equipment must be kept in a secure location elsewhere in the facility.

## **2. Recordkeeping and Maintenance**

Each facility shall maintain a written record of routine and emergency distribution of security equipment and shall specifically designate and incorporate, in one or more post orders, responsibility for staff to inventory chemical agents and related security equipment at least monthly to determine their condition and expiration dates.

## **3. Use**

The facility administrator may authorize the use of intermediate force weapons if a detainee:

- Is armed and/or barricaded; or
- Cannot be approached without danger to self or others; and
- A delay in controlling the situation would seriously endanger the detainee or others, or would result in a major disturbance or serious property damage.

Staff shall consult medical staff before using pepper spray or other intermediate force weapons unless escalating tension makes such action unavoidable. When possible, medical staff shall review the detainee's medical file for a disease or condition that an intermediate force weapon could seriously exacerbate, including, but not limited to, asthma, emphysema, bronchitis, tuberculosis, obstructive pulmonary disease, angina pectoris, cardiac myopathy, or congestive heart failure.

In the Use-of-Force Continuum, the collapsible steel baton authorized below is an "impact weapon" that is considered:

- A "soft" technique when used during "come-alongs" or to apply gradual pressure for compliance, or
- A "hard" technique when used for striking.

As with any use of force, staff using an impact weapon shall choose the appropriate level as required by the totality of circumstances, and its use must be discontinued when adequate control of a detainee has been achieved.

## **4. Authorized Intermediate Force Devices.** The following devices are authorized:

- Oleoresin capsicum (OC) spray ("pepper spray");
- Collapsible steel baton;
- 36" straight, or riot, baton

- ICE authorized chemical and impact munitions

**5. Unauthorized Force Devices.** The following devices are not authorized:

- Saps, blackjacks, and sap gloves;
- Mace, CN, tear gas, or other chemical agents, except OC spray;
- Homemade devices or tools; and
- Any other device or tool not issued or approved by ICE/DRO.

## **H. Immediate Use of Force**

An "immediate-use-of-force" situation is created when a detainee's behavior constitutes a serious and immediate threat to self, staff, another detainee, property, or the security and orderly operation of the facility. In that situation, staff may respond without a supervisor's direction or presence.

Upon gaining control of the detainee, staff shall seek the assistance of qualified health personnel to immediately:

1. Determine if the detainee requires continuing care and, if so, make the necessary arrangements. Continuing care may involve such measures as admission to the facility hospital, restraining a pregnant detainee in a way that does not include face-down, four/five-point restraints, etc.
2. Examine the detainee and immediately treat any injuries. The medical services provided shall be documented.
3. Examine any involved staff member who reports an injury and, if necessary, provide initial emergency care. The examination shall be documented.
4. A written report shall be provided to the shift supervisor by each officer involved in the use of force by the end of the officer's shift.

The shift supervisor shall provide a written report to the facility administrator or designee no later than the end of a tour of duty when force was used on any detainee, or if any detainee remains in restraints at the end of that shift.

## **I. Calculated Use of Force and/or Application of Restraints**

If a detainee is in a location where there is no immediate threat to the detainee or others (for example, a locked cell or range), staff shall take the time to assess the possibility of resolving the situation without resorting to force.

A calculated use of force needs to be authorized in advance by the facility administrator (or designee).

Calculated use of force is feasible and preferred in most cases and is appropriate when the detainee is in a location where the detainee poses no immediate threat of harm, even if the detainee is verbalizing threats or brandishing a weapon, provided staff sees no immediate danger of the detainee's causing harm to himself or others. Calculated use of force affords staff time to strategize and resolve situations in the least confrontational manner and assist to de-escalate the situation.

## 1. Confrontation Avoidance

Before authorizing the calculated use of force, the ranking detention official, a designated health professional, and others as appropriate shall assess the situation. Taking into account the detainee's history and the circumstances of the immediate situation, they shall determine the appropriateness of using force.

The conferring staff may consider in their assessment the detainee's medical/mental history, recent incident reports involving the detainee, if any, and emotional shocks or traumas that may be contributing to the detainee's state of mind (for example, a pending criminal prosecution or sentencing, divorce, illness, death, etc.).

Interviewing staff familiar with the detainee might yield insight into the detainee's current agitation or even pinpoint the immediate cause. Such interviews may also help identify those who have established rapport with the detainee or whose personalities suggest they might be able to reason with the detainee.

## 2. Documentation and Audiovisual Recording

While ICE/DRO requires that **all** use-of-force incidents be documented and forwarded to ICE/DRO for review, for **calculated use of force**, it is required that the **entire incident** be **audio visually recorded**. The facility administrator or designee is responsible to insure that use of force incidents are audio visually recorded. Staff will be trained in the operation of audiovisual recording equipment. There will be a sufficient number of cameras appropriately located and maintained in the facility. The audiovisual record and accompanying documentation shall be included in the investigation package for the After-Action Review described below. *In SPCs/CDFs, written documentation shall include a "Use of Force" form (sample attached) and memorandum reporting staff actions, reactions, and responses during the confrontation-avoidance process.*

Calculated use-of-force incidents shall be audiovisually-recorded in the following order:

1. Introduction by Team Leader stating facility name, location, time, date, etc., describing the incident that led to the calculated use of force, and naming the audiovisual camera operator and other staff present.
2. Faces of all team members should briefly appear (with helmets removed and heads uncovered), one at a time, identified by name and title.
3. Team Leader offers the detainee a last chance to cooperate before team action, outlines the use-of-force procedures, engages in confrontation avoidance, and issues use-of-force order.
4. Record entire use-of-force team operation, unedited, until the detainee is in restraints.
5. Take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown.
6. Debrief the incident with a full discussion/analysis/assessment of the incident.

## 3. Use-of-Force Team Technique

When a detainee must be forcibly moved and/or restrained during a calculated use

of force, staff shall use the use-of-force team technique to prevent or diminish injury to staff and detainees and exposure to communicable disease. The technique usually involves five or more trained staff members clothed in protective gear, including helmet with face shield, jumpsuit, stab-resistant vest, gloves, and forearm protectors. Team members enter the detainee's area together and have coordinated responsibility for achieving immediate control of the detainee.

- a. Staff shall be trained in the use-of-force team technique in sufficient numbers for teams to be quickly convened on all shifts in different locations throughout the facility. To use staff resources most effectively, the facility administrator shall provide use-of-force team technique training for all staff members who could potentially participate in a calculated use of force.
- b. The use-of-force team technique training shall include the technique, its application, confrontation-avoidance, professionalism, and debriefing.
- c. Training shall also address the use of protective clothing and handling of spilled blood and body fluids.
  - Use-of-force team members and others participating in a calculated use of force shall wear protective gear, with particular precautions when entering a cell or area where blood or other body fluids could be present.
  - Staff members with a skin disease or skin injury shall not participate in a calculated use-of-force action.
- d. The shift supervisor or another supervisor on duty:
  - Must be on the scene prior to any calculated use of force to direct the operation and continuously monitor staff compliance with policy and procedure;
  - Shall not participate except to prevent impending staff injury;
  - Shall seek the advance guidance of qualified health personnel (based on a review of the detainee's medical record) to identify physical or mental problems and, whenever feasible, arrange for a health services professional to be present to observe and immediately treat any injuries;
  - Shall exclude from the use-of-force team any staff member involved in the incident precipitating the need for force;
  - May expand the use-of-force team to include staff with specific skills (those who handle chemical agents, etc.).
- e. When restraints are necessary, the team shall choose ambulatory or progressive models (described later in this document) and may resort to four/five-point restraints only if the less restrictive devices prove ineffective.
- f. The supervisor shall provide a written report to the facility administrator or designee, no later than the end of a tour of duty when force was used on any detainee, or if any detainee remains in restraints at the end of that shift.



## **J. Evidence Protection and Sanitation**

The supervisor shall inspect areas of blood or other body-fluid spillage after a use-of-force incident. Unless the supervisor determines that the spillage must be preserved as evidence, staff or properly trained detainees shall immediately sanitize those areas, based on medical department guidance on appropriate cleaning solutions and their use.

The Detention Standard on **Environmental Health and Safety** provides detailed guidance for cleaning areas with blood and other body fluid spills.

Standard sanitation procedures shall be followed in areas with blood or other body fluid spillage. Wearing the appropriate protective gear, staff and/or detainees shall immediately apply disinfectant to sanitize surfaces such as walls and floors, furniture, etc. Articles of clothing and use-of-force equipment contaminated with body fluids shall likewise be disinfected or destroyed as needed and appropriate.

## **K. Maintaining Audiovisual Recording Equipment and Records**

Staff shall store and maintain audiovisual recording equipment under the same conditions as “restricted”: tools. The equipment must be kept in a secure location elsewhere in the facility.

Since audiovisual recording equipment must often be readily available, each facility administrator shall designate and incorporate in one or more post orders responsibility for:

- Maintaining cameras and other audiovisual equipment;
- Regularly scheduled and documented testing to ensure all parts, including batteries, are in working order; and
- Keeping back-up supplies on hand (batteries, tapes or other recording media, lens cleaners, etc.).

Each audiovisual record shall be catalogued and preserved until no longer needed, but shall be kept no less than 30 months after its last documented use. In the event of litigation, the facility shall retain the relevant audiovisual record a minimum of six months after the litigation has concluded or been resolved.

The audiovisual records may be catalogued electronically or on 3" x 5" index cards, provided that the data can be searched by date and detainee name. A log shall document audiovisual record usage.

Use-of-force audiovisual records shall be available for supervisory, Field Office and Headquarters incident reviews and may also be used for training.

Release of use-of-force audiovisual recordings to the news media may occur only if authorized by the Director of Detention and Removal Operations, in accordance with ICE/DRO procedures and rules of accountability.

## **L. Approved Restraint Equipment**

The following restraint equipment is authorized:

- Handcuffs: Stainless steel, 10 oz.;

- Leg Irons: Stainless steel and must meet National Institute of Justice standard;
- Martin chain;
- Waist or Belly Chain: Case-hardened chains with a minimum breaking strength of approximately 800 pounds;
- Handcuff Cover: Cases for the security of handcuffs used on high security detainees;
- Soft Restraints: Nylon/leather type with soft arm and leg cuffs containing soft belts with key locks;
- Plastic Cuffs: Disposable; and
- Any other ICE/DRO-approved restraint device.

Deviations from this list of restraint equipment are strictly prohibited.

### **M. Ambulatory and Progressive Restraints**

When sufficient for protection and control of a detainee, staff shall apply **ambulatory restraints**, which are soft and hard equipment that provides freedom of movement sufficient for eating, drinking, and other basic needs without staff assistance or intervention;

If ambulatory restraints are insufficient to protect and control a detainee, staff may apply **progressive restraints**, which are more secure or restrictive. The facility administrator shall decide on the appropriate restraint method, i.e., hard restraints with/without waist chain or belt; four/five-point soft restraints with hard restraints to secure the detainee to a bed; four/five-point hard restraints, etc.

In situations involving a highly assaultive and aggressive detainee, progressive restraints may be needed as an intermediate measure while placing a detainee in, or removing a detainee from, four/five-point restraints.

Once a detainee has been placed on ambulatory restraints, the shift supervisor is required to conduct a physical check of the detainee once every two hours to determine if the detainee has stopped the behavior which required the restraints and thus restraints are no longer necessary. Once a positive behavioral change has been achieved, a decision to remove the restraints or place the detainee in less restrictive restraints shall be made. If this has not been achieved, the shift supervisor shall document the reason for continuance of the ambulatory restraints.

The supervisor shall provide a written report to the facility administrator no later than the end of the tour of duty when any detainee remains in restraints at the end that shift.

### **N. Four/Five-Point Restraints**

**1. General Requirements.** When four/five-point restraints are necessary, staff shall:

- Use soft restraints (for example, vinyl), unless they:
  - Were previously ineffective with this detainee, or

- Proved ineffective in the current instance.
- Provide the detainee with temperature-appropriate clothing and a bed, mattress, sheet and/or blanket. Under no circumstance shall a detainee remain naked or without cover (sheet or blanket) unless deemed necessary by qualified health personnel.
- Check and record the detainee's condition at least every 15 minutes to ensure that the restraints are not hampering circulation and to monitor the general welfare of the detainee. If the detainee is confined by bed restraints, staff shall periodically rotate the detainee's position to prevent soreness or stiffness.
- All facilities shall document all checks of detainees in four/five point restraints every 15 minutes.

*Staff shall use the SMU logbook to record each 15-minute check of detainees in four/five-point restraints. Documentation shall continue until restraints are removed. The shift supervisor shall be immediately notified if the detainee is calm, to permit re-evaluation of the use of restraints.*

## **2. Medical Staff**

A health professional shall test the detainee's breathing, other vital signs, and physical and verbal responses. If the detainee is bed-restrained, the health professional shall determine how the detainee should be placed. Qualified health personnel are required to visit the detainee at least twice per eight-hour shift. When qualified health personnel are not immediately available, staff shall place the detainee in a "face-up" position until the medical evaluation can be completed. Medical checks shall be documented.

## **3. Shift Supervisor**

The shift supervisor shall be responsible for the following:

- The shift supervisor shall review a detainee in four/five-point restraints every two hours. If the detainee has calmed down and restraints are no longer necessary, they may be removed and, if appropriate, replaced by a less restrictive device.
- At every two-hour review, the detainee shall be afforded the opportunity to use the toilet, unless the detainee actively resists or becomes combative when released from restraints for this purpose.
- The decision to release the detainee or apply less restrictive restraints shall not be delegated below the shift supervisor's level. The shift supervisor may seek advice from mental or medical health professionals about when to remove the restraints.

*The shift supervisor shall document each two-hour review in the SMU logbook.*

## **4. Facility Administrator**

- When any detainee is restrained for more than eight hours, the facility

administrator shall telephonically notify the Assistant Field Office Director and provide updates every eight hours until the restraints are removed.

- The facility administrator shall provide the Field Office Director with written documentation of the reason(s) for placing the detainee in four/five-point restraints, regardless of duration, on the following workday.

## **O. Documentation of Use of Force and Application of Restraints**

Staff shall prepare detailed documentation of all incidents involving use of force, including chemical agents, or intermediate force weapons. Staff shall also document the use of restraints on a detainee who becomes violent or displays signs of imminent violence. A copy of the report shall be placed in the detainee's detention file.

### **1. Report of Incident**

**All** facilities shall have an **ICE/DRO-approved** form to document all uses of force.

Within two working days, copies of the report shall be placed in the detainee's A-File and sent to the Field Office Director.

A report is not necessary for the general use of restraints (for example, the routine movement or transfer of detainees).

*In SPCs and CDFs, staff shall prepare a "Use of Force" form (sample attached) for each incident involving use of force, including chemical agents, pepper spray, or other intermediate force weapons or application of progressive restraints (regardless of level of detainee cooperation). The report shall identify the detainee(s), staff, and others involved and describe the incident. If intermediate force weapons are used (e.g. collapsible steel baton or 36-inch straight (riot) baton), the location of the strikes must be reported on the Use of Force form. Each staff member shall complete a memorandum for the record to be attached to the original Use of Force form. The report, accompanied by the corresponding medical report(s), must be submitted to the facility administrator by the end of the shift during which the incident occurred.*

### **2. Audiovisual Recording Use-of-Force Incidents**

Staff shall immediately obtain an audiovisual camera to record any use-of-force incident, unless such a delay in bringing the situation under control would constitute a serious hazard to the detainee, staff, or others, or would result in a major disturbance or serious property damage.

*The facility administrator shall review the audiovisual recording within four working days of the incident and shall then send the Field Office Director a copy for review. The Field Office Director shall forward audiovisual recordings of questionable or inappropriate cases to the Deputy Assistant Director, Detention Management Division, for further review.*

*When an immediate threat to the safety of the detainee, other persons, or property makes a delayed response impracticable, staff shall activate a video camera and start recording the incident as quickly as possible. After regaining control of the situation, staff shall follow the procedures applicable to calculated use-of-force incidents.*

### **3. Recordkeeping**

All facilities shall assign a designated individual to maintain all use-of-force documentation.

*The Chief Immigration Enforcement Agent shall maintain all use-of-force documentation, including the audiovisual record and the original After-Action Review form for a minimum of 6 years. A separate file shall be established on each use-of-force incident.*

## **P. After-Action Review of Use of Force and Application of Restraints**

### **1. Written Procedures Required**

**All** facilities shall have ICE/DRO-approved written procedures for After-Action Review of use-of-force incidents (immediate or calculated) and applications of restraints. The primary purpose of an After-Action Review is to assess the reasonableness of the actions taken and determine whether the force used was proportional to the detainee's actions.

IGSAs shall model their incident review process after ICE/DRO's process and submit it to ICE/DRO for DRO review and approval. The process must meet or exceed the requirements of ICE/DRO's process.

### **2. Composition of an After-Action Review Team**

*The facility administrator, the assistant facility administrator, the Field Office Director's designee, and the Health Services Administrator shall conduct the After-Action Review. This four-member After-Action Review team shall convene on the workday after the incident. The After-Action Review team shall gather relevant information, determine whether policy and procedures were followed, make recommendations for improvement, if any, and complete an After-Action Report to record the nature of its review and findings. The After-Action Report is due within two working days of the detainee's removal from restraints.*

### **3. Review of Audiovisual Recording**

*The After-Action Review team shall also review the audiovisual recording of any use-of-force incidents for compliance with all provisions of this standard, with particular attention paid to:*

- Whether the use-of-force team technique was exercised properly;
- The professionalism of the shift supervisor;
- Adherence to the requirement of wearing prescribed protective gear;
- Ensuring that unauthorized items, equipment or devices (for example, towels, tape, surgical masks, hosiery) were not used;
- Whether team members applied only as much force as necessary to subdue the detainee, including whether team members responded appropriately to a subdued or cooperative detainee or a detainee who discontinued his/her violent behavior;
- Whether the shift supervisor was clearly in charge of team and situation. This

includes intervention at the first sign of one or more team members applying more force than necessary;

- Whether the detainee received and rejected the opportunity to submit to restraints voluntarily before the team entered the cell/area. If he or she submitted, team action should not have been necessary;
- Whether team members exerted more pressure than necessary to the detainee's thorax (chest and back), throat, head and extremities when applying restraints;
- The amount of time needed to restrain the detainee. Any non-resisting detainee restrained for longer than necessary could indicate training problems/inadequacies;
- Whether team members wore protective gear inside the cell/area until the operation was completed;
- Whether there was continuous audiovisual coverage from the time the camera started recording until the incident concluded. The review team shall investigate any breaks or sequences missing from the audiovisual record;
- Whether a medical professional promptly examined the detainee, with the findings reported on the audiovisual record;
- Whether use of chemical agents, pepper spray, etc., was appropriate and in accordance with written procedures;
- Whether team member(s) addressed derogatory, demeaning, taunting, or otherwise inappropriate/inflammatory remarks made to detainee or person(s) outside the cell or area.
- *If the incident review reveals a violation of ICE/DRO policy or procedures, the After-Action Review team shall then determine whether the situation called for improvised action and, if so, whether the action taken was reasonable and appropriate under the circumstances.*

*The After-Action Review Team shall complete and submit its After-Action Review report to the facility administrator within two working days of the detainee's release from restraints. The facility administrator shall review and sign the report, acknowledging its finding that the use of force was appropriate or inappropriate.*

#### **4. Report of Findings to Field Office Director**

*Within two working days of the After-Action Review Team's submission of its determination, the facility administrator shall report with the details and findings of appropriate or inappropriate use of force, by memorandum, to the Field Office Director and whether he or she concurs with the finding. Included in the report will be consideration of the following: Whether proper reporting procedures were followed; in the event of five point restraints, whether checks were made and logged at the appropriate times; whether appropriate medical care was provided once the situation was under control.*

#### **5. Further Investigation**

The review team shall determine whether the incident requires further investigation

and whether the incident should be referred to the Office of Professional Responsibility, the Department of Homeland Security Office of the Inspector General, or the Federal Bureau of Investigation.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## CLASSIFICATION SYSTEM

**I. PURPOSE AND SCOPE.** This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.

In accordance with the requirements and guidelines of this Detention Standard, each facility is required to implement a classification system that places ICE/DRO detainees in appropriate categories and physically separates them accordingly. (See the section on ***Housing Assignments*** below.)

This Detention Standard applies to the following types of facilities housing ICE/DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. The community, staff, contractors, volunteers, and detainees will be protected from harm through a formal classification process for managing and separating detainees by threat risk that is based on verifiable and documented data.
2. Each detainee will be expeditiously classified upon admission to the facility and before being admitted into general population housing.
3. Non-criminal detainees will be protected from harm by assigning detainees housing with persons of similar backgrounds and criminal history.
4. Each detainee's classification will be reviewed at regular intervals, when required by changes in the detainee's behavior or circumstances, or upon discovery of additional, relevant information.
5. Detainees will be able to appeal their classification levels.
6. The applicable content and procedures in this Standard will be communicated to the detainee in a language or manner which the detainee can understand.



**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Detainee Classification System** dated 2/11/2002.

#### **IV. REFERENCES**

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities: 4-ALDF-2A-30, 2A-31, 2A-32, 2A-33, 2A-34, 2A-35.

#### **V. EXPECTED PRACTICES**

##### **A. Standards**

Each facility shall develop and implement a system for classifying detainees in accordance with this Detention Standard. CDFs and IGSA facilities may use similar locally established systems, subject to DRO evaluation, as long as the classification criteria are objective and uniformly applied, and all procedures meet ICE/DRO requirements.

Each facility administrator shall require that the facility's classification system ensures that:

- All detainees shall be classified upon arrival and before being admitted into the general population. ICE/DRO staff shall provide CDFs and IGSA facilities the data needed from each detainee's file to complete the classification process.
- All facility staff assigned to classification duties shall be adequately trained in the facility's classification process.

*In SPCs and CDFs, every staff member with detainee in-processing responsibilities shall receive on-site training that includes:*

- *Techniques for identifying and recording data from A-files and related records needed for classification purposes and*
- *Procedures for preparing and filing classification forms.*
- Any detainee who cannot be classified because of missing information at the time of processing (for example, the results of a criminal record check) shall be kept separated from the general population. Once the needed information is obtained, classification shall be expedited, and the detainee may be housed in the general population, if warranted.
- Each detainee's classification shall be reviewed and approved by a classification specialist, first-line supervisor, or classification supervisor.
- Detainees shall be assigned to housing, offered recreational and other activities, and assigned to voluntary work, according to their classification levels.

## B. Forms and Time Requirements

- **Initial assessment.** An Initial Assessment Scale is to be used for all detainees after completion of the In-Processing Health Screening form (DIHS-794 or equivalent).

Detainees shall be processed for housing assignments within twelve (12) hours of arrival at the facility. Ordinarily, the initial assessment process shall be completed within twelve (12) hours of admission to the facility. If the process takes longer, documentation will be maintained as to what delayed the process and the detainee will be housed appropriately.

- **First Reassessment.** A Classification Reassessment shall be completed 60 to 90 days after the date of the initial assessment.
- **Subsequent Reassessments.** *At SPCs and CDFs, subsequent reassessments are to be completed at 90 to 120 day intervals from the first reassessment.* Detainees in IGSA facilities shall be offered subsequent classification reassessments at similar intervals.
- **Special Reassessment.** A special reassessment is to be completed within 24 hours before a detainee leaves disciplinary segregation, and at any other time when additional, relevant information becomes known. Reclassification may occur as a result of an assault, a criminal act, or victimization.

## C. Intake/Processing Officer Duties (Initial Classification)

The classification officer assigned to intake processing will review the detainee's A-file, work-folder and information provided by ICE/DRO to identify and classify each new arrival according to the Detention Classification System (DCS). Pending receipt and processing of information needed for classification, the facility shall administratively segregate the detainee from the general population.

*In SPCs and CDFs, upon completion of the classification process, the officer shall place all original paperwork relating to the detainee's assessment and classification in the A-file (right side), and a copy in the detention file.*

*In SPCs and CDFs, upon completion of the classification process, staff shall assign individual detainee's color-coded uniforms and wristbands as follows:*

<b>Dark Red</b>	<b>Level 3 (Highest Security)</b>
<b>Bright Orange</b>	<b>Level 2 (Medium)</b>
<b>Dark Blue</b>	<b>Level 1 (Lowest)</b>

*This single system of color-coding permits staff to identify a detainee's classification on sight thus eliminating confusion, preventing miscommunication with potentially serious consequences, and facilitating consistent treatment of detainees.*

#### **D. Classification Review**

The designated classification supervisor (if the facility has one) or first-line supervisor shall review the intake processing officer's classification files for accuracy and completeness. Among other things, the supervisor shall ensure that each detainee has been assigned to the appropriate housing unit.

The reviewing supervisor may recommend changes in classification due to:

1. Pertinent incidents of any kind (disciplinary, medical, etc.) while in custody;
2. A classification appeal by a detainee or recognized representative (see below); or
3. Specific, creditable, documented and articulated facts that surface after the detainee's admissions processing.

#### **E. Classification Information**

Staff shall use facts and other objective, credible evidence documented in the detainee's A-file, criminal history checks, or work-folder during the classification process. Relevant considerations include current offense(s), past offense(s), escape(s), institutional disciplinary history, documented violent episodes and incidents, medical information, and a history of victimization while in detention. Personal opinion, including opinions based on profiling, familiarity, or personal experience, may not be considered in detainee classification.

As appropriate, ICE/DRO offices shall provide non-ICE/DRO facilities with the relevant information for the facility to classify ICE/DRO detainees. Staff is not to use personal opinion, including assumptions based on familiarity, personal experience, or stereotypes, when classifying detainees.

Classification staff shall utilize translation services when necessary.

#### **Examples of Acceptable Forms and Information**

- I-221 - Order to Show Cause (OSC/WA) and Notice of Hearing, with bond conditions (charging documents for aliens in deportation proceedings);
- I-862 - Notice to Appear (charging document for aliens in removal proceedings);
- I-110 and I-122 - Notice to Applicant for Admission, Detained for Hearing before Immigration Judge (charging documents for aliens in exclusion proceedings);
- Form I-203 – *Order to Detain or Release*;
- *Form I-213 - Record of Deportable Alien*;
- All conviction documents relating to charges on Form I-221, I-862, I-110/122, or *I-213* above;
- Criminal History (Rap Sheet) - NCIC/CII/TII, etc.; and
- Any other official record or observation that is verifiable and can be used to

complete the classification process as defined in the Detainee Classification System User Manual.

### **Examples of Unacceptable Sources of Information**

- A written or oral account from any interested party unless and until it has been officially confirmed;
- Unconfirmed and unverified information provided by the detainee; and
- The unverified, personal opinion of officers and other personnel.

## **F. Classification Levels and Housing Assignments**

All facilities shall ensure that detainees are housed according to their classification level.

*In SPCs and CDFs, the point total from the DCS form will decide the classification level of each detainee. All housing, work assignments, and available activities will be decided by the level of classification received by a detainee.*

All classification levels are decided by the general makeup of the total population of the facility. Under no circumstances may issues of facility management or other factors external to the Detainee Classification System influence a detainee's classification level.

New arrivals are generally classified by criminal convictions when assessing the criminal record reports. Use of convictions for classification will be limited, as suggested by the following guidelines.

### **1. Level 1 Classification**

- May not be co-mingled with Level 3 Detainees.
- May not include any detainee with a felony conviction that included an act of physical violence.
- May not include any detainee with an aggravated felony conviction.
- May include detainees with minor criminal records and nonviolent felonies.

### **2. Level 2 Classification**

- May not include any detainee whose most recent conviction was for any offense listed under the "HIGHEST" section of the severity of offense guideline (APPENDIX 1).
- May not include any detainee with a pattern or history of violent assaults, whether convicted or not. A pattern is considered established for purposes of this guideline when an arrest record reveals two or more arrests in a five-year period for assault where force was used against another person with the intent to commit bodily injury.
- May not include any detainee convicted for assault on a correctional officer while in custody or where a previous institutional record suggests a pattern of assaults while in custody.

### 3. Level 3 Classification

- May be reclassified to Level 2 only based on institutional behavior, provided items under number 2 above do not apply (detainee must be in custody for a minimum of 60 days before reclassification).
- Level 3 detainees shall not be assigned work duties outside their assigned living units.

#### **Level 3 detainees**

- **Are considered a high-risk category,**
- **Require medium to maximum security housing, and**
- **Are always monitored and escorted.**
- **May not be co-mingled with Level 1 detainees.**

### **G. Housing Assignments**

The facility classification system shall assign detainees to the least restrictive housing unit consistent with facility safety and security. Grouping detainees with comparable histories together, and isolating those at one classification level from all others, reduces non-criminal and nonviolent detainees' exposure to physical and psychological danger. The system identifies and isolates the detainees whose histories indicate the characteristics of the "hardened criminal" who are most likely to intimidate, threaten, or prey on the vulnerable.

In facilities that have single cell living arrangements, detainees that pose an immediate and serious threat of violence to staff or other detainees shall be housed there.

**Housing Detainees of Different Classification Levels.**– When a facility is at capacity and it becomes necessary to house detainees of different classification levels in the same housing unit, the following guidelines shall apply:

- Level 3 detainees may not be housed with Level 1 detainees.
- Level 1s and low Level 2s may be housed together, and high Level 2s and Level 3s may be housed together. Low Level 2s are detainees who score 4 or fewer points in items A through G, of Section I without detainers or warrants. High Level 2s are detainees who score 5 to 10 points on items A through G of Section I on the classification assessment forms.
- Under no circumstance may a Level 2 detainee with a history of assaultive or combative behavior be placed in a Level 1 housing unit.

### **H. Reclassification**

All facility classification systems shall ensure that a detainee may be reassessed and/or reclassified.

*In SPCs and CDFs:*

- *The **first reassessment** shall be completed 60 to 90 days after the date of the*

*initial assessment.*

- **Subsequent reassessments** shall be completed at 90- to 120-day intervals after initial assessment.
- A special reassessment is to be completed within 24 hours before a detainee leaves disciplinary segregation and at any other time when additional, relevant information becomes known. Reclassification may occur as a result of an assault, a criminal act, or victimization.
- Reclassification shall be conducted in accordance with Section **V,D**.

*The classification officer shall respond to detainee requests for reclassification within 72 hours; however, any reclassification requires prior approval of the office of the chief security officer or ICE/DRO or contract equivalent.*

*Any detainee may be reclassified to Level 3 based on documented behavior to include threats to the facility, other detainees, or personnel. Any reclassification to Level 3 that is not validated by the DCS Initial Assessment Form must be approved by the Classification Officer within 72 hours.*

*All detainees placed in disciplinary or administrative segregation for violations of facility rules shall be reclassified and re-assigned housing prior to being returned to the general population.*

*Level 2 detainees may be reclassified to Level 1 based on institutional behavior, provided:*

- *The detainee has been in custody for a minimum of 60 days, and*
- *All three of the above guidelines for **Mixing Detainees of Different Classification Levels** are met.*

#### **I. Classification Appeal**

All facility classification systems shall include procedures for detainees to appeal their classification levels through the grievance system.

All new arrivals classified as Level 2 or Level 3 may appeal the classification decision via the **Grievance System Detention Standard**.

#### **J. Notice to Detainees**

The Detainee Handbook Standard section on classification shall include:

- An explanation of the classification levels, with the conditions and restrictions applicable to each.

- The procedures by which a detainee may appeal his or her classification.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# DETAINEE CLASSIFICATION SYSTEM

## User Manual

*This manual is intended for use in all ICE/DRO Service Processing Centers (SPCs) and ICE/DRO Contract Detention Facilities (CDFs).*

The classification system presented in this document represents a 30-month research project performed by the National Institute of Corrections (NIC) and various jails throughout the United States. This project entailed a comprehensive review of jail-classification literature and a national survey of jail classification practices, both of which played a role in the design of the classification system presented herein.

It is representative of "the new generation of classification systems" that base classification decision-making on objective measures of behavior -- hence the term "**objective classification system.**" Objective classification relies on a narrow set of well-defined characteristics from criminal history to guide decision-making (severity of most recent charge or conviction, prior convictions, prior incarcerations, etc.) that are incorporated in a standardized form or checklist used by staff to assess each detainee's custody needs. Emphasizing fairness, transparency and uniformity in decision-making, objective classification is characterized by the following elements:

- Use of classification instruments that have been validated for detainee populations.
- Use of the same classification approach for all detainees.
- Promotion of similar decision-making among classification staff on comparable issues.
- Assignment of detainees to custody levels consistent with their background.

During the past decade or more, correctional and detention facilities throughout the nation have found appropriate objective classification to be a cornerstone of effective management. Among the most salient factors that affect jails and other detention facilities (as compared to longer-term correctional institutions) are the diversity of persons confined, the high volume of admissions and the rapid turnover -- characteristics typical of the ICE/DRO-detained population. The objective classification system developed for NIC was designed to address those special concerns and to fit a variety of settings so it could be tailored to work in jails of all sizes.

The objective classification system for ICE/DRO has three components:

- Detainee Classification System - Initial Assessment Form
- Detainee Classification System - Reassessment Form
- In-Processing Health Screening form (DIHS-794)

The ICE/DRO objective classification system uses three instead of five components as suggested by NIC. In the ICE/DRO version, the "Initial Inmate Needs Assessment Form" and "Inmate Needs Reassessment Forms" are not used. This is due to the fact ICE/DRO does not provide special services such as education, vocation, or substance abuse programs, although aliens in ICE/DRO custody in need of special treatment may be referred to an appropriate facility for treatment and care of special needs.



The primary purposes of detention are to guarantee aliens' presence in immigration court hearings and to ensure their removal from the U.S. when removal is ordered. ICE/DRO does not provide nonmedical rehabilitative, educational, or vocational programs except for minors under limited conditions.

This assessment system is designed to function as a detainee management tool for facility administrators, managers, and staff. The objective jail classification system described in the following pages is intended to enhance facility operations and make conditions safer for all who work or live there.

## APPENDIX 1

### DETAINEE CLASSIFICATION SYSTEM

#### Initial Assessment Form Instructions

The Initial Assessment Scale is used during initial classification to establish each detainee's recommended custody rating. This custody rating is based upon the classification officer's assessment of seven items, each of which is to be assigned a numerical score. These items have been found to be associated with future conduct, and thus help identify the types of risk likely to be presented by the detainee. The custody rating recommendation derived from these items is used, in combination with other specified information, when making decisions relating to the detainee's housing assignment and supervision requirements. The custody rating recommendation may be altered due to management considerations that warrant special attention or interview by staff.

#### **REQUIRED USE:**

The Initial Assessment Scale is to be used on all detainees remaining in confinement after completion of the In-Processing Health Screening form (DIHS-794) and before a detainee is removed from the facility's processing area and given a housing assignment. Detainees must be processed for housing assignments in a timely manner.

#### **Biographical Data Section:**

<b>Detainee Name:</b>	Enter detainee's full name, last name followed by first name and middle initial or addition surname.
<b>Detainee ID#:</b>	Enter detainee's A-number. This should be the same number entered on the ICE/DRO charging document, I-385, or A-file.
<b>Date of Birth (DOB):</b>	Enter detainee's date of birth.
<b>Country of Citizenship:</b>	Enter detainee's country of citizenship or nationality.
<b>Classified By:</b>	Enter name of classification officer, last name followed by first name and middle initial.
<b>Identification Number:</b>	Enter ID number of classification officer. (Also known as Star #, a badge number may be substituted).
<b>Date:</b>	Date of assessment and classification, using numbers to represent day, month, and year.
<b>District/SPC:</b>	Enter 3-letter code of district and 3-letter code of facility where detainee is in custody.
<b>Language:</b>	Circle either "Y" or "N" to indicate whether the detainee is an English speaker.
<b>Other:</b>	Identify any other language spoken by the detainee that is known at time of assessment.

## **SECTION I INITIAL SECURITY ASSESSMENT:**

Items A through C are intended to identify the detainee who presents a serious risk to the safety, security, and orderly operation of the facility. **Detainees who score seven or above on the first three items shall be assigned to level 3** without consideration of the scores for the remaining items. When a facility is at full capacity and it becomes necessary to house detainees of different classification levels in the same housing unit, Level 1s and low Level 2s may be housed together, and high Level 2s and Level 3s may be housed together. Low Level 2s are detainees who score 4 or fewer points in items A through G of Section I without {Please confirm that “w/” = “without”} detainers or warrants. High Level 2s are detainees who score 5 to 10 points on items A through G of Section I on the classification assessment forms.

### **A. Severity of Most Recent Charge/Conviction**

Determine the most recent charge or conviction for each detainee, using the Severity of Offense Scale. If detainee was last booked and returned to custody for a parole or probation violation, the severity of the current charge/conviction will be based on offense(s) for which parole or probation was granted. Enter the number of points associated with severity category into which detainee's most serious offense falls.

### **B. Serious Offense History**

Exclude current or most recent conviction. Determine most serious prior conviction and rank it on Severity of Offense Scale. Enter number of points associated with severity category into which detainees most serious conviction falls. If detainee has no record of prior convictions, enter 0.

### **C. Escape History**

Consider any escapes or attempted escapes. Do not consider any escapes or attempts scored in item A. Enter number of points corresponding to detainee's most serious escape attempt. Escapes from correctional settings or programs are to be recognized if the detainee was found guilty of the escape or attempt by an institutional disciplinary committee, regardless of court prosecution and conviction status.

## **MAXIMUM CUSTODY SCORE:**

Add points for items A-C, and enter total in box designated "MAXIMUM CUSTODY SCORE". **If this score is 7 or higher, assign the detainee to Level 3 custody.** Complete items D-G. Scores for items D-G do not need to be totaled unless maximum custody score is 6 or lower.

Items D-G are designed to establish a custody score for the detainee who is not immediately identified as a Level 3 maximum custody risk on the first three items.

### **D. Immigration Violations History**

Consider detainee's entire immigration history including current admission. If detainee has no record of entry without inspection or is charged only with entry without inspection, enter 0.

**E. Prior Felony Convictions**

Excluding current offense, consider detainee's entire history of convictions. Enter number of points associated with number of felony convictions.

**F. Disciplinary Convictions/Institutional History**

Enter the number of disciplinary convictions received during previous institution history.

**G. History/Pattern of Assaults**

Using available information from conviction history documents (NCIC, state records, etc.), assess and assign most recent score applicable. Assaultive history will include most recent charge whether convicted or not.

**COMPREHENSIVE CUSTODY SCORE:**

Enter total score of items A-G in box if **MAXIMUM CUSTODY SCORE** is 6 or lower.

**SECTION II: SCALE SUMMARY AND RECOMMENDATIONS**

**A. Custody Level**

Enter custody level.

**B. Special Management Concerns**

This section is designed to address management issues that warrant attention and possible intervention by staff in the form of special housing and/or supervision. The following special management considerations are to be checked on the form if they exist (check all that apply):

**1. Protective Custody**

Detainee requires protective custody to ensure his/ her safety and well-being; detainee may, for example, be a witness, known informant, have known enemies in the facility, have been subject to documented harassment or previous victimization, or be charged with or convicted of a heinous/notorious crime(s).

**2. Psychological Impairment**

Detainee has been examined by mental health staff and found to be incapable of functioning in any housing area other than a highly structured treatment environment because he or she constitutes a danger to self and/or others.

**3. Mental Deficiency**

Detainee has been examined by mental health staff and found to have difficulty interacting with others due to limited comprehension and communication skills.

**4. Escape Threat**

Detainee has made significant threats to escape or has a documented history

of escape(s) and/or attempted escape(s).

**5. Serious Violence Threat**

Detainee has a documented history of violent conduct, such as murder, rape, assault, intimidation involving a weapon, and arson.

**6. Known Gang Affiliation**

Detainee is known to be a member of a racial, political, terroristic, or religious group that uses violence to achieve its goals within a correctional setting and/or in the community and this affiliation is considered to be a management issue in the facility.

**7. Substance Abuse Problem**

Detainee was found to show characteristic signs of withdrawal or was under the influence of alcohol and/or drugs at the time of admission, has a reported history of substance abuse, or a criminal history of substance abuse, or has a criminal history indicating a substance abuse problem.

**8. Known Management Problem**

Detainee has a documented history of management problems while confined and/or disruptive behavior while in the community. Detainee is known to have incited provoked, and/or agitated peers; disrupted facility operations; and/or to have demonstrated a substantial lack of cooperation with authority figures.

**9. Suspected Drug Trafficker**

Detainee has either been charged with multiple occasions of or been convicted of one occasion of an offense(s) related to sale and/or manufacture of illegal drugs; has been found guilty of introducing illicit drugs into a correctional setting; or has substantial financial resources that may be used to bribe staff, other detainees, or visitors in order to facilitate drug trafficking.

**10. Suicide Risk**

Detainee has been examined by mental health staff and is considered to be at risk for attempting to take his or her own life.

**11. Medical Problem**

Detainee has a medical problem that may require special housing or supervision.

**12. Physical Impairment**

Detainee has physical impairment that may require special housing or supervision.

**13. Terrorist Threats/Terrorist**

Any detainee documented as being a part of a terrorist group, suspected of making terrorist threats, or convicted of defined terroristic activity or crimes will be housed in a Maximum security area and classified Level 3 regardless

of custody scale evaluation scores. Detainees identified in this category will remain in a lock-down status in an approved and recognized Administrative Segregation Unit.

#### **14. Other**

Describe other management considerations that may involve special housing and/or supervision requirements

#### **C. Override Recommendation:**

If the classification officer believes there are factors that warrant a custody classification which is different from that which is indicated by the scale (II.A. above) enter "1" for yes and provide rationale. Otherwise, enter "2" (No). Overrides may be recommended to higher or lower custody levels, depending on the circumstances.

#### **D. Recommended Custody Level**

After reviewing the scale score and all other information which may justify an override, enter code indicating recommended custody level. This will be the same code as II.A. above, if no override is recommended.

\* This section must be signed and dated by the classification officer.

### **SECTION III. SUPERVISOR APPROVAL OF OVERRIDE:**

Supervisor approval is required if the classification officer recommends a scale override.

#### **A. Recommended Custody Level**

If the classification officer recommends an override of the custody level indicated by the Initial Custody Assessment Scale, enter code for approval or disapproval of the recommended custody level. If the custody level is disapproved, supervisor must complete III.B. below.

#### **B. Final Custody Level**

Enter the custody level approved by the supervisor. Written rationale must be provided if this level is different from that recommended in II.D. above.

\* Section III must be signed and dated by the supervisor if an override has been recommended.

### **SECTION IV. HOUSING ASSIGNMENT**

#### **Recommended Housing Assignment:**

Enter the final classification level and housing assignment level.

- Supervisor must sign approval of Section III. above and final housing assignment

**ICE Office of Detention and Removal**  
**DETAINEE CLASSIFICATION SYSTEM**  
**Classification Reassessment Form Instructions**

The Classification Reassessment Scale is used to update and review a detainee's initial custody assessment. The reassessment scale is completed each 90 to 120 days and when new information affecting the detainee's management is received. Custody reassessment does not necessarily result in a change of custody rating or housing assignment. Its primary function is to monitor the detainee's adjustment and bring attention to problems that may arise.

Custody reassessment is similar to initial custody assessment, but places greater emphasis on institutional conduct to reflect the detainee's actual behavior while confined. It is important that detainee's with long lengths of stay have the opportunity for reduced custody levels based on compliance with institutional requirements.

**REQUIRED USE:**

The first reassessment is to be completed 45 to 60 days after the date of the Initial assessment. Subsequent reassessments are to be completed at 90 to 120 day intervals thereafter. A special reassessment is to be completed within 24 hours before a detainee leaves disciplinary segregation.

**Biographical Data Section:**

<b>Detainee Name:</b>	Enter detainee's full name, last name followed by first name and middle initial or addition surname.
<b>Detainee ID Number:</b>	Enter detainee's "A" number. This should be the same number entered on the ICE/DRO charging document, I-385, or "A" file.
<b>Date of Birth (D.O.B.):</b>	Enter detainee's date of birth.
<b>Country of Citizenship:</b>	Enter detainee's country of citizenship or nationality.
<b>Classified By:</b>	Enter name of classification officer, last name followed by first name and middle initial.
<b>Ident. Number (ID #)</b>	Enter ID number of classification officer (also known as Star #) ; a badge number may be substituted.
<b>Date:</b>	Date of reassessment and classification, using numbers to represent day, month, and year.
<b>District/SPC:</b>	Enter 3-digit code of district and 3-digit code of SPC where detainee is in custody.
<b>REASSESSMENT REASON:</b>	Circle reason that best describes why reassessment is being done. "Routine" means it is being conducted per time frames specified by policy. "Disciplinary" is to be circled if reassessment results from an infraction. Use "other" code to indicate any special circumstances that

require a reassessment.

## **SECTION I: INITIAL SECURITY ASSESSMENT:**

Items A through C are intended to identify the detainee who presents a serious risk to the safety, security, and orderly operation of the facility. **Detainees who score seven or above on the first three items are recommended for maximum custody** without consideration of the scores for the remaining items.

### **A. Severity of Most Recent Charge/Conviction**

Determine the most serious charge or conviction for detainee, using the Severity of Offense Scale. If detainee was last booked and returned to custody for a parole or probation violation, the severity of the current charge/conviction will be based on offense(s) for which parole or probation was granted. Enter number of points associated with severity category into which detainee's most serious offense falls.

### **B. Serious Offense History**

Exclude current or most recent conviction. Determine most serious prior conviction and rank it on Severity of Offense Scale. Enter number of points associated with severity category into which detainees most serious conviction falls. If detainee has no record of prior convictions, enter 0.

### **C. Escape History**

Consider any escapes or attempted escapes including during current detention. **Do not consider any escapes or attempts scored in item A.** Enter number of points corresponding to detainee's most serious escape attempt. Escapes from correctional settings or programs are to be recognized if the detainee was found guilty of the escape or attempt by an institutional disciplinary committee, regardless of court prosecution and conviction status.

## **MAXIMUM CUSTODY SCORE:**

Add points for items A-C, and enter total in box designated "MAXIMUM CUSTODY SCORE". **If this score is 7 or higher, assign the detainee to Level 3 custody.** Complete items D-G. Scores for items D-G do not need to be totaled unless maximum custody score is 6 or lower.

Items D-G are designed to establish a custody score for the detainee who is not immediately identified as a Level 3 maximum custody risk on the first three items.

### **D. Number of Disciplinary Sanctions**

Enter number of points associated with number of disciplinary sanctions since last reassessment date.

### **E. Most Serious Disciplinary Sanction**

Determine most serious disciplinary conviction, using Disciplinary Severity Scale. Enter number of points associated with severity category for detainee's most serious sanction during this period of confinement.

### **F. Prior Felony Convictions**



Excluding current offense consider detainee's entire history of convictions. Enter number of points associated with number of felony convictions.

**COMPREHENSIVE CUSTODY SCORE:** Enter total score of items A-F in box if MAXIMUM CUSTODY SCORE is 6 or lower.

## **SECTION II: SCALE SUMMARY AND RECOMMENDATIONS**

### **A. CUSTODY LEVEL INDICATED BY SCALE**

Using custody classification chart, enter code that indicated custody level designated by the scale.

### **B. SPECIAL MANAGEMENT CONCERNS**

This section is designed to address management issues that warrant attention and possible intervention by staff in the form of special housing/or supervision. The following special management considerations are to be checked on the form if they exist (check all that apply):

#### **1. Protective Custody**

Detainee requires protective custody to ensure his or her safety and well-being: detainee may, for example, be a witness, known informant, or homosexual or have known enemies in the facility, a thin/frail appearance (victim potential), an unresolvable language barrier, or charge(s) for heinous/notorious crime(s).

#### **2. Psychological Impairment**

Detainee has been examined by mental health staff and found to be incapable of functioning in any housing area other than a highly structured treatment environment because he or she constitutes a danger to self and/or others.

#### **3. Mental Deficiency**

Detainee has been examined by mental health staff and found to have difficulty interacting with others due to limited comprehension and communication skills, apart from English language ability.

#### **4. Escape Threat**

Detainee has made significant threats to escape or has a documented history of escape(s) and/or attempted escape(s).

#### **5. Serious Violence Threat**

Detainee has a documented history of violent conduct, such as murder, rape, assault, intimidation involving a weapon, and arson. This conduct must have occurred while confined or while in the community.

#### **6. Known Gang Affiliation**

Detainee is known to be a member of a racial, political, terroristic, or religious group that uses violence to achieve its goals within a correctional setting and/or in the community and this affiliation is considered to be a management issue in the facility.

## **7. Substance Abuse Problem**

Detainee was found to be showing signs of withdrawal or was under the influence of alcohol and/or drugs at the time of admission, has a reported history of substance abuse, or a criminal history of substance abuse, or has a criminal history indicating a substance abuse problem.

## **8. Known Management Problem**

Detainee has a documented history of management problems while confined and/or disruptive behavior while in the community. Detainee is known to have incited, provoked, and/or agitated peers; disrupted facility operations; and/or to have demonstrated a substantial lack of cooperation with authority figures.

## **9. Suspected Drug Trafficker**

Detainee has repeatedly been charged and/or convicted of offenses related to sale and/or manufacture of illegal drugs; has been found guilty of introducing illicit drugs into a correctional setting; or has substantial financial resources that may be used to bribe staff, other detainees, or visitors in order to facilitate drug trafficking.

## **10. Suicide Risk**

Detainee has been examined by mental health staff and is considered to be at risk for attempting to take his or her own life.

## **11. Medical Problem**

Detainee has a medical problem that may require special housing or supervision.

## **12. Physical Impairment**

Detainee has physical impairment that may require special housing or supervision.

## **13. Terrorist Threats/Terrorist**

Any detainee documented or reasonably suspected of making terrorist threats, or convicted of defined terrorist activity or crimes will be housed in a maximum security area and classified Level 3 regardless of custody scale evaluation scores. Detainees identified in this category will remain in a lock-down status in an approved and recognized Administrative Segregation Unit.

## **14. Other**

Describe other management considerations that may involve special housing and/or supervision requirements

## **C. OVERRIDE RECOMMENDATION**

If the classification officer believes there are factors that warrant a custody classification which is different from that which is indicated, by the scale (II.A. above), enter "1" for yes and provide rationale. Otherwise, enter "2" (No). Overrides may be recommended to higher or lower custody levels, depending on the circumstances.

## **D. RECOMMENDED CUSTODY LEVEL**

After reviewing the scale score and all other information which may justify an

override, enter code indicating recommended custody level. This will be the same code as II.A. above, if no override is recommended.

This section must be signed and dated by the classification officer.

### **SECTION III. SUPERVISOR APPROVAL OF OVERRIDE:**

Supervisor approval is required if the classification officer recommends a scale override.

#### **A. RECOMMENDED CUSTODY LEVEL**

If the classification officer recommends an override of the custody level indicated by the Custody Reassessment Scale, enter code for approval or disapproval of the recommended custody level. If the custody level is disapproved, supervisor must complete III.B. below.

#### **B. FINAL CUSTODY LEVEL**

Enter the custody level approved by the supervisor. Written rationale must be provided if this level is different from that recommended in II.D. above. **This section must be signed and dated by the supervisor if an override has been recommended.**

### **SECTION IV. HOUSING ASSIGNMENT**

**RECOMMENDED HOUSING ASSIGNMENT:** Enter the final classification level and housing assignment level.

\* Supervisor must sign approval of Section III. above and final housing assignment.

# U. S. IMMIGRATION & CUSTOMS ENFORCEMENT

## Detainee Classification System

### SEVERITY OF OFFENSE SCALE

#### **HIGHEST:**

Aiding Escape  
Aggravated Battery with Deadly Weapon  
Armed Robbery (Multiple with injury)  
Burglary with Assault  
Escape (Secure Facility)  
Inciting Riot  
Kidnapping  
Murder (1st, 2nd degree)  
Sexual Battery (with violence upon a minor)

#### **HIGH:**

Aggravated Assault  
Aggravated Battery  
Aggravated Child Abuse  
Arson  
Battery Law Enforcement Officer  
Burglary (Armed)  
Extortion  
False Imprisonment  
False Report of Bombings  
Controlled Substances (Importation, Trafficking)  
Introduction of Contraband into Detention Facility  
Manufacture of Explosives  
Robbery (armed, strong armed)  
Sexual Battery (other than capital or life felony)

**MODERATE:**

Armed Trespass  
Burglary  
Carrying Concealed Firearm  
Forgery  
Grand Theft  
Manslaughter  
Sale, Delivery, Possession of Controlled Substance  
Tampering with Witness  
Worthless Checks (felony)  
Welfare Fraud (felony)  
Escape (Non-secure Facility)

**LOW:**

Driving under the Influence  
Leaving the scene of Accident  
Battery (Simple Assault)  
Carrying Concealed Weapon (other than firearm)  
Disorderly Conduct  
Gambling  
Offering to Commit Prostitution  
Possession Marijuana (misdemeanor)  
Possession Drug Paraphernalia  
Petit Theft  
Trespass  
Worthless Check (misdemeanor)

# U. S. IMMIGRATION & CUSTOMS ENFORCEMENT

## Detainee Classification System DISCIPLINARY SEVERITY SCALE

### HIGHEST:

Assaulting any Person

Fighting with Another Person

Threatening another with Bodily Harm

Extortion, Blackmail, Protection, demanding or receiving money or anything of value in return for protection

Engaging in sexual acts with others

Making sexual propositions or threats to another

Escape

Attempting or Planning Escape

Setting a Fire

Adulteration of any food or drink

Possession or Introduction of any explosive or ammunition

Possession of Contraband

Rioting

Encouraging others to riot

Engaging in, or encouraging, a group demonstration

Giving or Offering any official or staff member a bribe or anything of value

### HIGH:

Destroying, Altering, or Damaging government property or the property of another

Stealing

Misuse of authorized medication

Loaning of Property or anything of value for profit or increased return.

Possession of anything not authorized or authorized for retention

Encouraging others to refuse to work

Refusing to obey a staff order

Insolence toward a staff member

Lying or providing false statement to a staff member

Conduct that interrupts or disrupts the normal operation of the facility.

Counterfeiting, Forging, or Unauthorized Reproduction of any document, article, identification, money, security, or official paper.

Participating in unauthorized meeting or gathering

Failure to stand count

Interfering with taking of count

Making intoxicants or being intoxicated

Tattooing or Self-Mutilation

**MODERATE:**

Indecent Exposure

Mutilating or altering issued clothing

Refusing to work

Unexcused absence from work or any assignment

Failure to perform work as instructed by supervisor

Being in an unauthorized area

Using abusive or obscene language

Unauthorized use of mail or telephone

Unauthorized contacts with the public

Correspondence or conduct with a visitor in violation of posted regulations

**LOW:**

Wearing a disguise or mask

Failure to follow safety or sanitation guidelines

Using any equipment/machinery contrary to instructions or posted safety standards

Smoking where prohibited

Gambling, preparing or conducting a gambling pool, possession of gambling paraphernalia

Being unsanitary or untidy, failure to keep one's person and quarters in accordance with posted standards

# ICE/DRO DETENTION STANDARD

## CONTRABAND

**I. PURPOSE AND SCOPE.** This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.

It applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Contraband will be identified, detected, controlled, and disposed of properly.
2. Detainee personal property that would be considered contraband within the facility will be mailed to a third party or stored until the detainee's release, unless that property is illegal or a threat to safety or security.
3. Contraband that may be evidence in connection with a violation of a criminal statute will be preserved, inventoried, controlled, and stored so as to maintain and document the chain of custody.
4. The applicable content and procedures in this standard will be communicated to the detainee in a language or manner which the detainee can understand.

## **III. DIRECTIVES AFFECTED**

This Detention Standard replaces **Contraband** dated 9/20/2000.

This Detention Standard incorporates the restrictions on the use of canines originally communicated via a memorandum dated 11/18/2004 from the Acting Director of U.S. Immigration and Customs Enforcement.

## **IV. REFERENCES**

American Correctional Association 4<sup>th</sup> Edition Standards for Adult Local Detention Facilities: 2C-01, 2C-02, 2C-06.



## V. EXPECTED PRACTICES

### A. "Hard" and "Soft" Contraband

Contraband is anything detainees are not authorized to have in their possession.

**1. Hard contraband** includes, but is not limited to, any item that:

- Is inherently dangerous such as weapons (knives, guns, "zip guns," ammunition, explosives, flammable liquids, brass knuckles, poisons);
- Is a tool or device that could be used to escape (ropes, bolt cutters, keys); or
- Could otherwise interfere with security, safety, or the good order of facility operations (intoxicants, prohibited currency, sensitive or confidential facility documents).

A detainee found in possession of hard contraband could face disciplinary action or criminal prosecution.

Examples of hard contraband include:

- Tools that could aid in an escape (for example, ropes, keys);
- Ammunition or explosives;
- Combustible or flammable liquids;
- Hazardous or poisonous chemicals and gases;
- Weapons;
- Intoxicants;
- Currency (where prohibited); and
- Narcotics and other controlled substances not dispensed or approved by the medical department, not used as prescribed, or in the possession of a detainee other than the person for whom it was prescribed.

Staff shall consult the facility pharmacist or other health services staff when uncertain about whether a prescribed medication represents contraband.

Medicine the detainee brings into the facility upon arrival shall be forwarded to the facility medical staff for disposition. Replacement medication duly approved by the facility medical staff shall be returned to the detainee.

**2. Soft contraband** includes, but is not limited to, "nuisance" items that do not pose a direct and immediate threat to safety but have the potential to create dangerous or unsanitary conditions in the facility, such as excess papers that create a fire hazard, and food items that are spoiled or retained beyond the point of safe consumption.

If authorized excess legal materials are creating a fire hazard, the facility shall provide an alternate storage area accessible to the detainee.

## **B. Procedures for Handling Contraband**

All facilities shall have written policy and procedures for the handling of contraband.

*In SPCs and CDFs:*

**1. Seizure of Contraband.** *Staff shall seize contraband:*

- *Found in the physical possession or living area of a detainee (including a detainee awaiting voluntary return);*
- *From common areas;*
- *From incoming or outgoing mail; and,*
- *Discovered during admission in-processing.*

*Exceptions may occur only upon written authorization of the facility administrator.*

**2. Religious Items.** *The facility administrator shall ordinarily consult a religious authority before the confiscation of a religious item that is “soft” contraband.*

**3. Disputed Ownership.** *When a detainee's claimed ownership of potential contraband material is in question, staff shall:*

- *Inventory and store item pending verification of ownership;*
- *Provide the detainee a copy of the inventory as soon as practicable and place a second copy in the detainee's detention file. The detainee shall have seven days following receipt of the inventory to prove ownership of the listed items.*
- *Staff shall deny claims:*
  - *Arising from the unauthorized use of government property.*
  - *For any item acquired without authorization from another detainee.*

*If the detainee cannot establish ownership, staff shall attempt to resolve the situation. If ownership cannot be reasonably established, the property may be destroyed, as described below.*

**4. Detainee Property That Is Contraband.** *Staff shall seize all hard and soft contraband. As long as the contraband is not illegal under criminal statutes and would not otherwise pose a threat to security, staff shall inventory and receipt the property and at the detainee's request mail it to a third party, or store it with the detainee's other stored personal property, in accordance with the Detention Standard on **Funds and Personal Property**. If the detainee chooses not to provide an appropriate mailing address within 30 days, or is unable to pay the postage, the facility administrator -- after providing the detainee with written notice of the intent to destroy the property and how to prevent that outcome -- may dispose of the property in accordance with the section on **Destruction of Contraband** below.*

**5. Evidence of a Crime.** *Contraband that may be evidence in connection with a violation of a criminal statute shall be preserved, inventoried, controlled, and stored to maintain and document the chain of custody, and reported to the appropriate law enforcement authority for action and possible seizure. Many types of hard*

*contraband are illegal under 18 U.S.C. Section 1791.*

6. **Government Property.** *Contraband that is government property shall be retained as evidence for possible disciplinary action or criminal prosecution, after which, as appropriate, it may be:*

- Returned to the issuing authority,*
- Returned to normal stock for reissue, or*
- Destroyed, with approval of the facility administrator.*

### **C. Destruction of Contraband**

The facility administrator shall establish a procedure for the destruction of contraband items.

*In SPCs and CDFs, contraband may be destroyed when no longer needed for disciplinary action or criminal prosecution. It may also be kept for official use, such as a training tool, if secured in the facility armory when not in use.*

- 1. The chief of security, or equivalent, shall determine whether an item shall be destroyed.*
- 2. The chief of security shall send the facility administrator a memorandum through official channels describing what is to be destroyed and why.*
- 3. The facility administrator shall require that an item of questionable ownership be held for 120 days before considering its destruction, to afford the detainee ample opportunity to obtain proof of ownership and appeal the decision in accordance with the Detention Standard on the **Grievance System**.*

*Where disciplinary action is appropriate, the facility administrator shall defer his/her decision about the property until the disciplinary case, including appeals, is resolved.*

- 4. The officer who physically destroys the property and at least one official observer shall attest, in writing, to having witnessed the property's destruction.*
- 5. A copy of the property disposal record is given to the detainee and a copy is placed in the detainee's detention file.*

### **D. Canine Units**

Canine units (in facilities that have them) may be used for contraband detection, but their use for force, control, or intimidation of detainees is prohibited, in accordance with the Detention Standard on **Use of Force and Restraints**.

Any facility that has a canine unit shall have clear and detailed written policy and procedures that govern the circumstances in which canine units may be used in regard to ICE/DRO detainees.

Canines shall not be used in the presence of ICE detainees.

### **E. Notice to Detainees**

The detainee handbook, or equivalent, shall notify detainees of the following:

- The facility's rules and procedures governing contraband.
- The applicability of the Detention Standard on **Funds and Personal Property**, as it relates to contraband.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## FACILITY SECURITY AND CONTROL

**I. PURPOSE AND SCOPE.** This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.

It applies to the following types of facilities housing ICE/DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Essential security posts and positions will be staffed with qualified personnel.
2. Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.
3. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.
4. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.
5. Facility safety, security and good order, including the safety, health and well-being of staff and detainees, will be enhanced through ongoing observation, supervision, and personal contact and interaction between staff and detainees.
6. Special security and control measures will consistently be applied to Special Management Unit entrances.
7. Facility safety, security and good order will be enhanced through frequent and documented staff inspections of detainee-occupied and unoccupied areas.

## **III. DIRECTIVES AFFECTED**

This Detention Standard replaces **Security Inspections** dated 9/20/2000.

This Detention Standard incorporates the requirement for orange visitor passes for contractual construction service personnel required by a memorandum to Deputy Assistant Directors and Field Office Directors from the Assistant Director for Management, Detention and Removal, on **Detention Facilities Management** (1/16/2007).

#### IV. REFERENCES

American Correctional Association 4th Edition, Standards for Adult Detention Facilities: 4-ALDF-2A-01 through 2A-14, 2A-18, 2C-01, 2C-02, 7F-06.

ICE/DRO Detention Standard on **Post Orders**.

ICE/DRO Detention Standard on **Contraband**.

ICE/DRO Detention Standard on **Correspondence and Other Mail**.

ICE/DRO Detention Standard on **Key and Lock Control**.

ICE/DRO Detention Standard on **Population Counts**.

ICE/DRO Detention Standard on **Use of Force and Restraints**.

ICE/DRO Detention Standard on **Visitation**.

ICE/DRO Detention Standard on **Tool Control**

#### V. EXPECTED PRACTICES

##### A. Security Staffing

Security staffing shall be sufficient and appropriate to maintain facility security and prevent or minimize events that pose a risk of harm to persons and property. The facility administrator shall determine security needs based on a comprehensive staffing analysis and staffing plan that is reviewed and updated at least annually. Essential posts and positions shall be consistently filled with qualified personnel.

At all times in a facility that is housing both male and female detainees, at least one male and one female staff member shall be on duty.

All security posts shall be guided by Post Orders.

##### B. Control Centers

Each facility shall have a secure control center that is staffed continuously 24 hours a day for monitoring and coordinating facility's security, life-safety, and communications systems.

*In SPCs, and CDFs, the chief of security shall carefully screen officers for the highly responsible Control Center post assignment(s). The Control Officer's responsibilities include, among other things, key control, count procedures, and public-address-system operations. The Detention Standards on **Key and Lock Control** and **Population Counts** detail requirements for key control and counts.*

*The facility administrator shall establish procedures to implement the following Control Center requirements:*

- 1. Round-the-clock staffing;*
- 2. Limited staff access;*
- 3. No detainee access (In a Control Center, staff must do cleaning duties that elsewhere in the facility may ordinarily be assigned to detainees.);*
- 4. Communications center;*
- 5. Maintenance of a list of the current home and cellphone number of every officer, administrative/support services staff, Situation Response Teams (SRTs), Hostage Negotiation Teams (HNTs), and law enforcement agencies. (If any staff member is inaccessible by phone, other means of off-duty contact approved by the facility administrator, such as a pager number or e-mail address, may be listed.) The list shall:*
  - Be on file in both the Control Center and the shift supervisor's office;*
  - Be maintained in a secure file;*
  - Comply with the Privacy Act;*
  - Be used for emergency recall or urgent business only;*
  - Be updated at least quarterly;*
  - Prominently feature the following notice:*

***This information must be safeguarded. Use is restricted to those needing the information in the performance of their official duties. Misuse will subject the user to criminal liability. This agency will view any misuse of this information as a serious violation of the Employee Code of Conduct, which may result in disciplinary action, including removal.***
- 6. Round-the-clock accountability for equipment;*
- 7. Watch calls (officer safety checks) to the Control Center by all staff ordinarily shall occur every half-hour between 6:00 P.M. and 6:00 A.M. Individual facility policy may designate another post to conduct watch calls. Any exception for staff to not make watch calls as described requires approval of the facility administrator.*

## **C. Perimeter Security**

### **1. Front Entrance**

The facility's front entrance shall be a controlled access point. Entrance into the secure perimeter shall be controlled by a sally port or equivalent with electronic interlocking doors or grilles to prevent unauthorized entry or exit.

Staff assigned to the front entrance post shall be selected and expected to present a neat and professional appearance and exercise public relations skills of courtesy, tact, and an ability to interact and communicate easily and effectively

with a diversity of people, while maintaining security and enforcing regulations.

**a. Identification**

The officer assigned to this post shall check the identification documents of every visitor, employee, and other person entering or leaving the facility. More detailed information on proper identification is provided in the Detention Standard on **Visitation**.

**b. Record**

1. The post officer shall maintain the visitor logbook, the bound ledger in which all non-staff visits are recorded.
2. Every entry in the logbook shall identify the person or department visited; date and time of visitor's arrival; purpose of visit; unusual requests; and time of departure.
3. The entry for a person visiting a detainee shall also include the name and A-number of the detainee being visited, along with the visitor's relationship to the detainee, immigration status, and address. The post officer shall require the visitor to print and sign his or her name in the visitor logbook.
4. *All ICE/DRO employees shall wear ICE/DRO-issued identification cards (to include photograph and name). The facility shall maintain a tracking mechanism for all staff permanently stationed at the facility. This will include a process to rapidly verify all staff entering and leaving the perimeter.*
5. *The facility administrator shall establish procedures for tracking the arrivals and departures of contract employees; however, the main gate/front entrance officer shall maintain a separate file of **contract employee** forms G-74, laminated, with photograph, issue date, expiration date (if applicable), and the facility administrator's signature.*

**c. Visitor Passes**

The facility administrator shall establish procedures for issuing color-coded visitor passes to all visitors entering the facility (at the main gate/front entrance). The visitor must prominently display this pass on an outer garment, where staff can see it at a glance.

*The post officer shall check the validity of the identification. In exchange for the photo-identification card (driver's license, student ID card, etc.), the post officer shall issue the visitor a color-coded pass, provided the photo resembles the visitor closely enough to identify the visitor. The visitor must leave his or her photo-identification card with the post officer until the end of the visit, marked by the time-out entry in the logbook.*

*The post officer holds all visitor identification cards at the main gate front entrance for a range of security reasons:*

- *To account for visitors in the event of an emergency (for example, medical, fire, hostage situation or other incident),*



- *As a check on logbook data; and*
- *As a disincentive for criminal or disruptive behavior (distributing drugs or other contraband; inciting an internal disturbance or riot), etc.*

### **(1) Blue Visitor Passes (or color-code equivalent)**

*ICE/DRO employees not permanently stationed at the facility and official visitors from other Department of Homeland Security agencies shall receive "blue" passes. Visitors with blue passes do not need, but may request, escorts.*

*The post officer shall record every official visitor's arrivals and departures in the visitor logbook, providing the person or department visited; date and time of visitor's arrival; purpose of visit; unusual requests; and time of departure.*

*To save time, all ICE/DRO employees with frequent business at the facility but stationed elsewhere should complete a G-74 for the front-entrance Personal Data Card file.*

### **(2) Yellow Visitor Passes (or color-code equivalent)**

*Law enforcement officers not directly connected with ICE/DRO, vendors, and other persons visiting in an official capacity shall receive "yellow" passes. Their visits shall be recorded in the visitor logbook. Escorts are required for visitors with yellow passes.*

### **(3) Orange Visitor Passes (or color-code equivalent)**

Contractual construction service personnel, including:

- Representatives of the Corps of Engineers
- Contractors, including sub-contractors, employees, laborers, supervisors, etc.

Each facility administrator shall require such persons to identify themselves, consistent with the photo ID requirements stated above, and shall devise procedures for issuing construction visitor passes, including: requirements for visitor display of passes, and facility areas where the construction visitors are authorized to be and work.

### **(4) Red Visitor Passes (or color-code equivalent)**

*Nonofficial persons visiting detainees or visiting the facility, , regardless of affiliation, shall receive "red" passes. The post officer shall enter their visits in the visitor logbook as specified under **Record**. Escorts are required for visitors with red passes.*

*If a visitor leaves the facility without surrendering the visitor pass and retrieving his or her identification card, the post officer shall photocopy the identification card and attach it to a memo to the shift supervisor stating:*

- *Visitor's name;*
- *Visitor's title (if applicable);*
- *Person or department visited;*
- *Time pass was issued;*
- *Reason for not retrieving pass from visitor and/or not returning the identification card; and*
- *Other relevant observations (for example, suspicious or emotionally charged behavior, use of rude language, demeanor)*

*The main gate front-entrance officer must account for all visitor passes when coming on duty, immediately reporting any discrepancies to the shift supervisor. The post officer is also responsible for monitoring the inventory of visitor passes and identification cards, and reporting to the shift supervisor any unusually long visits (as indicated by an unretrieved identification card and/or missing visitor pass).*

## **2. Vehicle Entrance**

### **a. Identification**

The main-gate front-entrance officer shall control all vehicular traffic entering and leaving the facility. The officer shall check the driver's license of every person driving into the facility, regardless of purpose (visit, delivery, etc.) and may require proof of insurance, especially for vehicles being driven on the grounds. Only if the license (and insurance) is valid may the officer admit the vehicle. While the driver is within the facility's secure perimeter, the officer shall hold the driver's license, as specified under **Visitor Passes**.

### **b. Vehicle Log**

The post officer shall log the following information on every vehicle: tag number, driver's name, firm represented, vehicle contents, date, time in, time out, and facility employee responsible for the vehicle on-site.

### **c. Controls**

1. *The main-gate front-entrance officer shall search the vehicle before it enters or leaves the facility, both to prevent the introduction/removal of contraband and to prevent the vehicle's use as a means of escape. All drivers making deliveries must submit to questioning about firearms, munitions, knives, ropes, jacks, narcotics, and other items considered contraband. (For more detailed information, see the Detention Standard on **Contraband**.)*
2. *Any article posing a threat to the facility's security shall be held at the gate or removed from facility grounds. The driver of a delivery vehicle may be accompanied by one or more co-worker(s), but no*

*unauthorized passengers.*

3. *The facility employee responsible for vehicle oversight shall, as escort:*
  - *walk behind the vehicle;*
  - *directly supervise loading and unloading ;*
  - *retain the ignition keys, never leaving them in the vehicle; and*
  - *close windows, lock doors and trunks, secure toolboxes, ladders, etc., before leaving the vehicle unattended.*
4. Before the exit gate, the driver shall stop at the spot designated. The gate operator shall not allow the vehicle to depart until satisfied that neither the driver nor the escorting officer is under duress. With that established, officers shall again search the vehicle. If a thorough search is impossible, the vehicle shall be unloaded or held pending completion of the next official count. If the vehicle or vehicular equipment must remain inside the compound overnight, staff shall render it inoperable.
5. *If the post officer has doubts about a person's identity, he or she shall not permit the person to exit, pending positive identification.*
6. Staff shall handle any legal or special mail delivered to the facility for detainees in accordance with the Detention Standard on **Correspondence and Other Mail**.

## **D. General Population Housing Units**

### **1. Post Orders and Housing Records**

For each housing unit, the facility administrator shall establish written Post Orders with step-by-step procedures, in accordance with the Detention Standard on **Post Orders**. Those Post Orders shall require that housing officers maintain a housing unit log for recording information regarding routine unit operations, as well as unusual and emergency incidents.

*Housing unit Post Orders in SPCs and CDFs shall follow the event schedule format, for example, "0515– Lights on" and shall direct the assigned officer to maintain a unit log of pertinent information regarding detainee activity.*

*The shift supervisor shall visit each housing area and initial the log on each shift.*

### **2. Supervision, and Communication**

Security officer posts shall be located in or immediately adjacent to detainee housing units to permit officers to see or hear and respond to emergency situations. Personal contact and interaction between housing staff and detainees shall be expected and required.

As prescribed by Post Orders, staff shall observe, supervise, and control movement of detainees from one area to another. No detainee may ever be given authority over, or be permitted to exert control over, any other detainee.

The facility administrator, designated assistant facility administrator, security

supervisors, and others designated by the facility administrator shall be required to visit all housing units at least weekly to observe living conditions and interact informally with detainees. Ordinarily, such visitors shall record their visits by initialing the housing unit log.

## **E. Special Management Unit (SMU)**

Because Special Management Units are inherently among the most secure areas of any detention facility, special security and control measures are required.

### **1. Control of Contraband and Tools**

Every facility administrator shall establish written policy and procedures to secure the SMU from contraband.

Items allowed to enter these SMUs shall be kept to an absolute minimum. Any item is allowed into the unit shall be thoroughly inspected and searched to prevent the introduction of contraband, including laundry, commissary, food carts, and personal property.

When it becomes necessary to introduce tools into the unit, special care shall be taken. All tools shall be inventoried by the special housing officer prior to entering. Tools shall be identified and checked against the inventory upon departing to ensure no tools, hazardous objects, or materials are left in the unit.

### **2. Control of Entrances**

*Every SMU entrance in regular use shall have a sallyport that is always operated so that the inner and outer doors cannot both be open simultaneously. Officers on the inside and outside shall independently check the identification of every person going in or out, and each must positively confirm that person's identity before allowing him or her through the door.*

*Also, in accordance with written procedures established by the facility administrator, these officers shall take precautions to ensure that the person requesting entry or exit is not doing so under duress.*

### **3. Control of Food Carts**

*Food carts shall be securely locked before their leaving the food service area for delivery to the SMU. If this is not possible, a staff escort is required.*

### **4. Control of Keys**

Staff assigned to the SMU or SMU visiting area shall have keys to the inner door(s) of the sallyport, but not to the outside doors. Conversely, staff outside the SMU or SMU visiting area shall have keys to the sallyport's outer door but not the inner door(s). Under no circumstances shall one individual hold keys to both the inner and outer doors of the sallyport.

## **F. Security Inspections**

### **1. Written Security Inspection Procedures Required**

Frequent security inspections shall be conducted to control the introduction of contraband, ensure facility safety, security and good order, prevent escapes,

maintain sanitary standards, and eliminate fire and safety hazards. Each facility administrator shall establish a comprehensive security inspection system that covers every area in the facility, specifically including the perimeter fence line and other areas specified below.

IGSA facilities shall use the following requirements as a guide in formulating their inspection schedules.

*In SPCs and CDFs, each officer who assumes assignment to a post shall conduct a security check of the area, record the results in the post logbook, and prepare and submit maintenance work requests as required.*

*Documentation of all daily inspections (shift, area, or post) is required. ICE/DRO requires SPCs and CDFs to submit the inspection forms, along with the schedule of inspections to the Chief of Security. It shall also provide guidelines for security-feature checks and for reporting security concerns, vulnerabilities, and inconsistencies, such as inoperable security cameras.*

The facility administrator shall identify the officer responsible for including all areas of the facility in the daily security inspection process.

*In SPCs and CDFs the shift supervisor (or equivalent) shall have this responsibility, under the chief of security (or equivalent). The shift supervisor or on-duty supervisor shall review all search and inspection documentation.*

*The shift supervisor shall report recurrent problems with maintenance work to the department head and/or assistant facility administrator. These problems would include, for example, unresponsiveness to work orders, failures to take corrective action and/or failed attempts to fix or solve the problem within a reasonable amount of time.*

*When the shift supervisor/assistant facility administrator advises the facility administrator of the need for major, security-related expenditures (mechanical, electrical, structural, or other repairs or improvements), the facility administrator shall request funding, as appropriate, through the ICE/DRO chain of command.*

## **2. Perimeter Inspections**

Perimeter inspections shall occur frequently, but at irregular times, as follows:

1. Walls, fences, and exits, including all outside windows shall be inspected for defects at least once per shift, and perimeter alarm systems shall be tested daily.
2. Once per shift or daily, at the facility administrator's discretion, places on the grounds where detainee could arrange to have visitors leave contraband.
3. Perimeter fence checked daily, with the assigned officer:
  - Walking the entire fence line, checking the tension wire, binding straps, and all hardware attached to the poles, to ensure tautness; examining wings for cut links; and testing the links fastening the sides of the fence bottom to the fence; and
  - Simulating a detainee's climbing the fence by pulling on the fence.

Jerking the fence back and forth does not simulate climbing and is insufficient. In a functional alarm system, the pull-test should activate the alarm, after which staff shall immediately notify the Control Center of the need to reset the alarm. Where the fence-climbing simulation is insufficient to activate the alarm, the facility administrator shall be immediately notified for corrective action.

4. The facility maintenance supervisor and chief of security shall check the fence monthly, documenting the results in the shift supervisor's daily log.

### **3. Housing Units**

Each facility administrator shall establish written policy and procedures for housing unit and personal area searches. Canine units (in facilities that have them) may be used for contraband detection, but their use for force, control or intimidation of detainees is prohibited, in accordance with the Detention Standard on **Use of Force and Restraints**.

#### **a. Searches of Detainee Housing Areas**

*Staff may search a detainee's housing area and personal items without prior notice, without detainee approval, and without the detainee present (the detainee's presence is preferred, but not necessary). Housing area searches shall take place irregularly, so as not to establish a predictable pattern.*

*For a cell search, staff shall remove the detainee from the cell. Staff must pay particular attention to plumbing facilities, ventilators, beds, bedding, tables, chairs, books, etc. and be on the alert for contraband in false bottoms, hidden compartments, hollow legs, etc.*

*After the search, staff shall restore all items to their original order.*

#### **b. Search Log**

Each housing unit, including the SMU, shall document cell and area searches in a search log that registers the date, time, and findings, including location(s) where contraband found, type(s) of contraband, and the searching officers' names.

### **4. Searches of Utility Areas**

Staff shall conduct irregular searches of storage and supply rooms, plumbing accesses, walls (particularly around ventilators and windows), light and plumbing fixtures, drains, etc., in the housing areas. These searches shall take place at least once per shift.

## **5. Searches of Shops and Buildings**

Officers shall routinely inspect all areas of the facility, at odd hours, according to no fixed schedule. For searches of areas with specialized equipment or supplies, the respective department head shall be present to ease access to locked areas and to help determine the status of any questionable items.

*Staff shall document these searches in a logbook maintained by the shift supervisor.*

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## FUNDS AND PERSONAL PROPERTY

**I. PURPOSE AND SCOPE.** This Detention Standard ensures that detainees' personal property, including funds, valuables, baggage and other personal property, is safeguarded and controlled, and that contraband does not enter a detention facility.

This Detention Standard applies to the following types of facilities housing ICE/DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. The security, safety and good order of each facility will be maintained through an immediate search of each newly admitted detainee's property.
2. Each detainee's funds, valuables, baggage, and personal property will be inventoried, receipted, stored and safeguarded for the duration of their detention.
3. Each detainee will be informed about what funds and property may be retained in his or her possession and about procedures to report missing or damaged property.
4. The applicable content and procedures in this Standard will be communicated to the detainee in a language or manner which the detainee can understand.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Funds and Personal Property** dated 9/20/2000.

## IV. REFERENCES

American Correctional Association 4th Edition, Standards for Adult Detention Facilities: 4-ALDF-2A-20, 2A-23, 2A-24, 6A-07(M).

ICE/DRO Detention Standard on **Contraband**.



## V. EXPECTED PRACTICES

### A. General

All detention facilities are required to have written policies and procedures to:

- Account for and safeguard detainee property from time of admission until date of release;
- Inventory and receipt detainee funds and valuables;
- Inventory and receipt detainee baggage and personal property (other than funds and valuables);
- Inventory and audit detainee funds, valuables, and personal property;
- Return funds, valuables, and personal property to detainees being transferred or released; and
- Provide a way for a detainee to report missing or damaged property.

In many facilities, detainee funds are deposited in the detainee's commissary or canteen account. Any facility without a commissary shall provide:

- A cash box for currently held detainee funds that can be accessed only by designated supervisor(s);
- Valuable-property envelopes, which can be accessed only by designated supervisor(s);
- A dedicated safe for the cash box and property envelopes.

All facilities, at a minimum shall provide:

- A secured locker for holding large valuables, that can be accessed only by designated supervisor(s); and
- A baggage and property storage area that is secured when not attended by assigned admissions processing staff.

Both the safe and the large-valuables locker should be kept in either the shift supervisor's office or otherwise secured in an area accessible only by the shift supervisor.

The baggage and property storage area shall be maintained in a clean and orderly manner and inspected as often as necessary to protect detainee property.

### B. Contraband

In accordance with the Detention Standard on **Contraband**, any unauthorized personal property is contraband that must be surrendered to staff for securing, receipting and inventorying.

### C. Notice to Detainees

The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including:

- Which items (and cash) they may retain in their possession;

- That, upon request, they shall be provided a ICE/DRO-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files;
- The rules for storing or mailing property not allowed in their possession;
- The procedure for claiming property upon release, transfer, or removal;
- The procedures for filing a claim for lost or damaged property;
- Access to detainee personal funds to pay for legal services.

#### **D. Admission**

Staff shall search all arriving detainees' personal property for contraband.

Staff shall search and inventory detainee property only in the presence of the detainee(s), unless instructed otherwise by the facility administrator.

Medical staff shall determine the disposition of all medicine accompanying an arriving detainee.

Standard operating procedure shall include obtaining a forwarding address from every detainee for use in the event that personal property is lost or forgotten in the facility after the detainee's release, transfer, or removal.

#### **E. Limitations on Possession of Funds and Personal Property**

1. The facility administrator shall establish whether and, if so, how much cash each detainee may keep in his or her personal possession while in detention.
2. Detainees may keep a reasonable amount of personal property in their possession, provided it poses no threat to detainee safety or facility security. Detainees shall have the opportunity to store excess property with a third party or, with the facility administrator's permission, in the facility's personal property storage area.
3. Identity documents, such as passports, birth certificates, are held in each detainee's A-file but, upon request, staff shall provide the detainee a copy of a document, certified by an ICE/DRO official to be a true and correct copy.
4. For each housing area, the facility administrator shall designate a storage area for storing detainee personal property.

*In SPCs and CDFs, each detainee shall be permitted to keep in his or her possession reasonable quantities of the following, as long as a particular item does not pose a threat to the security or good order of the facility:*

- *Small religious items including religious jewelry items;*
- *Religious and secular reading material (softbound), and correspondence;*
- *Legal documents and papers, including property receipts;*
- *Up to ten photographs measuring 5" x 7" or smaller;*
- *Prescription glasses;*
- *Dentures;*

- *Personal address book or pages;*
- *Wedding ring;*
- *Other items approved by the facility administrator or chief security officer.*

*Examples of items detainees may not retain include:*

- *Cash in excess of the established facility limit;*
- *Any negotiable instrument;*
- *Jewelry other than small religious items and wedding rings;*
- *Other items of value, for example, cameras, radios, stereos;*
- *Personal clothing and hygiene items when the facility provides them;*
- *Prohibited publications, including (but not limited to) publications depicting activities that present a substantial risk of physical violence or group disruption (such as material dealing with self-defense or survival, weaponry, armaments, explosives, or incendiary devices); containing sexually explicit material; or describing the production of drugs, alcohol, or weapons.*
- *Drugs and medications not prescribed or authorized by facility medical staff.*

*Every housing area shall have lockers or other securable space for storing detainees' authorized personal property. The amount of storage space shall correspond to the number of detainees assigned to that housing area.*

*Space constraints may cause the facility administrator to limit the number of newspapers, magazines, etc., allowed to each detainee.*

## **F. Excess Property**

To prevent overcrowding and related storage problems, staff shall encourage detainees to send extra suitcases, televisions, and other "soft" (not illegal or dangerous) contraband to a third party of his or her choosing.

- The facility may make shipping arrangements for a detainees requiring such help and shall assume the cost if the detainee cannot afford postage.
- If a detainee does not provide an appropriate mailing address within 30 days, the facility may make reasonable accommodations to store the property until the detainee's removal or release. Ordinarily the amount stored may not exceed 40 lbs.
- If a detainee does not provide an appropriate mailing address or is unable to pay the postage, the facility administrator may dispose of the property in accordance with the Detention Standard on **Contraband**, after providing the detainee with written notice.
- When personal property is shipped, staff shall prepare an inventory record and maintain a copy in the detainee's detention file.

## **G. Officer Processing of Funds and Valuables**

*SPCs and CDFs lacking automated detainee funds systems must process detainee funds and valuables as follows:*

### **1. Funds**

*For recordkeeping and accounting purposes, use of the G-589 Property Receipt form is mandatory to inventory any funds removed from a detainee's possession, and a separate form G-589 is required for each kind of currency and negotiable instrument.*

*The removal and inventory shall be conducted in the detainee's presence, and at least two officers must be present to remove funds from a detainee's possession and to inventory the property on the G-589. The G-589 shall include:*

- *The detainee's A-number or facility detainee number in the center area, just above the biographic information;*
- *The three-letter facility designation;*
- *The current date;*
- *The complete name of the detainee, printed legibly;*
- *In the "Quantity" column, the number of checks, money orders, or other negotiable instruments;*
- *In the "Description" column:*
  - *The amount and type of currency; the kind of check, money order, or other negotiable instrument;*
  - *The name of the issuing bank, the register or check number, and the account name.*
  - *For U.S. currency, the dollar sign (\$) followed by the dollar amount, for example. \$100.*
  - *For foreign currency, the currency amount followed by the type, for example, 140 Japanese Yen, 300 German Marks, 4,000 Mexican Pesos.*

*For a detainee with more than one kind of negotiable instrument, the officers shall prepare as many G-589s as necessary to list separately all checks; all money orders; each additional category of negotiable instrument; and each type and amount of foreign currency.*

*If cash is returned to the detainee for possession inside the facility, staff shall record the transaction in the "Description" column of the affected G-589.*

*After all required information is recorded on the G-589, the carbon paper between the white original copy and the blue duplicate copy shall be removed.*

*The two officers and the detainee shall sign all copies after which the copies shall be distributed as follows:*

- *White original to the detainee (property receipt);*
- *Blue copy to detainee's I-385 booking card or detention file (attachment);*

- *Pink copy to funds envelope (insert).*

*The admissions processing officer shall record each G-589 issued and enter the initials and star numbers of receipting officers in the facility's **G-589 Property Receipt Logbook**. The officer shall then deposit an envelope containing the currency, checks, money orders, other negotiable items, and G-589 receipt(s) in the drop safe.*

### **2. Small valuables, including jewelry**

*The G-589 shall describe each item of value. Jewelry shall be described in general terms (for example, ring – yellow/white metal with red/white stone), with no mention of brand name or monetary value. The detainee and two processing officers shall sign the G-589, with copies distributed as above. The officers shall then place the valuables (and pink copy of G-589) in a clear envelope, which they shall secure by heat-sealing or other approved techniques for tamper-proofing.*

*The processing officer shall record the issuance of this G-589 in the **G-589 Property Receipt Logbook**. The officer shall then deposit the heat-sealed valuables envelope and G-589 receipts shall be deposited in the drop safe provided. Zippered nylon bags are not authorized.*

### **3. Large valuables**

*Large valuable are items that do not fit into property envelopes, for example, televisions or musical instruments. The G-589, including a description of each item, shall be prepared and distributed as above. The large valuables shall then be tagged with a copy of the G-589 and a Baggage Check (Form I-77). The officers shall attach a copy of the G-589 and the center portion of the I-77 to the detainee's booking card or detention file. The processing officer shall record the G-589 issuance in the facility's **G-589 Property Receipt Logbook** and secure the item(s) in the designated storage area.*

## **H. Supervisor Processing of Funds and Valuables**

*The supervisory security officer or equivalent shall remove the contents of the drop safe during his or her shift and initial the G-589 accountability log. The supervisor shall:*

- 1. Verify the correctness of all G-589s;*
- 2. Record the amount of cash and describe each item in the supervisors' property log; and*
- 3. Verify the proper disposition of funds and valuables by checking the sealed envelopes in the cash box, the property envelopes in the safe, and the safekeeping of all large valuables in the designated secured locked area.*

## **I. Officer Processing of Baggage and Personal Property Other Than Funds and Valuables**

*In SPCs and CDFs, the following procedures apply:*

*An itemized inventory of all detainee baggage and personal property (separate from funds and valuables) shall be completed during admissions processing using the personal property inventory form. Each facility should inventory all property even if the property was previously inventoried by another facility and is contained in a sealed bag. If a detainee has no baggage, a facility container shall be provided to store his or her personal property.*

*These procedures do not apply to identity documents, such as passports, birth certificates, which are held in each detainee's A-file.*

*The personal property inventory form must contain the following information at a minimum:*

- *Date and time of admission;*
- *Detainee's complete name and A-number or facility detainee number;*
- *Description, quantity and disposition of articles. Disposition may be indicated as either:*
  - *"S" for "Safekeeping" (by the facility), or*
  - *"R" for "Retained" (by the detainee);*
- *General condition of the property; and*
- *Signatures of the officer completing the inventory and the detainee.*

*After being properly inventoried and inspected for contraband, all baggage and facility containers shall be tagged as follows:*

- *A pre-numbered, three-part I-77 shall be issued for each separate item of baggage or container. The front side of the I-77 has three parts: top (Part I), center (Part II), and bottom (Part III), the reverse side of which provides additional space to describe and identify the baggage or container.*
- *Each I-77 shall bear the detainee's full name and A-number/facility detainee number, and the date.*
- *The detainee's signature must appear on both the top (Part I) and bottom (Part III) of the I-77.*
- *The top part of the I-77 shall be attached to the detainee's property.*
- *The center part shall provide a brief description of the property container (for example, black suitcase, paper bag, etc.) and shall be attached to the detainee's booking card or detention file.*
- *The bottom part shall be given to the detainee, and the reverse side shall also contain a brief description of the property container.*

*All detainee luggage and facility containers used for storing detainee personal property shall be secured in a manner that is tamper-resistant (such as by a tamperproof numbered tie strap) and shall only be opened in the presence of the*

detainee.

A logbook shall be maintained listing detainee name, A-number or facility detainee number, I-77 number, security tie-strap number, property description, date issued and date returned.

Tagged baggage and other property tagged only with an I-77 shall then be stored in the facility baggage storage area.

## **J. Inventory and Audit**

Where physical custody of, or access to, detainee funds, property envelopes, and large valuables changes with facility shift changes, both on-coming and off-going supervisors shall simultaneously conduct an audit of these items. The property and valuables logbook shall record the date, time, and the name of the officer(s) conducting the inventory. Any discrepancies shall be immediately reported to the chief of security, who shall follow facility procedure to ensure that all detainee funds and valuables are accounted for.

For each audit, SPCs shall use Form G-786/Alien Funds Audit Sheet, and CDFs shall use an audit sheet reflecting, at a minimum, the following information:

1. **Funds Held by Officers Other than the On-Duty Supervisor.** At no time shall funds be held by officers other than the on-duty supervisor.
2. **Cash on Hand.** The count is to be made by the incoming processing supervisor who shall fill in the appropriate blanks with the amount of each denomination (U.S. currency).
3. **Checks, Money Orders or Other Negotiable Items.** The count is to be made by the in-processing supervisor and the appropriate blanks filled in reflecting the amount of checks, money orders and other negotiable items.
4. **Total of G-589 Property Receipts.** This is the total amount of funds, checks, money orders and other negotiable items as reflected by the copies of the G-589s (or equivalent forms) in the cash box.
5. **Disbursed During Shift.** The total amount of funds disbursed during the shift. The out-going processing supervisor shall enter disbursement information.
6. **Received During Shift.** The total amount of funds collected during the shift. The out-going processing supervisor shall complete this information.
7. **Cash on Hand at End of Shift.** The amount on hand as counted by the out-going processing supervisor. (If this doesn't match with the cash on a new audit shall be conducted.) The chief of security or equivalent shall follow facility procedures to ensure that all detainee funds and valuables are accounted for.
8. **Number of sealed property bags.** In SPCs and CDFs without commissaries, a comprehensive weekly audit is to be completed jointly by the Detention Operations Supervisor or CDF equivalent and a detention staff member. The audit shall be logged in the property and valuables logbook. Discrepancies shall be reported to the chief of security or equivalent. The chief of security or equivalent shall take the necessary steps, according to

*facility policy, to ensure that all detainee funds and valuables are accounted for.*

*An inventory of detainee baggage and other non-valuable property shall be conducted by the facility administrator's designee at least once each quarter.*

*The facility's daily log shall indicate the date, time and name of the officer(s) conducting the inventory. Any discrepancies shall be reported immediately to the facility administrator.*

## **K. Release or Transfer**

*After checking the I-385 card, wristbands, and property receipts to positively identify the detainee being released or transferred, the detainee shall present the white copy of the G-589(s) and I-77(s) for all receipted property.*

*For each I-77 presented, staff shall compare the signature on the detainee's portion with the portion on the stored item and the portion on the booking card. Depending on the size and kind of funds and valuables listed on the G-589, staff shall conduct checks as follows:*

- 1. **Small Valuables.** Match the contents of the property envelope against the itemized list on all three copies of the G-589.*
- 2. **Large Valuables.** Match the tagged against with the description on all three copies of the G-589.*
- 2. **Negotiable Instruments.** Match the negotiable instruments against the description on all three copies of the G-589.*
- 4. **Cash Funds.** Compare the property description(s) on the white, pink, and blue copies of the G-589.*

*After the property check, the property shall be returned to the detainee. The detainee shall then sign the blue copy of the G-589, indicating his or her receipt of all funds and personal property due him/her. The property log and inventory sheets shall reflect the transaction.*

## **L. Lost or Damaged Property**

### **1. General**

*In SPCs and CDFs, supervisory personnel shall be notified when properly receipted detainee property is reported missing or damaged. Supervisory staff shall investigate and, if necessary, take prompt action to prevent further loss.*

*If the property is not recovered or is recovered but in damaged condition, staff shall prepare a report for the facility administrator, providing:*

- 1. Name and A-number/facility detainee number of the detainee claiming ownership;*
- 2. Description of the property and, if applicable, damage;*
- 3. Date and time the loss or damage was discovered;*
- 4. Name(s) of person(s) discovering the loss or damage;*



5. *The circumstances under which the person(s) discovered the loss or damage;*
6. *Names and statements of all witnesses;*
7. *Place, date, and time the property was last seen (before reported missing or damaged);*
8. *The circumstances under which the property was last seen (before reported missing or damaged); and*
9. *Sworn statements from the detainee and all witnesses.*

*A detainee being transferred, released, or removed from the country with a property claim shall be allowed to initiate the claim before leaving the facility. The facility administrator shall forward the result of the claim to the claimant's forwarding address (provided upon admission or in conjunction with the claim).*

## **2. Lost or Damaged Property in SPCs**

*In addition to all procedures specified above, SPC staff must complete Form I-387, "Report of Detainees Missing Property" for missing property (not damaged property). The original copy of this form shall be placed in the detainee's A-file, with a copy retained by the facility.*

*The facility administrator shall report allegations of impropriety against staff in the handling of detainee funds or valuables in accordance with the Administrative Manual.*

## **3. Lost and Damaged Property in CDFs and IGSAs**

All CDFs and IGSA facilities shall have and follow a policy for loss of or damage to properly receipted detainee property, as follows:

- All procedures for investigating and reporting property loss or damage shall be implemented as specified in this Standard;
- Supervisory staff shall conduct the investigation;
- The senior facility contract officer shall process all detainee claims for lost or damaged property promptly;
- The official deciding the claim shall be at least one level higher in the chain of command than the official investigating the claim;
- The facility shall promptly reimburse detainees for all validated property losses caused by facility negligence;
- The facility may not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim; and
- The senior contract officer shall immediately notify the designated ICE/DRO officer of all claims and outcomes.

## **M. Abandoned Property**

All CDFs and IGSA facilities shall report and turn over to ICE/DRO all detainee abandoned property.

ICE/DRO shall handle abandoned property in accordance with ICE/DRO Detention and Removal Operations Policy and Procedures Manual on Detainee Property Management (Chapter 30):

1. Notification, including DRO staff contact and telephone number, shall be sent by certified mail to the last known address of the detainee, advising him or her that the property has been declared abandoned and that he or she has 30 days in which to contact ICE/DRO to arrange to claim the property. Notification shall state that failure to respond within 30 days will be considered abandonment of property.
2. If the detainee does not respond or expresses no interest in claiming the property, the facility administrator shall have the property "vested" into the ownership of the government.
3. After the property has been vested, ICE/DRO shall:
  - Use the property,
  - Destroy the property, or
  - Sell the property at auction and deposit the proceeds into a general account.
4. Contraband shall be handled in accordance with the Detention Standard on **Contraband**.
5. Property that is of minimal value, broken, or clearly abandoned shall be discarded.
6. Because property obtained through non-appropriated funds cannot be donated, donations of abandoned property to charitable organizations are prohibited.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## HOLD ROOMS IN DETENTION FACILITIES

**I. PURPOSE AND SCOPE.** This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms waiting further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.

Hold Rooms are used for detention of individuals awaiting removal, transfer, EOIR hearings, medical treatment, intra-facility movement, or other processing into or out of a facility.

This Detention Standard applies to the following types of facilities housing ICE/DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs***; however, IGSA facilities may also find them useful as guidelines. IGSAs may adopt, adapt, or establish alternatives to the italicized procedures, provided they meet or exceed the intent represented by those procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. The safety, security, and comfort of detainees temporarily confined in Hold Rooms will be ensured.
2. No detainee will be confined in a Hold Room for more than twelve hours.
3. Males and females will be confined separately.
4. Minors (under 18) will be held apart from adults, except for related adults or legal guardians, provided there are no safety or security concerns with this arrangement.
5. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety, comfort and security.
6. Detainees awaiting a medical visit will be seen as promptly as possible.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Hold Rooms in Detention Facilities** dated 9/20/2000.

## IV. REFERENCES

American Correctional Association 4<sup>th</sup> Edition Standards for Adult Local Detention Facilities: 1A-04, 1A-09, 1A-10, 1A-11, 1A-14, 1A-19, 1A-20, 1A-21, 6B-04.

ICE/DRO Detention Standard on **Searches of Detainees**.

ICE/DRO Detention Standard on **Suicide Prevention and Intervention**.

ICE/DRO Detention Standard on **Use of Force and Restraints**.

ICE/DRO **Hold Room Design Guide**.

ICE/DRO Family Residential Standards Searches of Residents

ICE/DRO Family Residential Standards Use of Physical Force

## V. EXPECTED PRACTICES

### A. Physical Conditions

*Based on the ICE/DRO Hold Room Design Guide, Hold Rooms shall be designed and constructed to comply with the following criteria:*

- 1. Each Hold Room shall be situated within the facility's secure perimeter.*
- 2. Each Single-occupant Hold Room shall contain a minimum of 37 square feet (seven unencumbered square feet for the detainee, five square feet for a combination lavatory/toilet fixture, and 25 square feet for wheelchair turnaround). Multiple-occupant Hold Rooms shall provide an additional seven square feet of unencumbered space for each additional detainee. "Unencumbered space" does not include space taken up by benches and tables.*
- 3. Each Hold Room shall be well ventilated and well lit. All activating switches and controls shall be located outside the room, in places accessible to staff only.*
- 4. Each Hold Room shall contain sufficient seating for the maximum room-capacity but shall contain no moveable furniture. Benches shall provide 18" of seat space per detainee and may be bolted to the floor or attached to the wall if the wall is of suitable construction.*
- 5. Bunks, cots, beds and other sleeping apparatuses are not permitted inside Hold Rooms. Exceptions may be made for minors and pregnant women.*
- 6. Each Hold Room shall be equipped with stainless steel, combination lavatory/toilet fixtures with modesty panels, in compliance with the Americans with Disabilities Act of 1990. Consistent with the International Plumbing Code:*
  - Each small Hold Room (up to 14 detainees) shall have one combi-unit;*
  - Each large Hold Rooms (15 to 49 detainees), at least two combination units. (The Hold Room Design Standards A-E, HDR Architecture, recommends a third combination unit for a Hold Room with 30 or more detainees, or one combination unit for every 15 detainees.).*

7. *Each Hold Room shall have floor drain(s).*
8. *Hold-room walls shall be escape- and tamper-proof, for example, 8-inch, reinforced concrete masonry unit wall. Impact-resistant, steel-studded surfaces shall also meet this standard, especially in existing buildings that cannot support reinforced concrete. The walls shall extend and be built into the floor/room structure above. Ceilings shall also be escape- and tamper-proof, preferably 10 to 16 feet high but no less than 9 feet, except in currently existing facilities with lower floor-to-floor heights.*
9. *Each Hold Room shall have two-inch thick, detention-grade, 14-gauge steel doors that swing outward, and the 14-gauge steel doorframes shall be grouted into the surrounding wall. Also required are tamper-resistant bolt locks, door-mounted with paracentric keys, jamb-mounted, with mogul keys.*
10. *The solid doors shall be equipped with security-glass or barred windows, 12"x12", installed at eye level for convenient visual checks. Security bars or mesh doors shall be of appropriately sturdy construction to prevent escape.*
11. *Primary surveillance shall be through observation windows to the side of the hold-room doors. Observation windows shall start about three feet from the floor and extend no higher than the top of the door.*
12. *The glazing shall meet or exceed the impact-resistant standard of glass-clad polycarbonate laminate. Window jambs shall be 14-gauge steel.*
13. *Detainees shall access to water in hold rooms.*

## **B. Unprocessed Detainees**

The maximum aggregate time an individual may be held in a Hold Room is 12 hours.

1. Unaccompanied minors (under 18) and parent(s) or legal guardians accompanied by minor children shall not be placed in Hold Rooms, unless they have shown or threatened violent behavior, have a history of criminal activity, or have given staff reasonable grounds to expect an escape attempt. As soon as it is determined that an unaccompanied minor is being detained, immediate efforts will be made to remove the detainee to an approved juvenile facility.
2. Persons exempt from placement in a Hold Room due to obvious illness, special medical, physical and or psychological needs, or other documented reasons shall be seated in an appropriate area designated by the facility administrator outside the Hold Room, under direct supervision and control, barring an emergency. If the physical layout precludes holding such individuals outside the Hold Room, they may be held in separate rooms, if available.
3. Males shall be segregated from females at all times (even if married).
4. Any minor (under 18) shall be held apart from adults, unless the adult is a relative or legal guardian and no other adult detainees are in the Hold Room, and provided there are no safety or security concerns with this arrangement. (For more information regarding juveniles, see *Flores v. Reno*.)

5. To the extent practicable in a hold room situation, detainees with known or readily apparent disabilities, including temporary disabilities, shall be housed in manner that accommodates their mental and/or physical condition(s) and provides for their safety, comfort and security.
6. Detainees shall be provided with basic personal hygiene items, for example, water, disposable cups, soap, toilet paper, feminine-hygiene items, diapers, and sanitary wipes.
7. If the Hold Room is not equipped with restroom facilities, the shift supervisor shall position an officer within sight or earshot of the Hold Room, to provide detainees with regular access to toilet facilities, which shall be as close as possible within the facility's security perimeter. Detainees using the restroom shall be closely monitored, under direct supervision. Detainees with physical disabilities will be provided appropriate assistance.

### **C. Detainee Search**

Officers shall inspect parcels, suitcases, bags, bundles, boxes, and other property before accepting any item of property.

Before placing a detainee in a room, staff shall do a pat down search for weapons or contraband:

- The pat down search shall be done by a staff member of the same gender as the detainee, unless one is not available.
- A pat down search is required, even if another section or agency claims to have completed one.

If the pat down search indicates the need for a more thorough search (e.g., reasonable suspicion of contraband or weapon possession), a strip search shall be conducted, in accordance with the Detention Standard on **Searches of Detainees and/or Family Residential Standard on Resident Searches**.

Staff shall remove from a detainee's possession any sharp objects, including pens, pencils, knives, nail files, and other objects that could be used as weapons or to deface property.

### **D. Basic Operational Procedures**

1. Before placing a detainee in a room, an officer shall observe and evaluate whether any individual presents any obvious mental or physical problems. If any are apparent, the officer shall notify appropriate staff.
2. Each facility shall maintain a detention log (manual or electronic) into which the Hold Room officer shall immediately enter specific information on an ICE/DRO detainee's placement in a Hold Room for such reasons as:
  - New arrivals (for example, a "voluntary return" waiting for a scheduled transportation run);
  - Awaiting legal visitation; and/or

- Awaiting interviews with supervisory staff or other officials.

*In SPCs/CDFs, the detention log shall record:*

- *Detainee's name*
- *Sex*
- *Age*
- *A-Number*
- *Nationality*
- *Reason for placement*
- *Time in*
- *Time out, and*
- *Final disposition of his or her immigration case*
- *Date and Time of new age determination.*

*The log shall also provide space to record meal times, visual checks, security concerns (which may also necessitate an incident report) and comments.*

### 3. Meals

- Officers shall offer a meal to any adult in a Hold Room for more than six hours. (Officers should question the individual to determine when he or she last ate, and, if appropriate, provide a meal.)
- Each minor shall receive meal service regardless of the time in custody or time of arrival.
- Minors, pregnant women, and others with evident medical needs shall have access to snacks, milk, and juice.
- To the extent practicable, officers shall be sensitive to detainees' cultural, religious and medical culinary restrictions and differences.

### 4. Staff shall ensure that sanitation, temperatures and humidity in Hold Rooms are maintained at acceptable and comfortable levels. Minors, pregnant women, and others with evident medical needs will have temporary access to temperature appropriate clothing and blankets.

### 5. Officers shall closely supervise Hold Rooms through direct supervision that includes:

- Continuous auditory monitoring, even when the Hold Room is not in the officer's direct line of sight;
- Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's **printed** name and any unusual behavior or complaints under "Comments; and
- Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors. In such cases, the officer shall notify the

shift supervisor. (See the Detention Standard on **Suicide Prevention and Intervention**.)

6. Staff shall not permit detainees to use tobacco products in a Hold Room.
7. The occupant load/detainee capacity will be posted outside of each holding cell.
8. *At SPCs and CDFs, no officer may enter a Hold Room unless another officer is stationed outside the door, ready to respond as needed. Officers may not routinely carry firearms, pepper spray, a baton, or any other non-deadly force devices into a Hold Room, and any required physical force to control a situation shall be in accordance with the Detention Standard on **Use of Force and Restraints and/or Family Residential Standard on Use of Physical Force**.*
9. When the last detainee has been removed, officers shall ensure the Hold Room is thoroughly cleaned and inspected for any evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures and report any such problems to the shift supervisor for corrective action or repair.

#### **E. Fire, Building Evacuations, and Medical Emergencies**

1. The facility administrator shall develop and distribute a written plan to be followed in the event of a fire, building evacuation, or medical emergency.  
*In SPCs/CDFs, evacuation procedures shall include posting the evacuation map and advance designation of the officer responsible for removing detainees from the Hold Room(s) in case of fire and/or building evacuation.*
2. Staff shall immediately:
  - Contact the medical emergency service when a detainee appears to be in need of urgent medical treatment, and.
  - Notify the supervisor of any such emergencies.
3. If a detainee is removed from a Hold Room for medical treatment, an officer detail shall accompany and remain with that detainee until medical personnel determine whether the condition requires hospitalization.
  - If the detainee is not hospitalized, the officer detail shall remain with the detainee until treatment is complete and then escort the detainee back to the facility.



- If the detainee is hospitalized, the officer detail shall notify the supervisor and await further instructions.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## KEY AND LOCK CONTROL

**I. PURPOSE AND SCOPE.** This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.

It applies to the following types of facilities housing ICE/DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

*Procedures in italics are specifically required for SPCs and CDFs.* IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. All staff will be trained in the proper care and handling of keys and locks.
2. Keys will be controlled and accounted for.
3. Locks and locking devices will be continually inspected, maintained, and inventoried.
4. Employees will store their firearms in secure gun lockers before entering the facility.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Key and Lock Control** dated 9/20/2000.

## IV. REFERENCES

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities: 4-ALDF-2D-01, 7B-10.

## V. EXPECTED PRACTICES

### A. Proper Care and Handling of Keys and Locks

All staff shall be trained and held responsible for adhering to proper procedures for the care and handling of keys, including electronic key pads where they are used. Initial training shall be accomplished before staff is issued keys, and key control shall be among the topics covered in subsequent annual training. Ordinarily, such training shall be done by the Security Officer (Key Control Officer), described below.

1. *An employee who leaves the facility with a key ring shall return it immediately upon realizing his or her mistake. Such act constitutes unauthorized possession of U.S. property as well as a breach of procedures.*

2. *An employee, who loses, misplaces, or otherwise cannot account for a key or key ring shall immediately alert the shift supervisor and promptly submit a written report.*
3. *Under no circumstances shall staff allow a detainee to handle facility keys.*
4. *Key rings, including those for gun lockers, shall be securely fastened to a belt with a metal clip or other approved device. Fastening keys to a holsters or belt loop is prohibited.*
5. *Employees shall not refer to key numbers or other means of key identification within earshot of a detainee.*
6. *Employees shall neither throw nor slide keys to one another.*
7. *Force shall not be used to operate locks.*
8. *If a key breaks inside a lock, the employee shall maintain visual oversight of the lock until the problem is repaired. If the key breaks inside a padlock, the padlock itself shall be removed and taken to the Control Center. In every instance, the employee shall submit a memorandum on the incident to the facility administrator.*
9. *It is good practice for every facility to use key covers for large security keys to prevent detainees or other unauthorized persons from observing and duplicating them.*

## **B. Security Officer (Key-Control Officer)**

Each facility administrator shall establish the position of Security Officer, or at a minimum, assign a staff member the collateral security officer duties, as described herein.

### **1. Major Duties and Responsibilities of the Security Officer**

The Security Officer shall have a written position description that includes duties, responsibilities, and chain of command.

*In SPCs and CDFs, the Security Officer:*

- *Reports directly to the chief of security;*
- *Conducts physical security surveys of all buildings and provides the chief of security written recommendations regarding deficiencies and needed corrective actions;*
- *Plans and implements adequate preventive maintenance/replacement of locks and other security-devices;*

- *Identifies technical problems or malfunctions in electronic/automated and manually operated security systems and immediately repairs them or coordinates prompt repairs with the facility maintenance department;*
- *Overhauls, adjusts, and replaces worn parts on locking devices and systems;*
- *Maintains, adjusts, and services machines used in the Lock Shop;*
- *Is trained in operation of gas/oxygen-cutting tools and end-saw equipment in case of an emergency;*
- *Conducts routine tests on emergency-exit doors;*
- *Checks the keys to all emergency exits every 30 days and all other keys needed in emergencies quarterly, and documents the results; and*
- *Reviews all major work orders and in-house designs, plans, and specifications with the facility maintenance department for compliance with security requirements.*

*The facility maintenance supervisor (or equivalent) shall consult with the chief of security (or equivalent) and Security Officer before proceeding with new construction and renovation projects involving door hardware.*

## **2. Required Locksmith Training**

All security officers shall successfully complete an approved locksmith training program.

*In SPCs and CDFs, the Security Officer shall complete formal locksmith training.*

*This should be supplemented with training in Occupational Safety and Health Administration standards and the National Fire Prevention Association's life safety codes. Manufacturer's instructions, user manuals, product orientations, and demonstrations can also provide useful guidance and should be stored in a secure location.*

## **3. Administrative Responsibilities**

The Security Officer is responsible for all administrative duties, including recordkeeping, concerning keys, locks, and related security equipment.

*In SPCs and CDFs, the Security Officer:*

- *Maintains a recordkeeping system that cross-references keys in the Control Center and Lock Shop, alphabetically and numerically, to facilitate quick identification of the key or key ring needed for a particular lock;*
- *Maintains accurate inventories of padlocks in use, master keys for cabinets, key blanks, and all keys currently in use;*
- *Maintains for the historical record a collection of reference material on locking devices and systems, including devices and systems previously used in the facility.*

#### **4. Supervision and Training**

The Security Officer shall train and direct employees in key control, including electronic key pads where they are used.

*In SPCs and CDFs, the Security Officer is responsible for training an Assistant Security Officer in all duties related to the position. The Security Officer must be proficient in all phases of security and be able to demonstrate proper equipment use to other employees.*

### **C. Lock Shop Operation**

#### **1. Inventories**

The Security Officer shall maintain inventories of all keys, locks and locking devices in the Lock Shop.

*In SPCs and CDFs, Lock Shop inventories shall include, at a minimum:*

- *A secure master-key cabinet containing at least one pattern key (never issued), and one or more spare keys. The cabinet shall be kept locked; except when in immediate use. The contents shall be itemized on an inventory form.*
- *All key blanks, identified by model number and manufacturer's name, inventoried in a bound ledger or electronic database.*
- *All unassigned padlocks.*
- *An inventory of assigned padlocks, with locations identified alphabetically or numerically.*

#### **2. Compromised Keys and Locks**

The facility administrator or chief of security shall establish procedures for handling compromised keys and locks.

*In SPCs and CDFs, compromised keys shall be cut into pieces until irretrievably destroyed. The facility shall document the type of key or lock, the number of keys or locks compromised, and the date, time, and method of destruction.*

#### **3. Safe Combinations**

The Security Officer shall implement procedures for protecting the integrity of all safe combinations.

*In SPCs and CDFs, the combination for each safe shall be changed at least every 12 months and any time a staff member with access to a combination is assigned to another post. The combination to a safe shall be sealed in an envelope bearing across the flap the date and signature of the person who deposited and sealed the combination inside the envelope. Any person(s) authorized to open the envelope shall be listed, by title, on the front of the envelope. Envelopes containing safe combinations shall be stored in the Lock Shop.*

#### 4. Keying, Authorized, and Non-Authorized Locks

- Either deadbolts or deadlocks shall be used in detainee-accessible areas.
- Locks not authorized for use in detainee-accessible areas include, but are not limited to: snap-, key-in-knob, thumb-turn, push-button, rim-latch, barrel or slide bolt, and removable-core-type locks (including padlocks). Any such locks in current use shall be phased out and replaced with mortise lock sets and standard cylinders.
- Grand master-keying systems are not authorized.
- A master-keying system may be used only in housing units where detainees have individual room keys. The number of doors shall be kept to a minimum and the unit officer's key must override all functions of such locks.
- After removing the facility number and key cuts, the Security Officer shall cut up and dispose of worn or discarded keys and locks.
- Entrance/exit door locks of housing units, work areas, chapels, gyms, and other areas with room capacity of 50 or more people shall meet the standards specified in the National Fire Protection Association Life Safety Code (#101). Specifically, the doors shall be equipped with prison-type locking devices modified to function when pressure is applied from inside the room. Panic-hardware is an acceptable alternative to the prison-type-locking device.
- Individual doors to areas with room capacity of 50 or more people shall have no more than one lock each. Padlocks shall not be used on exit doors or intermediate doors along the exit route.
- Padlocks and/or chains may not be used on cell doors.

##### *In SPCs and CDFs:*

##### *a. Padlocks and hasps may be used only where specified below:*

- 1. Fence-gates in areas without ceilings;*
- 2. Freezer-door interiors whose lock-release systems include panic-release device(s);*
- 3. Vehicle roll-up door walk-through exit(s).*

##### *b. Entrances and exits from the secured perimeter shall be controlled by sally ports, with all doors and gates interlocking electronically (Only one door can unlock at a time, canceling the electrical control of other doors until the unlocked door is returned to its secure position).*

##### *c. Under no circumstances may prison-type security keys and/or blanks (active, non-active, or discarded) be used or distributed for presentation purposes.*

## **5. Preventive Maintenance**

The Security Officer shall implement a preventive maintenance program.

*In SPCs and CDFs, the Security Officer shall perform the following preventive maintenance services, among others:*

- a. Adjust and service all cellblock-locking mechanisms in the Special Management Unit and in housing units with secure rooms, at least once per year.*
- b. Adjust and service vehicle-gates for changing (hot/cold) weather conditions twice a year, in the spring and early fall.*
- c. Adjust and service front-entrance and other gate operations at least once a year.*
- d. Lubricate all other locks quarterly, per manufacturers' instructions.*
- a. Perform maintenance checks on locks and locking systems, taking corrective action as necessary.*
- f. At least once every five years: steam-clean vehicle-gates; clean locking mechanisms of front-entrance gates, other gates, and cellblock locking mechanisms using steam or other means.*

*The facility maintenance supervisor is responsible for door-hardware installation and maintenance (closures, hinges, pulls, kick plates, etc.), and for providing certain support services (welding, electrical-work) to the Security Officer, as needed.*

## **6. Preventive Maintenance Documentation**

The Security Officer shall maintain all preventive maintenance records.

*In SPCs and CDFs, the Security Officer's preventive maintenance files shall include:*

- 1. Date,*
- 2. Location of lock or locking mechanism,*
- 3. Type of maintenance,*
- 4. Rationale for changing key combination(s), and*
- 5. Signature of service provider.*

## **D. Key Cabinet**

### **1. Location**

An operational keyboard large enough to accommodate all facility key rings, including keys in use, shall be located in a secure area.

*In SPCs and CDFs, this operational keyboard shall be located in the Control Center. An electronic key control box may be placed outside the Control Center if it is a secure unit.*

### **2. Basic Construction**

*In SPCs and CDFs, the key cabinet shall be constructed so that keys are visible only when being issued. Keys may never be seen by detainees or visitors.*

*Small, closet-type space in the Control Center may be used instead of a cabinet, as long as:*

- *Access limitations are the same as for a key cabinet,*
- *All other key/lock standards are met, and*
- *The space is used solely for key control.*

*In the key cabinet:*

- *Keys in vertical rows shall be arranged in alphabetical order, and*
- *Keys in horizontal rows shall be arranged in numerical order.*
- *The label identifying the letter or number of the key ring that belongs on a particular hook shall be visible even when the key ring is on the hook.*
- *Any hook without an assigned key ring shall be tagged with a metal chit that indicates "hook not in use."*

### **3. Key Rings**

The Security Officer shall implement procedures for identifying every key ring and every key on each key ring, and for preventing keys from being removed from key rings, once issued.

*In SPCs and CDFs, all key rings shall be heavy-gauge wire that has been welded or brazed to prevent removal of keys from the ring.*

*Two metal tags of unequal size shall be attached to each key ring:*

- *The larger tag shall identify the key ring with a number/letter corresponding to the hook number/letter.*
- *The smaller tag shall identify the number of keys on the key ring.*

### **4. Emergency Keys**

Emergency keys shall be on hand for every area to or from which entry or exit might be necessary in an emergency.

*In SPCs and CDFs:*

- a. Emergency keys may be kept in a separate key cabinet or in a readily identified area of the regular-issue key cabinet. A separate key cabinet located in the Control Center is recommended for the emergency keys.*
- b. The emergency key cabinet shall contain a hook for each key ring. If an emergency key ring is kept outside the main emergency key cabinet (for example, in a tower), a metal tag providing the key ring's location shall hang on the hook intended for that key ring in the main emergency key cabinet.*
- c. The emergency keys shall be cut precisely to manufacturer's specifications.*
- d. Emergency keys shall not be rotated in and out of the Lock Shop.*



## **E. Issue of Key Rings**

### **1. Chit System**

Facilities shall use a chit system or other standard system for the issuance and accountability of key rings. A key chit is a tag (usually metal) that identifies the person who has drawn a set of keys.

*In SPCs and CDFs, the chit shall be labeled with the officer's first initial and last name. All key rings shall be issued as needed (at the beginning of a shift, etc.) with the exchange of a chit for a key and the chit placed on the hook from which the key was removed.*

*An employee who reports to work without chits must obtain temporary chits from the Control Officer, which he or she can exchange for keys according to standard procedure.*

- *The Control Officer shall maintain accountability for the issued chits.*
- *At the end of the shift, the employee shall personally return the temporary chits to the Control Officer.*

*At shift rotation, to obtain keys from an officer on post, the relief officer must first exchange his or her key chit at the Control Center for the key chit of the employee being relieved. The relief officer shall take his or her key chit to the employee being relieved and exchange the key chit for the appropriate ring of keys. The officer shall immediately count the keys on his or her ring, immediately reporting any discrepancies to the shift supervisor. If the relief officer needs to gain access to any location(s) while heading from the control enter to his or her post, the Control Officer may issue him/her a second set of keys. In this case, the officer shall return the extra set of keys to the Control Officer at the end of the relief shift.*

### **2. Restricted Keys**

The facility administrator shall establish rules and procedures for authorizing use of restricted keys.

*In SPCs and CDFs, the Control Officer must have authorization from the shift supervisor to issue a restricted key.*

#### **a. Pharmacy**

Pharmacy keys shall be strictly controlled.

Ordinarily, such controls include:

- Maintaining pharmacy keys in a Restricted Keys cabinet in the Control Room and issuing them only to authorized pharmacy staff.
- Maintaining a second set in the lock shop.

In the event of an emergency that necessitates entry into the pharmacy by other than authorized pharmacy staff, the highest-ranking supervisor currently on shift may authorize the withdrawal, document the reasons, and sign the authorization.

Such documentation is ordinarily done on a Restricted Key form. A copy shall

be sent to the Pharmacist, who shall maintain a file of such emergency authorizations.

#### **b. ICE and EOIR Offices**

Keys to ICE and EOIR (Executive Office for Immigration Review) office and courtroom areas shall similarly be restricted and controlled. If a key is authorized for emergency withdrawal, a copy of the Restricted Key form is to be provided to ICE.

### **3. 24-Hour Issue Keys**

No key or key ring may be issued on a 24-hour basis without the facility administrator's written authorization.

*In SPCs and CDFs, a key chit identifying the borrower of the key ring shall be placed on the appropriate hook in the key cabinet, along with a metal tag marked "24-hour issue."*

*Individual authorizing record forms shall be used to record the following information about each set of 24-hour-issue keys: the key ring identifiers (number and title), the number of keys on the ring, the individual key numbers and the door each key unlocks. Each record must bear the signatures of the authorizing facility administrator, chief of security, and the employee to whom the keys are issued.*

### **4. Security Keys**

*Key rings used but not issued on a 24-hour basis because of the attached security keys shall be kept in a dedicated, glass-front, lockable box in the Control Center. Identical boxes may be kept and used in different departments, provided staff is authorized to receive 24-hour keys. The key to every such box shall be issued on a 24-hour basis.*

*The staff member removing keys from the box shall place his or her chit on the hook in place of the key ring, returning the keys and reclaiming the chit at the end of the shift. The individual to whom the keys were issued shall personally return the keys to the box, without exception.*

*Security keys may not be taken off facility property (except for bus, van and other authorized-vehicle keys). As a rule, security keys shall not be issued on a 24-hour basis.*

### **5. Key Accountability**

The facility administrator shall establish written policy and implementing procedures to ensure key accountability.

*In SPCs and CDFs, the Control Officer shall conduct a key ring audit upon reporting for duty, accounting for each key ring in the Control Center logbook and shall immediately report discrepancies in the record to the shift supervisor.*

*The Control Officer shall also identify broken or bent keys. All keys (regular-issue and emergency) shall be checked and counted daily.*

*To ensure accountability, keys shall be issued only on the assigned key rings.*

## **6. Request for Key Change**

*Key-change requests shall be submitted, in writing, to the facility administrator. Upon facility administrator approval, only the Security Officer may add or remove a key from a ring.*

## **7. Split Key Ring**

*The splitting of key rings into separate rings is not authorized.*

## **F. Gun-Locker Keys**

Officers shall store all their weapons in individual lockers before entering the facility.

The facility administrator shall develop and implement site-specific procedures for controlling gun-locker access.

In all facilities, gun lockers shall:

- Be placed in locations where officers can continuously observe them, in person or on a video-monitor, and not in any area that has detainee or public access.
- Be used to store the weapons of all on-duty officers, except those whose assignments require them to carry weapons.
- Not be used for long-term storage. (A staff member may arrange with the facility firearms control officer for long-term storage of a weapon in the armory.)

Chits and logbooks are useful for maintaining accountability for gun locker keys and gun locker use.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## POPULATION COUNTS

**I. PURPOSE AND SCOPE.** This Detention Standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and accountability for detainees.

It applies to the following types of facilities housing ICE/DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOME.** The expected outcome of this Detention Standard is:

Security, safety, and orderly facility operations will be maintained through an ongoing, effective system of population counts and accountability for detainees.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Population Counts** dated 9/20/2000.

## IV. REFERENCES

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities: 4-ALDF-2A-16, 2A-17.

ICE/DRO National Detention Standard on Medical Care

## V. EXPECTED PRACTICES

### A. Formal Counts

Formal counts are conducted at specific times of the day and night in a predetermined manner. A formal count shall be conducted at least once every eight hours, with a shift supervisor verifying its accuracy. Additional counts are encouraged at the discretion of the facility.

*In SPCs and CDFs:*

1. *The formal count(s) shall be conducted at least once every eight hours (ordinarily once per shift) at a time determined by the chief of security. Counts shall be scheduled to achieve full accountability with minimal interference with daily work and activity schedules.*
2. *Count procedures must be strictly followed. If the accuracy of a count is in doubt, the officers shall do a recount and any other double-checking necessary. Officers performing the count shall never rely on a roll call.*
  - a. *An unaccompanied officer shall never perform a count in an open area (housing units, food service area, etc.). One officer shall count while a second officer observes all detainee movements, to ensure that no detainee shifts from one location to another, to be counted twice. Upon completing the first count the officers shall change positions and count again.*
  - b. *The officers assigned the count shall have primary responsibility for the count accuracy, and shall be familiar with possible sources of error. The officers must know the specific manner of counting detainees in different types of locations (for example, housing units, open-type areas, or work areas). A system for counting each detainee, including those who are outside the housing unit, will be developed. The officers shall encourage detainees to accept the count as a facility necessity.*
  - c. *Officers must make positive identification of the living body of the detainee ("living, breathing flesh") -- and not mere clothing in a human shape--before counting anyone present. Escapes have been affected by the skillful use of such mannequins, replicas, dummies, etc. The counting officers shall remain in the count area until the facility Control Center verifies and clears the count.*
  - d. *When making night counts, officers should use flashlights judiciously, however with sufficient light to make a positive identification of a living body. The officer must not count a detainee based on a part or parts of clothing, hair, shoes, or the appearance of a human form.*
3. *Officers shall encourage detainee cooperation; however, they shall not allow detainees to perform the count, nor participate in the preparation or documentation of the count process.*
4. *There shall be no movement of detainees during formal counts. All detainee movements into, out of, and within the facility must cease before the count begins. Detainee movement shall not resume anywhere in the facility until the complete facility count has been cleared. If while conducting a count staff observe an unusual incident e.g. medical emergency, criminal act, etc., they will cease the count and respond appropriately according to local procedures. Should an emergency arise during the count that necessitates the movement of detainees, a new count shall be conducted.*
5. *All detainee units/areas shall be counted simultaneously. Each detainee shall be counted at a specific location; and all movement of detainees shall cease*

*before the count begins. Movement shall not resume until the total detainee population count is verified and cleared. The counting officer from each location shall report his or her count to the facility control officer, who is responsible for collecting and maintaining the count. After the count is reported in, a signed paper count slip shall be delivered to the Control Center. This count slip shall be used to verify the area count. Therefore, count slips must be prepared and signed in indelible ink. Both officers conducting the count must sign the count slip. The Control Center shall not accept an improperly prepared count slip or one that contains erasures or alterations of any kind. The control officer shall take into account the current out-count in verifying the population count against the master count.*

- 6. As each area reports its count, the control officer shall so indicate in the control log. If any area/unit reports an incorrect count, all areas/units shall be required to count again. If the count remains incorrect, the shift supervisor shall be notified and additional staff shall be dispatched to the count area to assist with a third count. No count shall be cleared until all counting errors have been corrected, or until the cause of error has been identified and corrective action taken. If a detainee is in the wrong count area, the detainee shall be escorted to the correct count area. If this occurs, officers in all count areas/units shall recount, recall the earlier counts, and deliver the new count slip to the control officer.*
- 7. If all recounts fail to clear the count, the shift supervisor shall conduct a face-to-photo count, matching photos on facility identification cards with detainee faces, individual by individual. When the face-to-photo count has been completed, the control officer shall report that count to the shift supervisor responsible for accepting and clearing the count.*
- 8. In the event that a detainee is unaccounted for after the face-to-photo count, the supervisor on duty shall institute the escape policy.*

## **B. Face-to-Photo Counts**

Face-to-photo counts shall be conducted as necessary. Facilities will conduct at least one face-to-photo count daily.

*In SPCs and CDFs, face-to-photo counting procedures are the same as the formal count procedures, except each detainee shall be matched with the photo on his or her I-385 card or facility equivalent photo-identification card.*

## **C. Informal/Census Counts**

Each officer shall make irregular but frequent checks to verify the presence of all detainees in his or her charge.

*In SPCs and CDFs, these informal counts or checks occur between formal counts. For work crews, a count is made when the crew assembles for work, at frequent intervals during the work period, and when the crew is dismissed at the end of the work period. An informal count is reported only if a detainee appears to be missing. In that case, an emergency (formal) count shall be taken.*

#### **D. Master Count**

The facility Control Center shall maintain a master count.

*In SPCs and CDFs, the facility control officer maintains the master count record. He or she must be provided with up-to-the-minute information regarding detainee admissions, releases, housing changes, hospital admissions, outside work details, and any other changes that could affect detainee accountability. An up-to-the-minute count record shall at all times be maintained in the Control Center. The master count shall take into account the current out-count.*

#### **E. Out-Counts**

The control officer shall maintain an out-count record of the number and destination of all detainees who temporarily leave the facility.

*In SPCs and CDFs, this record must contain an accurate and up-to-the-minute listing of every temporary departure and return of a detainee. It must be updated regularly and used in any formal count.*

#### **F. Emergency Count**

An emergency count shall be conducted when there is reason to believe a detainee is missing, or after a major disturbance has occurred.

An emergency count is a formal count taken in addition to and at a different time from the regularly scheduled formal counts. When a detainee is unaccounted for, or a major disturbance has ended, a count shall be taken to determine that no one has escaped or is in hiding. The facility control officer must always be prepared to produce an up-to-the-minute count for such use.

In SPCs and CDFs, all detainees shall be returned to their housing units during emergency counts. An emergency count is conducted in the same manner as a formal count.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## POST ORDERS

**I. PURPOSE AND SCOPE.** This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.

It applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Each officer will have current written Post Orders that specifically apply to the assigned post, with step-by-step procedures in sufficient detail to guide an officer assigned to that post for the first time.
2. Signed and dated records will be maintained to show that assigned officers acknowledged that they read and understood the Post Orders.
3. Post Orders will be formally reviewed annually and updated as needed.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Post Orders** dated 9/20/2000.

## IV. REFERENCES

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities. 4-ALDF-2A-04.

ICE Interim Use of Force Policy (7/7/2004).

ICE Interim Firearms Policy (7/7/2004).

## V. EXPECTED PRACTICES

### A. Post Orders Required

The facility administrator shall ensure that:

- There are written Post Orders for each security post,



- Copies are available to all employees,
- Written facility policy and procedures:
  - Provide official on-duty time for officers to read the applicable Post Orders when assigned to a post, and
  - Ensure that officers read those applicable Post Orders prior to assuming their posts.
- As needed, Post Orders for non-permanent assignments (details, temporary housing units, emergencies, etc.) are developed, in advance or as soon as possible after the need arises.

## **B. Reading and Understanding of Post Orders**

Officers and supervisors shall use the Post Orders to familiarize themselves with the duties for which they are responsible and to remain situationally aware of changes that occur in the operation and duties of that post. Even if an officer has worked a post in the past, he or she should not assume the Post Orders have not changed.

Supervisors shall ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.

## **C. Preparation of Post Orders**

*In SPCs and CDFs, the chief security officer shall supervise the preparation of all Post Orders, which shall:*

- *Be based on ICE/DRO detention standards, ICE/DRO policies, and facility practices, and*
- *Specifically state the duty hours for each post.*

*The facility administrator (or designee) shall:*

- *Approve, sign, and date each Post Order on the last page of each section,*
- *Initial and date all other pages, and*
- *Initial and date any subsequent changes to the Post Order.*

## **D. Format of Post Orders**

*The Post Orders for each post shall be issued in a six-part classification folder and be organized as follows.*

- |                   |   |
|-------------------|---|
| <i>Section 1:</i> | <i>Specific Post Orders, listing activities chronologically, with responsibilities clearly defined;</i> |
| <i>Section 2:</i> | <i>Special instructions, if any, relating to the specific post;</i>                                     |
| <i>Section 3:</i> | <i>General Post Orders applicable to all posts;</i>   |
| <i>Section 4:</i> | <i>Memoranda changing or updating the Post Orders;</i>  |
| <i>Section 5:</i> | <i>ICE/DRO detention standards and policies and facility practices relevant to the post;</i>            |

### **E. Housing Unit Post Orders in SPCs and CDFs**

*In addition to the above requirements for all Post Orders, housing unit Post Orders in SPCs and CDFs shall follow the event schedule format, for example, "0515– Lights on" and shall direct the assigned officer to maintain a unit log of pertinent information regarding detainee activity.*

*The shift supervisor shall visit each housing area and initial the log on each shift.*

### **F. Armed and Perimeter-Access Post Assignments**

In addition to the above requirements for all Post Orders, Post Orders for armed and perimeter-access posts assignment shall describe and explain:

- The proper care and safe handling of firearms; and
- Circumstances and conditions under which use of firearms is authorized.

Any officer assigned to an armed post must be qualified with the firearms assigned to that post. ICE/DRO officers must be qualified in accordance with the current ICE/DRO firearms policy. Other officers must be qualified in accordance with ICE/DRO Policy. With the exception of emergencies, armed employees shall be assigned only to transportation details, mobile patrols, or other posts inaccessible to detainees.

Post Orders for armed posts, and for posts that control access to the institution perimeter, shall clearly state that:

- Any staff member who is taken hostage is considered to be under duress, and
- Any order issued by such a person, regardless of his or her position of authority, is to be disregarded.

Specific instructions for escape attempts shall be included in the Post Orders for armed posts.

The Post Orders shall be based on and consistent with the Detention Standard on **Use of Force and Restraints**. Post Orders in SPCs shall also be in accordance with the ICE Interim Use of Force Policy and the ICE Interim Firearms Policy.

### **G. Maintenance of Post Orders**

Post Orders shall be kept current at all times and formally reviewed at least annually and updated as needed. Staff who become aware that any part of a folder of Post Orders is out of date or in need of repair or replacement shall notify the shift supervisor.

1. Post Orders and logbooks are confidential and must be kept secure (under lock and key) at all times and never left in an area accessible to detainees.
2. The chief of security shall determine whether Post Orders need updating during the period between annual reviews. Any time a page becomes difficult to read, it shall be removed and replaced by a clean copy.
3. Two weeks before the annual review, security supervisory staff shall solicit

written suggestions for changes or additions to Post Orders from ICE/DRO staff, contract staff and other affected staff.

The security supervisor or equivalent shall review and comment on all suggested changes prior to submitting them to the chief of security for review and possible inclusion in Post Orders. All submissions shall be retained in a historical file for two years.

The chief of security shall forward the updated Post Orders to the facility administrator for approval.

4. Emergency changes may be made by memorandum, and placed in the Post Orders immediately, with notification to the union when required as soon as possible. During each review the Post Orders must be revised to incorporate or delete emergency changes, at which time any emergency memoranda are to be removed.
5. A Post Orders master file shall be maintained in the office of the chief of security and made available to all staff. Copies of the applicable Post Orders may be retained at the post only if secure from detainee access.
6. The chief of security shall ensure that all Post Orders are transcribed on a computer and that all back-up disks are properly accounted for and maintained in a secure location.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## ENVIRONMENTAL HEALTH AND SAFETY

**I. PURPOSE AND SCOPE.** This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.

It applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document are defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Facility cleanliness and sanitation will be maintained at the highest level.
2. Compliance with all applicable safety and sanitation laws will be ensured by documented internal and external inspections and corrective action when indicated.
3. Compliance with all applicable fire safety codes and fire safety performance requirements for the facility furnishings will be ensured.
4. Flammable, poisonous, toxic, and caustic materials will be controlled and used in a safe manner.
5. Compliance with fire prevention regulations, inspection requirements, and practices, including periodic fire drills, will ensure the safety of detainees, staff, and visitors.
6. Staff will be knowledgeable about procedures and responsibilities during emergency situations, including those that require evacuation, in accordance with a written plan and at least annual training.
7. The facility will have a plan for immediate release of detainees from locked areas and provisions for a back-up system
8. A sufficient number of properly positioned emergency exits that are clear from obstruction will be distinctly and permanently marked.
9. Preventive maintenance and regular inspections will be performed to ensure timely emergency repairs or replacement to prevent dangerous and life-threatening situations.

10. Potential disease transfer will be minimized by the proper sanitization of barbering equipment and supplies.
11. Pests and vermin will be controlled and eliminated.
12. Safe potable water will be available throughout the facility.
13. Emergency lighting and life-sustaining equipment will be maintained and periodically tested.
14. Disposal of garbage and hazardous waste will be in compliance with applicable government regulations.
15. The applicable content and information in this standard will be communicated in a language or manner which the detainee can understand.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Environmental Health and Safety** dated 9/20/2000.

#### **IV. REFERENCES**

- American Correctional Association 4th Edition, Standards for Adult Detention Facilities: 4-ALDF-1A-01, 1A-02, 1A-03, 1A-07, 1A-14, 1A-15, 1A-16, 1A-17, 1A-18, 1A-19, 1A-20, 1C-01, 1C-02, 1C-03, 1C-04, 1C-05, 1C-07, 1C-08, 1C-09, 1C-10, 1C-11, 1C-12, 1C-13, 1C-14, 1C-15, 4B-07, 4C-18.
- Occupational Safety and Health Administration (OSHA) Regulations
- NFPA Standards
- US Public Health Service Report on Carcinogens

#### **V. EXPECTED PRACTICES – GENERAL ENVIRONMENTAL HEALTH AND SAFETY**

##### **A. General Environmental Health**

Environmental health conditions shall be maintained at a level that meets recognized standards of hygiene, including those from the:

- American Correctional Association,
- Occupational Safety and Health Administration,
- Environmental Protection Agency,
- Food and Drug Administration,
- National Fire Protection Association's Life Safety Code, and
- National Center for Disease Control and Prevention.

The Health Services Department or IGSA equivalent shall assist in the identification and correction of conditions that could adversely impact the health of detainees, employees, and visitors. The sanitarian consultant is responsible for developing and implementing

policies, procedures, and guidelines for the environmental health program that are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.

The consultant shall:

- Conduct special investigations and comprehensive surveys of environmental health conditions, and
- Provide advisory, consultative, inspection, and training services regarding environmental health conditions.

The medical facility's Health Services Administrator is responsible for:

- Implementing a program that assists in maintaining a high level of environmental sanitation, and
- Providing recommendations to the facility administrator concerning environmental health conditions, in consultation with the sanitarian consultant.

## **B. Staff and Detainee Safety**

The facility administrator shall ensure that adequate provisions are made for staff and detainee safety in accordance with these Detention Standards and applicable law. The Detention Standard on **Staff Training** further addresses employee training related issues. The Detention Standard on **Volunteer Work Program** addresses detainee training issues for workers. Detainees will receive safety instruction where necessary for living area-related assignments such as working with cleaning products to clean general use areas.

Detainee living area safety will be emphasized to staff and detainees to include providing, as noted in the standards, a housekeeping plan. Bed rails are not common in detention settings except for medical housing units because of the potential safety risk they pose. When there are safety concerns with a detainee sleeping in a top bunk that is not along a wall and has no bed rail, accommodations will be made to ensure safety. In locations where ladders are not available, accommodations for detainees, such as the use of bottom bunks or the addition of a ladder or step, will be made on a case by case basis. Detainees who have medical or physical problems that sleeping on a top bunk will aggravate will be referred to the medical unit for consideration of a lower bunk permit.

## **C. General Housekeeping**

The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness. When possible, the use of non-toxic cleaning supplies is recommended.

1. All horizontal surfaces shall be damp-dusted daily with an approved germicidal solution used according to the manufacturer's directions.
2. Windows, window frames, and windowsills shall be cleaned on a regular

schedule, but do not require daily cleaning.

3. Furniture and fixtures shall be cleaned daily.
4. Floors shall be mopped daily and when soiled using the double-bucket mopping technique, and with a hospital disinfectant-detergent solution mixed according to the manufacturers directions.
5. A clean mop head shall be used each time the floors are mopped.
6. Waste containers shall be non-porous and lined with plastic bags and the liner shall be changed daily.
7. The container itself shall be washed at least weekly, or as needed when it becomes soiled.
8. Cubicle curtains shall be laundered monthly or during terminal cleaning following treatment of an infectious patient.

#### **D. Pests and Vermin**

The facility administrator shall contract with licensed pest-control professionals to perform monthly inspections to identify and eradicate rodents, insects, and vermin. The contract shall include a preventive spraying program for indigenous insects and a provision for callback services as necessary.

#### **E. Certification of Facility Water Supply**

At least annually, a state laboratory shall test samples of drinking and wastewater to ensure compliance with applicable standards. A copy of the testing and safety certification shall be maintained on-site.

#### **F. Emergency Electrical Power Generator**

At least every two weeks, emergency power generators shall be tested for one hour, and the oil, water, hoses and belts of these generators shall be inspected for mechanical readiness to perform in an emergency situation .

Power generators are inspected weekly and load tested quarterly at a minimum, or in accordance with manufacturer's recommendations and instruction manual. Among other things, the technicians shall check starting battery voltage, generator voltage and amperage output.

Other emergency equipment and systems shall be tested quarterly, and needed follow-up repairs or replacement shall be accomplished as soon as feasible.

#### **G. Garbage and Refuse**

- Garbage and refuse includes all trash, rubbish, and other putrescible and non-putrescible solid waste, except the solid and liquid waste discharged into the sanitary sewer system of the facility.
- Garbage and refuse shall be collected and removed as often as necessary to maintain sanitary conditions and to avoid creating health hazards.
- Facilities shall comply with all federal, state and local environmental regulations

and requirements governing methods for handling and disposing of refuse.

## **VI. – HAZARDOUS MATERIALS**

Every facility shall establish a system for storing, issuing, using, and maintaining inventories of and accountability for hazardous materials. The facility program will be supervised by a person who has been trained in accordance with OSHA standards. The effectiveness of any such system depends not only on written policies, procedures, and precautions but also on adequate supervision and responsible behavior of staff and detainees, including following instructions precisely, taking prescribed precautions and using safety equipment properly.

A list of common flammable, toxic, and caustic substances is included at the end of this Detention Standard as Table A.

### **A. Personal Responsibility**

Every individual who uses a hazardous substance must:

- be trained in accordance with OSHA standards;
- be knowledgeable about and follow all prescribed precautions;
- wear personal protective equipment when indicated; and
- promptly report hazards or spills to the designated authority.

### **B. Protective Equipment**

- Protective eye and face equipment is required where there is a reasonable probability of injury that can be prevented by such equipment. Areas of the facility where such injuries can occur shall be conspicuously marked with eye hazard warning signs.
- Eyewash stations that meet the standards of the OSHA shall be installed in designated areas throughout the facility, and all employees and detainees in those areas shall be instructed in their use.

### **C. Inventories**

Every area shall maintain a current inventory of the hazardous substances (flammable, toxic, or caustic) used and stored there. Inventory records shall be maintained separately for each substance. Entries for each shall be logged on a separate card (or equivalent) filed alphabetically by substance. The entries shall contain relevant data, including purchase dates and quantities, use dates and quantities, and quantities on hand.

### **D. Material Safety Data Sheets Files**

Every department or other area of the facility using hazardous substances shall maintain a file of Material Safety Data Sheets (MSDSs) that includes a list of the locations where hazardous substances are stored, along with a diagram and legend of



these locations. Designated staff from each department or area shall provide a copy of each file to the Maintenance Supervisor.

- MSDSs are produced by manufacturers and provide vital information on individual hazardous substances, including instructions on safe handling, storage, disposal, prohibited interactions, etc.
- Staff and detainees shall have ready and continuous access to the MSDSs for the substances with which they are working. Staff and detainees that do not read English will not be authorized to work with these materials.
- Because changes in MSDSs occur often and without notice, staff must:
  - review the latest issuance from the manufacturers of the relevant substances;
  - update the MSDS files as necessary; and
  - forward any changes to the Maintenance Supervisor, so that the copy is kept current.

#### **E. Master Index**

The Maintenance Supervisor shall compile:

- a master index of all hazardous substances in the facility and their locations;
- a master file of MSDSs; and
- a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.).

The Maintenance Supervisor maintains this information in the safety office (or equivalent) and ensures a copy is sent to the local fire department.

#### **F. General Guidelines Regarding Hazardous Substances**

**Issuance.** Flammable, caustic, and toxic substances (hazardous substances) shall be issued (that is, drawn from supply points to canisters or dispensed) only under the supervision of the designated officer.

**Amounts.** Hazardous substances shall be issued in single-day increments (the amount needed for one day's work.)

**Supervision.** Qualified staff shall closely monitor detainees working with hazardous substances.

**Accountability.** Inventory records for a hazardous substance must be kept current before, during, and after each use.

#### **G. Flammable and Combustible Liquids**

1. Any liquid or aerosol labeled "Flammable" or "Combustible" must be stored and used as prescribed on the label required by the Federal Hazardous Substances Labeling Act.

2. Lighting fixtures and electrical equipment installed in flammable liquid storage rooms must meet National Electrical Code requirements in hazardous locations.
3. Every hazardous material storage room shall:
  - Be of fire-resistant construction and properly secured;
  - Have self-closing fire doors at each opening;
  - Be constructed with either a four-inch sill or a four-inch depressed floor; and
  - Have a ventilation system (mechanical or gravity flow) within 12 inches of the floor, which provides at least six air changes per hour.
4. Every storage cabinet shall:
  - Be constructed according to code and securely locked at all times;
  - Be clear of open passageways, stairways, and other emergency exit areas;
  - Be conspicuously labeled: "Flammable -- Keep Fire Away"; and
  - Contain not more than 60 gallons of Class I or Class II liquids, or more than 120 gallons of Class III liquids.
5. Storage rooms and cabinets may be entered only under secure conditions and under the supervision of authorized staff.
6. Any portable container that is not the original shipping container must be designated as an approved safety can, which is listed or labeled by a nationally recognized testing laboratory. Each container shall bear a legible label that identifies its contents.
7. Excess liquids shall remain in original containers, tightly closed, in the storage room or cabinet.
8. The MSDS shall govern use of a particular flammable or combustible liquid.
9. Only authorized staff may dispense flammable and combustible liquids, using acceptable methods for drawing or transferring these liquids.

Drawing from or transferring any of these liquids into containers indoors is prohibited except:

- Through a closed piping system;
- From a safety can;
- By a device drawing through the top; or
- By gravity, through an approved self-closing system.

An approved grounding and bonding system must be used when liquids are dispensed from drums.

10. Without exception, cleaning liquids must have a flash point at or above 100° F (for example, Stoddard solvents, kerosene). Cleaning operations must be in an approved parts-cleaner or dip tank fitted with a fusible link lid with a 160° F melting-temperature link.

11. Staff shall follow MSDS directions:

- When disposing of excess flammable or combustible liquids; or
- After a chemical spill.

#### H. Toxic and Caustic Substances

- All toxic and caustic materials must be stored in secure areas, in their original containers, with the manufacturer's label intact on each container.
- Authorized staff only shall draw/dispense these substances, in accordance with the applicable Material Safety Data Sheet(s).
- Staff shall either return unused amounts to the original container(s) or, under certain circumstances, to another suitable, clearly labeled container in the storage area.
- MSDS directions shall determine the disposal and spill procedures for toxic and caustic materials used in the facility.

#### I. Poisonous Substances

Poisonous substances or chemicals, such as methyl alcohol, sulfuric acid, muriatic acid, caustic soda or tannic acid, among others, pose a very high (Class I) caustic hazard due to their toxicity.

**Methyl alcohol**, variously referred to as wood alcohol and methanol, is commonly found in industrial applications (for example, shellac thinner, paint solvent, duplicating fluid, solvents for leather cements and dyes, flushing fluid for hydraulic brake systems):

- If ingested, methyl alcohol can cause permanent blindness or death.
- Staff must directly supervise the use of any product containing methyl alcohol. Products containing methyl alcohol in a very diluted state, such as shoe dye, may be issued to detainees, but only in the smallest workable quantities.
- Immediate medical attention is vital any time methyl alcohol poisoning is suspected.

#### J. Other Toxic Substances

1. Permanent **antifreeze** containing ethylene glycol shall be stored in a locked area and dispensed only by authorized staff.
2. **Typewriter cleaner** containing carbon tetrachloride or trichloroethane shall be dispensed in small quantities and used under direct staff supervision.
3. **Cleaning fluids** containing carbon tetrachloride or trichloroethylene shall be strictly controlled.
4. **Glues** of every type may contain hazardous chemicals. When use of a nontoxic product is not possible, staff must closely supervise all stages of handling. The toxic glues must be stored in a locked location.
5. The use of **dyes and cements for leather** requires close supervision.

Nonflammable types shall be used whenever possible.

6. **Ethyl alcohol, isopropyl alcohol, and other antiseptic products** shall be stored and used only in the medical department and only under close supervision. To the extent practical, such chemicals shall be diluted and issued in small quantities to prevent any injuries or lethal accumulation.
7. **Pesticides** not currently approved by the Environmental Protection Agency, such as DDT and 1080 (sodium fluoracetate), are prohibited. The Maintenance Supervisor is responsible for purchasing, storing (in a locked area), and dispensing all pesticides used in the facility.
8. The Maintenance Supervisor or other staff members responsible for **herbicides** must hold a current state license as a Certified Private Applicator. Persons applying herbicides must wear proper clothing and protective gear.
9. **Lyes** may be used only in dye solutions and only under the direct supervision of staff.

#### **K. Labeling of Chemicals, Solvents, and Other Hazardous Materials**

The facility administrator shall individually assign the following responsibilities associated with the labeling procedure:

- Identifying the hazardous nature of materials adopted for use;
- Requiring use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material;
- Teaching staff the meaning of the classification code and the MSDS, including the safe handling procedures for each material, and impressing on staff the need to ensure containers are properly labeled; and
- Placing correct labels on all smaller containers when only the larger shipping container bears the manufacturer-affixed label.

#### **L. Controlled Hazardous Materials**

Certain substances require special treatment and careful planning and precautions before use. These controlled materials are classified according to the type of hazard and the nature of the restrictions imposed for their safe use, as specified in OSHA regulations.

**Class I: Industrial Solvents.** Industrial solvents and chemicals used as paint thinners, degreasers, and cleaning agents may have toxic properties and low flash points, making them dangerous fire hazards.

**Class II: Restricted Materials.** Beryllium, its alloys and compounds, and silver solder containing cadmium pose a danger to workers, for whom special precautions must be taken.

**Class III: Recognized Carcinogens.** OSHA-listed carcinogens are governed by the OSHA regulations provided in 29 CFR 1910.1000.

Although asbestos appears on the OSHA list, it is exempt from the regulation when:

- no asbestos fibers will be released into the air during handling and use; and
- the asbestos consists of firmly bound fibers contained in a product such as: a transit pipe, wallboard, or tile (except when being sawed or otherwise handled in a way that releases fibers into the air).

**Class IV: Suspected Carcinogenic, Teratogenic, and Mutagenic Materials.** Chemical agents, substances, mixtures, and exposures are listed in the biennial *Report on Carcinogens* issued by the U.S. Public Health Service, in accordance with the Public Health Service Act. The Maintenance Supervisor shall ensure the facility has copies of the report and that there is compliance with the provisions of the latest edition.

## **VII. EXPECTED PRACTICES – FIRE PREVENTION AND CONTROL**

### **A. Fire Safety Codes**

Every facility shall comply with standards and regulations issued by:

- OSHA;
- the American Correctional Association "mandatory" Expected Practices;

(Mandatory ACA Expected Practice 4-ALDF-1C-07 requires that the facility conform to applicable federal, state, and/or local fire safety codes, and that the authority having jurisdiction document compliance. **A fire alarm and automatic detection system are required** (or there is a plan for addressing these or other deficiencies within a reasonable time period), as approved by the authority having jurisdiction. If the authority approves any variance, exceptions, or equivalencies, they must not constitute a serious life-safety threat to the occupants of the facility.)

- local and national fire safety codes, and
- applicable standards of the American Society for Testing and Materials, American National Standards Institute, and Underwriters' Laboratories or Factory Mutual Engineering Corporation.

New construction, alterations, and renovations, shall comply with:

- the latest revision or update of the International Council Codes.
- the Uniform Building Code; or
- the Standard Building Code, in accordance with 40 USC Title 619 and local law.

If the local government does not mandate adherence to a particular code, construction must conform to the International Council Codes.

In addition, the construction shall comply with the latest edition of the National Fire Protection Association's (NFPA) 101, Life Safety Code and National Fire Codes (NFCs). If the fire protection and life safety requirements of a local building code differ

from NFPA 101 or the NFCs, the requirements of NFPA 101 and the NFCs shall take precedence and be recognized as equivalent to the local building code.

## **B. Inspections**

A qualified departmental staff member shall conduct weekly fire and safety inspections. Facility maintenance (safety) staff shall conduct monthly inspections.

Written reports of the inspections shall be forwarded to the facility administrator for review and, if necessary, corrective action determinations. The Maintenance Supervisor shall maintain inspection reports and records of corrective action in the safety office. Fire safety deficiencies shall be promptly addressed.

## **C. Fire Prevention, Control, and Evacuation Plan**

Every facility shall develop a fire prevention, control, and evacuation plan that includes the following:

1. Control of ignition sources;
2. Control of combustible and flammable fuel load sources;
3. Provisions for occupant protection from fire and smoke;
4. Inspection, testing, and maintenance of fire protection equipment, in accordance with NFPA codes, etc.;
5. Monthly fire inspections;
6. Installation of fire protection equipment throughout the facility, in accordance with NFPA codes;
7. Accessible, current floor plans (buildings and rooms); prominently posted evacuation maps/plans; exit signs and directional arrows for traffic flow; with a copy of each revision filed with the local fire department; and
8. Exit diagrams that shall be conspicuously posted throughout the facility.

## **D. Fire Drills**

Fire drills shall be conducted and documented at least quarterly in all facility locations including administrative areas.

1. Fire drills in housing units, medical clinics, and other areas occupied or staffed during non-working hours shall be timed so that employees on each shift participate in an annual drill.
2. Detainees shall be evacuated during fire drills, except: in areas where security would be jeopardized; in medical areas where patient health could be jeopardized; or in individual cases when evacuation of patients is logistically not feasible. Staff shall simulate drills in areas where detainees are not evacuated.
3. Emergency-key drills shall be included in each fire drill, and timed. Emergency keys shall be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors. However,

when conducting fire drills emphasis will be placed on safe and orderly evacuation rather than speed.

### **E. Exit Diagram**

In addition to a general area diagram, the following information must be provided on signs:

- Instructions in English, Spanish and the next most prevalent language at the facility;
- "You Are Here" markers on exit maps; and
- Emergency equipment locations.

"Areas of Safe Refuge" shall be identified and explained on diagrams. Diagram posting will be in accordance with applicable fire safety regulations of the jurisdiction.

## **VIII. EXPECTED PRACTICES – MEDICAL OPERATIONS**

### **A. Needles and Other Sharp Objects**

An established uniform procedure shall be established for the safe handling and disposal of used needles and other potentially sharp objects (sharps) to prevent both mechanical injury and the percutaneous transmission of infectious disease organisms, such as hepatitis B virus (HBV) and human immunodeficiency virus (HIV). Sharps are defined as all disposable or discarded items derived from detainee care that could potentially transmit disease via direct subdermal inoculation. Items included are: hypodermic needles and syringes, scalpel blades, glass vials or ampules containing materials deemed to be infectious, burrs, glass cartridges, and lancets.

Accidental injuries from sharp objects are common in health care programs; most are from needle sticks caused by staff attempting to recap hypodermic needles. A uniform procedure for used needles and other disposable sharps is necessary to reduce the number of such injuries by preventing the secondary handling of needles and other dangerous sharp objects used in the delivery of medical care.

### **B. Standard Precautions (includes “Universal Precautions”)**

Staff shall frequently wash their hands and routinely take precautions to prevent contact with blood or other body fluids.

a. Gloves shall be worn: prior to touching blood and body fluids, mucous membranes, or non-intact skin of all patients; prior to handling items or surfaces soiled with blood or body fluids; and prior to performing venipuncture and other vascular access procedures.

Gloves shall be changed after contact with each detainee.

b. Masks and protective eye wear or face shields shall be worn during procedures that are likely to generate droplets of blood or other body fluids,

- c. Gowns or aprons shall be worn during procedures that are likely to generate splashes of blood or other body fluids.
- d. Hands and other skin surfaces shall be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands shall be washed immediately after gloves are removed.
- e. All health-care workers shall take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures, when cleaning used instruments, during disposal of used needles, and when handling sharp instruments after procedures. Instruments and drugs will be maintained in a secure and sanitary condition,
- f. To prevent needle stick injuries, needles shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After use, disposable syringes and needles, scalpel blades, and other sharp items shall be placed in puncture-resistant containers for disposal.
- g. Large-bore reusable needles shall be placed in a puncture resistant container for transport to the reprocessing area.
- h. To minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices shall be available for use in areas in which the need for resuscitation is predictable.
- i. Health-care workers who have exudative lesions or weeping dermatitis shall refrain from all direct patient care and from handling patient care equipment until the condition resolves.
- j. Pregnant health-care workers shall strictly adhere to precautions to minimize the risk to the infant of perinatal transmission of HIV.
- k. Implementation of standard blood and body fluid precautions for all detainees eliminates the need for the use of isolation category of "Blood and Body Fluid Precautions" previously recommended by the Centers for Disease Control for individuals known or suspected to be infected with blood-borne pathogens. Isolation precautions shall be used as necessary if associated conditions, such as infectious diarrhea or tuberculosis, are diagnosed or suspected.

Staff should encourage detainees to frequently wash their hands and routinely take precautions to prevent contact with blood or other body fluids.

### **C. Accidental Needle Sticks**

Any employee or detainee who receives a needle stick or who is cut while handling potentially contaminated sharps shall be counseled regarding baseline testing for HBV and HIV and referred to their usual source of health care. If the injury also involves a person who is a known source of possible infection, that person shall also be tested for HBV and HIV. The incident shall be reported as an occupational injury and documented in accordance with applicable regulations for commissioned officers and civil service employees, respectively.

The leading health service provider's exposure-control plan shall be followed in the event of a needle stick.



## **D. Inventory**

Items that pose a security risk, such as sharp instruments, syringes, needles, and scissors, shall be inventoried and checked weekly by an individual designated by the medical facility's Health Service Administrator (HSA) or equivalent.

## **E. Handling**

Without removing the needles or replacing the needle covers, staff shall place used (disposable) syringes in a plastic disposal box or container.

### **1. Disposal Containers**

Use only commercially available, biohazardous-waste sharps containers approved by the National Institute of Safety and Health (for example, a "Winfield Sharps Container.").

Do not use milk cartons or plastic milk jugs or other plastic containers of similar thickness.

Use containers with a two-gallon capacity (approximate)

Under no circumstances shall an item be removed from the sharps container.

### **2. Location**

Sharps Containers shall be located on top of counters or, if on the wall, at least five feet above ground. Containers shall never sit on the floor.

### **3. Disposal**

When the disposal box is one-half to two-thirds full, the lid shall be closed and locked, and tape shall be placed over the top of the lid to indicate that it is ready for disposal. The container shall be labeled with the words "infectious waste" or with the universal biohazard symbol, and placed in the proper area for removal and disposal.

Sharps are considered infectious waste, and final disposal of the container and contents shall be through a commercial contractor that handles disposal of infectious waste in accordance with all local and federal regulations.

The HSA shall make arrangements for disposal with an approved contractor and is responsible for validating that the contractor's disposal methods are in accordance with all infectious and hazardous waste disposal laws and regulations. Arrangements shall be made with local hospitals, if possible, for disposal with the hospitals' own infectious waste.

## **F. Environmental Health in Medical Operations**

While many of the following considerations, precautions, and specific procedures apply to situations that typically arise in medical operations, in many cases they have general application to all facility operations.

### **1. General Housekeeping**

Environmental cleanliness will prevent, reduce and control nosocomial infections due to contaminated environmental surfaces. The HSA or designee is responsible

for ensuring the cleanliness of the medical facility.

Using an acceptable health agency standard as a model, the HSA shall establish:

- The cleaning equipment; cleansers; disinfectants and detergents to be used,
- The Methods of cleaning, and
- The frequency of cleaning and inspections.

The HSA or designee shall make a daily visual inspection of the medical facility noting the condition of floors, walls, windows, horizontal surfaces, and equipment.

All surfaces touched by detainees or staff shall be cleaned using fresh solutions of appropriate disinfectant products, applied with clean cloths, mops, or wipes. Cleaned surfaces need not be monitored microbiologically since the results of such tests have been shown not to correlate with infection risk. Floors, walls, beds, tables, and other surfaces that usually come in contact with intact skin require low-level disinfection.

Horizontal surfaces in detainee care areas are cleaned on a regular basis, when soiling or spills occur. Additionally, short-stay units are cleaned when a detainee is discharged. Cleaning of walls, blinds, or curtains is required only when visibly soiled.

The Chief Nurse (or equivalent) is responsible for training all staff and detainees in using proper housekeeping procedures and proper handling of hazardous materials and chemicals.

#### **a. General Cleaning**

1. All horizontal surfaces shall be damp-dusted daily with an approved germicidal solution.
2. Windows, window frames, and windowsills shall be cleaned on a regular schedule, but do not require daily cleaning.
3. Furniture and fixtures shall be cleaned daily.
4. Floors shall be mopped daily and when soiled using the double-bucket mopping technique. The cleaning solution shall be a hospital disinfectant-detergent solution mixed according to the manufacturer's directions. A clean mop head shall be used each time the floors are mopped.
5. Waste containers shall be lined with plastic bags and the liner shall be changed daily. The container itself shall be washed at least weekly, or as needed when it becomes soiled.
6. Cubicle curtains shall be laundered monthly or during terminal cleaning following treatment of an infectious patient.

#### **b. Isolation Cleaning**

1. An approved germicidal detergent solution shall be freshly prepared in accordance with the manufacturer's specifications for each cleaning.

2. After cleaning the isolation room, mops and cleaning cloths shall be laundered before being reused.
3. Dirty water and used disinfecting solutions shall be discarded and the buckets and basins disinfected before being refilled. Items used in cleaning a contaminated isolation room shall never be taken into another area.
4. Linens shall be carefully removed from the bed and double bagged for transport.
5. All waste materials shall be double bagged and disposed of as contaminated waste.

**c. Terminal Cleaning**

1. Every item in the room must be cleaned with an approved hospital germicidal solution.
2. When applicable, linen shall be stripped from the bed, with care taken not to shake the linen. Linen shall be folded away from the person and folded inward into a bundle, then removed with minimal agitation.
3. When applicable, all reusable receptacles such as drainage bottles, urinals, bedpans, water pitchers shall be emptied and rinsed with germicidal solutions.
4. All equipment that is not to be discarded, such as IV poles, respirators and suction machines, shall be washed with an approved germicidal solution following manufacturer's guidelines for cleaning the specific piece of equipment.
5. When applicable, mattresses and pillows covered with durable plastic covers shall be thoroughly washed with the approved germicidal solution.
6. When applicable, beds shall be washed thoroughly using a small brush soaked in the germicidal solution to gain access to small holes and crevices, to areas between the springs, and to the casters.
7. All furniture shall be washed with a germicidal detergent solution. Use a small brush if necessary. Outside and underside as well as legs and casters must also be washed.
8. Wastebaskets shall be thoroughly washed with a germicidal solution after trash has been removed.
9. Telephones shall be thoroughly cleaned with a clean cloth soaked in the germicidal solution. The earpiece and mouthpiece shall be unscrewed, scrubbed, dried and replaced.
10. Walls and ceilings need not be washed entirely, but areas that are obviously soiled shall be washed with germicidal solution.

#### **d. Choice of Disinfecting Materials**

Hospital-grade disinfectant-detergent formulations registered by the Environmental Protection Agency may be used for environmental surface cleaning, but the physical removal of microorganisms by scrubbing is also as important as any antimicrobial effect of the cleaning agent used.

Cost, safety, and acceptance by staff should be the criteria for selecting any such registered agent. The manufacturer's instructions for use shall be followed exactly.

## **2. Blood and Body Fluid Clean-up**

Spills of blood and body fluids shall be cleaned up and the surface decontaminated in such a manner as to minimize the possibility of workers becoming exposed to infectious organisms, including HIV and HBV. A suitable cleanup kit shall be maintained for use in cases of spills of blood and body fluids. Cleanup kits may be obtained from commercial sources, or kits may be put together by ICE/DRO HSD staff or the designated health care provider.

#### **a. Making a Clean-up Kit**

To prepare a clean-up kit for blood and body fluid spills, package the following materials in a 12" x 15" clear" Ziploc" bag:

- Gloves, rubber or vinyl, household type, (2 pair)

- Clean absorbent rags (4)

- Absorbent paper towels (15)

- Disposable bag marked "Contaminated" size 23"x10"x39", minimum thickness 1.5 mils.

- Clear plastic bag 13"x10"x39", minimum thickness 1.5 mils.

- Bottle of "hospital disinfectant" (containing quaternary ammonium chlorides in at least 0.8% dilution), or a bottle of household bleach such as "Clorox" or "Purex" (5.25 % sodium hypochlorite).

#### **b. Selection of Disinfectants**

Dilute solutions of sodium hypochlorite are reported extremely effective against both HIV and the Hepatitis B virus and therefore have been recommended for use in environmental decontamination procedures. Quaternary ammonium compounds are less effective against Hepatitis B. Chlorine in solution inactivates virus quickly and efficiently but must reach the virus particles to do so.

Proteinaceous materials may interfere with the ability of the appropriate disinfectant solution to reach the virus particles. Since quaternary disinfecting compounds may act as a detergent as well as a disinfectant, their use may help in the cleaning and removal of proteinaceous materials from surfaces.

A facility may use one of these compounds to help clean the surface, and then follow with the use of chlorine solution for final disinfection. Using one disinfectant compound rather than two would keep the procedure as simple as possible. By following routine medical cleaning procedures, most blood or fluids would be removed from the surface before application of the disinfectant, so the use of sodium hypochlorite solution shall be sufficient.

**c. Selection of Gloves**

Household or industrial rubber gloves have been recommended for use rather than surgical rubber gloves. Surgical gloves are somewhat porous and are less resistant to mechanical damage and punctures during clean-up procedures.

**d. Assignment of Cleaning Duties to Detainees in Medical Facilities**

Detainee workers may be assigned duties cleaning the medical facility. Detainees are permitted to clean floors, walls, and to remove trash, but are not permitted to clean medical equipment.

**e. Instructions for Use of Clean-Up Kit**

1. Open the bag and remove the supplies.
2. Depending on the type of disinfectant in the kit, take out bottle of "hospital disinfectant", or prepare a dilute solution of sodium hypochlorite. To prepare a 1:10 dilution of 5.25% sodium hypochlorite, mix 1 part of 5.25 % sodium hypochlorite (common household bleach) with 10 parts water.
3. Open the large clear plastic bag and the large bag marked "Contaminated". Place them next to each other.
4. Put on one pair of gloves.
5. Use paper towels to absorb as much of the fluid as possible; then place paper towels in the large clear plastic bag.
6. Pour the solution carefully onto the spill area. Dispose of the empty bottle in the large, clear plastic bag. Leave disinfectant in place for 15 minutes.
7. Use the rags to clean the area, and place rags in the large clear plastic bag.
8. Tie off the clear plastic bag and place it inside the large plastic bag marked "Contaminated."
9. Remove gloves carefully and place them in the plastic bag marked "Contaminated."
10. Put on the second pair of gloves and tie the "Contaminated" trash bag closed.
11. Dispose of the "Contaminated" trash bag properly in a contaminated-waste receptacle.
12. Dispose of the second pair of gloves in the contaminated-waste

receptacle.

13. Wash your hands.

14. Prepare a new clean-up kit.

NOTE: Do not place linen or non-disposable articles in the "Contaminated" trash bag.

### **3. Hazardous and Infectious Waste Disposal**

Infectious and hazardous waste generated at a medical facility shall be stored and disposed of safely and in accordance with all applicable federal and state regulations.

For identified wastes that represent sufficient risk of causing infection or injury during handling and disposal, the following precautions shall be applied.

#### **a. Definitions**

Hazardous or infectious waste is defined as: microbiology laboratory waste; human blood and blood products; sharps (as defined in Section VIII, A above); laboratory and other chemicals; or certain drugs such as antineoplastic.

Miscellaneous biomedical waste is defined as waste materials that are not specifically defined as infectious waste. Such waste includes bandages, dressings, casts, catheters, and disposable pads.

Waste from detainees in isolation is not considered to be infectious waste unless it falls within the specific definition of infectious waste as stated above.

#### **b. Collection and Storage**

Infectious waste must be separated from the general waste stream and clearly labeled as infectious:

- Infectious waste shall be double-bagged and tied and labeled "Infectious Waste."
- The bags used must be impermeable, commercially supplied red bags intended specifically for biohazardous waste storage.
- Miscellaneous biomedical waste shall be double-bagged and tied but need not be labeled as infectious.

#### **c. Treatment and Disposal**

Blood products and designated body fluids shall be poured slowly and carefully down a toilet to prevent splash. Compacting of untreated infectious waste is prohibited. The waste disposal contractor must meet all state or and local requirements for transportation and disposal.

## **IX. – BARBER OPERATIONS**

Sanitation in barber operations is of the utmost concern because of the possible transfer of

diseases through direct contact or by towels, combs and clippers. Towels shall not be reused by other detainees until sanitized. Instruments such as combs and clippers shall not be used successively on detainees without proper cleaning and disinfecting.

1. For sanitation reasons, it is preferable that barbering operations be located in a room that is not used for any other purpose. The floors, walls, and ceilings should be smooth, nonabsorbent and easily cleaned. There should be sufficient light, and the room shall be supplied with hot and cold running water.
2. Each barbershop should have all equipment and facilities necessary for maintaining sanitary procedures for hair care, including covered metal containers for waste, disinfectants, dispensable headrest covers, laundered towels, and haircloths.
3. After each detainee visit, all hair care tools that came in contact with the detainee shall be cleaned and effectively disinfected. Ultraviolet lights are not appropriate for sterilization but may be used for maintaining tools that have already been properly sterilized.
4. Detailed hair care sanitation regulations shall be conspicuously posted in each barbershop for the use of all hair care personnel and detainees. Cotton pads, absorbent cotton and other single or dispensable toilet articles may not be reused, and shall be placed in a proper waste receptacle immediately after use. The common use of brushes, neck duster, shaving mugs and shaving brushes is prohibited.
5. Barbers or beauticians shall not provide service to any detainee when the skin of the detainee's face, neck, or scalp is inflamed, or when there is scaling, pus, or other skin eruptions, unless service of such detainee is performed in accordance with the specific authorization of the Chief Medical Officer. No person who is infested with head lice shall be served.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

**TABLE A**  
**Common Flammable, Toxic, and Caustic Substances**

**Class I Liquids**

Gasoline  
 Benzene (Petroleum ether)  
 Acetone  
 Hexane  
 Lacquer  
 Lacquer thinner  
 Denatured alcohol  
 Ethyl alcohol  
 Xylene (Xylol)  
 Contact cement (flammable)  
 Toluene (Toluene)  
 Methyl ethyl ether  
 Methyl ethyl ketone  
 Naphtha Y, M, and P

**Toxic Substances**

Ammonia  
 Chlorine  
 Antifreeze  
 Duplicating fluid  
 Methyl alcohol  
 Defoliants  
 Herbicides  
 Pesticides

**Class II Liquids**

Diesel fuel  
 Motor fuel  
 Kerosene  
 Cleaning solvents  
 Mineral spirits  
 Agitene

**Caustic Substances**

Lye  
 Muriatic acid  
 Caustic soda  
 Sulfuric acid  
 Tannic acid

**Class III Liquids**

Paint (oil base)  
 Linseed oil  
 Mineral oil  
 Neat's-foot oil  
 Sunray conditioner  
 Guardian fluid



# ICE/DRO DETENTION STANDARD

## FOOD SERVICE

**I. PURPOSE AND SCOPE.** This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

It applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. All detainees will be provided nutritionally balanced diets that are reviewed at least quarterly by food service personnel and at least annually by a qualified nutritionist or dietitian.
2. Detainees, staff and others will be protected from harm and facility order will be maintained by the application of sound security practices in all aspects of food service and dining room operations.
3. Detainees, staff, and others will be protected from injury and illness by adequate food service training and the application of sound safety and sanitation practices in all aspects of food service and dining room operations.
4. Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.
5. Food service facilities and equipment will meet established governmental health and safety codes, as documented by an independent, outside source.
6. Detainees, staff, and others will be protected from health-related harm by advance medical screening and clearance before any detainee is assigned to work in food service operations.
7. Food service areas will be continuously inspected by food service staff and other assigned personnel on schedules determined by the food service administrator and by applicable policy requirements.

8. Stored food goods will be maintained in accordance with required conditions and temperatures.
9. Therapeutic medical diets and supplemental food will be provided as prescribed by appropriate clinicians.
10. Special diets and special ceremonial meals will be provided for detainees whose religious beliefs require the adherence to religious dietary laws.
11. Detainees will receive a religious or special diet free of any personal cost.
12. Food will never be used for reward or punishment.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Food Service** dated 9/20/2000.

#### **IV. REFERENCES**

American Correctional Association Standards for Adult Local Detention Facilities, 4th Edition: 4-ADLF-4A-01 through 4A-18. (Five of those Expected Practices are mandatory for accreditation: 4A-07, 4A-11, 4A-13, 4A-15, and 4A-16.)

ICE/DRO Detention Standard on Tool Control

ICE/DRO Detention Standard on Key and Lock Control

FDA Public Health Services Food Code

#### **V. EXPECTED PRACTICES**

##### **A. Administration**

**1. Food Service Administrator or Equivalent.** The food service program shall be under the direct supervision of an experienced food service administrator (FSA) who is responsible for:

- Planning, controlling, directing, and evaluating food service;
- Training and developing the cook foremen;
- Managing budget resources;
- Establishing standards of sanitation, safety and security;
- Developing nutritionally adequate menus and evaluating detainee acceptance of them;
- Developing specifications for the procurement of food, equipment, and supplies; and
- Establishing a training program that ensures operational efficiency and a high quality food service program.

Ordinarily, a food service department is also staffed by one or more cook supervisors (CS) and cook foremen (CF), although the organizational structure differs among facilities, particularly when food service is provided by a food service contractor. References to the CS and CF in this Detention Standard describe typical

duties for those positions, although the functions may be performed by others, depending on the organizational structure.

## **B. Security**

### **1. Custody and Security**

The facility's custody and security policy and procedures shall address the buildings or portions of buildings housing the food service department; all the types of detainee traffic in and out of the department; detainee behavior; control of repairs; control of utensils with a custodial hazard potential (knives, cleavers, saws, tableware, etc.); official counts and census; shakedowns; and any other matters having a direct or indirect bearing on custody and security.

The facility's training officer shall devise and provide appropriate training to all food service personnel in detainee custodial issues. Among other things, this training shall cover ICE/DRO's Detention Standards.

### **2. Knife Control**

The knife cabinet must be equipped with an approved locking device. The on-duty cook foreman, under direct supervision of the CS, shall maintain control of the key that locks the device.

Knives must be physically secured to workstations for use outside a secure cutting room. Any detainee using a knife outside a secure area must receive direct staff supervision. Knives should be inventoried and stored in accordance with the Detention Standard on Tool Control.

To be authorized for use in the food service department, a knife must have a steel shank through which a metal cable can be mounted. The facility's tool control officer is responsible for mounting the cable to the knife through the steel shank.

*The FSA/CS shall monitor the condition of knives and other food service utensils, disposing of items not in good working order and ordering replacements. If a knife is misplaced or lost, staff shall immediately notify the FSA and chief of security, and shall hold detainees who may have had access to the missing knife in the area until a thorough search is conducted. The responsible CS shall provide the details of the loss in a written report to the chief of security.*

The knife cabinet shall meet the tool-control standards of the Occupational Safety and Health Administration, as well as any site-specific standards developed by the facility.

### **3. Key Control**

Keys should be inventoried and stored in accordance with the Detention Standard on **Key and Lock Control**.

*The control room officer shall issue keys only in exchange for a name chit from receiving staff. Under no circumstances shall detainees have access to facility keys.*

*The cook supervisor shall return the keys to the control room before going off duty. At no time may anyone carry facility keys outside the facility.*

#### **4. Controlled Food Items/Hot Items**

All facilities shall have procedures for handling food items that pose a security threat.

##### **a. Yeast and Yeast Products**

All yeast must be stored in an area with no detainee access, preferably in a locked metal yeast cabinet for which the food service department has only one key. The locked yeast cabinet should be kept in a locked area.

Until the yeast is thoroughly incorporated as an ingredient in the item being prepared, only one member of the food service staff, closely supervised, may handle and dispense it.

Staff shall keep a record of the yeast inventory (in pounds and ounces), indicating quantity of receipt and issue, balance on hand, and the record-keeper's initials.

##### **b. Other Food Items**

Mace, nutmeg, cloves, sugar, and alcohol-based flavorings also require special handling and storage.

- The purchase order for any of these items shall specify the special-handling requirements for delivery.
- Staff shall store and inventory these items in a secure area in the food service department.
- Staff shall directly supervise use of these items.

#### **5. Shakedowns**

All facilities must establish daily searches (shakedowns) of detainee work areas (trash, etc.) as standard operating procedures, paying particular attention to trash receptacles.

Searches of detainees leaving certain work areas (for example, bakery, vegetable preparation, dining room, warehouse) are required to reduce the possibility that hot food or contraband can leave the restricted area. Unless directed otherwise by facility policy or special instructions, staff shall prevent detainees from leaving the food service department with any food item.

Food service personnel as well as facility detention staff shall conduct shakedowns.

#### **6. Counts**

The FSA shall establish procedures for informing staff of the local counting procedures and for ensuring that the procedures are followed.

Staff must be able to account for detainees at all times.

The counting officer must have a staff observer/backup during each count. Detainees should be assembled in one section of the dining room and be required to remain seated until their names are called and then move to another section of the dining room.

## **C. Detainee Workers**

### **1. Detainee Workforce**

Detainees may volunteer for work in accordance with the Detention Standard on the **Voluntary Work Program** and must work in accordance with the Detention Standard on Classification System.

The number of detainees assigned to the food service department shall be based on a quota developed by the FSA and approved by the facility administrator. The quota shall provide staffing according to actual needs, eliminating any bias toward over- or understaffing.

### **2. Detainee Job Descriptions**

The FSA shall review detainee job descriptions annually to ensure they are accurate and up to date. Before starting work in the department, the detainee shall sign for receipt of the applicable job description. A copy of the detainee's job description shall remain on file for as long as the detainee remains assigned to the food service department.

### **3. Detainee Orientation and Training**

To ensure a quality food service program and instill good work habits, each CS shall instruct newly assigned detainee workers in the rules and procedures of the food service department. During the orientation and training session(s), the CS shall explain and demonstrate safe work practices and methods and shall identify the safety features of individual products and equipment.

Training shall also include workplace-hazard recognition and deterrence, including the safe handling of hazardous materials. Detainees shall learn to use and understand protective devices and clothing and to report any malfunctions or other safety-related problems to their supervisors.

The CS must document all training in each detainee's detention file.

### **4. Detainee Work Hours and Pay**

*In SPCs and CDFs, detainees shall work and be paid in accordance with the Detention Standard on the **Voluntary Work Program**.*

### **5. Meals for Food Service Workers**

The FSA shall establish the meal schedules for detainee food service workers.

Detainee workers shall receive the same fare as other detainees. Cook supervisors may not allow detainees to prepare "special" dishes or condiments for their own (or other detainees') consumption. Food service employees shall also ensure that detainee workers do not eat between meals.

Detainee workers assigned to the staff dining room may be allowed to eat in that area. All others shall eat in the main dining room, or, if the facility has no main dining room, the FSA shall designate an area for workers to eat.

## **6. Detainee Clothing**

Detainees assigned to the food service department shall have a neat and clean appearance.

*Unless the facility administrator establishes other policy, the detainee uniform shall consist of the following: white, short-sleeved, summer-type uniform shirts and pants; safety work shoes; and a white paper hat or white "baseball" cap. White aprons or smocks of either cloth or disposable plastic may be part of the uniform.*

- Detainees with hair shoulder-length or longer shall be required to wear a hair net under their hats or caps.
- Detainees with facial hair shall be required to wear beard guards when working in the food preparation or food serving areas.
- Detainees working in the garbage room, dish machine room, pan-washing area, etc., shall be required to wear rubber or plastic aprons suited to the task and rubber boots, if required, for sanitation or safety.
- Detainees working in refrigerated and freezer areas shall be provided appropriately insulated clothing.

## **7. Use of Tobacco**

Tobacco in all its forms is prohibited in the food service department.

## **D. Food Service Dining Room/Satellite Meals Operations**

### **1. General Policy**

In the interest of efficiency, security, and economy in operations, detainee dining room hours shall not exceed the time required to serve all meals. Ordinarily detainees shall be served three meals every day, at least two of them hot meals; however, the facility administrator may approve variations in the food service schedule during religious and civic holidays, provided that basic nutritional goals are met. The dining room schedule must allow no more than 14 hours between the evening meal and breakfast.

Meals shall always be prepared, delivered, and served under staff (or contractor) supervision.

Meals shall be served in as unregimented a manner as possible. To this end, the FSA's table arrangement must facilitate free seating, ease of movement, and ready supervision. The dining room shall have the capacity to allow each detainee a minimum of 20 minutes dining time for each meal.

### **2. Display and Service**

The following procedures apply to the display, service and transportation of food to main and satellite food service areas:

- a. Before and during the meal, the CS in charge shall inspect the food service line to ensure:
  - All menu items are ready for consumption.

- Food is appropriately presented.
  - Sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140 F degrees (120 degrees in food trays) and foods that require refrigeration maintained at 41 F degrees or below.
- b. Every open food item and beverage shall be protected from contaminants by easily cleaned sneeze-guards, cabinets, display cases, or other such equipment.
- c. Servers must wear food grade plastic gloves and hair nets whenever there is direct contact with a food or beverage. Servers must use tongs, forks, spoons, ladles, or other such utensils to serve any food or beverage. Serving food without use of utensils is strictly prohibited.
- d. Servers shall use scoops, tongs, or other approved utensils when handling or dispensing ice for consumption. The FSA should consider the practicability of purchasing automatic ice-dispensing equipment.
- e. Utensils shall be sanitized:
- As often as necessary to prevent cross-contamination and other food-handling hazards during food preparation and service.
  - After every food preparation/service session and
  - Again, if necessary, immediately before being used.
- f. Sugar, condiments, seasonings, and dressings available for self-service shall be provided in individual packages, closed dispensers, or automated condiment-dispensing systems. Salad dressings may be served in open containers if the serving ladle extends beyond the top edge of the container.
- g. If the facility does not have enough equipment to maintain the minimum or maximum temperature required for food safety, the affected items (for example, salad bar staples such as lettuce, meat, eggs, cheese) must be removed and discarded after two hours at room temperature.

Food shall be delivered from one place to another in covered containers. These may be individual containers, such as pots with lids, or larger conveyances that can move objects in bulk, such as enclosed, satellite-meals carts.

*In SPCs and CDFs, food carts must have locking devices.* In any facility, if food carts are delivered to housing units by detainees, they must be locked unless they are under constant supervision of staff.

All food safety procedures (sanitation, safe-handling, storage, etc.) apply without exception to food in transit.

- h. Soiled equipment and utensils must be transported to the appropriate receptacles in closed containers.
- i. A member of the food service staff shall oversee the loading of satellite-meals carts. Staff shall inspect all food carts before allowing their removal from the food service area.

### **3. Dining Room Supervision**

*The ICE/DRO detention supervisor on duty, or contract or IGSA equivalent, shall be responsible for supervision of the dining room. In facilities employing contract security guards, the contract project manager shall retain responsibility for overall security. In facilities with both contract and ICE/DRO officers ("mixed facilities"), the ICE/DRO supervisor on duty shall ensure that ICE/DRO Immigration Enforcement Agents participate in dining room supervision.*

### **4. Dining Room Workers**

The Cook Foreman in charge shall train dining room workers in the requirements of the job, including how to perform specific tasks. A basic task common to all dining room workers is to keep the tables and floors clean during the meal service. Once the meal service is over and the detainees have left the room, the workers can undertake major cleaning tasks.

### **5. Serving Lines**

The serving counter shall be designed and constructed to separate and insulate the hot foods on the one hand and the cold foods on the other. A transparent "sneeze guard" is required.

### **6. Salad Bars and Hot Bars**

Food items at salad bars and hot bars shall be arranged for logical and efficient service. A transparent "sneeze guard" is required.

### **7. Beverage Counter/Bar**

*Self-service beverage-and-ice stations shall be designed for quick and easy access. These stations shall be designed for sanitary and efficient service, including traffic flow.*

### **8. Staff Dining Room**

*The FSA shall have jurisdiction over the staff dining room. The staff dining room shall offer the same food items as the detainee dining room.*

### **9. Meal tickets**

The facility may establish a meal ticket program for employees and guests.

#### **a. Employees**

*All ICE/DRO staff and CDF staff, including medical and security personnel, may participate in the facility's meal ticket program as "employees."*

*If the facility adopts a meal ticket system, employees must use meal tickets to eat facility-prepared food. Each meal shall cost one meal ticket. While each facility administrator shall establish site-specific rules and procedures for meal ticket use, as a matter of policy, each facility shall limit meal service to individuals paying with meal tickets. The purchasing of meal with cash or on credit (IOUs, etc.) is prohibited in all facilities.*

*The employee shall mark the date and time of day on a meal ticket, sign it in ink, and deposit it into the ticket-collection box before every meal. Employees shall*



*eat in the food service staff dining room unless otherwise authorized. Employees who bring their own meals may eat in the staff dining room, but may drink no food-service-supplied beverages unless purchased with a meal ticket.*

#### **b. Guests**

*The facility administrator may authorize the serving of meals without charge to persons rendering a special service to the facility and to certain other guests by issuing them guest meal tickets. When practicable, the facility administrator shall notify the FSA, in writing, before the appearance of an authorized guest in the dining room. Examples of persons who may receive meals gratis include advisors, guest speakers, technicians/others rendering a service without charge, equipment demonstrators, athletic teams, entertainers, foreign visitors, volunteers and others whose service to the facility is in the best interest of the government.*

*The guest shall receive meal service only after presenting his or her facility administrator-approved meal ticket. When feasible, a single ticket may be issued to cover a group of guests.*

*Individuals receiving government reimbursement for their services (contract employees, per-diem-status personnel, etc.) are ineligible for guest meals provided free of charge.*

### **E. Menu Planning**

#### **1. General Policy**

The FSA shall base menu selections on the best nutritional program the facility can afford meeting U.S. minimum daily allowances. *The ICE/DRO standard menu cycle is 35 days.*

The food service program significantly influences morale and attitudes of detainees and staff, and creates a climate for good public relations between the facility and the community.

The overall goal of a quality food service program is to provide nutritious and appetizing meals efficiently and within the existing budget, personnel resources, equipment, and physical layout of the facility. Nutritional needs are diverse because of differences in age, activity, physical condition, gender, religious preference and medical considerations.

The FSA shall consider the ethnic diversity of the facility's detainee population when developing menu cycles. While each facility must meet all ICE/DRO standards and follow required procedures, individuality in menu planning is encouraged. Institutions geographically near one another should consider the benefits of coordinating their menus and the cost-reductions to be achieved through joint purchasing.

The FSA is solely responsible for food service program planning, resource allocation and use.

#### **2. Nutritional Analysis**

A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re-certified by the registered dietitian in that event.

If the master-cycle menus change significantly during the year, the cycle should be reevaluated to ensure nutritional values are maintained.

## **F. Food Preparation**

### **1. General Policy**

The CS or equivalent is responsible for ensuring that all items on the master-cycle menu are prepared and presented according to approved recipes. This includes assessing the availability and condition of ingredients required by particular recipes and communicating supply needs to the FSA. Therefore, the CS shall review upcoming menu items as much in advance as possible.

The CS or equivalent has the authority to change menu items when necessary. Every such change or substitution must be documented and forwarded to the FSA. The CS shall exercise this menu-changing authority as infrequently as possible.

Knowledge of ingredients, quantities, and food preparation techniques and procedures is essential for producing quality products.

The Armed Forces Recipe Cards are recommended.

### **2. Preparation Guidelines**

Food shall be prepared with minimal manual contact. Food service workers shall thoroughly wash fruits and vegetables with fresh water before cooking or serving raw.

A worker shall test-taste with a clean fork or spoon only; using a soiled food preparation utensil is prohibited. Test-tasting utensils, unless disposable, must be washed after every use.

Any food cooked at a lower temperature than provided below constitutes a food safety hazard and shall not be served. Food service staff and detainee workers involved in cooking shall ensure that the following foods are cooked at the required temperatures:

- Raw eggs, fish, meat, and foods containing these items -- 145 F degrees or higher.
- Game animals, comminuted (ground) fish and meats, injected meats, and eggs not intended for immediate consumption --155 F degrees, or higher.
- Stuffing containing fish, meat or poultry -- 165 F degrees or higher.
- Roast beef and corned beef -- 145 F degrees, or higher.

- Potentially hazardous foods that have been cooked and then refrigerated should be quickly and thoroughly reheated at a minimum of 165 F degrees before being served. Steam tables, warmers, and similar hot food holding equipment are prohibited for the rapid reheating of these foods.
- After being reheated at 165 F degrees, the food may be maintained at 140 F degrees on a heated steam line or equivalent warming equipment.

The facility shall obtain pasteurized milk and milk products from approved facilities only. Manufactured milk products shall meet federal standards for quality.

The facility may use reconstituted dry milk and dry milk products for cooking and baking purposes, in instant desserts, and in whipped items. If reconstituted in-house, the dry milk and milk products shall be used for cooking purposes only. Powdered milk reconstituted in an approved milk-dispensing machine or “mechanical cow” may be used for drinking purposes. To ensure wholesomeness, an approved laboratory shall test milk produced in the mechanical cow for presence of bacteria twice monthly. The mechanical cow shall be disassembled, cleaned, and sanitized before and after each use.

Powdered milkshake or ice cream mix reconstituted in an approved ice cream machine may be used. An approved laboratory shall test dairy-based products produced in the machine for the presence of bacteria monthly. The ice cream machine shall be disassembled, cleaned, and sanitized before and after each use.

Liquid, frozen, and dry eggs and egg products are pasteurized at temperatures high enough to destroy pathogenic organisms that might be present; however, because of the possibility of contamination or recontamination after opening, thawing, or reconstitution, these products should be primarily used in cooking and baking.

Nondairy creaming, whitening, or whipping agents may be reconstituted in-house only if immediately stored in sanitized, covered containers not larger than one gallon and cooled to 41 F degrees or lower within four hours of preparation.

The Cook Foreman shall use thermometers to ensure the attainment and maintenance of proper internal cooking, holding, or refrigeration temperatures of all potentially hazardous foods.

To prevent cross-contamination, separate cutting boards must be used for raw and cooked foods. The cutting boards must be washed, rinsed, and sanitized between every use.

The FSA may require use of color-coded cutting boards, which reduce the risk of cross-contamination during food preparation.

### **3. Food Cooling**

Potentially hazardous food must be cooled from 140 to 70 F degrees within two hours of cooking, and from 70 to 41 F degrees or below within four hours. Foods prepared from ingredients at ambient temperature, such as reconstituted foods and canned tuna, must be cooled to 41 F degrees within two hours of cooking.

The food service department can meet time-and-temperature requirements for cooling by using any or all of the following techniques, which expedite cooling:

- Placing the food in shallow pans.
- Separating food into smaller or thinner portions.
- Using rapid cooling equipment.
- Stirring the food in a container placed in an ice water bath.
- Using containers that facilitate heat transfer.
- Adding ice as an ingredient.
- Using a commercial blast-chiller.

During cooling, the food containers shall be arranged in cooling or cold-holding equipment in a way that maximizes heat transfer through the walls of the containers.

Food protected from overhead contamination should be left uncovered during the cooling period. If the risk of overhead contamination exists, the food must be loosely covered to facilitate heat transfer from the surface of the food.

**4. Food Thawing.** Potentially hazardous food shall be thawed:

- a. Under refrigeration that maintains the food at 41 F degrees or below.
- b. Submerged in running water:
  - At a water temperature of 70 F degrees or below.
  - With sufficient water velocity to agitate and float off loose particles in an overflow.
  - For a period that does not allow thawed portions of ready-to-eat or raw animal foods to rise above 41 F degrees.
  - The allowed periods for thawing include the time the food is exposed to the running water, the time to prepare food for cooking, and/or the time it takes under refrigeration to cool the food to 41 F degrees.
- c. As part of a cooking process, provided there is continuous cooking throughout the process.

**5. Food Protection - General Requirements**

Food and ice shall be protected from dust, insects and rodents, unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage, overhead leakage, and other sources of contamination. Protection shall be continuous, whether the food is in storage, in preparation, on display, or in transit.

All food storage units must be equipped with accurate easy-to-read thermometers. New heating and/or refrigeration equipment purchases should include a zone-type thermometer with temperature graduations. Refrigeration equipment shall be designed and operated to maintain temperature of 41 F degrees or below.

## **6. Hermetically Sealed Foods**

Canned food that has abnormal color, taste, or appearance or which is contained in cans that show abnormalities such as bulging at ends, swelling, or leakage shall not be served. Unsuitable canned food shall be surveyed and destroyed.

## **7. Potential Hazardous Foods**

Potentially hazardous foods are those foods that provide a good medium for bacteria growth. They include any perishable food that consists in whole or part of milk, milk products, eggs, meat, poultry, fish or shellfish, or other high protein foods.

Potentially hazardous foods shall be prepared with a minimum of manual contact. Such products shall be prepared from chilled ingredients whenever feasible. The surfaces of equipment, containers, cutting boards, and utensils used for preparation and subsequent storage of potentially hazardous food shall be effectively cleaned after each use.

Potentially hazardous food should be prepared as close to serving time as practicable. Potentially hazardous raw frozen food should be cooked from the frozen state whenever practical. Tempering shall be accomplished by refrigeration at 40 F degrees or below or, with potable running water, at 70 F degrees or below. The potable water technique may be used only if the product is sealed in its original container. At no time shall potentially hazardous food thaw at room temperature.

All precooked, potentially hazardous, refrigerated, or frozen food intended for reheating shall be heated rapidly to a temperature above 165 F degrees.

## **8. Leftovers**

Prepared food items that have not been placed on the serving line may be retained for no more than 24 hours. Leftovers offered for service a second time shall not be retained for later use, but shall be discarded immediately after offering. All leftovers shall be labeled to identify the product, preparation date, and time.

## **G. Religious/Special Diets**

### **1. General Policy**

ICE/DRO requires all facilities to provide detainees requesting a religious diet a reasonable and equitable opportunity to observe their religious dietary practice within the constraints of budget limitations and the security and orderly running of the facility by offering a Common Fare Menu. The detainee shall provide a written statement articulating the religious motivation for participation in the common fare program. To participate in the religious diet program, a detainee shall initiate an **Authorization for Common Fare Participation** form (Attachment A) for consideration by the chaplain

“Common fare” refers to a no-flesh protein option provided whenever an entrée containing flesh is offered as part of a meal. Likewise, a “common fare” meal offers vegetables, starches, and other foods that are not seasoned with flesh. This diet is designed as the “common ground” from which modifications can be made to accommodate the religious diets of various faiths.

Detainees whose religious beliefs require adherence to particular dietary laws or

generally accepted religious guidelines and practices shall be referred to the chaplain. The chaplain shall verify the religious diet requirement by reviewing files and consulting with religious representatives. The chaplain and FSA shall collectively verify the requirement and issue specific written instructions for the implementation of the diet as soon as practicable but within 10 business days of verification.

*In SPCs/CDFs, once a religious diet has been approved, the FSA shall issue, in duplicate, a special-diet identification card.*

*This diet-identification card shall contain the following:*

- 1. Detainee name and A-number*
- 2. Type of religious diet prescribed*
- 3. Expiration date, within 90 days*
- 4. Signature of the FSA*

*The FSA shall contact the appropriate individual or department to obtain a photo of the detainee and attach the photo to the identification card. The FSA shall issue that the food service department receives one copy of the special-diet identification card. The second identification card shall be issued to the detainee who, at every meal, must present the card to the cook on duty. The second copy of the consultation sheet shall be filed in the detainee's Detention File.*

*At any time a detainee on a religious diet refuses a meal and/or accepts the regular mainline meal in place of the religious meal, the cook on duty shall notify the FSA in writing.*

## **2. Standard Common Fare Menu (Religious Diet)**

Common Fare is intended to accommodate detainees whose religious dietary needs cannot be met on the mainline. The Common Fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays. The menus must be certified as exceeding minimum daily nutritional requirements and meeting daily allowances (RDAs). Beverages shall be selected from the regular menu.

## **3. Changes to the Standard Common Fare Menu**

Modifications to the standard Common Fare menu may be made at the local level for various reasons. For example, seasonal variations affect the availability of fresh produce in different locations, making menu modifications inevitable. There are modifications that may also be made to meet the different requirements of various faith groups, for example, the inclusion of kosher and/or halal flesh-food options.

With the facility administrator's concurrence, the FSA may make temporary, nutritionally equal substitutions for fresh seasonal produce that violates no religious dietary requirements. The chaplain or local religious representatives shall be consulted if technical questions arise. The Chaplain shall escort other clergy to the Common Fare preparation area for frequent, random monitoring of compliance with religious dietary requirements.

#### **4. Hot Entree Availability**

To the extent practicable, a hot flesh-food entree shall be available to accommodate detainees' religious dietary needs. Hot entrees shall be offered three times a week and shall be purchased, prepared, and served in a manner that does not violate the religious requirements of any faith group.

#### **5. Kosher Requirements**

With the exception of fresh fruits and vegetables, the facility's kosher-food frozen entrees shall be purchased precooked in a sealed container, heated, and served hot. Other kosher-food purchases shall be fully prepared, ready-to-use, and bearing the symbol of a recognized kosher-certification agency. Any item containing pork or a pork product is prohibited. Only bread and margarine labeled "pareve" or "parve" shall be purchased for the kosher tray.

#### **6. Plates and Utensils**

Kosher trays shall be served with disposable plates and utensils, except when a supply of reusable plates and utensils has been set aside for kosher-food service only. Separate cutting boards, knives, food scoops, food inserts, and other such tools, appliances, and utensils shall be used to prepare kosher-foods, and shall be identified accordingly. Meat and dairy food items and the service utensils used with each group shall be stored in areas separate from each other. A separate dishpan shall be provided for cleaning these items, if a separate or three-compartment sink is not available.

#### **5. Religious Requirements**

With the exception of fresh fruits and vegetables, the facility's kosher-food purchases shall be fully prepared, ready-to-use, and bearing the symbol of a recognized kosher-certification agency. Any item containing pork or a pork product is prohibited. Only bread and margarine labeled "pareve" or "parve" shall be purchased for the Common Fare tray.

If a facility has a no-pork menu, in order to alleviate any confusion for those who observe no-pork diets for religious reasons, this information should be included in the facility's handbook and the facility orientation. If the facility has a chaplain, he or she should also be made aware of the policy.

#### **6. Nutritional Requirements**

Common Fare menus shall meet U.S. recommended daily allowances (RDAs). A detainee who chooses the Common Fare menu shall select only beverages from the regular menu.

## **7. Instant Food and Beverages**

The food service shall provide a hot-water urn for reconstituting instant beverages and foods for use by detainees.

## **8. Plates and Utensils**

Common Fare meals shall be served with disposable plates and utensils, except when a supply of reusable plates and utensils has been set aside for Common Fare service only. Separate cutting boards, knives, food scoops, food inserts, and other such tools, appliances, and utensils shall be used to prepare Common Fare foods, and shall be identified accordingly. Meat and dairy food items and the service utensils used with each group shall be stored in areas separate from each other. A separate dishpan shall be provided for cleaning these items, if a separate or three-compartment sink is not available.

The chaplain shall escort other clergy to the Common Fare preparation area for frequent, random monitoring of compliance with religious dietary requirements.

## **9. Application and Removal**

The facility administrator, in consultation with the chaplain, shall be the approving official for a detainee's removal from the Common Fare program.

Food service staff shall refer to the daily roster to identify detainees in the Common Fare program. Staff shall not use this information to disparage a detainee's religion or religious views or to attempt to dissuade him or her from participating in the program.

- The FSA shall monitor the food selections of all detainees participating in the Common Fare program to ensure the legitimacy of their participation.
- Staff shall train and supervise all detainees with Common Fare assignments.
- A detainee's temporary adoption of a medically prescribed diet or placement in a Special Management Unit (SMU) shall not affect his or her access to Common Fare meals, which both the SMU and the facility hospital provide. However, if a prescribed medical diet conflicts with the Common Fare diet, the medical diet takes precedence.
- A detainee who has been approved for a common fare menu must notify the chaplain, in writing if he or she wishes to withdraw from the religious diet.

The chaplain may recommend withdrawal from a religious diet if the detainee is documented as being in violation of the terms of the religious diet program to which the detainee has agreed in writing. If a detainee misses three consecutive Common Fare meals, the chaplain may recommend in writing that the facility administrator remove the detainee from the program. Detainees participating in the Common Fare program may also consume items for sale through the facility's commissary program without risk of being removed from the program as long as such purchases are consistent with the Common Fare program. However, purchase of foods items inconsistent with the Common Fare program may be grounds for removal from the program.

To preserve the integrity and orderly operation of the religious diet program and to prevent fraud, detainees who withdraw or are removed may not be immediately re-



established back into the program.

The process of re-approving a religious diet for a detainee who voluntarily withdraws or who is removed ordinarily may take up to ten days. Repeated withdrawals, voluntary or otherwise, however, may result in a waiting period of up to one month before the re-approval request is decided. The decision to remove a detainee rests with the facility administrator, in consultation with the chaplain and/or local religious representatives, if necessary.

Although the facility administrator has authority to remove and reinstate detainees' participation in the program, ordinarily, this authority is delegated to the chaplains. To participate in the Common Fare program a detainee shall initiate an **Authorization for Common Fare Participation** form (Attachment A) for consideration by the chaplain (or FSA). If participation is approved, the chaplain or FSA shall forward a copy of the form for inclusion in the detainee's detention file.

## **10. Annual Ceremonial Meals**

The chaplain, in consultation with local religious leaders if necessary, shall develop the ceremonial meal schedule for the following calendar year and provide it to the facility administrator. This schedule shall include the date, religious group, estimated number of participants, and special foods required. Ceremonial and commemorative meals shall be served in the food service facility unless otherwise approved by the facility administrator.

The food service department shall be the only source of procurement for food items. To maintain equity in menu design, all meals shall be limited to food items on the facility's master-cycle menu. To facilitate food preparation, consultations between the FSA and local religious representative(s) concerning appropriate menus shall occur six to eight weeks in advance of the scheduled observance. The religious provider may, through the food service department, procure the ritual observance food items (in minimal quantities). Such items shall not generally constitute the main entree for the ceremonial meal.

## **11. Religious Fasts and Seasonal Observances**

The Common Fare program shall accommodate detainees abstaining from particular foods or fasting for religious purposes at prescribed times of year.

### **a. Ramadan**

During Ramadan, Muslims participating in the fast shall receive the approved meals after sundown for consumption in the food service department or SMU.

During the December fast, vegetarian or hot fish dishes shall replace meat entrees. Fasters shall receive both noon and evening meals after sundown.

Detainees not participating in the Common Fare program but electing to observe Ramadan or the December fast shall be served the main meal after sundown. If the main menu does not meet religious requirements, the detainee may participate in the common fare program during the period in question.

Each facility may provide a bag breakfast or allow detainees to go to the food service department for breakfast before dawn. Bag breakfasts should contain

nonperishable items such as ultra-high pasteurized milk, fresh fruit, peanut butter, dry cereal, etc. The menu for the Common Fare program cannot be used for a bag breakfast.

**b. Passover**

The facility shall have the standard Kosher Passover foods available for Jewish detainees during the eight-day holiday. The food service department shall be prepared to provide Passover meals to new arrivals.

All Jewish detainees observing Passover shall be served the same Kosher Passover meals, whether or not they are participating in the Common Fare program.

**c. Lent**

During the Christian season of Lent, a meatless meal (lunch or dinner) shall be served on the food service line on Fridays and on Ash Wednesday.

**12. Common Fare Recordkeeping and Costs**

The FSA shall estimate quarterly costs for the Common Fare program and include this figure in the quarterly budget. The FSA shall maintain a record of the actual costs of both edible and non-edible items.

**H. Medical Diets**

**1. Therapeutic Diets**

Detainees with certain conditions -- chronic or temporary; medical, dental, and/or psychological -- shall be prescribed special diets as appropriate.

*Special (therapeutic) diets shall be authorized by the Clinical Director (CD) on form I-819, "Detainee Special Need(s)." The form shall specify the type of therapeutic diets to be prescribed and, if necessary, renewed, in 90-day increments. Once prescribed, the diet shall be made available to the detainee by the next business day.*

*Once a medical diet has been prescribed, the medical department shall issue in duplicate, a special diet identification card.*

*The special diet identification card shall contain:*

- *Detainee name and A-number*
- *Type of diet*
- *Duration (up to 90 days)*
- *CD signature*

*The CD shall contact the appropriate individual or department to obtain a photo of the detainee and attach the photo to the identification card. The CD shall ensure that the food service department receives one copy of the identification card. The second identification card shall be issued to the detainee, who must present the card at each meal to the cook on duty.*

*The cook on duty shall notify the FSA and/or CS in writing any time a detainee on a*

*therapeutic diet refuses the special meal or accepts the regular meal from the main food service line.*

## **2. Snacks or Supplemental Meals**

The physician may order snacks or supplemental meals for such reasons as:

- Insulin-dependent diabetes.
- A need to increase protein or calories for pregnancy, cancer, AIDS, etc.
- Prescribed medication must be taken with food.

## **I. Specialized Food Service Programs**

### **1. Satellite Meals**

"Satellite meals" refers to food prepared in one location for consumption elsewhere (for example, general housing units, the SMUs, remote housing areas, etc.).

The sanitary standards required in the food service department also apply to satellite meals, from preparation to actual delivery. Satellite meals and microwave instructions (if applicable) shall be posted where satellite meals are served.

Foods shall be kept hot enough or cold enough to arrest or destroy the growth of infectious organisms. The FSA shall ensure that staff understands the special handling required with potentially hazardous foods, such as meat, cream, or egg dishes. Staff must understand the critical importance of time and temperature in delivering safe food.

To prevent bacteria growth, food must be prepared and held at the proper temperatures until served. Satellite tray meals must be delivered and served within two hours of food being plated.

Foods in the potentially hazardous category should remain under refrigeration until cooking time and, after cooking, maintained at or above 140 F degrees. Hot foods must be placed in a heated serving line during tray assembly. Thermal bags and carts, refrigerated carts, thermal compartment trays, etc., shall be used for satellite meals.

Outside foods prepared in bulk for transportation to a remote housing unit or other location shall be transported in thermal containers that maintain cold items at temperatures below 41 F degrees and hot items at temperatures above 140 F degrees, excluding items served within the two-hour window for meal service.

### **2. Weekend and Holiday Meal Schedule**

When weekend and/or holiday meal schedules differ from the weekday schedule, detainees in the SMU shall receive a continental breakfast or regular breakfast items. Brunch service shall conform to the breakfast meal pattern and dinner service to the noon or evening meal pattern.

### **3. Selection of Menu Courses**

Care must be taken to ensure that meals are provided in such portions as to be nutritionally adequate.

#### **4. Segregation Unit Food Rations**

Food items in excess of the normal prescribed ration shall not be given to detainees in segregation units as a reward for good behavior, nor shall food rations be reduced or changed or otherwise used as a disciplinary tool.

#### **5. Segregation Unit Sack Lunches**

Detainees in segregation units shall receive sack meals only with the facility administrator's written authorization. The medical department shall be consulted when necessary.

#### **6. Sack Meals**

All meals shall be served from established menus in the dining room or housing units. In some circumstances, detainees may be provided sack meals.

Sack meals shall be provided for detainees being transported from the facility, detainees arriving or departing between scheduled meal hours, and detainees in the SMU, as provided above.

##### **a. Quality**

Sack meals shall be of the same nutritional quality as other meals prepared by the food service.

##### **b. Preparation**

Members of the food service staff shall prepare sack meals for detainees who are being transported to/from other locations by bus or air service. While detainee volunteers assigned to the food service department shall not be involved in preparing meals for transportation, they may prepare sack meals for on-site consumption.

A designated member of the land or plane crew shall pick up all sack meals prepared for detainee transportation from the food service department. Before departing, this crewmember shall inspect the sacks for:

- Quality of contents;
- Proper wrapping; and
- Correct individual counts.

##### **c. Contents**

For any detainee who will be transported by the Justice Prisoner Air & Transportation System (JPATS), the sack lunch must comply with JPATS criteria. Otherwise, the following requirements are applicable.

Each sack shall contain at least two sandwiches, of which at least one shall be meat (non-pork). Commercial bread or rolls may be preferable because they include preservatives. To ensure freshness, fresh, facility-made bread may be used only if made on the day of lunch preparation. Sandwiches should be individually wrapped or bagged in a secure fashion to prevent the food from spoiling. Meats, cheeses, etc., should be freshly sliced the day of sandwich preparation. Leftover cooked meats shall not be used after 24 hours.

In addition, each sack shall include:

- One piece of fresh fruit or properly packaged canned fruit (or paper cup with lid), complete with a plastic spoon.
- One ration of a dessert item, like cookies, doughnuts, and fruit bars.
- Such extras as:
  - Properly packaged fresh vegetables, like celery sticks and carrot sticks, and
  - Commercially packaged "snack foods," such as peanut butter crackers, cheese crackers, and individual bags of potato chips.

These items enhance the overall acceptance of the lunches.

Extremely perishable items such as fruit pie, cream pie, and other items made with milk, cream or other dairy ingredients shall be excluded.

#### **d. Packaging**

Whenever possible, the food service department shall pack sack meals intended for bus or air service in disposable "snack boxes" that are designed for proper placement of contents and to afford maximum protection during handling, packaging and transporting.

If necessary, paper bags may be used.

These lunches shall be stored in a secured, refrigerated area until pickup.

### **J. Safety and Sanitation**

#### **1. General Policy**

All food service employees are responsible for maintaining a high level of sanitation in the food service department. An effective food sanitation program prevents health problems, creates a positive environment, and encourages a feeling of pride and cooperation among detainees.

Food service staff shall teach detainee workers personal cleanliness and hygiene, sanitary methods of preparing, storing, and serving food, and the sanitary operation, care and maintenance of equipment, including automatic dishwashers and pot and pan washers.

#### **2. Personal Hygiene of Staff and Detainees**

- a. All food service personnel shall wear clean garments, maintain a high level of personal cleanliness, and practice good hygiene at all times. They shall wash hands thoroughly with soap or detergent before starting work and as often as necessary during the shift to remove soil or other contaminants.
- b. Staff and detainees shall not resume work after visiting the toilet facility without first washing their hands with soap or detergent. The FSA shall post signs to this effect.
- c. Neither staff nor detainees shall use tobacco in a food service work area. If they use tobacco in a smoking-permitted area, they shall wash their hands

before resuming work.

d. All staff and detainees working in the food preparation and service area(s) shall use effective hair restraints. Personnel with hair that cannot be adequately restrained shall be prohibited from food service operations. Head coverings, gloves, and beard guards are encouraged, but not required, when staff is distributing covered serving trays.

e. Detainee food service workers shall be provided with and required to use clean white uniforms while working in a food preparation area or on the serving line.

f. All food service personnel working in the food service department shall be provided with and required to use approved rubber soled safety shoes.

g. To prevent cross-contamination, staff and detainees who prepare or serve food shall not be assigned to clean latrines, garbage cans, sewers, drains, grease traps, or other duties during the period of food preparation.

h. Only authorized food service personnel shall be tasked with preparing and serving food.

i. Authorization is based on approval from the facility's Health Services Department.

j. Only authorized personnel shall be allowed in the food preparation, storage, or utensil cleaning areas of the food service area.

### **3. Medical Examination**

a. All food service personnel, including staff and detainees, shall receive a pre-employment medical examination noting the importance of identifying those communicable diseases more likely to be found in the immigrant population. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition. Detainees who have been absent from work for any length of time for reasons of communicable illness (including diarrhea) shall be referred to Health Services for a determination as to fitness for duty prior to resuming work.

b. The medical examination shall be conducted in sufficient detail to determine the absence of:

- Acute or chronic inflammatory condition of the respiratory system.
- Acute or chronic infectious skin disease.
- Communicable disease.
- Acute or chronic intestinal infection.

### **4. Daily Health Checks**

The Cook Foreman or detention staff assigned to food service shall inspect all detainee food service workers on a daily basis at the start of each work period. Detainees who exhibit signs of illness, skin disease, diarrhea (admitted or suspected), or infected cuts or boils shall be removed from the work assignment and immediately referred to Health Services for determination of duty fitness. The

detainees shall return to work only after the FSA has received written clearance from Health Services staff.

## **5. Environmental Sanitation and Safety**

All facilities shall meet the following environmental standards:

- a. Facilities must be clean, well-lit, and display orderly work and storage areas.
- b. Overhead pipes must be removed or covered to eliminate the food-safety hazard posed by leaking or dusty pipes.
- c. Walls, floors, and ceilings in all areas must be routinely cleaned.
- d. Facilities must employ ventilation hoods to prevent grease buildup and wall/ceiling condensation that can drip into food or onto food-contact surfaces. Filters or other grease-extracting equipment shall be readily removable for cleaning and replacement.
- e. The area underneath sprinkler deflectors must have at least an 18-inch clearance.
- f. Facilities must possess hazard-free storage areas:
  - Bags, containers, bundles, etc., should be stored in tiers and stacked, blocked, interlocked, and limited in height for stability and security against sliding or collapsing.
  - No flammable material, loose cords, debris, or other obvious hazards may be present.
  - No pests or infestations may be present.
- g. Aisles and passageways shall be kept clear and in good repair, with no obstruction that could create a hazard or hamper egress.
- h. To prevent cross-contamination, kitchenware and food-contact surfaces should be washed, rinsed, and sanitized after each use and after any interruption of operations during which contamination could occur.
- i. Facilities must possess a ready supply of hot water (105-120 F degrees).
- j. Garbage and other trash shall be collected and removed as often as possible. The garbage/refuse containers shall have sufficient capacity for the volume and shall be kept covered, cleaned frequently, and insect- and rodent-proof. The facility shall comply with all applicable regulations (local, state, and federal) on refuse handling and disposal and the Detention Standard on **Environmental Health and Safety**.
- k. The premises shall be maintained in a condition that prevents the feeding or nesting of insects and rodents. Outside openings shall be protected by tight-fitting screens, windows, controlled air curtains, and self-closing doors.

## **6. Equipment Sanitation**

Information about the operation, cleaning, and care of equipment shall be obtained from manufacturers or local distributors. A file of such reference material should be maintained in the food service department and used in developing equipment-

cleaning procedures for training. Sanitation shall be a primary consideration in the purchase and placement of equipment.

Equipment shall be installed for ease of cleaning, including the removal of soil, food materials, and other debris that collects between pieces of equipment or between the equipment and walls or floor. Although older facilities may not have the advantage of the latest designs and equipment, they can meet sanitation standards through careful planning, training, and supervision.

The FSA shall develop a schedule for the routine cleaning of equipment.

## **7. Equipment and Utensils**

### **a. Information**

All food service equipment and utensils shall meet the National Sanitation Foundation International (NSF) standards or equivalent standards of other agencies.

### **b. Materials**

1. Materials used in the construction or repair of multi-use equipment and utensils shall:
  - Be nontoxic, non-corrosive, non-absorbent, durable under normal use, smooth, and easily cleaned.
  - Impart no odors, color, or taste.
  - Retain their original properties under repeated use, creating no risk of food-adulteration as they deteriorate.
2. Paint on any surface that could come into contact with food is prohibited.
3. Milk-dispensing tubes shall be cut diagonally about two inches from the cutoff valve. Bulk milk dispensers shall be equipped with thermometers.

### **c. Design and Fabrication**

1. All food service equipment and utensils (including plastic ware) shall be designed and fabricated for durability under normal use.

Such equipment shall be readily accessible, easily cleaned, and resistant to denting, buckling, pitting, chipping, and cracking.

2. Equipment surfaces not intended for contact with food, but located in places exposed to splatters, spills, etc., require frequent cleaning. Therefore, they shall be reasonably smooth, washable, free of unnecessary ridges, ledges, projections, and crevices. Upkeep of equipment surfaces should contribute to cleanliness and sanitation.

### **d. Installation**

1. Equipment shall be installed in accordance with the manufacturer's instructions and good engineering practices.



2. Installers shall allow enough space between pieces of equipment and between equipment and walls to facilitate routine cleaning. Adjacent pieces may be butted together if the gap between them is sealed.

**e. General Cleaning Procedures**

1. Moist cloths for wiping food spills on kitchenware and food-contact surfaces on equipment shall be clean, rinsed frequently in sanitizing solution, and used solely for this purpose. They shall soak in the sanitizing solution between uses.
2. Moist cloths used for non-food-contact surfaces like counters, dining table tops, and shelves shall be cleaned, rinsed, and stored in the same way as the moist cloths used on food-contact surfaces. They shall be used on non-food-contact surfaces only.
3. Detergents and sanitizers must have Food and Drug Administration approval for food service uses.

**f. Manual Cleaning and Sanitizing**

1. A sink with at least three labeled compartments is required for manually washing, rinsing, and sanitizing utensils and equipment. Each compartment shall have the capacity to accommodate the items to be cleaned. Each shall be supplied with hot and cold water.
2. Drain-boards and/or easily movable dish-tables shall be provided for utensils and equipment both before and after cleaning.
3. Equipment and utensils shall be pre-flushed, pre-scraped and, when necessary, pre-soaked to remove gross food particles. A fourth sink compartment with a garbage-disposer is useful for these purposes and shall be included in plans for facilities being built or renovated.
4. Except for fixed equipment and utensils too large to be cleaned in sink compartments, the following procedures apply to cleaning equipment and utensils:
  - a. Wash in the first sink compartment, using a hot detergent solution changed frequently to keep it free from soil and grease.
  - b. Rinse in or under hot water in the second compartment, changing the rinse water frequently. This compartment should be kept empty, and a sprayer should be used for rinsing, to prevent rinse water from becoming soapy or contaminated.
  - c. Sanitize in the third compartment using one of the following methods:
    1. Immerse for at least 30 seconds in clean water at a constant temperature of 171 F degrees that is maintained with a heating device and frequently checked with a thermometer. Use dish baskets to immerse items completely.
    2. Immerse for at least 60 seconds in a sanitizing solution

containing at least 50 parts per million (ppm) chlorine at a temperature of at least 75 F degrees.

3. Immerse for at least 60 seconds in a sanitizing solution containing at least 12.5 ppm iodine, with a pH not higher than 5.0 and a temperature of at least 75 F degrees.

4. Immerse in a sanitizing solution containing an equivalent sanitizing chemical at strengths recommended by the Public Health Service.

5. Periodically check and adjust as necessary the chemical concentrations in a sanitizing solution, using a test kit.

6. Air-dry utensils and equipment after sanitizing.

7. Steam clean oversized equipment, provided the steam can be confined to the piece of equipment. Alternatively, rinse, spray, or swab with a chemical sanitizing solution mixed to at least twice the strength required for immersion sanitizing.

#### **g. Mechanical Cleaning and Sanitizing**

Spray or immersion dishwashers or devices -- including automatic dispensers for detergents, wetting agents, and liquid sanitizer -- shall be maintained in good repair. Utensils and equipment placed in the machine must be exposed to all cycles.

1. The pressure of the final rinse water must be between 15 and 25 pounds per square inch (psi) in the water line immediately adjacent to the final-rinse control valve.

2. Install machine- or water line-mounted thermometers to check water temperature in each dishwasher tank, including the final rinse water.

Use baffles, curtains, etc., to prevent wash water from entering the rinse water tank(s). Time conveyors to ensure adequate exposure during each cycle.

Place equipment and utensils on conveyors or in racks, trays, and baskets to expose all food-contact surfaces to detergent, washing, and rinsing without obstruction and to facilitate free draining.

3. Maintain the following temperatures for hot-water sanitizing:

a. Single-tank, stationary rack, dual-temperature machine: wash temperature of 150 F degrees; final rinse, 180 F degrees.

b. Single-tank, stationary rack, single-temperature machine: wash and rinse temperature of 165 F degrees.

c. Multi-tank, conveyor machine: wash temperature of 150 F degrees; pumped rinse, 160 F degrees; final rinse, 180 F degrees.

d. Single-tank, pot/pan/utensil washer (stationary or moving rack): wash temperature of 140 F degrees; final rinse, 180 F degrees.

- When using a chemical spray in a single-tank, stationary rack, glass-washer, maintain a wash temperature of at least 120 F degrees unless otherwise specified by the manufacturer.
- Air-dry all equipment and utensils after sanitizing, by means of drain boards, mobile dish tables, and/or carts.

#### **h. Equipment and Utensil Storage**

Eating utensils should be picked up by their bases or handles only. Utensils shall be stored in perforated pans only.

Glasses, tumblers, and cups shall be inverted before storing. Other tableware and utensils may be either covered or inverted.

### **8. Storage of Clothing and Personal Belongings**

Clothes and other personal belongings like jackets, shoes, etc. shall be stored in designated areas apart from:

- Areas for the preparation, storage, and serving of food, and
- Areas for the washing and storing of utensils.

The FSA shall identify space for storing detainee belongings.

### **9. Lavatories**

Adequate and conveniently located toilet facilities shall be provided for all food service staff and detainee workers.

- Toilet fixtures shall be of sanitary design and readily cleaned.
- Toilet rooms and fixtures shall be kept clean and in good repair.
- Signs shall be prominently displayed.
- Lavatories shall have readily available hot and cold water.
- Soap or detergent and paper towels or a hand-drying device providing heated air shall be available at all times in each lavatory.
- Waste receptacles shall be conveniently placed near the hand-washing facilities.

### **10. Pest Control**

Good sanitation practices are essential to an effective pest control program. The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.

Air curtains or comparable devices shall be used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.

### **11. Hazardous Materials**

Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department.

- All food service staff shall know where and how much toxic, flammable, or

caustic material is on hand and be aware that their use must be controlled and accounted for daily.

- Detainee-type combination locks shall not be used to secure such material.
- All containers of toxic, flammable, or caustic materials shall be prominently and distinctively labeled for easy content identification.
- All toxic, flammable, and caustic materials shall be segregated from food products and stored in a locked and labeled cabinet or room.
- Cleaning and sanitizing compounds shall be stored apart from food products.
- Toxic, flammable, and caustic materials shall not be used in a manner that could contaminate food, equipment, or utensils or could pose a hazard to personnel or detainees working with or consuming food service products.
- A system for intermediate storage of received hazardous substances shall secure the materials from time of receipt to time of issue.

The FSA shall obtain and file for reference Material Safety Data Sheets (MSDSs) on all flammable, toxic, and caustic substances used in the facility as required by the Detention Standard on **Environmental Health and Safety**.

## **12. General Safety Guidelines**

- a. Extension cords shall be UL-listed and UL-labeled and may not be used in tandem.
- b. All steam lines within seven feet of the floor or working surface, and with which a worker may come in contact, shall be insulated or covered with a heat-resistant material or be otherwise guarded from contact. Inaccessible steam lines, guarded by location, need not be protected from contact.
- c. Machines shall be guarded in compliance with OSHA standards:
  - Fans within seven feet of the floor or work surface shall have blade guard openings no larger than two inches.
  - Protective eye and face equipment shall be used, as appropriate, to avert risk of injury. Dangerous areas presenting such risks shall be conspicuously marked with eye-hazard warning signs.
  - Safety shoes shall be worn in FSA-designated foot hazard areas.
  - Meat saws, slicers, and grinders shall be equipped with anti-restart devices.
  - The maintenance manager shall provide ground fault protection wherever needed in the food service department and shall document this for the FSA.
- d. Light fixtures, vent covers, wall-mounted fans, decorative materials, and similar equipment and materials attached to walls or ceilings shall be maintained in good repair.
- e. Lights in food production areas, utensil and equipment washing areas and other areas displaying or storing food, equipment, or utensils shall be equipped

with protective shielding.

f. An approved, fixed fire-suppression system shall be installed in ventilation hoods over all grills, deep fryers and open flame devices. A qualified contractor shall inspect the system every six months. The fire-suppression system shall be equipped with a locally audible alarm and connected to the control room's annunciator panel.

Hood systems shall be cleaned after each use to prevent grease build-up, which constitutes a fire risk. All deep fryers and grills shall be equipped with automatic fuel or energy shut-off controls.

### **13. Mandatory Inspection**

The facility shall implement written procedures requiring administrative, medical, and/or dietary personnel to conduct the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.

All of the food service department equipment (ranges, ovens, refrigerators, mixers, dishwashers, garbage disposal, etc.) require frequent inspection to ensure their sanitary and operable condition. Staff shall check refrigerator and water temperatures daily and record the results. The FSA or designee will verify and document requirements of food and equipment temperatures.

The FSA or CS shall inspect food service areas at least weekly.

An independent, external inspector shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes.

Personnel inspecting the food service department shall note any recommended corrective actions in a written report to the facility administrator. The facility administrator shall establish the date(s) by which identified problems shall be corrected.

Checks of equipment temperatures shall follow this schedule:

- Dishwashers: every meal;
- Pot and pan washers: daily, if water in the third compartment of a three-compartment sink is used for sanitation and the required minimum temperature is 180 F degrees;
- Refrigeration/freezer equipment (walk-in units): site-specific schedule, established by the FSA.

All temperature-check documentation shall be filed and accessible.

The FSA shall develop a cleaning schedule for each food service area and post it for easy reference. All areas (walls, windows, vent hoods, etc.) and equipment (chairs, tables, fryers, ovens, etc.) shall be grouped by frequency of cleaning (for example, After Every Use, Daily, Weekly, Monthly, Semiannually, or Annually).

## K. Food Storage, Receiving, and Inventory

### 1. General Policy

Since control and location of subsistence supplies are site-specific, each FSA shall establish procedures for storing, receiving, and inventorying food.

On the purchase request for potentially dangerous items (knives, mace, yeast, nutmeg, cloves and other items considered contraband if found in a detainee's possession), the FSA shall mark them "hot," signaling the need for special handling.

### 2. Receiving

The first step in receiving food is matching incoming items with the invoice, purchase order, and control specifications. Receiving staff shall examine deliveries promptly to determine acceptability both for quantity and quality, consistent with the contract.

If immediate examination is not practical upon delivery because the inspection shall involve time-consuming tests, the vendor shall receive a receipt confirming delivery of a particular number/gross weight of containers in good condition (or, if not, noting exceptions). Weekly deliveries of fresh produce, meats, and other perishable items shall be inspected for freshness, quality, and general appearance. Staff shall supplement their inspections of perishables with random checks of weight, count, size, etc.

### 3. Food Receipt and Storage

The following procedures apply when receiving or storing food:

- a. Inspect the incoming shipment for damage, contamination, and pest infestation. Rats, mice, or insects may be hiding in the middle of a pallet.
- b. Promptly remove damaged pallets and broken containers of food. Separate damaged food containers from other food and store separately for disposal. Take special care in handling flour, cereal, nuts, sugar, chocolate, and other such products highly susceptible to contamination.
- c. Contact the FSA/CS for instructions on the next course of action upon finding that an incoming food shipment has been contaminated.
- d. Store all products at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures. A painted line may guide pallet placement.
- e. Store food items at least six inches above the floor. Wooden pallets may be used to store canned goods and other non-absorbent containers but not to store dairy products or fresh produce.

- f. Store perishables at 35-40 F degrees to prevent spoilage and other bacterial action, and maintain frozen foods at or below zero degrees.
- g. Prevent cross-contamination by storing foods requiring washing or cooking separately from those that do not.
- h. For rapid cooling, use shallow pans (depth not to exceed four inches). Cover or otherwise shield refrigerated food from contamination.
- i. Do not store food in locker rooms, toilet rooms, dressing rooms, garbage rooms, mechanical rooms, under sewer lines, potentially leaking water lines, open stairwells or other sources of contamination.

#### **4. Inventory**

Determining inventory levels and properly receiving, storing, and issuing goods are critical to controlling costs and maintaining quality. While the FSA shall base inventory levels on facility needs, each facility shall at all times stock a 15-day minimum food supply.

Procedures for checking the quality and quantity of food and other supplies and their distribution to the point of use shall comply with industry-established policies and financial management practices.

Food service inventory represents significant financial resources converted into goods in the form of food, supplies, and equipment. All food service personnel must be aware of the value of the inventory and of his or her responsibility for the security of these goods upon receipt.

The master-cycle menus offer guidance to managers planning inventory levels.

Inventory levels are established, monitored and periodically adjusted to correct excesses or shortages.

#### **5. Stock Rotation**

Each facility shall establish a written stock rotation schedule.

#### **6. Perpetual Inventory**

“Perpetual Inventory” is the process of recording all food service purchases and food distribution. Although details may vary, the information recorded always includes the quantity on hand, quantity received, quantity issued and unit cost for each food and supply item.

Perpetual inventory records are important because they provide the FSA with up-to-date information on product usage and act as a guide for further purchases.

For accurate accounting of all food and supplies, a perpetual inventory record is insufficient. An official inventory of stores on hand must be conducted annually.

All food service departments shall complete a physical inventory of the warehouse quarterly.

#### **7. The Dry Storeroom.**

Proper care and control of the dry storeroom involves:

- Keeping the storeroom dry and cool (45-80 F degrees) to prevent swelling of canned goods and general spoilage.
- Sealing or otherwise making impenetrable all wall, ceiling, and floor openings to prevent entry of dirt, water, pests, etc.
- Vigilant housekeeping to keep the room clean and free from rodents and vermin. A drain for flushing is desirable.
- Securing it under lock and key to prevent pilferage. The FSA is responsible for key distribution.

## **8. Refrigerators**

Butter, milk, eggs, and cream shall be separated from foods having strong odors. Eggs shall not be subjected to freezing temperatures.

Refrigeration units shall be kept under lock and key when not in use. Walk-in boxes shall be equipped with safety locks that require no more than 15 pounds of pressure to open easily from the inside. If latches and locks are incorporated in the door's design and operation, the interior release mechanism must open the door with the same amount of pressure even when locks or bars are in place.

Whether new or used, the inside lever of a hasp-type lock must be able to disengage locking devices and provide egress. The FSA, along with the Safety Manager, shall review the walk-in freezer(s) and refrigerator(s) to ensure that they operate properly.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**



## AUTHORIZATION FOR COMMON FARE PARTICIPATION

Name of Detainee \_\_\_\_\_ A-Number \_\_\_\_\_

I hereby request authorization to participate in the Common Fare Program. I agree to comply with the program requirements. I understand that if I am observed consuming mainline foods or violating other program requirements, I may be temporarily removed from program participation and shall not be eligible for immediate reinstatement. Repeated program violations may result in removal from the program for up to one year. I further understand that the same conditions for reinstatement may apply if I voluntarily withdraw from the program for any reason.

I understand that I must have a recorded religious preference in order to be eligible for the program and that I must provide a written reason for requesting to participate in the religious diet program.

Religious Preference: \_\_\_\_\_

Specific reason for wanting to participate in the Common Fare Religious Diet Program:

Signature of Detainee \_\_\_\_\_ A-Number \_\_\_\_\_

Signature of Chaplain \_\_\_\_\_ Date \_\_\_\_\_

Record Copy – Detainee Detention File; Copy - Chaplaincy File; Copy – Detainee

# ICE/DRO DETENTION STANDARD

## HUNGER STRIKES

**I. PURPOSE AND SCOPE.** This Detention Standard protects detainees' health and well-being by monitoring, counseling, and providing appropriate treatment to any detainee who is on a hunger strike.

Nothing in this Detention Standard is intended to limit or override the exercise of sound medical judgment by the clinical medical authority responsible for a detainee's medical care. Each case must be evaluated on its own merits and specific circumstances, and treatment shall be given in accordance with accepted medical practice.

This Detention Standard applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Any detainee who does not eat for 72 hours will be referred to the medical department for evaluation and possible treatment.
2. When medically advisable, a detainee on a hunger strike will be isolated for close supervision, observation, and monitoring.
3. The ICE/DRO Field Office Director (FOD) will be notified when a detainee is on a hunger strike.
4. The detainee's health will be carefully monitored and documented, as will the detainee's intake of foods and liquids.
5. A detainee on a hunger strike will be counseled and advised of the medical risks and will be encouraged to end the hunger strike or accept medical treatment.
6. Involuntary medical treatment will be administered only with the medical, psychiatric, and legal safeguards specified herein.
7. A record of interactions with the striking detainee, provision of food, attempted and successful medical treatment, and communications between the Clinical Medical Authority, Facility Administrator, and ICE/DRO will be established.
8. The information in this detention standard will be communicated in a language or other manner which the detainee can understand.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Hunger Strikes** dated 9/20/2000.

#### **IV. REFERENCES**

American Correctional Association 4th Edition, Standards for Adult Detention Facilities: 4-ALDF-2A-52, 4D-15.

National Commission on Correctional Health Care, Standards for Health Services in Jails

ICE/DRO National Detention Standard on Medical Care

#### **V. EXPECTED PRACTICES**

##### **A. Staff Training**

All staff shall be initially and annually trained to recognize the signs of a hunger strike and on the procedures for referral for medical assessment, and on the correct procedures for managing a detainee on a hunger strike.

##### **B. Initial Referral**

Procedures for identifying and referring to medical staff a detainee suspected or announced to be on a hunger strike shall include obtaining from qualified medical personnel an assessment of whether the detainee's action is reasoned and deliberate or the manifestation of a mental illness. Upon medical recommendation, the detainee may be placed in isolation.

Facilities shall immediately notify the local FOD or his/her designee when an ICE/DRO detainee is on a hunger strike.

1. Staff shall consider any detainee observed to have not eaten for 72 hours to be on a hunger strike, and shall refer him or her to the clinical medical authority for evaluation and management.
2. Medical personnel shall isolate the detainee in a single-occupancy observation room when medically advisable and taking into consideration the detainee's mental health needs. If measuring food and liquid intake/output becomes necessary, medical personnel may place the detainee in the Special Management Unit or in a locked hospital room.
3. The detainee may remain in the Special Management Unit, based on the detainee's medical condition, until medical personnel determine that a move is advisable.
4. The facility administrator shall immediately report the hunger strike to the respective ICE/DRO Field Office Director, who shall follow standard policy for reporting significant incidents to headquarters.

##### **C. Initial Medical Evaluation and Management**

Medical staff shall monitor the health of a detainee on a hunger strike. If the detainee is engaging in a hunger strike due to a mental condition, or is incapable of giving informed

consent due to age or illness, appropriate medical/administrative action shall be taken in the best interest of the detainee.

1. During the initial evaluation of a detainee on a hunger strike, medical staff shall:
  - a. Measure and record height and weight;
  - b. Measure and record vital signs;
  - c. Perform urinalysis;
  - d. Conduct psychological/psychiatric evaluation;
  - e. Examine general physical condition; and
  - f. If clinically indicated, proceed with other necessary studies.
2. Medical staff shall take and record weight and vital signs at least once every 24 hours during the hunger strike and repeat other procedures as medically indicated.
3. The clinical medical authority, or designee, may modify or augment standard procedures when medically indicated.
4. Medical staff shall record all examination results in the detainee's medical file.
5. All physical and mental examinations, treatments, and other medical procedures require the documented informed consent of the detainee.
  - If the detainee refuses the initial medical evaluation, medical staff must attempt to secure the detainee's signature on a "Refusal of Treatment" form.
  - If the detainee will not cooperate by signing, staff shall note this on the "Refusal of Treatment" form.
  - Any detainee refusing medical treatment will be monitored by medical staff to evaluate whether the hunger strike poses a risk to the detainee's life or permanent health. See **V. E. Refusal to Accept Treatment**.
6. If medically necessary, the detainee may be transferred to a community hospital or a detention facility appropriately equipped for treatment.
7. After the hunger strike, medical staff shall provide appropriate medical and mental health follow-up care. Only the clinical medical authority may order a detainee's release from hunger strike treatment and shall document that order in the detainee's medical record. A notation will be made in the detention file when the detainee has ended the hunger strike.

#### **D. Food and Liquid Intake and Output**

After consultation with the clinical medical authority, the facility administrator may require staff to measure and record food and water intake and output:

1. Record Intake and output in the medical record until terminated by the clinical medical authority. A DIHS Hunger Strike Form or equivalent must be used.
2. Deliver three meals per day to the detainee's room unless otherwise directed by the clinical medical authority. Regardless of the detainee's response to an offered meal, staff shall physically deliver each meal.

3. Provide an adequate supply of drinking water or other beverages.
4. Remove from the detainee's room all food items not authorized by the clinical medical authority. During the hunger strike, the detainee may not purchase commissary/vending machine food.

#### **E. Refusal to Accept Treatment**

Before involuntary medical treatment is administered, staff shall make reasonable efforts to educate and encourage him or her to accept treatment voluntarily. Involuntary medical treatment shall be administered in accordance with established guidelines and applicable laws and only after the clinical medical authority determines the detainee's life or health is at risk.

1. Medical staff shall explain to the detainee medical risks associated with the refusal of treatment and document their treatment efforts in the detainee's medical record.
2. The clinical medical authority may recommend involuntary treatment when clinical assessment and available laboratory results indicate the detainee's weakening condition threatens the life or long term health of the detainee.
  - The administrative health authority shall notify the respective ICE/DRO Field Office Director in writing of the proposed plan to involuntarily feed the detainee if the hunger strike continues. The Field Office Director shall notify ICE/DRO Headquarters. Copies of all notifications shall be placed in the detention file.
  - The Field Office Director, in consultation with the clinical medical authority shall then contact the respective ICE Chief Counsel and the U.S. Attorneys Office with jurisdiction. After discussing the case, the attorneys shall recommend whether to pursue a court order. ICE policy is to seek a court order to obtain authorization for involuntary medical treatment. If a court determines that it does not have jurisdiction to issue such an order or a hospital refuses to administer involuntary sustenance pursuant to a court order, ICE/DRO may consider other action if the hunger strike is still ongoing.
    - If a court order is to be pursued, ICE/DRO shall ask the U.S. Attorneys Office to make the arrangements for a court hearing.
3. Medical staff shall:
  - Document all treatment efforts in the detainee's medical record.
  - Continue clinical and laboratory monitoring as necessary until the detainee's life or health is out of danger.
  - Continue medical and mental health follow-up as necessary.

For a detainee housed in an IGSA facility, the facility administrator shall notify ICE/DRO that the detainee is refusing treatment. Under no circumstances may an IGSA facility administer involuntary medical treatment without authorization from ICE/DRO.

**F. Release from Treatment**

Only the clinical medical authority may order that a detainee be released from hunger strike evaluation and management. That order shall be documented in the detainee's medical record.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## MEDICAL CARE

**I. PURPOSE AND SCOPE.** This Detention Standard ensures that detainees have access to emergent, urgent, or non-emergent medical, dental, and mental health care that are within the scope of services provided by the DIHS, so that their health care needs are met in a timely and efficient manner.

This Detention Standard applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Detainees will have access to a continuum of health care services, including prevention, health education, diagnosis, and treatment.
2. Health care needs will be met in a timely and efficient manner.
3. Newly admitted detainees will be informed, orally and in writing, about how to access health services.
4. Detainees will be able to initiate requests for health services on a daily basis.
5. Detainees will receive timely follow-up to their health care requests.
6. Detainees will have continuity of care from admission to transfer, discharge, or removal, including referral to community-based providers when indicated.
7. A detainee who needs health care beyond facility resources will be transferred in a timely manner to an appropriate facility where care is available. A written list of referral sources, including emergency and routine care, will be maintained as necessary and updated at minimum annually.
8. A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (such as the use of ambulance instead of standard transportation) and transfer of medical information.
9. A detainee who requires close, chronic or convalescent medical supervision will be treated in accordance with a written plan approved by licensed physician, dentist, or mental health practitioner that includes directions to health care providers and other involved medical personnel.

10. Detainees will have access to specified 24-hour emergency medical, dental, and mental health services.
11. Minimum requirements for medical housing units will be met.
12. Female detainees will undergo pregnancy testing and pregnancy management services.
13. Screening, prevention and control measures will be utilized to assist in prevention and management of infectious and communicable diseases.
14. Biohazardous waste will be managed and medical and dental equipment decontaminated in accordance with standard medical practices and in compliance with applicable laws.
15. Detainees with chronic conditions will receive care and treatment for conditions where non-treatment would result in negative outcomes or permanent disability as determined by the clinical medical authority.
16. The facility administrator will develop a plan to ensure that ICE is notified in writing of any detainee whose special medical or mental health needs require special consideration in such matters as housing, transfer, or transportation.
17. Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.
18. Detainees will be provided health education and wellness information.
19. Each newly admitted detainee, including transfers, will receive a documented medical, dental, and mental health screening upon intake and, within 14 days of arrival, a comprehensive health appraisal by qualified personnel in a private setting as practicable to ensure safety.
20. Detainees with suspected or known mental health concerns will be referred as needed for evaluation, diagnosis, treatment, and stabilization
21. Mental health crisis intervention services will be identified and available for detainees who experience acute mental health episodes.
22. Restraints for medical or mental health purposes will be authorized only by the facility's clinical medical authority, in accordance with the requirements specified in this Detention Standard.
23. Prior to placement in a non-detention facility or special unit within the facility specifically designated for the care of the severely mentally ill or developmentally disabled, a detainee shall be afforded due process in compliance with applicable laws.
24. Medical and dental orthoses or prostheses and other aids to impairment are supplied in a timely manner when the health of the detainee would otherwise be adversely affected, as determined by the responsible physician or dentist.
25. Detoxification from alcohol, opiates, hypnotics, other stimulants, and sedatives is done only under medical supervision in accordance with applicable laws.
26. Pharmaceuticals and nonprescription medicines will be secured, stored and inventoried.
27. Prescriptions and medications will be ordered, dispensed, and administered in a timely and sufficient manner as prescribed by a health care professional.



28. Health care services will be administered by the health administrative authority, and clinical decisions will be the sole province of the clinical medical authority.
29. Health care services will be provided by a sufficient number of appropriately trained and qualified personnel, whose duties are governed by thorough and detailed job descriptions and who are verifiable licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.
30. Detention and health care personnel will be trained, initially and annually, to respond to health-related emergency situations within four minutes and in the proper use of emergency medical equipment
31. Information about each detainee's health status will be treated as confidential, and health records will be maintained in accordance with accepted standards separately from other detainee detention files and be accessible only in accordance with written procedures and applicable laws. Health record files on each detainee will be well organized, available to all practitioners, and properly maintained and safeguarded.
32. Informed consent standards will be observed and adequately documented. Staff will make reasonable efforts to ensure that detainees understand their medical condition and care.
33. Medical and mental health interviews, screenings, appraisals, examinations, and procedures will be conducted in settings that respect detainees' privacy in accordance with safe and orderly operations of the facility.
34. Detainees will be provided same sex chaperones as appropriate or as requested.
35. When a detainee is transferred to another facility, the transferring facility will send a completed medical transfer summary and other medical documentation as appropriate to the receiving facility.
36. Detainees in Special Management Units will have access to the same health care services as detainees in the general population.
37. Non-English speaking detainees and/or detainees who are deaf and/or hard at hearing will be provided interpretation/translation services or other assistance as needed for medical care activities.
38. Detainees with special needs, including physical or developmental disabilities, will be evaluated and given the appropriate care and communication their situation requires.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Medical Care** dated 9/12/2008.

#### **IV. REFERENCES**

American Correctional Association 4<sup>th</sup> Edition Standards for Adult Detention Facilities: 4-ALDF-2A-15, 4C-01 through 4C-31, 4C-34 through 4C-41, 4D-01 through 4D-21, 4D-23 through 4D-28, 2A-45, 7D-25.

Detention Standard on **Environmental Health and Safety**, particularly in regard to:

- Storing, inventorying, and handling needles and other sharp instruments,

- Standard precautions to prevent contact with blood and other body fluids,
- Sanitation and cleaning to prevent and control infectious diseases, and
- Disposing of hazardous and infectious waste.

Detention Standard on **Sexual Abuse and Assault Prevention and Intervention.**

Detention Standard on **Suicide Prevention and Intervention.**

Detention Standard on **Hunger Strikes.**

Detention Standard on **Terminal Illness, Advance Directives, and Death.**

United States Public Health Service (USPHS) Division of Immigration Health Services (DIHS) Policies and Procedures Manual.

National Commission on Correctional Health Care (NCCHC), Standards for Health Services in Jails .

The Joint Commission (TJC)

[http://www.cdc.gov/tb/pubs/mmwr/Maj\\_guide/Correctional.htm/](http://www.cdc.gov/tb/pubs/mmwr/Maj_guide/Correctional.htm/) (for CDC guidelines on prevention and control of tuberculosis in correctional and detention facilities).

## **V. EXPECTED PRACTICES**

### **A. General**

Every facility shall directly or contractually provide its detainee population:

- Initial medical, mental health, and dental screening,
- Primary medical and dental care,
- Emergency care,
- Specialty health care,
- Timely responses,
- Mental health care, and
- Hospitalization as needed within the local community
- Identification of a health administrative authority and a clinical medical authority within the facility.

### **B. Designation of Authority**

A designated administrative health authority shall have overall responsibility for health care services pursuant to a written agreement, contract, or job description. The administrative health authority is a physician, health services administrator, or health agency. When the administrative health authority is other than a physician, final clinical judgment shall rest with the facility's designated clinical medical authority.

In no event should clinical decisions be made by non-clinicians.

The administrative health authority shall be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program.

A designated clinical medical authority shall have overall responsibility for medical clinical care pursuant to a written agreement, contract, or job description. The clinical medical authority is a physician, licensed independent practitioner, or other clinically trained professional designated by a physician to have final medical decision-making authority. In the event that the clinical medical authority is not a licensed physician, the clinical medical authority must establish a physician-level collaboration for purposes of medical management and professional collaboration. The clinical medical authority together with the administrative health authority establishes the processes and procedures necessary to meet the medical standards outlined herein.

All facilities shall provide a medical staff and sufficient support personnel to meet these Standards. A staffing plan, which is reviewed at least annually by the administrative health authority, identifies the positions needed to perform the required services.

Health care personnel perform duties for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders.

The facility administrator, in collaboration with the clinical medical authority and administrative health authority, negotiates and maintains arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility, as well as identifying custodial officers to transport and remain with detainees for the duration of any off-site treatment or hospital admission.

## **C. Communicable Disease and Infection Control**

### **1. General**

Each facility shall have written plans that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies.

Plans shall include:

- Coordination with public health authorities;
- Ongoing education for staff and detainees;
- Control, treatment and prevention strategies;
- Protection of individual confidentiality;
- Media relations;
- Procedures for the identification, surveillance, immunization, follow-up and isolation of patients;
- Manage infectious diseases and report them to local and/or state health departments in accordance with established guidelines and applicable laws; and

- Management of biohazardous waste and decontamination of medical and dental equipment that complies with applicable laws and Detention Standard on **Environmental Health and Safety**.

Facilities shall comply with current and future plans implemented by federal, state or local authorities addressing specific public health issues including communicable disease reporting requirements. Infectious and communicable disease control activities shall be reviewed and discussed with ICE in the Quarterly Administrative Meetings required later in this Detention Standard.

## **2. Additional Requirements Regarding Tuberculosis (TB)**

As indicated below in the section on **Medical Screening of New Arrivals**, screening for tuberculosis is initiated at intake and in accordance with Center for Disease Control and Prevention (CDC) guidelines.

All new arrivals shall receive TB screening within 12 hours of intake and using methods in accordance with CDC guidelines for non-minimal risk detention facilities [symptom screening plus at least one of the following: tuberculin skin test (TST), chest radiography, or QuantiFERON-TB Gold or In-tube test (QFT)]; for CDC guidelines on prevention and control of TB in correctional and detention settings, see [http://www.cdc.gov/tb/pubs/mmwr/Maj\\_guide/Correctional.htm/](http://www.cdc.gov/tb/pubs/mmwr/Maj_guide/Correctional.htm/).

Detainees will receive TB testing every 12 months.

Detainees with symptoms suggestive of TB shall be placed in a functional airborne infection isolation room with negative pressure ventilation and promptly evaluated for TB disease. If TB screening is negative and the detainee is asymptomatic, the detainee will be allowed to join the general population.

Suspected and confirmed active TB patients shall be placed in a functional airborne infection isolation room with negative pressure ventilation (on- or off-site) until determined by a qualified provider to be noninfectious in accordance with CDC guidelines for non-minimal risk detention facilities.

For all **confirmed and suspected** active tuberculosis cases, designated medical staff shall report:

- All cases to local and/or state health departments within one working day of meeting reporting criteria and in accordance with established guidelines and applicable laws, identified by the custodial agency and the detainee's identifying number of that agency (i.e., ICE detainees are reported as being in ICE custody and identified by their alien numbers).
- All cases to the ICE HQ Epidemiology Unit within one working day.

Reporting shall include names, aliases, date of birth, alien number, case status/classification, available diagnostic and lab results, treatment status including drugs and dosages, treatment start date, a point of contact and telephone number for follow-up, and provision of medication administration records (MARs).

- Any movement of TB patients, including hospitalizations, facility transfers, releases, or removals/deportations to the local and/or state health department and the ICE HQ Epidemiology Unit.

When treatment is indicated, multi-drug, anti-TB therapy will be administered using Directly Observed Therapy (DOT) in accordance with American Thoracic Society (ATS) and CDC guidelines. For patients with drug-resistant or multi-drug-resistant TB, the state or local health department will be consulted to establish a customized treatment regimen and treatment plan. Patients receiving anti-TB therapy will be provided with at least a two week supply of medications and appropriate education when transferred, released, or deported, in an effort to prevent interruptions in treatment until care is continued in another location.

Treatment for latent TB infection (LTBI) shall not be initiated unless active TB disease is ruled-out.

Designated medical staff shall coordinate with the ICE Epidemiology Program and the local and/or state health department to facilitate an international referral and continuity of therapy. Designated medical staff shall collaborate with the local and/or state health department on tuberculosis and other communicable disease contact investigations.

Designated medical staff shall report to the ICE Epidemiology Unit all cases of nationally notifiable infectious diseases as per the CDC list located at the following link: <http://www.cdc.gov/ncphi/diss/nndss/phs/infdis.htm>.

Designated medical staff also shall report to the ICE Epidemiology Unit all cases of Varicella, (herpes zoster [shingles], chicken pox).

### **3. Varicella**

Designated medical staff shall notify the ICE HQ Epidemiology Unit of any varicella cases among ICE detainees and of any ICE detainees exposed to active varicella without a history of prior varicella or varicella immunization.

### **4. Bloodborne Pathogens**

Infection control awareness shall be communicated on a regular basis to correctional and medical staff as well as detainees. A detainee may request HIV testing at any time during detention. Persons, who must feed, escort, directly supervise, interview or conduct routine office work with HIV patients are not considered at risk of infection; however, persons regularly exposed to blood are at risk. Facilities must develop a plan to ensure the highest degree of confidentiality regarding HIV status and medical condition. Staff training must emphasize the need for confidentiality and procedures must be in place to limit access to health records to only authorized individuals and only when necessary.

The accurate diagnosis and medical management of HIV infection among detainees shall be promoted. An HIV diagnosis may be made only by a licensed physician, based on a medical history, current clinical evaluation of signs and symptoms, and laboratory studies.

### **a. Clinical Evaluation**

When current symptoms are suggestive of HIV infection, the following shall be implemented:

- Clinical evaluation shall determine the medical need for isolation.  
The health authority shall not recommend to ICE/DRO that the detainee be separated from the general population, either pending a test result or after a test report, unless clinical evaluation reveals a medical need for isolation. Segregation of HIV-positive detainees is not necessary for public health purposes.
- Following a clinical evaluation, if a detainee manifests symptoms requiring treatment beyond the facility's capability, the provider shall recommend the detainee's transfer to a hospital, or other appropriate facility, for further medical testing, final diagnosis, and acute treatment as needed, consistent with local operational procedures.
- Any detainee with active tuberculosis should also be evaluated for possible HIV infection.
- HIV positive detainees should be hospitalized until any acute treatment deemed necessary is completed.

When the attending physician determines that a detainee is in remission from his or her illness and/or no longer requires off-site care, he or she shall be returned to the detention facility. The physician shall recommend whether the detainee should be housed in the general population or in another location for medical purposes.

- An HIV positive diagnosis must be reported to government bodies according to state and federal requirements. Reports of AIDS, and not HIV infection, are required by the CDC. State laws differ considerably, and the administrative health authority is responsible for ensuring that all applicable state requirements are met.

### **b. Exposure**

Detainee's exposure to potentially infectious body fluids, such as through needle sticks or bites shall be afforded immediate medical assistance, and the incident shall be reported as soon as possible to the clinical director or designee.

Each facility shall establish a plan to address exposure to bloodborne pathogens, including reporting.

### **c. Precautions**

All detainees should be assumed to be infectious for blood-borne pathogens, and standard precautions are to be used at all times when caring for all detainees.

The **Standard Precautions** section of the Detention Standard on **Environmental Health and Safety** provides more detailed information.

## **D. Notifying Detainees about Health Care Services**

In accordance with the Detention Standard on **Detainee Handbook**, the facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement, in which procedures for access to health care services are explained.

In accordance with the section on **Orientation** in the Detention Standard on **Admission and Release**, access to health care services, sick call and a medical grievance process shall be included in the orientation curriculum for newly admitted detainees.

## **E. Facilities**

### **1. Examination and Treatment Area**

Adequate space and equipment shall be furnished in all facilities so that all detainees may be provided basic health examinations and treatment in private while ensuring safety.

A holding/waiting area shall be located at the entrance to the medical facility that is under the direct supervision of custodial officers. A detainee toilet and drinking fountain shall be accessible from the holding/waiting area.

### **2. Medical Records**

Medical records shall be kept separate from detainee detention records and stored in a securely locked area within the medical unit.

### **3. Medical Housing**

If there is a specific area, separate from other housing areas, where detainees are admitted for health observation and care under the supervision and direction of health care personnel, the following minimum standards shall be met:

#### **a. Care**

- Clearly defined scope of care services available;
- Physician on call or available 24 hours per day;
- Health care personnel are on duty 24 hours per day when patients are present;
- All patients within sight or sound of a staff member;
- Housing record that is a separate and distinct section of the complete medical record; and
- Compliance with all established guidelines and applicable laws.

Facilities are expected to provide detainees in medical housing access to other services such as telephone, legal access and materials consistent with their medical condition.

#### **b. Wash Basins, Bathing Facilities, and Toilets**

- Detainees have access to operable washbasins with hot and cold running water at a minimum ratio of one for every 12 detainees, unless state or local building codes specify a different ratio.

- Sufficient bathing facilities are provided to allow detainees to bathe daily, and at least one is configured and equipped to accommodate detainees with physical impairments or who need assistance to bathe. Water is thermostatically controlled to temperatures ranging from 100 F to 120 F degrees.
- Detainees have access to operable toilets and hand-washing facilities 24 hours per day and are able to use toilet facilities without staff assistance. Unless state or local building or health codes specify otherwise:
  - Toilets are provided at a minimum ratio of one to every 12 detainees in male facilities and one for every 8 in female facilities.
  - All housing units with three or more detainees have a minimum of two toilets.

## **F. Pharmaceutical Management**

Each facility shall have written policy and procedures for the management of pharmaceuticals that include:

- A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources.
- A method for promptly approving and obtaining medicines not on the formulary should be identified.
- Prescription practices, including requirements that medications are prescribed only when clinically indicated, and that prescriptions are reviewed before being renewed.
- Procurement, receipt, distribution, storage, dispensing, administration and disposal of medications.
- Secure storage and disposal and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes and needles.
- Medicine administration error reports shall be kept for all administration errors.
- All staff responsible for administering or having access to pharmaceuticals will be trained on medication management before beginning duty.
- All pharmaceuticals shall be stored in a secure area with the following features:
  - A secure perimeter;
  - Access limited to authorized medical staff (never detainees);
  - Solid walls from floor to ceiling and a solid ceiling;
  - A solid core entrance door with a high security lock (with no other access); and



- A secure medication storage area.
- Administration and management in accordance with state and federal law
- Supervision by properly licensed personnel
- Administration of medications by properly trained personnel under the supervision of the health services administrator, or equivalent
- Accountability for administering or distributing medications in a timely manner and according to licensed provider orders

## **G. Nonprescription Medications**

The facility administrator and administrative health authority shall jointly approve any nonprescription medications that are available to detainees outside of health services (sold in commissary, distributed by housing officers, etc.), and they shall jointly review the list annually.

## **H. Medical Personnel**

All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements

## **I. Medical Screening of New Arrivals**

### **1. Medical Screening**

Initial medical, dental, and mental health screening shall be done within 12 hours of arrival by a health care provider or a detention officer specially trained to perform this function.

If screening is performed by a detention officer, the facility shall maintain documentation of the officer's special training, and the officer shall have available for reference the training syllabus, to include education on patient confidentiality of disclosed information.

The screening shall inquire into the following:

- Any past history of serious infectious or communicable illness, and any treatment or symptoms;
- Current illness and health problems, including communicable diseases;
- Pain assessment;
- Current and past medication;
- Allergies;
- Past surgical procedures;
- Symptoms of active TB or previous TB treatment;
- Dental problems;
- Use of alcohol and other drugs;
- Possibility of pregnancy;

- Other health programs designated by the responsible clinical medical authority;
- Observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, sweating;
- History of suicide attempts or current suicidal/homicidal ideation or intent;
- Observation of body deformities and other physical abnormalities;
- Questions and an assessment regarding past or recent sexual victimization.

For further information, see the Detention Standard on **Admission and Release**.

Screening shall include observation and interview items related to the detainee's potential suicide risk and possible mental disabilities, including mental illness. For further information, see the Detention Standard on **Suicide Prevention and Intervention**.

If at any time during the screening process there is an indication of need, or request for, mental health services, the health authority must be notified within 24 hours. The clinical medical authority will ensure a full mental health evaluation if indicated. See the section on **Mental Health Program** below.

Medical and mental health interviews and examinations shall be conducted in settings that respect detainees' privacy.

All facilities shall have policies and procedures to ensure the initial health screening and assessment is documented.

- The In Processing Health Screening form I-795A or medical facility equivalent will be completed during the in-processing and prior to the detainee's placement in a housing unit.
- The health intake screening shall be conducted using form **I-795A or an equivalent**. Upon completion, the In-Processing Health Screening form shall be forwarded to the facility medical staff for appropriate action.

The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example, Urgent, Today, or Routine).

For other facilities that do not use the ICE/DRO In-Processing Health Screening form, ICE/DRO Medical must approve any substitute form.

Non-English speaking detainees and detainees who are deaf or hard of hearing will be provided interpretation or translation services or other assistance as needed for medical care activities.

- Language assistance may be provided by another staff member competent in the language or by a professional service, such as a telephone translation service.

## **2. Substance Dependence and Detoxification**

All detainees shall be evaluated through the initial screening for their use of or dependence on mood and mind-altering substances, alcohol, opiates, hypnotics,

sedatives, etc. Detainees who report the use of such substances shall be evaluated for their degree of reliance on and potential for withdrawal.

The clinical medical authority shall establish guidelines for evaluation and treatment of new arrivals who require detoxification. Treatment and supportive measures shall permit withdrawal with minimal physiological and physical discomfort.

Detoxification shall be done only at facilities qualified to do so in accordance with established guidelines and applicable laws.

## **J. Health Appraisal**

Each facility's health care provider shall conduct a health appraisal including a physical examination on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition, in accordance with the most recent ACA Adult Local Detention Facility standards for Health Appraisals. If there is documentation of one within the previous 90 days, the facility health care provider upon review may determine that a new appraisal is not required.

Medical, dental, and mental health interviews, examinations, and procedures shall be conducted in settings that respect detainees' privacy.

Detainees will be provided same sex chaperones as appropriate or as requested.

The clinical medical authority shall be responsible for review of all health appraisals to assess the priority for treatment.

Detainees diagnosed with a communicable disease shall be isolated according to national standards of medical practice and procedures.

## **K. Mental Health Program**

### **1. Mental Health Services Required**

Each facility shall have an in-house or contractual mental health program, approved by the appropriate medical authority, that provides:

- Intake screening (see DIHS Form 795A or equivalent) for mental health problems will include:
- Referral as needed for evaluation, diagnosis, treatment, and monitoring of mental illness;
- Crisis intervention and management of acute mental health episodes;
- Transfer to licensed mental health facilities of detainees whose mental health needs exceed the capabilities of the facility; and
- Suicide prevention program.

### **2. Mental Health Provider**

The term "mental health provider" includes a psychiatrist, physician, psychologist, clinical social worker, or other appropriately licensed independent mental health practitioner.

### **3. Mental Health Evaluation**

Based on intake screening, medical documentation or subsequent observations by detention staff or medical personnel, the administrative health authority shall immediately refer any detainee with mental health needs to a mental health provider for a mental health evaluation.

Such evaluation and screenings shall include:

- Reason for referral;
- History of any mental health treatment or evaluation;
- History of illicit drug/alcohol use or abuse or treatment for such;
- History of suicide attempts;
- Current suicidal/homicidal ideation or intent;
- Current use of any medication;
- Estimate of current intellectual function;
- Mental health screening should include prior history physical, sexual, or emotional abuse; and
- Impact of any pertinent physical condition, such as head trauma;.
- Recommend any appropriate treatment, for example:
  - Remain in general population with psychotropic medication and counseling,
  - “Short-stay” unit or infirmary,
  - Special Management Unit, or
  - Community hospitalization.
- Recommend and/or implement a treatment plan, including recommendations concerning transfer, housing, voluntary work, and other program participation.

### **4. Referrals and Treatment**

Any detainee referred for mental health treatment shall receive a comprehensive evaluation by a licensed mental health provider as clinically necessary, but no later than 14 days of the referral.

The provider shall develop an overall treatment/management plan that may include transfer to a mental health facility if the detainee’s mental illness or developmental disability needs exceed the treatment capability of the facility.

The health administrative authority/clinical medical authority shall ensure due process in compliance with applicable laws.

### **5. Medical Isolation**

The clinical medical authority may place in medical isolation a detainee who is at high risk for violent behavior because of a mental health condition. The clinical medical authority must provide for reassessment on a daily basis the need for continued medical isolation for the health and safety of the detainee.

## 6. Restraints

Restraints for medical or mental health purposes may be authorized only by the facility's clinical medical authority, after reaching the conclusion that less restrictive measures are not appropriate. The facility shall have written procedures that specify:

- The conditions under which restraints may be applied;
- The types of restraints to be used;
- The proper use, application, and monitoring of restraints;
- Requirements for documentation, including efforts to use less restrictive alternatives; and
- After-incident review.

## 7. Involuntary Administration of Psychotropic Medications

Involuntary administration of psychotropic medications to detainees shall comply with established guidelines and applicable laws and only pursuant to the specific, written and detailed authorization of a physician. When psychotropic medication is involuntarily administered, it is required that the administrative health authority contact DRO Management, who shall contact respective DHS/ICE Chief Counsel. The authorizing physician shall:

- Review the medical record of the detainee and conduct a medical examination;
- Specify the reasons for and duration of therapy and whether the detainee has been asked if he or she would consent to such medication;
- Specify the medication to be administered, the dosage, and the possible side effects of the medication;
- Document that less restrictive intervention options have been exercised without success;
- Detail how the medication is to be administered;
- Monitor the detainee for adverse reactions and side effects; and
- Prepare treatment plans for less restrictive alternatives as soon as possible.

Also see the section on Informed Consent and Involuntary Treatment later in this Detention Standard.

## L. Annual Health Examinations

The clinical medical authority or health administrative authority (or their equivalents) may determine that detainees not covered below in the section on **Special Needs and Close Medical Supervision** are to be scheduled for annual medical examinations.

A detainee that is in ICE custody for over a year shall receive health examinations on an annual basis. Such examinations may occur more frequently for certain individuals, depending on their medical history or health conditions. Detainees shall have access to age and gender appropriate exams annually, including rescreening for tuberculosis.

#### **M. Dental Treatment**

An initial dental screening exam shall be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician assistant, nurse practitioner, registered dental hygienist, or registered nurse.

- **Emergency dental treatment** shall be provided for immediate relief of pain, trauma and acute oral infection.
- **Routine dental treatment** may be provided to detainees in ICE custody for whom dental treatment is inaccessible for prolonged periods because of detention for over six (6) months, including amalgam and composite restorations, prophylaxis, root canals, extractions, x-rays, the repair and adjustment of prosthetic appliances and other procedures required to maintain the detainee's health.

#### **N. Sick Call**

Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting. This procedure shall include:

- Clearly written policies and procedures;
- Sick call process will be communicated in writing and verbally to detainees during their orientation;
- Regularly scheduled "sick call" times will be established and communicated to detainees;
- All facilities must have an established procedure in place to ensure that all sick call requests are received and triaged by appropriate medical personnel within 48 hours after the detainee submits the request. In an urgent situation, the housing unit officer shall notify medical personnel immediately.

If the procedure uses a written request slip, they shall be provided in English and the most common languages spoken by the detainee population of that facility. Non-English speaking detainees and detainees who are deaf or hard of hearing will be provided interpretation/translation services as needed or other assistance as needed to complete a request slip.

Medical personnel shall review the request slips and determine when the detainee will be seen.

All detainees, including those in Special Management Units, regardless of classification, shall have access to sick call. See the Detention Standard on **Special Management Units** for details.

All facilities shall maintain a permanent record of all sick call requests.

#### **O. Emergency Medical Services and First Aid**

Each facility shall have a written emergency services plan for the delivery of 24-hour emergency health care.

A plan shall be prepared in consultation with the facility's clinical medical authority or the administrative health authority. The plan will include the following:

- An on-call physician, dentist, and mental health professional, or designee, that are available 24 hours per day;
- A list of telephone numbers for local ambulances and hospital services available to all staff;
- An automatic external defibrillator (AED) will be maintained for use at each facility and accessible to staff.
- All detention staff shall receive cardio pulmonary resuscitation (CPR, AED) , and emergency first aid training annually;
- Detention and health care personnel will be trained annually to respond to health-related situations within four (4) minutes;
- Security procedures that ensure the immediate transfer of detainees for emergency medical care.

The training shall be provided by a responsible medical authority in cooperation with the facility administrator and shall include:

1. Recognizing of signs of potential health emergencies and the required responses;
2. Administering first aid, AED, and cardiopulmonary resuscitation (CPR);
3. Obtaining emergency medical assistance through the facility plan and its required procedures;
4. Recognizing signs and symptoms of mental illness and suicide risk;
5. The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated. The plan must provide for expedited entrance to and exit from the facility.

When an employee is unsure whether emergency care is required, he or she shall immediately notify medical personnel to make the determination.

**Medical and safety equipment shall be available and maintained, and staff shall be trained in proper use of the equipment.**

In each detention facility, the designated health authority and facility administrator shall determine the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.

## **P. Delivery of Medication**

Distribution of medication shall be in accordance with specific instructions and procedures established by the administrative health authority. Written records of all medication given to detainees shall be maintained.

- If medication must be delivered at a specific time when medical staff is not on duty, it may be distributed by detention officers who have received proper training by the administrative health authority.
- The facility shall maintain documentation of the training given any officer required to distribute medication, and the officer shall have available for reference the training syllabus or other guide or protocol provided by the health authority.
- Detainees may not deliver or administer medications to other detainees.

## **Q. Health Education and Wellness Information**

The health authority shall provide detainees health education and wellness information on such topics as dangers of self-medication, personal hygiene and dental care, prevention of communicable diseases, smoking cessation, self-care for chronic conditions, and the benefits of physical fitness.

## **R. Special Needs and Close Medical Supervision**

The health administrative authority for each facility must have a plan to notify ICE for any detainee with special needs. The written notification must become part of the detainee's health record file.

When a detainee requires close medical supervision, including chronic and convalescent care, a written treatment plan that includes access to health care and other personnel regarding care and supervision, shall be developed and approved by the appropriate physician, dentist, or mental health practitioner, in consultation with the patient, with periodic review. The written treatment plan will conform to NCCHC and TJC requirements. Likewise, staff responsible for such matters as housing and program assignments, and disciplinary measures shall consult with the responsible clinician, clinical director, or health services administrator.

Female detainees shall have access to pregnancy testing and pregnancy management services that include routine prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.

Detainees shall have access to age and gender-appropriate examinations.

Durable medical equipment shall be provided as determined by the responsible physician or dentist in conjunction with the health care authorization process.

Exercise areas will be available to meet exercise and physical therapy requirements of individual detainee treatment plans.

## **S. Continuity of Care**

The facility administrative health authority must ensure that a plan is developed that provides for continuity of medical care in the event of a change in detention placement or status.



The detainee's medical needs shall be taken into account prior to any transfer of the detainee to another facility and alternatives to transfer shall be considered, taking into account the disruption that a transfer will cause to a detainee receiving medical care (see ICE/DRO National Detention Standard on **Transfer of Detainees**, Section II-A). Upon transfer to another facility or release, the medical provider shall ensure that all relevant medical records and at least 7 days' (or, in the case of TB medications, 15 days') supply of medication shall accompany the detainee.

## **T. Informed Consent and Involuntary Treatment**

As a rule, medical treatment shall not be administered against a detainee's will.

- Upon admission at the facility, documented informed consent will be obtained for the provision of health care services.
- For any additional procedure, a separate documented informed consent will be obtained.
- Informed consent standards of the jurisdiction shall be observed, and consent forms shall either be in a language understood by the detainee or translation assistance shall be provided and documented on the form.
- If a detainee refuses treatment and the clinical medical authority determines that the treatment is necessary, ICE/DRO shall be consulted in determining whether involuntary treatment shall be pursued.
- If the detainee refuses to consent to treatment, medical staff shall make reasonable efforts to convince the detainee to voluntarily accept treatment.
- Medical staff shall explain the medical risks if treatment is declined and shall document their treatment efforts and the refusal of treatment in the detainee's medical record.
- When determined to be medically necessary by the clinical medical authority, a detainee who refuses examination or treatment may be segregated from the general population. Such segregation shall only be for medical reasons that are documented in the medical record and may not be used for punitive purposes.
- Involuntary treatment is a decision made only by medical staff under strict legal restrictions. Prior to any contemplated action involving involuntary medical treatment, DHS / ICE respective Chief Counsel will be consulted.
- In the event of a hunger strike, see the Detention Standard on **Hunger Strikes**.

The Detention Standard on **Terminal Illness, Advance Directives, and Death** provides details regarding living wills and advance directives, organ donations, and "do-not-resuscitate" orders.

## **U. Medical Records**

### **1. Health Record File**

The administrative health authority shall maintain a complete health record on each detainee that is:

- Organized uniformly in accordance with recognized medical records standards;
- Available to all practitioners and used by them for health care documentation;
- Properly maintained and safeguarded in a securely locked area within the medical unit.

## **2. Confidentiality and Release of Medical Records**

All medical providers shall protect the privacy of detainees' medical information in accordance with established guidelines and applicable laws. These protections apply, not only to records maintained on paper, but also to electronic records where they are used. Staff training must emphasize the need for confidentiality and procedures must be in place to limit access to health records to only authorized individuals and only when necessary.

Information about a detainee's health status and a detainee's health record is confidential, and the active medical record shall be maintained separately from other detention records and be accessible in accordance with applicable laws and regulations.

The administrative health authority shall provide the facility administrator and designated staff information that is necessary:

- To preserve the health and safety of the detainee, other detainees, staff, or any other person.
- For administrative and detention decisions such as housing, voluntary work assignments, security, and transport.
- For management purposes such as audits and inspections.

When information is covered by the Privacy Act, specific legal restrictions govern the release of medical information or records.

Copies of health records shall be released by the administrative health authority directly to a detainee or their designee, at no cost to the detainee, upon receipt by the administrative health authority of a written authorization from the detainee that complies with the Health Insurance Portability and Accountability Act (HIPAA).

While in detention, a detainee, or their designated representative, shall receive requested information from their medical records. Upon request, medical record information will be released within a reasonable timeframe after receipt of an authorization.

A written request may serve as authorization for the release of health information, as long as it includes the following (and meets any other requirements of the administrative health authority):

- Address of the facility to release the information;
- Name of the individual or institution to receive the information;

- Detainee's full name, A-number (or other facility identification number), date of birth and nationality;
- Specific information to be released with inclusive dates of treatment; and
- Detainee's signature and date.

Following the release of health information, the written authorization shall be retained in the health record.

Detainees who indicate they wish to obtain copies of their medical records shall be provided with the appropriate request form. ICE/DRO, or the facility administrator, shall provide non-English speaking detainees and detainees who are deaf or hard of hearing with interpretation or translation services or other assistance as needed to make the written request and assist in transmitting the request to the facility administrative health authority.

### **3. Inactive Health Record Files**

Inactive health record files shall be retained as permanent records in compliance with locally established procedures and the legal requirements of the jurisdiction.

### **4. Transfer and Release of Detainees**

ICE/DRO and the administrative health authority shall be notified when detainees are to be transferred or released. Detainees should be transferred with proper medication to ensure continuity of care throughout the transfer and subsequent intake process. (See Section S – Continuity of care)

#### **a. Medical/Psychiatric Alert. Medical staff shall notify the facility administrator in writing, when they determine that a detainee's medical or psychiatric condition requires:**

- Clearance by the medical staff prior to release or transfer, or
- Medical escort during removal, deportation, or transfer.

#### **b. Notification of Transfers, Releases, and Removals.** The administrative health authority shall be given advance notice prior to the release, transfer, or removal of a detainee, so that medical staff may determine and provide for any medical needs associated with the transfer or release.

#### **c. Transfer of Health Records.** A summary of the detainee's medical care (transfer summary) shall be marked "CONFIDENTIAL MEDICAL RECORDS" and shall accompany the detainee who is being transferred. This includes detainees who are being transferred into or out of ICE custody. Full copies of the medical records or parts thereof must be made immediately available upon the request of the receiving facility's administrative health authority or clinical medical authority. Other requirements for the transfer of records are contained in the Detention Standard on **Transfers of Detainees**.

### **V. Terminal Illness, Fatal Injury, or Death of a Detainee**

Procedures to be followed in the event of a detainee's terminal illness, fatal injury, or death are in the Detention Standard on **Terminal Illness, Advance Directives, and Death**. The Detention Standard also addresses detainee organ donations.

## **W. Medical Experimentation**

Detainees will not participate in medical, pharmaceutical or cosmetic research while under the care of ICE detention facilities.

This does not preclude the use of approved clinical trials that may be warranted for a specific inmate's diagnosis or treatment when recommended and approved by the clinical medical director. Such measures require documented informed consent.

## **X. Administration of the Medical Department**

### **1. Quarterly Administrative Meetings**

The administrative health authority shall convene a meeting at least quarterly and include other facility and medical staff as appropriate.

The meeting agenda shall include, at a minimum:

- An account of the effectiveness of the facility health care program;
- Discussions of health environment factors that may need improvement;
- Review and discussion of communicable disease and infectious control activities;
- Changes effected since the previous meetings; and
- Recommended corrective actions, as necessary.

Minutes of each meeting shall be recorded and kept on file.

### **2. Health Care Internal Review and Quality Assurance**

The administrative health authority shall implement a system of internal review and quality assurance. Elements of the system shall include:

- Participating in a multidisciplinary quality improvement committee.
- Collecting, trending, and analysis of data along with planning, interventions, and reassessments.
- Evaluating defined data.
- Analyze the need for ongoing education and training.
- On-site monitoring of health service outcomes on a regular basis through:
  1. Chart reviews by the responsible physician or his or her designee, including investigation of complaints and quality of health records.
  2. Review of prescribing practices and administration of medication practices.
  3. Systematic investigation of complaints and grievances.
  4. Monitoring of corrective action plans.
  5. Reviewing all deaths, suicide attempts, and illness outbreaks.
  6. Developing and implementing corrective action plans to address and resolve identified problems and concerns.
  7. Reevaluating problems or concerns to determine whether the corrective measures have achieved and sustained the desired results.

8. Incorporating findings of internal review activities into the organization's educational and training activities.
9. Maintaining appropriate records of internal review activities.
10. Ensuring records of internal review activities comply with legal requirements on confidentiality of records.

### **3. Peer Review**

The administrative health authority shall implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews are conducted at least every two years.

### **Y. Examinations by Independent Medical Service Providers and Experts**

On occasion, medical and/or mental health examinations by a practitioner or expert not associated with ICE/DRO or the facility may provide a detainee with information useful in administrative proceedings.

If a detainee seeks an independent medical or mental health examination, the detainee or his or her legal representative shall submit to the Field Office Director a written request that details the reasons for such an examination. Ordinarily, the Field Office Director shall approve the request for independent examination, as long as it would not present an unreasonable security risk. Requests for independent examinations shall be answered as quickly as practicable. If a request is denied, the Field Office Director shall advise the requester in writing of the rationale.

Neither ICE/DRO nor the facility may assume any costs of the examination, which shall be at the detainee's expense. The facility shall provide a location for the examination but no medical equipment or supplies, and the examination must be arranged and conducted in a manner consistent with security and good order.

### **Z. Medical Grievance Process**

See **Grievance System** Detention Standard.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## PERSONAL HYGIENE

**I. PURPOSE AND SCOPE.** This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.

This Detention Standard applies to the following types of facilities housing ICE/DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Each facility will maintain an inventory of clothing, bedding, linens, towels and personal hygiene items that is sufficient to meet the needs of detainees.
2. Each detainee will have suitable, clean bedding, linens, blankets, and towels.
3. Each detainee will have sufficient clean clothing that is properly fitted, climatically suitable, durable, and presentable.
4. Detainees will be held accountable for clothing, bedding, linens, and towels assigned to them.
5. Detainees, including those with disabilities, will be able to maintain acceptable personal hygiene practices.

**III. DIRECTIVES AFFECTED.** This Detention replaces **Issuance and Exchange of Clothing, Bedding, and Towels** dated 9/20/2000.

## IV. REFERENCES

American Correctional Association 4th Edition, Standards for Adult Detention Facilities: 4-ALDF-4B-01 through 4B-09, 6A-08, 6B-05 through 6B-08.

## **V. EXPECTED PRACTICES**

### **A. Supply of Clothing, Bedding, Linen, Towel, and Personal Hygiene Items**

Each detention facility shall have a written policy and procedures for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items shall exceed the minimum required for the number of detainees to prevent delay in replacing the items.

To be prepared for unforeseen circumstances, it is good practice for a detention facility to maintain an excess clothing inventory that is at least 200 percent of the maximum funded detainee capacity.

*Each SPC AND CDF shall have available, at all times, more clothing, bedding, linen and towels than needed to supply the maximum funded detainee capacity. This excess will allow for the immediate replacement of items that are lost, destroyed, or worn out.*

Clothing that is worn out, indelibly stained, or bears offensive or otherwise unauthorized markings should be discarded and replaced as soon as practicable.

### **B. Issuance of Clothing**

All new detainees shall be issued clean, indoor/outdoor temperature-appropriate, size appropriate, presentable clothing during in-processing at no cost to the detainee.

*In SPCs and CDFs, the standard issue of clothing is two uniform shirts and two pairs of uniform pants or two jumpsuits; two pairs of socks; two pairs of underwear; and one pair of facility-issued footwear. The color of the uniform/jumpsuit shall depend on the detainee's classification level. Additional clothing shall be issued as necessary for changing weather conditions or as seasonally appropriate. Footwear that is worn out or damaged will be replaced at no cost to the detainee.*

*For both males and females, personal items of clothing, including undergarments, are not permitted.*

### **C. Special Uniforms and Protective Equipment**

Each detainee assigned to a special work area shall be clothed in accordance with the requirements of the job and, when appropriate, provided protective clothing and equipment.

*In SPCs and CDFs, detainees employed as food service workers shall be issued white uniforms. Detainees working in other capacities may be issued color-coded uniforms unless they are permitted to wear their housing unit uniforms.*

### **D. Personal Hygiene Items**

Staff shall provide male and female detainees personal hygiene items appropriate for their gender and shall replenish supplies as needed. The distribution of hygiene items shall not be used as reward or punishment.

*In SPCs and CDFs, each detainee shall receive, at a minimum, the following items:*

- *One bar of bath soap, or equivalent;*

- *One comb;*
- *One tube of toothpaste;*
- *One toothbrush;*
- *One bottle of shampoo, or equivalent; and*
- *One container of skin lotion.*

Razors must be strictly controlled. Disposable razors will be provided to detainees on a daily basis. Razors will be issued and collected daily by staff. Detainees will not be permitted to share razors. The facility administrator may modify this list as needed. For example, a modification can be made to accommodate the use of bulk liquid soap and shampoo dispensers.

Female detainees shall be issued and may retain feminine hygiene items as needed and may be permitted unbreakable brushes with soft, synthetic bristles to replace combs. Cosmetics are prohibited, as are electric rollers, curling irons, hair dryers, and similar appliances. Male detainees shall be issued and may retain necessary hygiene items consistent with this Standard and facility security.

*The responsible housing unit officer shall replenish personal hygiene items on an as-needed basis, in accordance with written facility procedures. The facility administrator may establish an empty container exchange system.*

*If the facility has no detainee commissary, personal hygiene items from sources other than the issuing officer(s) may be permitted into the housing units only with the approval of the health services staff and the chief of security.*

## **E. Bathing and Toilet Facilities**

Detainees shall be provided:

- An adequate number of toilets 24 hours per day that can be used without staff assistance when detainees are confined to their cells or sleeping areas.  
ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. All housing units with three or more detainees must have at least two toilets.
- An adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day.  
ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees.
- Operable showers that are thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit, to ensure safety and promote hygienic practices.  
ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.

It is good practice for inspections of housing units to periodically measure and



document water temperature.

Detainees should be provided with a reasonably private environment in accordance with safety and security needs.

Detainees with disabilities shall be provided the facilities and support needed for self-care and personal hygiene in a reasonably private environment in which the individual can maintain dignity. When necessary, assistance to disabled detainees who cannot perform basic life functions shall be provided by individuals who are trained and qualified to understand problems and challenges faced by persons with physical and/or mental impairments. Such training may be provided by the health authority and may involve the expertise of relevant community organizations and government agencies. Discrimination on the basis of disability is prohibited.

## **F. Hair Care**

Detainees are allowed freedom in personal grooming unless a valid safety, security, or medical concern requires an exception that is fully justified and documented.

Detainees shall be provided hair care services in a manner and environment that promotes sanitation and safety, in accordance with the requirements for Barber Operations in the Detention Standard on **Environmental Health and Safety**.

## **G. Issuance of Bedding, Linen and Towels**

All detainees shall be issued clean bedding, linens, and a towel and be held accountable for those items.

*In SPCs and CDFs the standard issues are:*

- *Bedding: one mattress, one blanket and one pillow. Additional blankets shall be issued, based on local indoor-outdoor temperatures.*
- *Linens: two sheets and one pillowcase.*
- *Towel: one towel.*

## **H. Exchange Requirements**

Detainees shall be provided with clean clothing, linen and towels on the following basis:

- A daily change of socks and undergarments. An additional exchange of undergarments shall be made available to detainees if necessary for health or sanitation reasons.
- At least twice weekly exchange of outer garments (with a maximum of 72 hours between changes). An additional exchange of outer garments shall be made available to detainees if necessary for health or sanitation reasons.
- At least weekly exchange of sheets, towels, and pillowcases.

More frequent exchanges of outer garments may be appropriate, especially in hot and humid climates.

*In addition to the foregoing exchange requirements, in SPCs and CDFs:*

- *Volunteer detainee workers may require exchanges of outer garments more*

*frequently than every 72 hours.*

- *Volunteer food service workers shall exchange outer garments daily.*

*Clothing exchanges shall generally be on a one-for-one basis to prevent hoarding and otherwise ensure an adequate supply.*

*Detainees are not permitted to wash clothing, bedding, linens, tennis shoes, or other items in the living units, unless proper washing and drying equipment is available and the facility has written policy and procedures for their use. Any washing and drying policies and procedures shall be posted in the washing area and be included in the detainee handbook.*

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## SUICIDE PREVENTION AND INTERVENTION

**I. PURPOSE AND SCOPE.** This Detention Standard protects the health and well-being of immigration detainees through a comprehensive Suicide Prevention and Intervention Program that minimizes risk.

This Detention Standard applies to the following types of facilities housing detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

*Procedures in italics are specifically required for SPCs and CDFs.* IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. All staff responsible for supervising detainees will be trained, initially during orientation and at least annually, on effective methods of suicide prevention and intervention with detainees.
2. Staff will act to prevent suicides with appropriate sensitivity, supervision, and medical referrals.
3. Any clinically suicidal detainee will receive preventive supervision, treatment, and therapeutic follow-up, in accordance with ICE policy.
4. The information in this standard will be communicated in a language or manner which the detainee can understand.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Suicide Prevention and Intervention** dated 9/20/2000.

### IV. REFERENCES

American Correctional Association 4th Edition, Standards for Adult Detention Facilities: 4-ALDF-4C-32, 4C-33, 2A-52.

American Correctional Association Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions: 1-HC-1A-27, 1-HC-1A-30.

National Commission on Correctional Health Care, Standards for Health Services in Jails. (2008): J-E-02, J-E-05, J-G-05, Appendix C

ICE/DRO National Detention Standard on Medical Care

## **V. EXPECTED PRACTICES- Suicide Prevention and Intervention Program Requirements**

Each detention facility shall have a written suicide prevention and intervention program (the "Program") that is reviewed and approved by the clinical health authority, approved and signed by the administrative health authority and facility administrator and reviewed annually.

At a minimum, the Program shall include procedures to address suicidal detainees. Key components of this program include:

- staff training,
- identification,
- referral,
- evaluation,
- treatment,
- housing,
- monitoring,
- communication,
- intervention,
- notification and reporting,
- review, and
- debriefing.

### **A. Staff Training**

All facility staff who interact with and/or are responsible for detainees shall be trained, during orientation and at least annually, on:

- recognizing verbal and behavioral cues that indicate potential suicide,
- demographic, cultural, and precipitating factors of suicidal behavior,
- responding to suicidal and depressed detainees,
- effective communication between correctional and health care personnel,
- necessary referral procedures,
- constant observation and suicide-watch procedures,
- follow-up monitoring of detainees who have already attempted suicide, and
- reporting and written documentation procedures.

### **B. Identification**

Detainees may be identified as being at risk for suicide at any time.

#### Initial Screening

All detainees shall receive an initial mental health screening, by a qualified health care professional or health-trained Correctional Officer, who has been specially trained, within 24 hours of admission. The results of the screening will be documented on the approved intake screening form which contains observation and interview items related to potential suicide risk.

### Ongoing Identification

Detainees also may be identified as being at risk for suicide at any time while in ICE custody. This identification may be through self-referral or through daily observation and/or interaction with medical staff, contract security staff, or an ICE officer.

### Suicidal Detainee

If a detainee is identified as being suicidal, the detainee is removed from general population, placed on suicide precautions and is referred immediately to qualified medical staff.

If medical staff determines that a detainee is at imminent risk of bodily injury or death, medical staff may make a recommendation to hospitalize the detainee for purposes of his or her evaluation and/or treatment. If the detainee is mentally competent and refuses, it may be necessary to petition the appropriate federal court to intervene against the detainee's refusal for purposes of his or her hospitalization and treatment. In such cases, ICE counsel should be consulted as to appropriate further action.

## **C. Referral**

Detainees who are identified as being "at risk" for suicide shall immediately be referred to the mental health provider or other appropriately trained medical staff member for evaluation. The evaluation will take place within 24 hours. Until this evaluation takes place, security staff will place the detainee in a secure environment on a constant one-to-one visual observation.

## **D. Evaluation**

Appropriately trained and qualified medical staff shall evaluate the detainee within 24 hours of the referral.

This evaluation will be documented in the medical record and include:

- relevant history,
- environmental factors,
- lethality of suicide plan,
- psychological factors,
- a determination of level of suicide risk,
- level of supervision needed,
- referral/transfer for inpatient care (if needed),
- instructions to medical staff for care, and
- reassessment time frames.

Detainees who are placed on suicide watch are to be re-evaluated by appropriately trained and qualified medical staff on a daily basis and this re-evaluation is documented in the detainee's medical record.

Only the mental health professional, clinical medical authority, or designee may terminate a suicide watch after a current suicide risk assessment is completed. A detainee may not be returned to the general population until this assessment has been completed.

## **E. Treatment**

Based on the evaluation, the appropriately trained and qualified medical personnel will develop a treatment plan placed and documented in the patient's medical record.

This treatment plan will address the environmental, historical, and psychological factors that contribute to the detainee's suicidal ideation. The plan should include: strategies and interventions to be followed by the staff and detainee if suicidal ideation reoccurs, strategies for improved functioning, and regular follow-up appointments based on level of acuity.

## **F. Housing and Monitoring**

### Constant Observation

Suicidal detainees should be housed in a room that has been made as suicide-resistant as possible. The area selected for suicide watch may be the Short Stay Unit, in specially designated cells in the Special Housing Unit, or in other appropriately designated locations.

Security staff shall ensure that the area for suicide observation is initially inspected so that there are no objects that pose a threat to the detainee's safety.

When standard-issue clothing presents a security or medical risk, the detainee is to be provided an alternative garment that promotes detainee and staff safety, while preventing the humiliation and degradation of the detainee. The clinical medical authority or designee will determine appropriate clothing.

Suicidal detainees will be monitored by assigned security officers who maintain constant one-to-one visual observation, 24 hours a day, until the detainee is released from suicide watch. The assigned security officer makes a notation every 15 minutes on the behavioral observation checklist.

### Post-Discharge from Suicide Watch

All detainees discharged from suicide watch should be re-assessed by an appropriately trained and qualified medical staff member at intervals consistent with the level of acuity.

## **G. Communication**

### Transfer of detainee to ICE/DRO custody:

Upon change of custody to ICE/DRO from federal, state or local custody, ICE/DRO staff or designee shall inquire about any known prior suicidal behaviors or actions, and, if behaviors or actions are identified, shall ensure detainee safety pending evaluation by a medical provider.

Continuity of communication regarding detainees in ICE/DRO custody:

Consistent communication is maintained between medical, mental health and correctional staff through a variety of mechanisms to include: intake forms, daily briefings, shift change briefings, medical progress notes, special needs forms, medical/psychiatric alerts, and transfer summaries.

**H. Intervention**

Following a suicide attempt, security staff shall initiate and continue appropriate life-saving measures until relieved by arriving medical personnel. The arriving medical personnel shall perform the appropriate medical evaluation and intervention. The clinical medical authority or designee will be notified in situations when referral to the emergency room of a local hospital is required.

**I Notification and Reporting**

In the event of a suicide attempt or a completed suicide, all appropriate ICE and DIHS officials shall be notified through the chain of command. The victim's family and appropriate outside authorities, as appropriate, shall also be immediately notified. Medical staff shall complete an Incident Report Form within 24 hours.

As with all detainee deaths, the DHS Office of Inspector General shall be notified of a suicide within 48 hours.

All staff who came into contact with the victim before the incident should submit a statement including their knowledge of the detainee and the incident.

**J. Review**

Every completed suicide and serious suicide attempt shall be subject to a mortality review process. ICE shall make arrangements to have a psychological reconstruction of the suicide completed.

**K. Debriefing**

A critical incident debriefing shall be offered to all affected staff and detainees.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

\_\_\_\_\_  
**Date**

# ICE/DRO DETENTION STANDARD

## TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH

**I. PURPOSE AND SCOPE.** This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death.

It applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. The continuum of health care services provided detainees will address terminal illness, fatal injury, and advance directives.
2. Each detainee who has a terminal illness or potentially fatal injury will receive medical care consistent with standard medical practices.
3. In the event of a detainee's death, specified officials and the detainee's designated next of kin will be immediately notified.
4. In the event of a detainee's death, required notifications will be made to authorities outside of ICE/DRO (such as the local coroner or medical examiner), and required procedures will be followed regarding such matters as autopsies, death certificates, burials, and the disposition of decedent's property. Established guidelines and applicable laws will be observed in regard to notification of a detainee death while in custody.
5. The medical records of detainees addressed herein will be complete.
6. The information in this standard will be communicated in a language or manner which the detainee can understand.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Terminal Illness, Advance Directives, and Death** dated 9/20/2000.

## IV. REFERENCES

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities: 4-ADLF-4C-19, 4D-23, 4D-26.



## **V. EXPECTED PRACTICES**

### **A. Terminal Illness**

When a detainee's medical condition becomes life-threatening, consistent with the Detention Standard on **Medical Care**, the facility's clinical medical authority or equivalent, or administrative health authority or equivalent shall:

- Arrange the transfer of the detainee to an appropriate off-site medical facility if necessary.
- Immediately notify the facility administrator and/or ICE/DRO Field Office Director (FOD) of the detainee's condition by phone or in person and document the detainee's condition in a memorandum to the facility administrator that briefly describes the illness and prognosis.

The facility administrator, or designee, shall immediately notify ICE/DRO.

A detainee in a community hospital remains under ICE/DRO authority:

- ICE/DRO retains the authority to make administrative decisions affecting the detainee (visitors, movement, authorization of patient care services, etc.).
- The hospital assumes medical decision-making authority consistent with the contract (drug regimen, lab tests, x-rays, treatments, etc.).
- Authority over the detainee's treatment is exercised by the hospital's medical staff once ICE DIHS is notified of admission. ICE DIHS Managed Care and the facility's administrative health authority will follow up on a daily basis to receive major developments.
- The hospital's internal rules and procedures concerning seriously ill, injured, and dying patients shall apply to detainees.

The FOD or designee shall immediately notify (or make reasonable efforts to notify) the detainee's next-of-kin of the medical condition and status, the detainee's location, and the visiting hours and rules at that location, in a language or manner which they can understand. The off-site hospital will also have policies for involving next-of-kin consistent with state or other applicable law.

ICE/DRO, in conjunction with the medical provider, shall provide family members and any others as much opportunity for visitation as possible. Facility staff are reminded to observe and maintain safety and security measures while finding ways to respectfully accommodate the family and detainee needs at this sensitive time.

With respect to a serious illness, or death of a detainee with immigration proceedings pending, the facility administrator or DRO will inform the local Chief Counsel who will then notify the Executive Office of Immigration Review (EOIR) or the court of record.

### **B. Living Wills and Advance Directives**

When the detainee is at an off-site facility, that facility is expected to assist the detainee in completing an Advance Directive and/or Living Will.

All facilities shall use the State Advance Directive form (in which the facility is located) for implementing Living Wills and Advance Directives, the guidelines for which include instructions for detainees who wish to:

- Have a Living Will other than the generic form made available by medical staff, or
- Appoint another individual to make advance decisions for him or her.

At any time, a detainee may request a Living Will other than the (state-specific) generic form, made available by medical staff, to be prepared by the detainee's attorney at the detainee's expense.

When the terms of the advanced directive must be implemented the medical professional overseeing the detainee's care will contact the ICE/DRO FOD or designee and the respective ICE Chief Counsel.

ICE/DRO may seek judicial or administrative review of a detainee's advance directive as appropriate.

### **C. Do-Not-Resuscitate (DNR) Orders**

Each facility holding detainees shall establish written policy and procedures governing DNR orders. Local procedures and guidelines must be in accordance with the laws of the state in which the facility is located.

Health care will continue to be provided consistent with the DNR order. If the DNR order is not physically present or there is any question about the validity of the document, appropriate resuscitative aid will be rendered until an active, properly executed DNR is verified.

Each facility's DNR policy shall comply with the following:

- A DNR written by a staff physician requires the CD/HSA's approval.
- The policy shall protect basic patient rights and otherwise comply with community medical standards.
- A decision to withhold resuscitative services shall be considered only under specified conditions:
  - a. The detainee is diagnosed as having a terminal illness or fatal injury.
  - b. The detainee has requested and signed the order. If the detainee is unconscious or otherwise unable or incompetent to participate in the decision, staff shall attempt to obtain the written concurrence of an immediate family member. The attending physician shall document these efforts in the medical record.
  - c. The decision is consistent with sound medical practice, not in any way associated with assisting suicide, euthanasia, or other such measures to hasten death.
- The detainee's medical file shall include documentation validating the DNR order:
  - a. A standard stipulation at the front of the in-patient record, and explicit

directions: "Do Not Resuscitate" or "DNR."

b. Forms and memoranda recording:

- Diagnosis and prognosis;
- Express wishes of the detainee (living will, advance directive, or other signed document);
- Immediate family's wishes;
- Consensual decisions and recommendations of medical professionals, identified by name and title;
- Mental competency (psychiatric evaluation), if detainee concurred in, but did not initiate, the DNR decision; and
- Informed consent evidenced, among other things, by the legibility of the DNR order, signed by the ordering physician and CD.

The document shall be maintained in the medical file.

- A detainee with a DNR order may receive all therapeutic efforts short of resuscitation.
- The facility shall follow written procedures for notifying attending medical staff of the DNR order.
- As soon as practicable, the CD or health authority shall notify the medical director and the respective ICE Chief Counsel of the basic circumstances of any detainee for whom a "Do Not Resuscitate" order has been filed in the medical record.

Health care will continue to be provided consistent with the DNR order. If the DNR order is not physically present or there is any question about the validity of the document, appropriate resuscitative aid will be rendered until an active, properly executed DNR is verified.

#### **D. Organ Donation by Detainees**

If a detainee wants to donate an organ:

1. The organ recipient must be a member of the donor's immediate family.
2. The detainee may not donate blood or blood products.
3. All costs associated with the organ donation (hospitalization, fees, etc.) shall be at the expense of the detainee, involving no Government funds.
4. The detainee shall sign a statement that documents his or her:
  - Decision to donate the organ to the specified family member;
  - Understanding and acceptance of the risks associated with the operation;
  - That the decision was undertaken of his or her own free will and without coercion or duress; and
  - Understanding that the Government shall not be held responsible for any resulting medical complications or financial obligations incurred.

5. ICE/DRO shall assist in the preliminary medical evaluation, contingent on the availability of resources.
6. The facility shall coordinate arrangements for transportation, custody, and classification.

## **E. Death of a Detainee in ICE/DRO Custody**

Each Field Office Director (FOD) must ensure that all facilities within his or her jurisdiction receive written instructions detailing the specific procedures to be followed in reporting a detainee's death to the Field Office, as well as internal Field Office procedures for notifying the FOD and others, as detailed below.

### **1. Detention Facilities**

Each facility shall have written policy and procedures that are followed to notify ICE/DRO officials, next-of-kin, and consulate officials of a detainee's death, as detailed below.

### **2. During Transit in a Land Vehicle**

The transporting officers shall notify the closest originating or receiving Field Office as soon as possible, including the detainee's name and A-number, and the date, time, and place of death.

The closest Field Office shall arrange for the local coroner or medical examiner and the Federal Bureau of Investigation (FBI) to meet at the site of death. If death was caused by violence or was associated with other unusual or suspicious circumstances, ICE/DRO shall also contact the local law enforcement authority.

The body must be transferred to the local coroner or medical examiner in the jurisdiction where the death occurred. The transporting officers shall obtain a coroner's receipt in exchange for the body.

### **3. During Transit via Commercial Flight**

The escorting officers shall notify the originating FOD of the detainee's in-flight death. If the air carrier makes a landing on foreign soil, the officers shall contact the nearest U.S. consulate or embassy for immediate assistance before contacting the FOD.

### **4. During Transit via JPATS**

Established JPATS protocols shall be followed.

### **5. Vital Information**

The FOD shall assemble the following information concerning the decedent detainee, which shall be maintained in the deceased detainee's A-file:

- Name;
- Alien registration number;
- Date of birth;
- Date, time, and location of death;
- Apparent cause of death;

- Investigative steps being taken, if necessary;
- Name and address of next-of-kin in the United States;
- Notifications made;
- Brief medical history related to death;
- Status of autopsy request, if necessary.

## **6. Notification Process**

### **a. Immediate Notifications after the Death of a Detainee**

#### **(1) Headquarters**

Within two hours or as soon as practical after the discovery of a detainee death, the Field Office Director (FOD) or Deputy FOD must personally telephone the DRO Assistant Director for Field Operations and the Joint Intake Center (1-877-2INTAKE) to report the circumstances surrounding the death. This telephonic communication may not be delegated. Notification by email or voicemail or through other HQDRO personnel does not satisfy this requirement. If the Assistant Director cannot be reached within 30 minutes, the FOD or DFOD will call the Director of DRO or his/her Chief of Staff.

Detainee deaths are “significant incidents” that must be reported within 24 hours to the ICE Reporting and Operations Center (IROC) using the electronic ICE Significant Event Notification (SEN) system at <https://reporting.ice.dhs.gov>. FODs will ensure that relevant and timely updates are made to HQDRO and IROC through SEN updates, referencing the original Significant Incident Report tracking number.

DRO Headquarters shall immediately notify ICE Office of Professional Responsibility.

#### **(2) Medical Reports**

Within 48 hours, the FOD shall send all available medical reports to the DIHS Medical Director (or designee) for review.

#### **(3) Office of the Inspector General (OIG)**

ICE/DRO Headquarters will notify OIG within 48 hours.

**(4)** Each detainee’s death will necessitate proper notification to the appropriate state and local officials where this is required. Each FOD and facility administrator will familiarize themselves with their respective state and local reporting requirements. Documentation of this reporting will be included in the detainee A-file.

## **b. Notification of Family**

Each FOD shall have written procedures that provide for:

- Communicating news of a detainee's serious illness or death to the detainee's next-of-kin and other immediate family in a language or manner which they understand, and/or
- Coordinating religious rituals, if requested.

### **(1) Immediate Telephonic Notification**

The Chaplain shall telephone the person named as the next-of-kin in the United States to communicate the circumstances surrounding the death. If the next-of-kin cannot be located, the FOD shall notify the consulate.

### **(2) Letter of Condolences**

The FOD shall send a condolence letter to the next-of-kin, ordinarily within 72 hours, including:

- If the death was by natural causes, a brief account of the medical details.
- If the death was accidental, with no suspicion of foul play, a brief description of the accident and cause of death.
- If the death occurred under suspicious circumstances or by foul play, a clinical statement of the cause of death, with the proviso that the matter is under investigation and, for that reason, details of the cause of death may not yet be provided.

## **7. Notification of Consulate Officials**

In a timely manner, the FOD (or designee) shall notify, by telephone, the respective consulate, and shall follow up with an official letter that explains the circumstances of the death.

## **F. Disposition of Property**

If next-of-kin cannot be identified or located in the United States or abroad (through the consulate) after a reasonable period of investigation, ICE/DRO shall dispose of the property of the decedent in accordance with the **Abandoned Property** section of the Detention Standard on **Funds and Personal Property**.

IGSA facilities shall turn over the property to ICE/DRO for processing and disposition.

## **G. Disposition of Remains**

Within seven calendar days of the date of notification (in writing or in person), the family shall have the opportunity to claim the remains. If the family chooses to claim the body, the family shall assume responsibility for making the necessary arrangements and paying all associated costs (transportation of body, burial, etc.).

If the family wants to claim the remains, but cannot afford the transportation costs,

ICE/DRO may assist the family by transporting the remains to a location in the United States. As a rule, the family alone is responsible for researching and complying with airline rules and Federal regulations on transporting the body; however, ICE/DRO may coordinate the logistical details involved in returning the remains.

If family members cannot be located or decline orally or in writing to claim the remains, ICE/DRO shall notify the consulate, in writing, after which the consulate shall have seven calendar days to claim the remains and be responsible for making the necessary arrangements and paying all costs incurred (moving the body, burial, etc.).

If neither the family nor the consulate claims the remains, ICE/DRO shall schedule an indigent's burial, consistent with local procedures. If the detainee's record indicates U.S. military service, however, before proceeding with the indigent burial arrangements, ICE/DRO shall contact the Department of Veterans Affairs to determine if the decedent is eligible for burial benefits.

The Chaplain may advise the facility administrator and others involved about religious considerations that could influence the decision about the disposition of remains.

Under no circumstances shall ICE/DRO authorize cremation or donation of the remains for medical research.

## **H. Case Closure**

Procedures for closing the case of a deceased detainee include the following:

- Sending the detainee's fingerprint card to the FBI, stamped "Deceased" and identifying the place of death;
- Placing the detainee's death certificate or medical examiner's report (original or certified copy) in the subject's A-file;
- Placing a copy of the gravesite title in the A- file (indigent burial only); and
- Closing any electronic files on the detainee (EARM, for example).

## **I. Death Certificate**

The facility administrator shall specify policy and procedures regarding responsibility for proper distribution of the death certificate:

- Send the original to the person who claimed the body, with a certified copy in the A-file on the decedent, or
- If the decedent received an indigent's burial, place the original death certificate in the A-file.

## **J. Autopsies**

Each facility shall have written policy and procedures to implement the provisions detailed below in this section.

- The facility Chaplain should also be involved in the formulation of the facility's procedures.
- Because state laws vary greatly, including when to contact the coroner or

medical examiner, the respective Chief Counsel will be consulted.

- A copy of the written procedures shall be forwarded to the Chief Counsel.

The written procedures shall address, at a minimum:

- Contacting the local coroner or medical examiner, in accordance with established guidelines and applicable laws;
- Scheduling the autopsy;
- Identifying the person who will perform the autopsy;
- Obtaining the official death certificate, and
- Transporting the body to the coroner or medical examiner's office.

### **1. Who May Order an Autopsy**

The FBI, local coroner, medical examiner, ICE personnel, or clinical medical/administrative health authority may order an autopsy and related scientific or medical tests to be performed in a homicide, suicide, a fatal accident or a detainee's death in accordance with established guidelines and applicable laws.

The FBI, local coroner, medical examiner, ICE personnel, or clinical medical/administrative health authority may order an autopsy or post-mortem operation for other cases, with the written consent of a person authorized under State law to give such consent (for example, the local coroner or medical examiner or next-of-kin) or to authorize a tissue transfer authorized in advance by the decedent.

### **2. Making Arrangements for an Autopsy**

Medical staff shall arrange for the approved autopsy to be performed by the local coroner or medical examiner in accordance with established guidelines and applicable laws.

- While a decision on an autopsy is pending, no action should be taken that will affect the validity of the autopsy results.
- Local law may also require an autopsy when death occurs and the decedent was otherwise unattended by a physician.

### **3. Religious Considerations**

It is critical that the FOD, or designee, verify the detainee's religious preference prior to final authorizations for autopsies or embalming and take into account religious-specific requirements.



**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## CORRESPONDENCE AND OTHER MAIL

**I. PURPOSE AND SCOPE.** This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.

It applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials.
2. Detainees will be notified of the facility's rules on correspondence and other mail through the Detainee Handbook, or supplement, which is provided to each detainee upon admittance.
3. The amount and content of correspondence detainees send at their own expense will not be limited except to protect public safety or facility security and order.
4. Indigent detainees will receive a specified postage allowance to maintain community ties and necessary postage for privileged correspondence.
5. Detainees will have access to general interest publications.
6. Incoming and outgoing mail, with the exception of Special Correspondence and Legal Mail, will be opened to inspect for contraband and to intercept cash, checks, and money orders.
7. General correspondence will be read or rejected only to protect the safe, secure and orderly operation of the facility, and detainees will be notified in writing when correspondence is withheld in part or in full.

8. Detainees will be permitted to send Special Correspondence and Legal Mail to a specified class of persons and organizations, and incoming mail from these persons will be opened only in the presence of the detainees (unless waived) to check for contraband (except when contamination is suspected).
9. Incoming and outgoing letters will be held for no more than 24 hours and packages no more than 48 hours before distribution, excluding weekends, holidays, or exceptional circumstances.
10. Detainees in SMUs will have the same correspondence privileges as detainees in the general population.
11. The applicable content and procedures in this Standard will be communicated to the detainee in a language or manner which the detainee can understand.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Correspondence and Other Mail** dated 9/12/2008.

#### **IV. REFERENCES**

American Correctional Association 4th Edition, Standards for Adult Detention Facilities: 4-ALDF-5B-05, 5B-06, 5B-07, 5B-08, 5B-09, 5B-10, 2A-27, 2A-60, 6A-09.

#### **V. EXPECTED PRACTICES**

##### **A. General**

Each facility shall have written policy and procedures concerning detainee correspondence and other mail.

The quantity of correspondence a detainee may receive or send at his or her own expense shall not be limited. For reasons of safety, security and the orderly operation of the facility, non-correspondence mail, such as packages and publications, shall be subject to certain restrictions.

##### **B. Indigent Detainees**

Ordinarily, a detainee is considered "indigent" if he or she has less than \$15.00 in his or her account.

Indigent detainees will be permitted to mail a reasonable amount of mail each week at government expense, as determined by the Facility Administrator, including the following:

- At least five pieces of Special Correspondence or Legal Mail.
- Three pieces of general correspondence.
- Packages as deemed necessary by ICE.

##### **C. Detainee Notification**

The facility shall notify detainees of its rules on correspondence and other mail through the Detainee Handbook, or supplement, provided to each detainee upon admittance.

At a minimum, the notification shall specify:

1. That a detainee may receive mail; the mailing address of the facility; and instructions on how envelopes should be addressed;
2. That a detainee may send mail; the procedure for sending mail; and instructions on how outgoing mail must be addressed;
3. That general correspondence and other mail addressed to detainees will be opened and inspected in the detainee's presence, unless the facility administrator authorizes inspection without the detainee's presence for security reasons.
4. The definition of Special Correspondence and Legal Mail, including instructions on the proper labeling as "Special Correspondence" or "Legal Mail" to ensure that it is treated as privileged mail. The notification shall clearly state that it is the detainee's responsibility to inform senders of the labeling requirement;
5. That incoming Special Correspondence and Legal Mail may only be opened in the detainee's presence, and may be inspected for contraband, but not read, and that outgoing Special Correspondence and Legal Mail shall not be opened, inspected, or read;
6. That packages may neither be sent nor received without advance arrangements approved by the facility administrator, as well as how to obtain such approval;
7. A description of mail which may be rejected by the facility and which the detainee will not be permitted to keep in his or her possession.
8. That identity documents, such as passports, birth certificates, etc., in a detainee's possession are contraband and may be used by ICE/DRO as evidence against the detainee or for other purposes authorized by law; however, upon request, the detainee will be provided a copy of each document, certified by an ICE/DRO officer to be a true and correct copy; (The facility should consult ICE/DRO with any and all requests for identity documents.)
9. The procedure to obtain writing implements, paper, and envelopes; and
10. The procedure for purchasing postage (if any), and the rules for providing indigent and certain other detainees free postage.

*In addition, in SPCs and CDFs, the rules notification shall be posted in each housing area.*

The facility shall provide key information to detainees in languages spoken by any significant portion of the facility's detainee population.

#### **D. Processing**

Detainee correspondence and other mail shall be delivered to the detainee and to the postal service on regular schedules.

- Incoming correspondence shall be distributed to detainees within 24 hours (one business day) of receipt by the facility.

- Outgoing correspondence shall be delivered to the postal service no later than the day after it is received by facility staff or placed by the detainee in a designated mail depository, excluding weekends and holidays.
- An exception may be made for correspondence or other mail that requires special handling for security purposes. For example, in exceptional circumstances, Special Correspondence may be held for 48 hours, to verify the status of the addressee or sender.

*In SPCs and CDFs, as a routine matter, incoming mail shall be distributed to detainees on the day received by the facility. Incoming priority, overnight, certified mail, and deliveries from a private package delivery service, etc. shall be recorded in a logbook maintained by the facility with detainee signatures.*

## **E. Packages**

Each facility shall implement policies and procedures concerning detainee packages.

*In SPCs and CDFs, detainees shall not be allowed to receive or send packages without advance arrangements approved by the facility administrator. The detainee shall pay postage for packages and oversized or overweight mail.*

## **F. Inspection of Incoming Correspondence and Other Mail**

### **1. General Correspondence and Other Mail**

All facilities shall implement procedures for the inspection of all incoming general correspondence and other mail (including packages and publications) for contraband. *In SPCs and CDFs, staff shall open and inspect incoming general correspondence and other mail (including packages and publications) in the presence of the detainee. Incoming general correspondence may be read to the extent necessary to maintain security, as authorized by the facility administrator.*

*Inspection is generally for the purpose of detecting contraband. The reading of mail, which requires approval of the facility administrator, may be conducted at random. Mail may also be read when a specific security concern arises with respect to an individual detainee, including, but not limited to, to obtain such information as escape plots, plans to commit illegal acts, and plans to violate institution rules.*

### **2. Special Correspondence and Legal Mail**

“Special Correspondence and Legal Mail” is the term for detainees’ written communications to or from private attorneys and other legal representatives; government attorneys; judges, courts; embassies and consulates; the President and Vice President of the United States, members of Congress, the Department of Justice (including the DOJ Office of the Inspector General), the Department of Homeland Security Office for Civil Rights and Civil Liberties, the Department of Homeland Security (including U.S. Immigration and Customs Enforcement, the Office of Detention and Removal Operations, and the DHS Office of the Inspector General, ); the U.S. Public Health Service including the Division of Immigration Health Services; health care practitioners; administrators of grievance systems; and representatives of the news media.

Correspondence shall only be treated as Special Correspondence and Legal Mail if the title and office of the sender (for incoming correspondence) or addressee (for outgoing correspondence) are unambiguously identified as a court or consular office or official on the envelope, and the envelope is labeled as "Special Correspondence" or "Legal Mail"

All facilities shall implement procedures for inspecting Special Correspondence and Legal mail for contraband in the presence of the detainee. Detainees shall sign a logbook upon receipt of Special Correspondence and/or Legal Mail to verify that the Special Correspondence or Legal Mail was opened in their presence.

Staff shall neither read nor copy Special Correspondence and Legal Mail. The inspection shall be limited to the purposes of detecting physical contraband and confirming that any enclosures qualify as Special Correspondence or Legal Mail.

## **G. Inspection of Outgoing Correspondence and Other Mail**

### **1. General Correspondence and Other Mail**

Outgoing general correspondence and other mail may be inspected or read if:

- The addressee is another detainee,
- There is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public or facilitate criminal activity.

*In SPCs and CDFs, the detainee must be present when the correspondence or other mail, including packages, is inspected, unless otherwise authorized by the facility administrator.*

### **2. Special Correspondence and Legal Mail**

Outgoing Special Correspondence and Legal Mail shall not be opened, inspected, or read.

Staff shall treat outgoing correspondence as Special Correspondence and Legal Mail only if the name, title, and office of the recipient are clearly identified on the envelope and the envelope is labeled as "Special Correspondence" or "Legal Mail."

## **H. Rejection of Incoming and Outgoing Mail**

All facilities shall implement policies and procedures addressing acceptable and non-acceptable mail. Detainees may receive as correspondence any material reasonably necessary for the detainee to present his or her legal claim, in accordance with this standard.

Incoming and outgoing general correspondence and other mail may be rejected to protect the security, good order, or discipline of the institution; to protect the public; or to deter criminal activity.

When incoming or outgoing mail is confiscated or withheld (in whole or in part), the detainee shall be notified and given a receipt.

The facility administrator shall ordinarily consult a religious authority before the confiscation of a religious item that is "soft" contraband.

*In SPCs and CDFs, correspondence and publications that may be rejected include, but are not limited to:*

- 1. Material depicting activities that present a significant risk of physical violence or group disruption, for example, material dealing with the subjects of self-defense or survival, weaponry, armaments, explosives, or incendiary devices;*
- 2. Information regarding escape plots, plans to commit illegal activities or to violate ICE/DRO rules or facility guidelines;*
- 3. Information regarding the production of drugs or alcohol;*
- 4. Sexually explicit material that is obscene or prurient in nature;*
- 5. Threats, extortion, obscenity, or gratuitous profanity;*
- 6. A cryptographic or other surreptitious code that may be used as a form of communication;*
- 7. Other contraband. A package received without the facility administrator's prior authorization is considered contraband.*

*Both sender and addressee shall be provided written notice, signed by the facility administrator, with explanation, when the facility rejects incoming or outgoing mail.*

*A detainee may appeal rejection of correspondence through the Detainee Grievance System.*

*Rejected mail shall be considered contraband and handled as detailed below.*

## **I. Contraband Recording and Handling**

When an officer finds an item that must be removed from a detainee's mail, he or she shall make a written record that includes:

- The detainee's name and A-number,
- The name of the sender and recipient,
- A description of the mail in question,
- A description of the action taken and the reason for it,
- The disposition of the item and the date of disposition, and
- The officer's signature.

Prohibited items discovered in the mail shall be handled as follows:

- A receipt shall be issued to the detainee for all cash, which shall be safeguarded and credited to the detainee's account in accordance with the Detention Standard on **Funds and Personal Property**.
- Identity documents, such as passports, birth certificates, etc., shall be placed in the detainee's A-file. Upon request, the detainee shall be provided with a copy of the document, certified by an ICE/DRO officer to be a true and correct copy.
- Other prohibited items found in the mail shall be handled in accordance with the Detention Standard on **Contraband**. However, at the discretion of the facility administrator, soft contraband may be returned to the sender.

- The facility administrator shall ensure that facility records of the discovery and disposition of contraband are accurate and current.

## **J. Postage Costs**

The facility shall generally not limit the amount of correspondence detainees may send at their own expense, except to protect public safety or facility security and order.

The facility shall provide a postage allowance at government expense under two circumstances:

- To indigent detainees, and
- To all detainees, if the facility does not have a system for detainees to purchase stamps.

Free postage is generally limited to letters weighing one ounce or less, with exceptions allowed for Special Correspondence; however, in compelling circumstances, the facility may also provide free postage for general correspondence and other mail.

Detainees, who qualify for a postage allowance as defined above, shall be permitted to mail at government expense:

- A reasonable amount of mail each week, including at least five pieces of Special Correspondence and three pieces of general correspondence.
- A reasonable amount of correspondence related to a legal matter, including correspondence to a legal representative, potential legal representative, and any court, as determined by the Facility Administrator.
- Packages containing personal property, when the facility administrator determines that storage space is limited and that mailing the property is in the government's best interest. See the Detention Standard on **Funds and Personal Property** for detailed information.

## **K. Writing Implements, Paper, and Envelopes**

The facility shall provide writing paper, writing implements and envelopes at no cost to detainees.

## **L. Detainees in Special Management Units**

All facilities shall have written policy and procedures regarding mail privileges for detainees housed in a Special Management Unit.

Detainees in administrative or disciplinary segregation shall have the same correspondence privileges as detainees in the general population.

## **M. Correspondence with Representative of the News Media**

A detainee may use Special Correspondence to communicate with representatives of the news media.



A detainee may not receive compensation or anything of value for correspondence with the news media, including, but not limited to, publishing under a byline. A detainee may not act as a reporter.

Representatives of the news media may initiate correspondence with a detainee; however, it shall be treated as Special Correspondence only if the envelope is properly addressed with the name, title, and office of the media representative with reporter name, title, office and publication and clearly labeled as "Special Correspondence."

#### **N. Notaries, Certified Mail, and Miscellaneous Needs Associated With Legal Matters**

If a detainee without legal representation requests certain services in connection with a legal matter, such as notary public or certified mail, and has no family member, friend, or community organization to provide assistance, the facility shall assist the detainee in a timely manner.

If it is unclear whether the requested service is necessary in pursuit of a legal matter, the respective Chief Counsel should be consulted.

#### **O. Facsimile Communication**

When timely communication through the mail is not possible, the Facility Administrator may in his or her discretion allow for a reasonable amount of communication by means of facsimile device between the detainee and his or her designated legal representatives.

#### **Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

\_\_\_\_\_  
**James T. Hayes, Jr**  
**Director**  
**Office of Detention and Removal Operations**

\_\_\_\_\_  
**Date**

# ICE/DRO DETENTION STANDARD

## ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES

**I. PURPOSE AND SCOPE.** This Detention Standard permits detainees to maintain ties with their families through emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.

It applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

*Procedures in italics are specifically required for SPCs and CDFs.* IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Within the constraints of safety and security, selected detainees will be able to visit critically ill members of the immediate family or to attend their funerals, while under constant staff supervision.
2. Safety and security will be primary considerations in planning, approving, and escorting a detainee out of a facility for a non-medical emergency.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Non-Emergency Medical Escorted Trips** dated 9/20/2000.

## IV. REFERENCES

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities: 4-ALDF-1B-06.

ICE/DRO Detention Standard on **Searches of Detainees**.

ICE Interim Use of Force Policy (7/7/2004), as amended or updated.

## V. EXPECTED PRACTICES

### A. Non-Medical Emergency Trip Requests and Approvals

On a case-by-case basis, and with approval of the respective Field Office Director, the facility administrator may allow a detainee, under ICE/DRO staff escort:

- To visit a critically ill member of his or her immediate family, or
- To attend an immediate-family member's funeral.

"Immediate family member" refers to a parent (including stepparent or foster parent), brother, sister, biological or adopted child, and spouse (including common-law spouse).

The Field Office Director:

- Is the approving official for non-medical emergency escorted trips from SPCs, CDFs, and IGSA's, and
- May delegate this authority to the Assistant Field Office Director level, for any detainee who does not require a high degree of control and supervision.

The facility administrator shall designate staff to help detainees prepare requests for non-medical emergency trip requests.

1. That staff member shall forward the completed request to the detainee's Deportation Officer.
2. The Deportation Officer shall review the merits of the request, to include consultations with Immigration Enforcement Agents, medical staff, the detainee's family, and other persons in positions to provide relevant information.
3. On the basis of the information collected, the Deportation Officer shall report to the facility administrator on the appropriateness of the detainee's request and the amount of supervision the travel plan would entail.

## **B. Types of Trips and Travel Arrangements**

### **1. Local Trip**

A "local" trip is one that involves up to and including a 10-hour absence from the facility. ICE/DRO assumes the costs, except that the detainee must pay for his or her own commercial carrier transportation (plane, train, etc.), if needed for the trip.

### **2. Extended Trip**

An "extended" trip involves more than a 10-hour absence and may include an overnight stay. The cost of the detainee's round-trip transportation on a commercial carrier must be paid by the detainee, the detainee's family, or another source approved by the Field Office Director.

### **3. Travel Arrangements**

ICE/DRO shall make all travel arrangements; however, travel involving a commercial carrier may not commence until the detainee or person acting on his or her behalf has submitted an open paid-in-full ticket or electronic-ticket voucher in the detainee's name.

As needed, ICE/DRO shall provide overnight housing in an SPC, CDF, or IGSA facility.

ICE/DRO shall pay the travel costs incurred by the transporting officers.

### C. Selection of Escorts

No less than two escorts are required for each trip. The facility administrator shall select and assign the roles of the transporting officers (escorts) and delegate to one the decision-making authority for the trip. Ordinarily, probationary officers may not be assigned, and in no case may more than one probationary officer be on an escort team.

### D. Supervision and Restraint Requirements

Except when the detainee is housed in a detention facility, transporting officers shall maintain in constant and immediate visual supervision of any detainee who is under escort and shall follow the policy and procedures in:

- The ICE/DRO Detention Standards on **Transportation (By Land)** and **Use of Force and Restraints**;
- The ICE Enforcement Standards on "Escorts" and "Use of Restraints"; and
- The ICE Enforcement Standard on "Use of Firearms," if the escorts are armed for the trip.

### E. Training

Escort officers and others, as appropriate, shall receive training on:

- The ICE/DRO Detention Standard on **Escorted Trips for Non-Medical Emergencies**, and
- The ICE/DRO Detention Standards on **Transportation (By Land)** and **Use of Force and Restraints**;
- The ICE Policy on "Escorts" and "Use of Restraints"; and
- The ICE Policy on "Use of Firearms," if the escorts are armed for the trip.

### F. Escort Instructions

1. Escorts shall follow the applicable policies, standards, and procedures listed above.
2. Routes, meals, and lodgings (if necessary) shall be arranged prior to departure.
3. Escorts shall follow the schedule included in the trip authorization, arriving at and departing from the place(s) and event(s) listed at the specified time(s).
4. For security reasons, the trip route and schedule shall be confidential.
5. The responsible transporting officer shall report unexpected developments to the Control Center at the originating facility. Control Center staff shall relay the information to the highest-ranking supervisor on duty, who shall issue instructions for completion of the trip.
6. Escorts shall deny the detainee access to any intoxicant, narcotic, drug paraphernalia, or drug not prescribed for his or her use by the medical staff.

7. If necessary, the transporting officers may increase the minimum restraints placed on the detainee at the outset of the trip but at no time may reduce the minimum restraints. Since escorts may exercise no discretion in this matter and are prohibited from removing the restraints, the detainee shall visit the critically ill relative or attend the funeral in restraints.
8. Escorts shall advise the detainee of the rules in effect during the trip, in a manner that the detainee can understand.
9. Among other things, the escorted detainee may not:
  - Bring discredit to ICE/DRO;
  - Violate any Federal, State, or local law;
  - Make unauthorized phone call(s); or
  - Arrange any visit(s) without the express permission of the facility administrator.
10. If the detainee breaches any of these rules, the responsible officer may decide to terminate the trip and immediately return to the facility.
11. Officers shall also remind the detainee that, during the trip and upon return to the facility, he or she is subject to searches in accordance with the Detention Standard on **Searches of Detainees**, as well as tests for alcohol or drug use.
12. Officers may not accept gifts or gratuities from the detainee or any other person in appreciation for performing escort duties or for any other reason.
13. Escorts shall ensure that detainees with physical disabilities are provided reasonable accommodations in accordance with security and safety concerns.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## MARRIAGE REQUESTS

**I. PURPOSE AND SCOPE.** This Detention Standard ensures that each marriage request from an ICE/DRO detainee receives a case-by-case review, based on internal guidelines for approval of such requests.

The guidelines provided in this Detention Standard are internal and shall not be construed as creating rights for detainees or other persons or preventing the facility administrator from exercising discretion in conducting the required case-by-case review.

It applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate “Definitions” Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Each marriage request from an ICE/DRO detainee will receive a case-by-case review.
2. Consistency in decisions to approve or deny a marriage request will be achieved by the application of guidelines.
3. Ordinarily, a detainee’s request for permission to marry will be granted.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Marriage Requests** dated 2/11/2002.

**IV. REFERENCES.** None

## **V. EXPECTED PRACTICES**

### **A. Written Policy and Procedures Required**

All facilities shall have in place policy and procedures to enable eligible ICE/DRO detainees to marry.

### **B. Detainee Notification**

The National Detainee Handbook and local facility supplement provided each detainee upon admittance shall advise detainees of the facility’s marriage request procedures.

### C. Detainee Request to Marry

A detainee, or his or her legal representative, may submit the request for permission to marry to the facility administrator or Field Office Director in writing.

- The request must specifically address:
  - That the detainee is legally eligible to be married in the state where the detainee is being held;
- The request must be accompanied by the intended spouse's written affirmation of intent to marry the detainee.

### D. Consideration and Approval

#### 1. SPCs and CDFs

*The facility administrator may approve or deny a marriage request, using the **Guidelines** that follow. Approval or denial of all marriage requests should be reviewed by the FOD or designee.*

- *Any facility administrator's decision to deny a marriage request shall be forwarded to the respective Assistant Field Office Director for review.*
- *The Field Office Director (or designee), after whatever consultations he or she believes are advisable, may uphold or reverse the facility administrator's denial.*
- *The detainees may seek legal assistance throughout the marriage application process.*

#### 2. IGSAs

The facility administrator shall notify and consult the respective Assistant Field Office Director, who shall use the **Guidelines** that follow to approve or deny the request.

- If the request is approved, the marriage ceremony shall take place at the facility. If necessary under some extraordinary circumstances, ICE/DRO may assume temporary custody of the detainee for the marriage ceremony.
- If the request is denied, ICE/DRO shall notify the detainee, in writing, of the reasons for the denial within 30 days from the date of the request...

### E. Guidelines. When a detainee requests permission to marry:

1. The facility administrator or Field Office Director shall consider each marriage request on a case-by-case basis.
2. A detainee's request for permission to marry will generally be denied if:
  - The detainee is not legally eligible to be married;
  - The detainee is not mentally competent, as determined by a qualified medical practitioner;
  - The intended spouse has not affirmed, in writing, his or her intent to marry the detainee;

- The marriage would present a threat to the security or orderly operation of the facility; or
  - There are compelling government interests for denying the request.
  - If the request is denied, the detainee may file an appeal to the FOD.
3. When a request is approved, the detainee, legal representative, or other individual(s) acting on his or her behalf must make all the marriage arrangements, including, but not limited to:
- Blood tests,
  - Obtaining the marriage license, and
  - Retaining an official to perform the marriage ceremony.

ICE/DRO personnel shall not participate in making marriage arrangements.

4. The facility administrator or designated Field Office staff shall notify the detainee in a timely manner of a time and place for the ceremony.

The marriage may have no effect on regular or scheduled processing or action in a detainee's legal case. Specifically, it may neither interrupt nor stay any hearing, transfer to another facility or removal from the United States.

5. Ordinarily, arrangements made by the detainee or persons acting in his or her behalf shall be accommodated, consistent with the security and orderly operation of the facility:

- The ceremony shall take place inside the facility, and the detainee may not leave the facility to make arrangements.
- All expenses relating to the marriage shall be borne by the detainee or person(s) acting on his or her behalf.
- The ceremony shall be private, with no media publicity, and only individuals essential for the marriage ceremony may attend.

The facility administrator or Field Office Director reserves the right of final approval concerning the time, place, and manner of all arrangements.

## **F. Revocation of Approval**

The Assistant Field Office Director may revoke approval of a marriage request for good cause in writing to the detainee. In those instances, the detainee may file an appeal.



### **G. Documentation in Detention File**

Once the marriage has taken place, the facility administrator shall forward original copies of all documentation to the detainee's A-file and maintain copies in the facility's Detention File.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## RECREATION

**I. PURPOSE AND SCOPE.** This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security and good order.

It applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Detainees will have daily opportunities to participate in leisure-time activities outside their respective cells or rooms.
2. Detainees will have access to exercise opportunities and equipment, including at least one hour daily of physical exercise outside the cell, and outdoors, when practicable.
3. Any detainee housed in a facility that cannot meet minimum standards for indoor and outdoor recreation will be considered for voluntary transfer to a facility that does.
4. Each detainee in an SMU will receive (or be offered) a minimum of one hour of exercise per day, five days a week, unless documented security or safety considerations dictate otherwise.
5. Each citizen volunteer who provides or participates in facility recreational programs will complete an appropriate, documented orientation program and sign an acknowledgement of his or her understanding of the applicable rules and procedures and agreement to comply with them.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Recreation** dated 9/20/2000.

## IV. REFERENCES

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities: 4-ALDF-5C-01, 5C-02, 5C-03, 5C-04, 2A-66, 5A-01, 6B-04, 7B-03, 7C-02, 7F-05.

## V. EXPECTED PRACTICES

### A. Indoor and Outdoor Recreation

It is expected that every ICE/DRO detainee will be placed in a facility that provides indoor and outdoor recreation. However, in exceptional circumstances, a facility lacking outdoor recreation or any recreation area may be used to provide short-term housing.

If a facility does not have an outdoor area, a large recreation room with exercise equipment and access to sunlight shall be provided.

If a detainee is housed for more than 45 days in a facility that provides neither indoor nor outdoor recreation, he or she may be eligible for a voluntary transfer to a facility that does provide recreation.

Likewise, if a detainee is housed for more than six months in a facility that provides only indoor recreation, he or she may be eligible for a voluntary transfer to a facility that also provides outdoor recreation.

Procedures for such voluntary transfers for recreational opportunities are detailed later in this Detention Standard.

All new or renegotiated contracts and IGSA's shall stipulate that ICE/DRO detainees have access to an outdoor recreation area.

ACA Expected Practice 4-ALDF-5C-03 requires 15 square feet per detainee for the maximum number of detainees expected to use an **outdoor** or **indoor** ("covered/enclosed") recreation/exercise area at the same time:

- Each **outdoor** exercise area must provide a minimum of 750 square feet of unencumbered space – or 1,500 square feet of unencumbered space if 100 or more detainees are expected to use the space at the same time.
- Each **indoor** exercise area must provide a minimum of 500 square feet of unencumbered space -- or 1,000 square feet of unencumbered space if 100 or more detainees are expected to use the space at the same time. Also, indoor areas must provide at least 18-foot ceilings.

### B. Recreation Schedule

If outdoor recreation is available at the facility, each detainee shall have access for at least one hour daily, at a reasonable time of day, weather permitting. Detainees shall have access to clothing appropriate for weather conditions.

If only indoor recreation is available, detainees shall have access for at least one hour each day and shall have access to natural light.

Under no circumstances shall the facility require detainees to forgo basic law library privileges for recreation privileges. (See the Detention Standard on **Law Libraries and Legal Materials**.)

*In SPCs and CDFs, detainees shall generally have access to outdoor recreation at least one hour every day, including weekends.*

### **C. Recreation Specialist**

All facilities shall have an individual responsible for the development and oversight of the recreation program.

*In SPCs and CDFs:*

- 1. Every facility housing more than 350 detainees shall employ a full-time Recreation Specialist with special training in implementing and overseeing a recreation program.*
- 2. Every facility with a rated capacity of 500 or more detainees shall employ a minimum of one Recreation Specialist and one Recreation Assistant.*
- 3. The Recreation Specialist shall be responsible for development and oversight of the recreational program.*
- 4. The Recreation Specialist shall assess the needs and interests of the detainees.*

### **D. General Requirements**

1. All facilities shall provide recreational opportunities for detainees with disabilities.
2. Exercise areas shall offer a variety of equipment. Weight training, if offered, must be limited to fixed equipment. Free weights are prohibited.
3. Cardiovascular exercise shall be available to detainees for whom outdoor recreation is unavailable.
4. Recreational activities shall be based on the facility's size and location. With the facility administrator's approval, recreational activities may include limited-contact sports, such as soccer, basketball, volleyball, and table games, and may extend to intramural competitions among units.

Dayrooms in general population housing units shall offer board games, television, and other sedentary activities. Detention personnel shall supervise dayroom activities, distributing games and other recreation materials daily.

5. All detainees participating in outdoor recreation shall have access to drinking water and toilet facilities.
6. Detention or recreation staff shall search recreation areas before and after their use to detect altered or damaged equipment, hidden contraband, and security breaches. They shall also issue all portable equipment items and check each item for damage and general condition upon its return.

7. Programs and activities are subject to the facility's security and operational guidelines and may be restricted at the facility administrator's discretion.
8. Recreation areas shall be under continuous supervision by staff equipped with radios or other communication devices to maintain contact with the Control Center.
9. Contraband searches of detainees who are moving from locked cells or housing units to recreation areas shall be conducted in accordance with the Detention Standard on **Searches of Detainees**.
10. Detainees may engage in independent recreation activities, such as board games and small-group activities, consistent with the safety, security and orderly operation of the facility.
11. The facility administrator shall establish facility policy concerning television viewing in dayrooms. All television viewing schedules shall be subject to the facility administrator's approval.

#### **E. Recreation for a Special Management Unit (SMU)**

Recreation for detainees housed in the SMU shall be separate from the general population.

As necessary or advisable to prevent assaults and reduce management problems, recreation for some individuals will be alone and separate from all other detainees. The facility administrator shall develop and implement procedures to ensure that detainees who must be kept apart never participate in activities in the same location at the same time. For example, recreation for detainees in protective custody shall be separate from other detainees.

Detainees in the SMU shall be offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees shall be provided weather-appropriate equipment and attire.

The recreation privilege shall be denied or suspended only if the detainee's recreational activity would unreasonably endanger safety or security:

1. A detainee may be denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone; however, when necessary to control an immediate situation for reasons of safety and security, SMU staff may deny an instance of recreation, upon verbal approval from the shift supervisor, and document the reasons in the unit logbook(s). The supervisor may also require additional written documentation for the facility administrator. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a written report of the action is forwarded to the facility administrator. Denial of recreation must be evaluated daily by a shift supervisor.
2. A detainee in Disciplinary Segregation may temporarily lose recreation privileges upon a disciplinary panel's written determination that he or she poses an unreasonable risk to the facility, himself or herself, or others.

3. When recreation privileges are suspended, the disciplinary panel or facility administrator shall provide the detainee written notification, the reason for the suspension, any conditions that must be met before restoration of privileges, and the duration of the suspension provided the requisite conditions are met for its restoration.
4. The case of a detainee denied recreation privileges shall be reviewed at least once each week as part of the reviews required for all detainees in SMU status.
5. In accordance with the procedures, and using the forms, required in the Detention Standard on **Special Management Units**, the reviewer(s) shall state, in writing, whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.
6. Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and a health care professional. It is expected that such denials shall rarely occur, and only in extreme circumstances.
7. The facility shall notify the ICE/DRO Field Office in writing when a detainee's denied recreation privileges exceeds 15 days.

#### **F. Volunteer Program Involvement**

A volunteer group may provide a special recreational or educational program, consistent with security considerations, availability of detention personnel to supervise participating detainees, and sufficient advance notification to the facility administrator.

The Detention Standard on **Visitation** details requirements that must be met for a volunteer to be approved to visit with or provide religious activities for detainees, including advance notice, identification, a background check, an orientation to the facility, and a written agreement to comply with applicable rules and procedures.

#### **G. Transfer Option Where Only Indoor Recreation Is Available**

Where outdoor recreation opportunities are not available:

1. The case officer shall review the case of any detainee without the required access to outdoor recreation for a period of six months to determine the detainee's eligibility to transfer to a facility where the required outdoor recreation is available. To be eligible for transfer, three criteria must be met:
  - The detainee has been in custody for six months without regular access to outdoor recreation (for reasons other than inclement weather);
  - An Immigration Judge has completed proceedings on the detainee and has issued a decision concerning deportability or excludability; and
  - The detainee will likely be without regular access to outdoor recreation for a total of nine months before removal or release.

A detainee is ineligible for transfer when his or her departure or release is likely to occur within the nine-month window. Examples include:

- Detainees awaiting travel or other documents from a third party (foreign government official, relative, friend, or other source) who is likely to produce them expeditiously, and
- Detainees with a reasonable expectation of securing a bond or other legal means of release from custody.

2. Based on the case officer's written determination, consistent with the transfer eligibility criteria, ICE/DRO shall decide on the transfer.

A detainee must be denied a transfer in writing and reasons must be enumerated as to why that denial has been issued. The detainee has the opportunity to reapply for a transfer every three months, and may appeal a denial to the FOD.

When a detainee is not eligible for transfer, it is the case officer's responsibility to monitor the case for changes affecting the detainee's eligibility.

When the detainee's stay in a facility that provides no regular opportunities for outdoor recreation exceeds nine months, the detainee will be transferred unless the detainee signs a voluntary waiver, as described below.

3. If ICE/DRO determines in favor of eligibility, the case officer shall provide the detainee, in writing the choice of either:
  - Remaining at the facility, or
  - Transferring to another facility (selected by ICE/DRO)
4. The detainee shall, in writing, accept or waive the voluntary transfer.
5. Documentation concerning the transfer decision shall be maintained in both the detainee's A-file and detention file.
6. If ICE/DRO intends to transfer the detainee who is represented by legal counsel or a legal representative (and a G-28 or EOIR-28 has been filed), the representative of record shall be notified in writing in accordance with the **Transfer of Detainees** Standard of the detainee's option to waive a voluntary transfer when offered by ICE/DRO.
7. After the detainee's transfer, if his or her case is remanded to an Immigration Judge for further proceedings, the detainee shall be returned at the expense of the Field Office where the case venue is established for the continuation of proceedings.
8. Such transfers shall be affected to allow sufficient time for the detainee to meet with his or her legal representative, if any, to prepare for the hearing.

9. Nothing in regard to the voluntary transfers addressed in this section is intended to:
- Address or limit the right of ICE/DRO to transfer a detainee involuntarily when, in the judgment of ICE/DRO, it is in the best interest of the government or the detainee; or
  - Preclude ICE/DRO from seeking a change of venue if recommended by the respective Chief Counsel.

#### **H. Transfer Option When No Recreation Opportunities Are Available**

Where neither indoor nor outdoor recreation opportunities are available:

- Upon request, ICE will attempt to relocate a detainee to a facility providing recreation opportunities within 45 days of receipt of the request.
- During the 45-day period, the detainee may contact legal representation, if necessary; request a bond redetermination; or request an expeditious deportation or exclusion hearing.
- In no case shall the total time in detention exceed 60 days in a detention facility where no recreational opportunities are available, unless the detainee has declined the opportunity of transferring to a facility that provides recreation.

The case officer shall provide the detainee, in writing the choice of either:

- Remaining at the facility, or
- Transferring to another facility (selected by ICE/DRO) as soon as appropriate space becomes available but within 60 days of the detainee's arrival at the detention facility without recreation opportunities.

The detainee shall, in writing, accept or waive the voluntary transfer. Documentation concerning the transfer decision shall be maintained in the detainee's A-file and detention file.

In the case of any detainee scheduled for transfer to a facility that provides recreational opportunities, when the detainee is represented by legal counsel or a legal representative (and a G-28 or EOIR-28 has been filed), the representative of record shall be notified in writing:

- Of the intent to transfer the detainee, and
- Of the detainee's option to waive a voluntary transfer when offered by ICE/DRO.

Also, when a detainee has legal representation, the Field Office shall consult with the Chief Counsel to minimize interference with the detainee's legal representation.

After the detainee's transfer, the detainee shall be returned at the expense of the Field Office where the case venue is established for the continuation of proceedings (unless the venue has been changed).

Any transfers returning the detainee to the original venue shall allow sufficient time for the detainee to meet with his or her legal representative, if any, to prepare for the hearing.



Nothing in regard to the voluntary transfers addressed in this section is intended to:

- Address or limit the right of ICE/DRO to transfer a detainee involuntarily when, in the judgment of ICE/DRO, it is in the best interest of the government or the detainee; or
- Preclude ICE/DRO from seeking a change of venue if recommended by the respective Chief Counsel.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## DISCIPLINARY SYSTEM

**I. PURPOSE AND SCOPE.** This Detention Standard promotes a safe and orderly living environment for detainees by establishing a fair and equitable disciplinary system, requiring detainees to comply with facility rules and regulations, and imposing disciplinary sanctions to those who do not comply.

It applies to the following types of facilities housing ICE/DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Detainees will be informed of facility rules and regulations, prohibited acts, disciplinary sanctions that may be imposed, their rights in the disciplinary system and the procedure for appealing disciplinary findings.
2. Each facility will have graduated severity scales of prohibited acts and disciplinary consequences.
3. Where permitted by facility policy, staff will informally settle minor transgressions by mutual consent, whenever possible.
4. Staff who witness a prohibited act that cannot or should not be resolved informally, or have reason to suspect that a detainee has engaged in a prohibited act, will prepare a clear, concise, and complete Incident Report.
5. Each Incident Report will be objectively and impartially investigated and reported, ordinarily by a person of supervisory rank.
6. When appropriate, a serious incident that may constitute a criminal act will be referred to the proper investigative agency, and the administrative investigation will be suspended, pending the outcome of that referral.
7. At each step of the disciplinary and appeal process, the detainee will be advised of his or her rights in a language he or she understands, and translation or interpretation services will be provided as needed.
8. A Unit Disciplinary Committee (UDC) will further investigate and adjudicate the incident and may impose minor sanctions or refer the matter to a higher level disciplinary panel.

9. An Institution Disciplinary Panel (IDP) will conduct formal hearings on Incident Reports referred from UDCs and may impose higher level sanctions for “Greatest” and “High” level prohibited acts.
10. Detainees before the IDP will be afforded a staff representative, upon request, or automatically if the detainee is illiterate, has limited English language skills or otherwise needs special assistance.
11. Actions of the IDP will be reviewed by the facility administrator, who may concur with the findings and sanctions or modify them.
12. At all steps in the disciplinary process, any sanctions imposed will be commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations in the future.
13. All steps of the disciplinary process will be done within the required time limits.
14. At all steps of the disciplinary process, accurate and complete records will be maintained. The detainee will receive copies of all reports, exhibits, and other documents considered or generated in the hearing process, except insofar as the disclosure of such documents may pose an imminent threat to the safety and security of the facility staff or other detainees, or if the document or other evidence is otherwise protected from disclosure.
15. If a detainee is found not guilty at any stage of the disciplinary process, the incident records will not be placed or retained in the detainee’s file, even if they are retained elsewhere for statistical or historical purposes.
16. Detainees will be able to appeal disciplinary decisions through a formal grievance system. No detainee will be harassed, disciplined, punished or otherwise retaliated against for filing a complaint or grievance.
17. Detainees shall be afforded the following rights: the right to protection from abuse, the right to freedom from discrimination, the right to pursue a grievance, the right to correspond with persons or organizations and the right to due process.
18. The applicable content and procedures in this standard will be communicated to the detainee in a language or manner which the detainee can understand.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Disciplinary Policy** dated 9/20/2000.

#### **IV. REFERENCES**

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities: 4-ALDF-3A-01, 3A-02, 6B-05, 6C-01 through 6C-19.

#### **V. EXPECTED PRACTICES**

##### **A. Guidelines**

1. Detainees will receive translation or interpretation services throughout the investigative, disciplinary, and appeal process, including accommodation for the hearing impaired.

2. Each facility holding ICE/DRO detainees in custody shall have a detainee disciplinary system with progressive levels of reviews, appeals, procedures, and documentation procedures. Written disciplinary policy and procedures shall clearly define detainee rights and responsibilities. The policy, procedures and rules shall be reviewed at least annually.

3. Disciplinary action may not be capricious or retaliatory nor based on race, religion, national origin, sex, sexual orientation, disability, or political beliefs.

4. Staff may not impose or allow imposition of the following sanctions: corporal punishment; deprivation of food services to include use of Nutraloaf or "food loaf"; deprivation of clothing, bedding, or items of personal hygiene; deprivation of correspondence privileges; deprivation of legal access and legal materials; or deprivation of physical exercise unless such activity creates a documented unsafe condition.

5. The facility shall not hold a detainee accountable for his or her conduct if a medical authority finds him or her mentally incompetent. For purposes of these standards, a mentally incompetent individual is defined as an individual who is unable to appreciate the difference between appropriate and inappropriate behavior, or between "right" and "wrong." Such an individual is not capable of acting in accordance with those norms and therefore, cannot be held responsible for his or her "wrongful" actions.

Also, a person who cannot assist in his or her own defense because he or she lacks the ability to understand the nature of the disciplinary proceedings shall be considered incompetent. Disciplinary proceedings against such a detainee shall be postponed until such time as the detainee is able to understand the nature of the disciplinary proceedings and to assist in his or her own defense. If the detainee's mental status does not improve within a reasonable amount of time, the officer must find the detainee incompetent to assist in his or her own defense and note such finding on the Incident Report.

## **B. Notice to Detainees**

The Detainee Handbook, or supplement, issued to each detainee upon admittance, shall provide notice of the facility's rules of conduct and prohibited acts, the sanctions imposed for violations of the rules, the disciplinary severity scale, the disciplinary process and the procedure for appealing disciplinary findings. Detainees shall have the following rights and shall receive notice of them in the Handbook:

- The right to protection from personal abuse, corporal punishment, unnecessary or excessive use of force, personal injury, disease, property damage, and harassment;
- The right of freedom from discrimination based on race, religion, national origin, sex, sexual orientation, handicap, or political beliefs;
- The right to pursue a grievance in accordance with procedures provided in the Handbook without fear of retaliation;
- The right to pursue a grievance in accordance with the Grievance System Detention Standard and procedures provided in the handbook.

- The right to correspond with persons or organizations, consistent with safety, security, and the orderly operation of the facility; and
- The right to due process, including the prompt resolution of a disciplinary matter.

Copies of the rules of conduct, rights, and disciplinary sanctions shall be provided to all detainees and posted in English, Spanish, and/or other languages spoken by significant numbers of detainees, as follows:

1. Disciplinary Severity Scale
2. Prohibited Acts
3. Sanctions

### **C. Disciplinary Severity Scale and Prohibited Acts**

All facilities shall have graduated scales of offenses and disciplinary consequences as provided in this section.

*SPCs and CDFs shall adopt, without alteration, the offense categories and disciplinary sanctions set forth in this section.*

*Prohibited acts are divided into four categories: Greatest, High, Moderate, and Low Moderate. The sanctions authorized for each category shall be imposed only if the detainee is found to have committed a prohibited act. (See Attachment A -- Prohibited Acts and Sanctions.)*

**Greatest offenses:** *The IDP shall impose and execute at least one sanction in the A through E range. Additional sanctions (A through G) may be imposed and either executed or suspended, at the discretion of the panel. The IDP may impose and execute sanctions F and G only in conjunction with sanction A, B, C, D, and/or E.*

**High offenses:** *The IDP shall impose and execute at least one sanction in the A through M range. Additional sanctions (A through M) may be imposed or may be suspended at the discretion of the panel.*

**High Moderate offenses:** *The IDP shall impose at least one sanction in the A through M range, but may suspend any or all, once imposed. Similarly, the UDC shall impose at least one sanction in the G through M range, but may suspend any or all, once imposed.*

**Low Moderate offenses:** *The IDP shall impose at least one sanction in the E through M range, but may suspend any or all, once imposed. Similarly, the UDC shall impose at least one sanction in the G through M range, but may suspend any or all, once imposed.*

### **D. Incident Reports**

Officers who witness a prohibited act or have reason to suspect one has been committed shall prepare and submit an Incident Report. All Incident Reports must state the facts clearly, precisely, and concisely, omitting no details that could prove significant. Reports also shall identify the officer(s), the detainee(s), and all witnesses to the incident.

ICE/DRO pre-approval is required for use of ICE Incident Report forms in CDFs and IGSA facilities.

*In SPCs and CDFs, minor transgressions shall be settled informally and by mutual consent whenever possible. If, however, the officer involved thinks an informal resolution is inappropriate or unattainable, he or she shall prepare an Incident Report and Notice of Charges and submit it to the appropriate supervisor before the end of the assigned shift.*

*The Incident Report shall cite the relevant rule or standard without quoting it in its entirety. (For example, for destruction of government property, the report would cite, briefly, "Code 218–Destroying Government Property and specify the exact manner in which the detainee is alleged to have violated the cited rule or standard including all relevant facts as to time, dates, and places.")*

*If the officer observes anything unusual in the detainee's behavior or demeanor, he or she shall so note in the report. The reporting officer shall also list all staff, contract officers or detainee witnesses to the incident, and the disposition of any physical evidence (weapons, property, etc.) relating to the incident. The reporting officer shall sign the report and include title, date and time the report was signed. The shift supervisor shall review all Incident Reports before going off duty.*

## **E. Investigations**

IGSAs shall have procedures in place to ensure that all Incident Reports are investigated within 24 hours of the incident.

The investigating officer shall have supervisory rank or higher (unless prevented by personnel shortages) and shall have had no prior involvement in the incident, either as witness or officer at the scene. If an officer below supervisory rank conducts the investigation, the shift supervisor shall review his or her report(s) for accuracy and completeness and sign them.

*In SPCs and CDFs, the officer designated to investigate the incident is responsible for completing the necessary interviews, collecting evidence, and submitting written reports.*

*The investigating officer shall:*

- 1. Commence the investigation within 24 hours of receipt of the Incident Report.*
- 2. Advise the detainee of the right to remain silent at every stage of the disciplinary process and ensure he or she has a complete listing of detainee rights.*
- 3. Provide the detainee a copy of the Incident Report and notice of charges at least 24 hours before the start of any disciplinary proceedings.*
- 4. Terminate the administrative investigation, if the incident is under investigation on different grounds (that is, the prohibited act is under criminal investigation), unless and until the agency with primary jurisdiction concludes its investigation or indicates it will not pursue the matter.*

*Contraband that may be evidence in connection with a violation of a criminal statute shall be preserved, inventoried, controlled, and stored so as to*

*maintain and document the chain of custody. The documentation shall be reported to the appropriate law enforcement authority for action and possible seizure and prosecution. See **Preservation of Evidence** in the Detention Standard on **Searches of Detainees**.*

5. *Advise the detainee of his or her right, if applicable, to an initial hearing before the Unit Disciplinary Committee (UDC) within 24 hours of his or her notification of charges.*
6. *Record personal observances and other potentially material information.*
7. *Prepare a factual report of the investigation, including the location or disposition of any physical evidence.*
8. *Forward to the UDC all reports relevant to the disciplinary hearing – but do **not** provide a copy to the detainee at this stage of the disciplinary process, except for a copy of the Incident Report as instructed in #4 above.*

#### **F. Unit Disciplinary Committee (UDC)**

All facilities shall establish an intermediate level of investigation/adjudication process to adjudicate low or moderate infractions. They shall also ensure that the detainee is afforded all the UDC rights listed below.

The UDC administering unit discipline shall be comprised of one to three members, at least one of whom is a supervisor.

The UDC shall not include the reporting officer, the investigating officer, or an officer who witnessed or was directly involved in the incident. Only in the unlikely event that practically every available officer witnessed or was directly involved in the incident may an exception occur.

The UDC shall conduct hearings and, to the best extent possible, informally resolve cases involving High Moderate or Low Moderate charges in accordance with the list of charges and related sanctions noted as Attachment A of this Standard. Unresolved cases and cases involving serious charges are forwarded to the Institution Disciplinary Panel.

#### **The UDC shall have authority to:**

1. Conduct hearings and resolve incidents involving High Moderate or Low Moderate charges.
2. Consider written reports, statements, and physical evidence.
3. Hear pleadings on the part of the detainee.
4. Make findings that a detainee did or did not commit the rule violation(s) or prohibited act(s) as charged, based on the preponderance of evidence.
5. Impose minor sanctions "E" through "M" in accordance with the table of prohibited acts and associated sanctions later in this document.

#### **The detainee in UDC proceedings shall have the right to:**

1. Remain silent at any stage of the disciplinary process.
2. Due process, which includes:

- Attending the entire hearing (excluding committee deliberations);
- Waiving the right to appear; or
- Having a UDC hearing within 24 hours after the conclusion of the investigation.

If security considerations prevent detainee attendance, the committee must document the security considerations and, to the extent possible, facilitate the detainee's participation in the process via telephonic testimony, the submission of documents, written statements, or questions to be asked of witnesses.

3. Present statements and evidence, including witness testimony on his or her own behalf.
4. Appeal the committee's determination through the detainee grievance process.

**The UDC shall:**

1. Advise the detainee of his or her rights at the hearing.
2. Refer to the IDP any incident involving a serious violation associated with an A-through-D-range sanction. This includes code violations in the "Greatest" and "High" categories (100s and 200s).
3. Serve the detainee with:
  - A copy of the UDC decision which must contain the reason for the disposition and sanctions imposed; or
  - Written notification of charges and hearing before the IDP.
4. If the detainee's case is being referred to the IDP, advise the detainee, in writing, of
  - The right to call witnesses and present evidence before the IDP; and
  - The right to a staff representative before the IDP.

**G. Staff Representation**

*In SPCs and CDFs, the facility administrator shall, upon the detainee's request, assign a staff representative to help prepare a defense. This help shall be automatically provided for detainees who are illiterate, have limited English-language skills, are without means of collecting and presenting essential evidence, or are in administrative or disciplinary segregation.*

1. *A staff representative must be a full-time employee.*
2. *Because of the potential conflict of interest, the facility administrator, members of the IDP and of the UDC initially involved in the case, eyewitnesses, the reporting and investigating officers, and anyone else with a stake in the outcome shall not act as staff representative.*
3. *The detainee may select his or her staff representative, barring those identified in #2 above.*
4. *The IDP shall arrange for the presence of the staff representative selected by the*



*detainee. If that staff member declines or is unavailable, the detainee may:*

- *Select a different representative;*
  - *Wait for the unavailable staff member to become available (within a reasonable period); or,*
  - *Proceed without a staff representative.*
5. *A staff member who declines to serve must state the reason on the staff representative form.*
  6. *If several staff decline, the facility administrator shall assign one.*
  7. *The staff representative shall be free to speak to witnesses and to present evidence on the detainee's behalf, including any mitigating circumstances. The staff representative must act in good faith on behalf of the charged detainee, and interview witnesses and obtain documentary evidence as is requested by the detainee or is otherwise reasonably seen as relevant to the defense of the charges or in mitigation of the charges.*
  8. *The IDP shall allow the staff representative enough time to speak with the detainee and interview witnesses prior to the commencement of the proceeding. The IDP may grant a request for extension of time if required for an adequate defense.*
  9. *The IDP shall establish the reliability of information provided by a confidential source before considering it in the disciplinary proceedings.*
  10. *The IDP may withhold the confidential source's identity from the staff representative. While the staff representative may challenge the substance of any confidential information the IDP discloses, he or she may not question its reliability (which is pre-established by the IDP).*
  11. *When the detainee cannot effectively present his or her own case, the facility administrator shall appoint a staff representative, even if not requested by the detainee.*

## **H. Institution Disciplinary Panel**

All facilities that house ICE/DRO detainees shall have a disciplinary panel to adjudicate detainee Incident Reports. Only the disciplinary panel may place a detainee in disciplinary segregation.

The term "Institution Disciplinary Panel" or "IDP" refers either to a **three-person panel** appointed by the facility administrator, or a **one-person disciplinary hearing officer**, depending on the practice at the facility.

The panel may not include the reporting officer, the investigating officer, any member of the referring UDC, or anyone who witnessed or was directly involved in the incident. Exceptions may occur only if the number of officers required for the panel cannot be filled due their direct involvement in the incident. **The IDP shall have authority to:**

1. Conduct hearings on all charges and allegations referred by the UDC.
2. Call witnesses to testify.

3. Consider written reports, statements, physical evidence, and oral testimony.
4. Hear pleadings by detainee and staff representative.
5. Make findings that the detainee did or did not commit the rule violation(s) or prohibited act(s) as charged, based on the preponderance of evidence.
6. Impose sanctions as listed and authorized in each category.

**The detainee in IDP proceedings shall have the right to:**

1. Remain silent at any stage of the disciplinary process.
2. Due process, which includes:
  - Attending the entire hearing (excluding committee deliberations);
  - Waiving the right to appear; or
  - Having an IDP hearing within 24 hours after the conclusion of the investigation.

If security considerations prevent the detainee's attendance, the committee must document the security considerations and, to the extent possible, facilitate the detainee's participation in the process by telephonic testimony, the submission of documents, written statements or questions to be asked of witnesses.

3. Present statements and evidence, including witness testimony, on his or her behalf.
4. Appeal the committee's determination through the detainee grievance process.

**The IDP shall:**

1. Verify that the detainee has been advised of and afforded his or her rights, as provided above.
2. Remind the detainee of his or her right to a staff representative, and provide one if requested.
3. Advise the detainee of his or her right to waive the hearing and admit having committed the offense.
4. Conduct the hearing on the first business day after receiving the UDC referral, unless the detainee waives the 24-hour notification provision and requests an immediate hearing. In cases where a hearing is delayed, the reason(s) must be documented (for example, a continuing investigation of facts, unavailability of one or more essential witnesses, etc.) and approved by the facility administrator. If the detainee is being held in segregation, the delay shall not exceed 72 hours, barring an emergency.

5. Prepare a written record of any hearing. This record must show that the detainee was advised of his or her rights. It must also document the evidence considered by the Panel and subsequent findings and the decision and sanctions imposed, along with a brief explanation.
6. Forward the entire record to the facility administrator, who may (a) concur; (b) terminate the proceedings; or (c) impose more severe or more lenient sanctions.
7. Serve the detainee with written notification of the decision, which must contain the reason for the decision.

## **I. Confidential Information**

When a decision relies on information from a confidential source, the UDC or IDP shall disclose as much of the confidential information as may be disclosed without jeopardizing the safety and security of facility staff and other persons, and shall include in the hearing record the factual basis for finding the information reliable.

## **J. Postponement of Disciplinary Proceedings**

All facilities shall permit hearing postponements or continuances under certain circumstances.

*In SPCs and CDFs, circumstances justifying the postponement or continuance of a hearing might include: defense preparation, physical or mental illness, security, escape, disciplinary transfer, deportation, or pending criminal prosecution.*

*An uncooperative detainee may also cause a delay in the proceedings, either because of inappropriate behavior during the hearing process or a refusal to participate in a productive manner.*

## **K. Duration of Sanctions**

The duration of sanctions shall be within established limits. Neither the panel recommending sanctions nor the *facility administrator* making the final decision shall impose sanctions arbitrarily, beyond these limits.

1. Sanctions range from the withholding of privilege(s) to segregation. Time in segregation or the withholding of privileges after a hearing shall generally not exceed 60 days per violation.
2. Time served in segregation pending the outcome of the proceedings may be credited to the number of days to be spent in the segregation unit after an adverse decision is announced.
3. The disciplinary report and accompanying documents are not placed in the file of a detainee who is found not guilty. The facility, however, may retain the material in its own files for Institution statistical or historical purposes.
4. A detainee may be removed from segregation if a health care professional concludes that continued segregation is detrimental to the detainee's medical or mental health.

## **L. Documents**

All documents relevant to the incident, subsequent investigation and hearing(s), shall be completed and distributed in accordance with facility procedures.

*In SPCs and CDFs, documents shall be prepared and distributed as follows:*

### ***Incident Report/Notice of Charges***

*The officer shall prepare an Incident Report and submit it to the ICE/DRO or CDF supervisor immediately after the incident takes place. If the incident is resolved informally, the officer shall so note on the original report, which shall then be forwarded to the chief of security.*

*If the UDC is to be involved, the supervisor shall serve the detainee with a copy of the Notice of Charges upon completion of the investigation, no less than 24 hours before the UDC hearing.*

*The UDC receives the original copy.*

*If the UDC hears the matter, the ranking member of that committee shall serve the detainee with a copy of the Incident Report/Notice of Charges indicating their decision. The UDC, upon conclusion of its proceedings, shall forward the entire record to either the chief of security or the IDP, as appropriate.*

### ***Investigation Report***

*Original – submitted to the UDC.*

*Detainee does not receive a copy*

### ***UDC Report of Findings and Action***

*Original – served on the detainee after the committee issues its findings*

*Copy – to the detainee detention file (guilty finding only)*

### ***Notice of IDP Hearing***

*Original – served on detainee*

*Copy – detainee detention file*

### ***Detainee Rights at IDP Hearing***

*Original – served on detainee*

*Copy – facility detention file*

### ***IDP Report***

*Original – detainee detention file*

*Copy – detainee*

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**

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**Date**

**Director**

**Office of Detention and Removal Operations**

## **"GREATEST" OFFENSE CATEGORY**

### **PROHIBITED ACTS**

100 Killing

101 Assaulting any person (includes sexual assault)

102 Escape from escort; escape from a secure facility

103 Setting a fire (charged with this act in this category only when found to pose a threat to life or a threat of serious bodily harm or in furtherance of a prohibited act of greatest severity, e.g., a riot or an escape; otherwise the charge is classified as Code 218 or 321).

104 Possession or introduction of a gun, firearm, weapon, sharpened instrument, knife, dangerous chemical, explosive, escape tool, device, or ammunition

105 Rioting

106 Inciting others to riot

107 Hostage-taking

108 Assaulting a staff member or any law enforcement officer

109 Threatening a staff member or any law enforcement office with bodily harm

\*198 Interfering with a staff member in the performance of duties (conduct must be of the greatest severity). This charge is to be used only if another charge of greatest severity is not applicable.

\*199 Conduct that disrupts or interferes with the security or orderly running of the facility (conduct must be of the greatest severity). This charge is to be used only if another charge of greatest severity is not applicable.

### **"GREATEST" OFFENSE CATEGORY SANCTIONS**

A. Initiate criminal proceedings

B. Disciplinary transfer (recommend)

C. Disciplinary Segregation (up to 60 days)

D. Make monetary restitution, if funds are available

E. Loss of privileges, e.g., commissary, vending machines, movies, recreation, etc

## **"HIGH" OFFENSE CATEGORY**

### **PROHIBITED ACTS**

- 200 Escape from unescorted activities open or secure facility, proceedings without violence
- 201 Fighting, boxing, wrestling, sparring, and any other form of physical encounter, including horseplay, that causes or could cause injury to another person; except when part of an approved recreational or athletic activity
- 202 Possession or introduction of an unauthorized tool
- 203 Loss, misplacement, or damage of any restricted tool
- 204 Threatening another with bodily harm
- 205 Extortion, blackmail, protection, demanding or receiving money or anything of value in return for protection against others, avoiding bodily harm, or avoiding a threat of being informed against
- 206 Engaging in sexual acts
- 207 Making sexual proposals or threats
- 208 Wearing a disguise or mask
- 209 Tampering with or blocking any lock device
- 210 Adulteration of food or drink
- 211 Possession, introduction, or use of narcotics, narcotic paraphernalia, or drugs not prescribed for the individual by the medical staff
- 212 Possessing an officer's or staff member's clothing
- 213 Engaging in or inciting a group demonstration
- 214 Encouraging others to participate in a work stoppage or to refuse to work
- 215 Refusing to provide a urine sample or otherwise cooperate in a drug test
- 216 Introducing alcohol into the facility
- 217 Giving or offering an official or staff member a bribe or anything of value
- 218 Giving money to, or receiving money from, any person for an illegal or prohibited purpose, such as introducing/conveying contraband
- 219 Destroying, altering, or damaging property (government or another person's) worth more than \$100
- 220 Being found guilty of any combination of three or more high moderate or low moderate offenses within 90 days
- 221 Signing, preparing, circulating, or soliciting support for prohibited group petitions

222 Possessing or introducing an incendiary device, e.g., matches, a lighter, etc.

223 Any act that could endanger person(s) and/or property

\*298 Interfering with a staff member in the performance of duties (conduct must be of highest severity). This charge is to be used only when no other charge of highest severity is applicable.

\*299 Conduct that disrupts or interferes with the security or orderly operation of the facility (conduct must be of highest severity). This charge is to be used only when no other charge of highest severity is applicable.

\*When the prohibited act is interfering with a staff member in the performance of duties (Code 198, 298, 398 or 498) or conduct that disrupts (Code 199, 299, 399 or 499), the Disciplinary Committee should specify in its findings the severity-level of the conduct, citing a comparable offense in that category. For example, "We find the act of to be of high severity, most comparable to Code 213, "engaging in a group demonstration."

### **"HIGH" OFFENSE CATEGORY SANCTIONS**

- A. Initiate criminal proceedings
- B. Disciplinary transfer (recommend)
- C. Disciplinary Segregation (up to 30 days)
- D. Make monetary restitution, if funds are available
- E. Loss of privileges, e.g., commissary, vending machines, movies, recreation, etc
- F. Change housing
- G Remove from program and/or group activity
- H. Loss of job
- I. Impound and store detainee's personal property
- J. Confiscate contraband
- K. Restrict to housing unit
- M. Warning

## **“HIGH MODERATE” OFFENSE CATEGORY**

### **PROHIBITED ACTS**

- 300 Indecent exposure
- 301 Stealing (theft)
- 302 Misuse of authorized medication
- 303 Loss, misplacement, or damage of a less restricted tool.
- 304 Lending property or other item of value for profit/increased return
- 305 Possession of item(s) not authorized for receipt or retention; not issued through regular channels
- 306 Refusal to clean assigned living area
- 307 Refusing to obey the order of a staff member or officer's (may be categorized and charged as a greater or lesser offense, depending on the kind of disobedience: continuing to riot is Code 105--Rioting; continuing to fight Code 201--Fighting; refusing to provide a urine sample, Code 215.
- 308 Insolence toward a staff member
- 309 Lying or providing false statement to staff
- 310 Counterfeiting, forging, or other unauthorized reproduction of money proceedings or other official document or item, e.g. security document, identification card, etc. (may be categorized as greater or lesser offense, depending on the nature and purpose of the reproduction, e.g., counterfeiting release papers to effect escape--Code 102 or 200).
- 311 Participating in an unauthorized meeting or gathering
- 312 Being in an unauthorized area
- 313 Failure to stand count
- 314 Interfering with count
- 315 Making, possessing, or using intoxicant(s)
- 316 Refusing a breathalyzer test or other test of alcohol consumption
- 317 Gambling
- 318 Preparing or conducting a gambling pool
- 319 Possession of gambling paraphernalia
- 320 Unauthorized contact with public
- 321 Giving money or another item of value to, or accepting money or another item of value from anyone, including another detainee, without staff authorization



322 Destroying, altering, or damaging property (government or another person's) person's) worth more than \$100

\*398 Interfering with a staff member in the performance of duties (offense must be of high moderate severity). This charge to be used only when no other charge in this category is applicable.

\*399 Conduct that disrupts or interferes with the security or orderly running of the facility (offense must be of high moderate severity). This charge is to be used only when no other charge in this category is applicable.

NOTE: Any combination of high moderate and low moderate offenses during a 90-day period shall constitute a high offense.

**"HIGH MODERATE" OFFENSE CATEGORY SANCTIONS**

- A. Initiate criminal proceedings
- B. Disciplinary transfer (recommend)
- C. Disciplinary Segregation (up to 72 hours)
- D. Make monetary restitution, if funds are available
- E. Loss of privileges, e.g. commissary, vending machines, movies, recreation, etc
- F. Change housing
- G Remove from program and/or group activity
- H. Loss of job
- I. Impound and store detainee's personal property
- J. Confiscate contraband
- K. Restrict to housing unit
- L. Reprimand
- M. Warning

## **“LOW MODERATE” OFFENSE CATEGORY**

### **PROHIBITED ACTS**

- 400 Possession of property belonging to another person
- 401 Possessing unauthorized clothing
- 402 Malingering, feigning illness
- 403 Smoking where prohibited
- 404 Using abusive or obscene language
- 405 Tattooing, body piercing, or self-mutilation
- 406 Unauthorized use of mail or telephone (with restriction or temporary suspension of the abused privileges often the appropriate sanction)
- 407 Conduct with a visitor in violation of rules and regulations (with restriction or temporary suspension of visiting privileges often the appropriate sanction)
- 408 Conducting a business
- 409 Possession of money or currency, unless specifically authorized
- 410 Failure to follow safety or sanitation regulations
- 411 Unauthorized use of equipment or machinery
- 412 Using equipment or machinery contrary to posted safety standards
- 413 Being unsanitary or untidy, failing to keep self and living area in accordance with posted standards
- 498 Interfering with a staff member in the performance of duties (offense must be of low moderate severity). This charge is to be used only when no other charge in this category is applicable.
- \*499 Conduct that disrupts or interferes with the security or orderly running of the facility (offense must be of low moderate severity). This charge is to be used only when no other charge in this category is applicable.

**“LOW MODERATE” OFFENSE CATEGORY SANCTIONS**

- E. Loss of privileges, commissary, vending machines, movies, recreation, etc
- F. Change housing
- G Remove from program and/or group activity
- H. Loss of job
- I. Impound and store detainee’s personal property
- J. Confiscate contraband
- K. Restrict to housing unit
- L. Reprimand
- M. Warning

# ICE/DRO DETENTION STANDARD

## RELIGIOUS PRACTICES

**I. PURPOSE AND SCOPE.** This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security and the orderly operation of the facility.

It applies to the following types of facilities housing ICE/DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Detainees will have opportunities to participate in practices of their religious faith that are deemed essential by that faith, limited only by a documented showing of threat to the safety of persons involved in such activity itself, or disruption of order in the facility.
2. All religions represented in a detainee population will have equal status without discrimination based on any detainee's race, ethnicity, religion, national origin, gender, sexual orientation, or disability.
3. Each facility's religious program will be planned, administered, and coordinated in an organized and orderly manner.
4. Adequate space, equipment and staff (including security and clerical) will be provided for conducting and administering religious programs.
5. Detainees of faiths not directly represented by chaplaincy staff will be assisted in contacting external clergy or religious service providers.
6. Each facility's religious program will be augmented and enhanced by community clergy, contractors, volunteers and groups that provide individual and group assembly religious services and counseling.

7. Detainees in Special Management Units and hospital units will have access to religious programs and services.
8. Special diets will be provided for detainees whose religious beliefs require the adherence to religious dietary laws.
9. The applicable content and procedures in this Standard will be communicated to the detainee in a language or manner that the detainee can understand.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Religious Practices** dated 9/20/2000.

#### **IV. REFERENCES**

American Correctional Association 4th Edition, Standards for Adult Detention Facilities: 4-ALDF-5C-17, 5C-18, 5C-19, 5C-20, 5C-21, 5C-22, 5C-23, 5C-24, 2A-66, 4A-10, 6B-02, 6B-05, 7B-03, 7F-04.

ICE/DRO Detention Standard on **Visitation**.

#### **V. EXPECTED PRACTICES**

##### **A. Religious Opportunities and Limitations**

Detainees shall have opportunities to engage in practices of their religious faith that are deemed essential by that faith consistent with safety, security and the orderly operation of the facility. Attendance at all religious activities is voluntary.

Religious activities shall be open to the entire detainee population, without discrimination based on a detainee's race, ethnicity, religion, national origin, gender, sexual orientation, or disability.

- The facility chaplain shall endeavor to provide opportunities for religious practice in major languages spoken by the residents.
- Accommodations will be provided to residents who are deaf or hard of hearing to provide them access to the service should they wish to participate.

When necessary for the security or the orderly operation of the facility, however, the facility administrator may discontinue a religious activity or practice or limit participation to a reasonable number of detainees or to members of a particular religious group after consulting with the chaplain. Facility records shall reflect the limitation or discontinuance of a religious practice along with the reason for such limitation or discontinuance.

Ordinarily, when the nature of the activity or practice (fasts, ceremonial meals, headwear requirements, work proscriptions, etc.) indicates a need for such a limitation, only those detainees whose files reflect the pertinent religious preference will be included.

If a detainee submits a request concerning the reason for denial of access to religious activities, facilities, or meals, a copy of the request and response to the request shall be placed in the detention file.

## **B. Religious Preferences**

Each detainee shall designate any or no religious preference during in-processing. Staff, contractors, and volunteers may not disparage the religious beliefs of a detainee, nor coerce or harass a detainee to change religious affiliation.

A detainee may request to change his or her religious preference designation at any time by notifying the chaplain or other designated individual in writing, and the change shall be effected in a timely fashion.

*In the interest of maintaining the security and orderly running of the facility and to prevent abuse or disrespect by detainees of religious practice or observance, the chaplain shall monitor patterns of changes in declarations of religious preference.*

*In determining whether to allow a detainee to participate in specific religious activities, staff may refer to the initial religious preference information and any subsequent changes in the detainee's religious designation. Detainees showing "No Preference" may be restricted from participation in those activities deemed appropriate for members only.*

## **C. Chaplains or Other Religious Coordinators**

The facility administrator shall designate a staff member, contractor, or volunteer to manage and coordinate religious activities for detainees. Ordinarily, that person is the facility chaplain, who shall, in cooperation with the facility administrator and staff, plan, direct, and supervise all aspects of the religious program, including approval and training of both lay and clergy volunteers from faiths represented in the detainee population. The facility administrator shall provide non-detainee clerical staff support for confidential materials.

The chaplain or other religious coordinator, regardless of his or her specific religious affiliation, shall have basic knowledge of different religions and shall ensure equal status and protection for all religions.

The chaplain or other religious coordinator shall have physical access to all areas of the facility to minister to detainees and staff.

*A chaplain shall have the minimum qualifications of clinical pastoral education or equivalent specialized training, and endorsement by the appropriate religious-certifying body.*

*He or she shall be available to provide pastoral care and counseling to detainees who request it, both through group programs and individual services. Detainees who belong to a religious faith different from that of the chaplain may, if they prefer, have access to pastoral care and counseling from external clergy and religious service providers. The chaplain may, for the purpose of informed decision-making, ask a detainee to explain special or unfamiliar requests.*

*The term "individual services" includes counseling services provided to individual detainees or members of their families in personal crisis and family emergency situations.*

#### **D. Schedules and Facilities**

All facilities shall designate space for religious activities.

*In SPCs and CDFs, this designated space must be sufficient to accommodate the needs of all religious groups in the detainee population fairly and equitably and the general area shall include office space for the chaplain, storage space for items used in religious programs, and proximity to lavatory facilities for staff and volunteers.*

*Religious service areas shall be maintained in a neutral fashion suitable for use by various faith groups.*

*The chaplain shall schedule and direct the facility's religious activities, and current program schedules shall be posted on all unit and detainee bulletin boards in languages understood by the majority of the detainees.*

*In scheduling approved religious activities, chaplains must consider both the availability of staff supervision and the need to allot time and space equitably among different groups.*

#### **E. Detainees in Special Management and Hospital Units**

Detainees in a Special Management Unit (administrative, disciplinary, or protective custody) shall be permitted to participate in religious practices, consistent with the safety, security, and orderly operation of the facility.

*In SPCs and CDFs, detainees in an SMU shall have regular access to the chaplain or other religious service providers. The chaplain shall provide pastoral care in SMUs and hospital units at least weekly.*

*Detainees of any faith tradition may ordinarily have access to official representatives of their faith group while housed in SMUs or hospital units, by requesting such visits through the chaplain. Requests shall be accommodated consistent with the terms of the representative's contract and the security and the orderly operation of the facility.*

*If the representative of the faith group is a volunteer, he or she shall always be escorted in an SMU.*

#### **F. Contractors and Volunteers**

All facilities shall have procedures so that clergy, contractors, volunteers and community groups may provide individual and group assembly religious services and counseling that augment and enhance the religious program. When recruiting citizen volunteers, the chaplain and other staff shall be cognizant of the need for representation from all cultural and socioeconomic parts of the community. Each facility shall provide security, including staff escorts, to allow such individuals and groups facility access for sanctioned religious activities.

The Detention Standard on **Visitation** details requirements that must be met for a volunteer to be approved to visit with and/or provide religious activities for detainees, including advance notice, identification, a background check, an orientation to the facility, and a written agreement to comply with applicable rules and procedures. Visits from religious personnel should not count against a detainee's visitor quota.

The chaplain may contract with representatives of faith groups in the community to

provide specific religious services that he or she cannot personally deliver and may secure the assistance and services of volunteers.

"Representatives of faith groups" includes both clergy and spiritual advisors. All contractual representatives of detainee faith groups shall be afforded the same status and treatment to assist detainees in observing their religious beliefs, unless the security and orderly operation of the facility warrants otherwise.

The facility administrator or designee (ordinarily the chaplain) may require a recognized representative of a faith group to verify the religious credentials of contractors or volunteers prior to approving their entry into the facility.

Detainees who are members of faiths not represented by clergy may conduct their own services, provided they do not interfere with facility operations.

### **G. Pastoral Visits**

If requested by a detainee, the chaplain or designee shall facilitate arrangements for pastoral visits by a clergyperson or representative of the detainee's faith.

The chaplain may request documentation of the person's religious credentials, as well as a criminal background check.

Pastoral visits ordinarily take place in the visiting room during regular visiting hours; however, if either party requests more privacy, accommodation may be made in the Legal Visitation area.

### **H. Introduction of New and Unfamiliar Religious Components**

If a detainee requests the introduction of a new or unfamiliar religious practice, the chaplain may ask the detainee to provide additional information to use in deciding whether to include the practice.

Detainees may make a request for the introduction of a new component to the Religious Services program (schedule, meeting time and space, religious items and attire) to the chaplain. The chaplain shall ask the detainee to provide additional information to use in deciding whether to include the practice. Ordinarily, the process will require up to 30 business days for completion.

*The chaplain shall research the request and make recommendations to the facility administrator, who shall add his or her own recommendations and forward them to the respective Field Office Director for approval. Such decisions are subject to the facility's requirement to maintain a safe, secure and orderly facility, and the availability of staff for supervision. The Field Office Director shall forward the final decision to the facility administrator, and the chaplain shall communicate the decision to the detainee.*

### **I. Religious Holy Days**

Each facility shall have written policy and procedures to facilitate detainee observance of important holy days, consistent with maintaining safety, security and orderly operations, and the chaplain shall work with detainees to accommodate proper observances.

*In SPCs, the facility administrator shall facilitate the observance of important religious*



*holy days that involve special fasts, dietary regulations, worship, or work proscription. To verify the religious significance of the requested observance, the facility administrator may direct the chaplain to consult with community representatives of the detainee's faith group and other appropriate sources.*

## **J. Religious Property**

Each facility administrator shall allow detainees access to personal religious property, as is consistent with safety, security and orderly operation of the facility. To comply with the Religious Freedom Restoration Act, IGSA's should also adhere to these guidelines.

*If necessary, the religious significance of such items shall be verified by the chaplain prior to facility administrator approval.*

*Detainee religious property includes but is not limited to rosaries and prayer beads, oils, prayer rugs, prayer rocks, phylacteries, medicine pouches, and religious medallions. Such items are part of a detainee's personal property and are subject to normal considerations of safety, security and orderly operation of the facility.*

*As is consistent with safety, security, and orderly operation of the facility, the facility administrator:*

- *Shall ordinarily allow a detainee to wear or use personal religious items during religious services, ceremonies, and meetings in the chapel, and*
- *May, upon request of a detainee, allow a detainee to wear or use certain religious items throughout the facility.*

*The facility administrator may direct the chaplain to obtain information and advice from representatives of the detainee's faith group or other appropriate sources about the religious significance of the items.*

*Items of religious wearing apparel include, but are not limited to:*

- *Prayer shawls and robes,*
- *Kurda or ribbon shirts,*
- *Medals and pendants,*
- *Beads, and*
- *Various types of headwear.*

*Religious headwear, notably kufis, yarmulkes, turbans, crowns, and headbands, as well as scarves and head wraps for orthodox Muslim and Jewish women, are permitted in all areas of the facility, subject to the normal considerations of safety, security and orderly operation of the facility, including inspection by staff.*

*A detainee who wishes to have religious books, magazines, or periodicals must comply with the facility's general rules for ordering, purchasing, retaining, and accumulating personal property. Religious literature is permitted in accordance with the procedures governing incoming publications. Distribution to detainees of religious literature purchased by or donated to the ICE/DRO is contingent on approval from the chaplain.*

## K. Dietary Requirements

When a detainee's religion requires special food services, daily or during certain holy days or periods that involve fasting, restricted diets, etc., staff shall make all reasonable efforts to accommodate those requirements (for example, modifying menus to exclude certain foods or food combinations, or providing meals at unusual hours).

A detainee who wants to participate in the Religious Diet ("Common Fare") program may initiate the **Authorization for Common Fare Participation** form that is attached to the Detention Standard on **Food Service**. That Detention Standard also details how, a detainee may be removed from a special religious diet because he or she has failed to observe those dietary restrictions.

"Common fare" refers to a no-flesh protein option provided whenever an entrée containing flesh is offered as part of a meal. Likewise, a "common fare" meal offers vegetables, starches, and other foods that are not seasoned with flesh. The diet is designed to accommodate the religious diets of various faiths.

When there is any question about whether a requested diet is nutritious or may pose a threat to health, the chaplain shall consult with the medical department.

## L. Religious Fasts

The chaplain shall develop the religious fast schedule for the calendar year and provide it to the facility administrator or designee. There are generally two different types of fasts, a public and a private or personal fast. When detainees observe a public fast that is mandated by law or custom for all the faith adherents (e.g. Ramadan, Lent, Yom Kippur), the facility will provide a meal nutritionally equivalent to the meal(s) missed. Public fasts usually begin and end at specific times.

When a detainee fasts for personal, religious reasons, no special accommodations need to be made for the meal(s) missed. Requests for meals after a personal fast should be determined on a case-by case basis, applying sound correctional judgment.

### Standard Approved:

James T. Hayes, Jr. /s/

12/5/2008

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James T. Hayes, Jr  
Director  
Office of Detention and Removal Operations

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Date

# ICE/DRO DETENTION STANDARD

## TELEPHONE ACCESS

**I. PURPOSE AND SCOPE.** This Detention Standard ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies by providing them reasonable and equitable access to telephone services.

It applies to the following types of facilities housing ICE/DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

*Procedures in italics are specifically required for SPCs and CDFs.* IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Detainees will have reasonable and equitable access to reasonably priced telephone services.
2. Detainees with hearing or speech disabilities will have reasonable accommodations to allow for appropriate telephone services.
3. Detainees in Special Management Units will have access to telephones, commensurate with facility security and good order.
4. Detainees will be able to make free calls to the ICE/DRO-provided list of free legal service providers for the purpose of obtaining initial legal representation, to consular officials and to the DHS Office of Inspector General.
5. Telephone access procedures will foster legal access.
6. Telephones will be maintained in proper working order.
7. The applicable contents and procedures in this Standard will be communicated to the detainee in a language or manner which the detainee can understand.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Telephone Access** dated 9/20/2000.

## IV. REFERENCES

American Correctional Association 4th Edition, Standards for Adult Detention Facilities: 4-ALDF-2A-65, 2A-66, 5B-11, 5B-12, 6a-02, 6A-09.

ICE/DRO Detention Standard on **Staff-Detainee Communication**, in regard to monitoring and documenting telephone serviceability.

## **V. EXPECTED PRACTICES**

### **A. Telephones and Telephone Services**

#### **1. Number**

To ensure sufficient access, each facility shall provide at least one operable telephone for every 25 detainees.

*In SPCs and CDFs, telephones shall permit outgoing calls only.*

#### **2. Costs**

Generally, detainees or the persons they call are responsible for the costs of telephone calls; however, there are exceptions as required below.

Each facility shall ensure that detainees have access to reasonably priced telephone services. Contracts for such services shall comply with all applicable state and federal regulations and be based on rates and surcharges commensurate with those charged to the general public. Any variations shall reflect actual costs associated with the provision of services in a detention setting. Contracts shall also provide the broadest range of calling options including, but not limited to, international calling, calling cards, and collect telephone calls, determined by the facility administrator to be consistent with the requirements of sound detention facility management.

#### **3. Maintenance**

Each facility shall maintain detainee telephones in proper working order. Designated facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service and ensure that required repairs are completed quickly. This information will be logged.

ICE/DRO Headquarters will maintain and provide Field Offices a list of telephone numbers for current free legal service providers, consulates and OIG, as determined by ICE. All Field Offices are responsible for ensuring all facilities which house ICE detainees under their jurisdiction, including IGSA's, are provided with updated *pro bono* information.

#### **4. Monitoring Detainee Telephone Services**

##### **a) Facility Staff Requirements**

Facility staff is responsible for ensuring on a daily basis that telephone systems are operational. Ensuring there is a dial tone is only part of what is required: when testing equipment, the officers must be able to demonstrate that an individual has the ability to make calls using the free call platform. Any problems identified must immediately be logged and reported to the appropriate facility and ICE staff personnel.

## **b) ICE Field Office Staff Requirements**

In accordance with the Detention Standard on **Staff-Detainee Communication**, designated ICE field office staff members are required to verify the serviceability of all telephones at least weekly. Therefore, Field Office Directors shall ensure that all phones for detainee use are tested at least weekly by visiting ICE staff. To verify the serviceability of all telephones in detainee housing units, ICE/DRO staff shall:

- Make random calls to test pre-programmed numbers for the OIG, free legal service providers, consulates, attorneys, and other numbers as determined by ICE/DRO;
- Interview a sampling of detainees regarding telephone services, and
- Review written detainee complaints regarding telephone services.

Weekly accuracy checks of consulate phone numbers will be performed by the national phone service provider.

Staff shall report any telephone serviceability problem within 24 hours to the appropriate ICE point of contact.

Staff shall document each serviceability test on a form that has been provided by DRO, and each field office shall maintain those forms, organized by month, for three years. The form will record, at a minimum, any problems or irregularities detected in the system and the action taken to remedy those issues. The Detention Standards Compliance Unit shall conduct random audits of field office compliance. The national phone service provider and/or ICE shall update the free telephone number list as needed

## **B. Monitoring of Detainee Telephone Calls**

Each facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall:

- Include a recorded message on its phone system stating that all telephone calls are subject to monitoring;
- Notify detainees in the Detainee Handbook or equivalent provided upon admission;
- At each monitored telephone, place a notice that states:
  - That detainee calls are subject to monitoring; and
  - The procedure for obtaining an unmonitored call to a court, a legal representative, or for the purposes of obtaining legal representation.
  - The notice will be in English, Spanish, and next most prevalent language at the facility

A detainee's call to a court, a legal representative, OIG, or CRCL, or for the purposes of obtaining legal representation, may not be electronically monitored without a court order.

### C. Detainee Notification

Each facility shall provide telephone access rules in writing to each detainee upon admission, and also shall post these rules where detainees may easily see them in a language they can understand. Updated telephone and consulate lists shall be posted in the detainee housing units. Translation and interpretation services shall be provided as needed.

### D. Detainee Access

Each facility administrator shall establish and oversee rules and procedures that provide detainees reasonable and equitable access to telephones during established facility “waking hours” (excluding the hours between lights-out and the morning resumption of scheduled activities). Telephones shall be located in parts of the facility that are accessible by detainees.

Ordinarily, a facility may restrict the number and duration of general telephone calls only for the following reasons:

1. **Availability.** When required by the volume of detainee telephone demand, rules and procedures may include, but are not limited to, reasonable limitations on the duration and the number of calls per detainee, the use of predetermined time-blocks and advance sign-up.
2. **Orderly Facility Operations.** Counts, meals, scheduled detainee movements, court schedules, etc.
3. **Emergencies.** Escapes, escape attempts, disturbances, fires, power outages, etc. Telephone privileges may be suspended entirely during an emergency, but only with the authorization of the facility administrator or designee and only for the briefest period necessary under the circumstances.

### E. Direct or Free Calls

Even if telephone service is generally limited to collect calls, each facility shall permit detainees to make direct or free calls to the offices and individuals listed below. The FOD will ensure that all information is kept current and provided to each facility. Updated lists need to be posted in the detainee housing units. A facility may place reasonable restrictions on the hours, frequency and duration of such direct and/or free calls, but may not limit a detainee’s attempt to obtain legal representation.

- The local immigration court and the Board of Immigration Appeals,
- Federal and State courts where the detainee is or may become involved in a legal proceeding,
- Consular officials,
- Office of the Inspector General of the U.S. Department of Homeland Security at (800) 323-8603,
- Legal representatives, to obtain legal representation, or for consultation when subject to expedited removal. (When a detainee is under an expedited removal order, the ability to contact *pro bono* legal representatives shall not be restricted.)

- Legal service providers or organizations listed on the ICE/DRO free legal service provider list,
- United Nations High Commissioner for Refugees (UNHCR) at 1-888-272-1913 (accepting calls from asylum-seekers and stateless individuals).
- A government office to obtain documents relevant to his/her immigration case.
- Immediate family or others for detainees in personal or family emergencies or who otherwise demonstrate a compelling need (to be interpreted liberally).

## **1. Request Forms**

If detainees are required to complete request forms to make direct or free calls, facility staff must assist them as needed, especially illiterate or non-English speaking detainees. The detainees should also be permitted to seek assistance from their legal representatives, family, or other detainees. Free and direct calls must be easily accessible.

## **2. Time Requirements**

Staff shall allow detainees to make such calls as soon as possible after the requests, factoring in the urgency stated by the detainee. Access shall always be granted within 24 hours of the request, but, ordinarily, within eight facility-established "waking hours."

Staff must document and report to ICE/DRO any incident of delay beyond eight "waking hours."

## **3. Indigent Detainees**

A facility may not require indigent detainees to pay for the types of calls listed in this section and indigent detainees are afforded the same telephone access and privileges as detainees in the general population. Each facility shall enable all detainees to make calls to the ICE/DRO-provided list of free legal service providers and consulates at no charge to the detainee or the receiving party. The indigent detainee may request a call to immediate family or others in personal or family emergencies or for a compelling need (to be interpreted liberally). Ordinarily, a detainee is considered "indigent" if he or she has less than \$15.00 in his or her account. A facility shall make a timely effort to determine indigence.

## **4. Phone System Limitations**

If the limitations of an existing phone system preclude meeting these requirements, the facility administrator must notify ICE/DRO, so that a means of telephone access can be provided (for example, cell phones into which facility staff can pre-program authorized numbers in the above categories with all other numbers blocked). Such phones shall be maintained by on-site ICE/DRO liaison officers or local officials and must be provided in an environment that meets privacy standards.

In SPCs and CDFs, ICE/DRO requires its telephone service providers to program the telephone system to permit detainees free calls to numbers on the official *pro bono* legal representation list and to consulates, and to permit detainees to make direct calls by use of debit cards. IGSA facilities should adopt similar procedures.

## **F. Legal Calls**

### **1. Restrictions**

A facility may neither restrict the number of calls a detainee places to his/her legal representatives nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones. If time limits are necessary for such calls, they shall be no shorter than 20 minutes, and the detainee shall be allowed to continue the call at the first available opportunity if desired.

A facility may place reasonable restrictions on the hours, frequency and duration of such direct and/or free calls, but may not otherwise limit a detainee's attempt to obtain legal representation.

### **2. Privacy**

For detainee telephone calls regarding legal matters, each facility shall ensure privacy by providing a reasonable number of telephones on which detainees can make such calls without being overheard by staff or other detainees. Absent a court order, staff may not electronically monitor those calls.

The facility shall inform detainees to contact an officer if they have difficulty making a confidential call relating to a legal proceeding. If notified of such a difficulty, the officer shall take measures to ensure that the call can be made confidentially.

Privacy may be provided in a number of ways, including:

- Telephones with privacy panels (side partitions) that extend at least 18 inches to prevent conversations from being overheard;
- Telephones placed where conversations may not be readily overheard by others or
- Office telephones on which detainees may be permitted to make such calls.

## **G. Telephone Access for Detainees Who Are Deaf or Hard of Hearing**

The facility shall provide a TTY device or Accessible Telephone (telephones equipped with volume control and telephones that are hearing-aid compatible for detainees who are deaf or hard of hearing). Detainees who are hard of hearing will be provided access to the TTY on the same terms as hearing detainees. Except to the extent that there are time limitations, detainees using the TTY will have additional time consistent with the order and safety of the facility.

If an Accessible Telephone or TTY is not available in the same location as telephones used by other detainees, detainees will be allotted additional time to walk to and from the Accessible Telephone or TTY location. Consistent with the order and safety of the facility, the facility shall ensure that the privacy of telephone calls by detainees using Accessible Telephones or TTY is the same as other detainees using telephones.

Consistent with the order and safety of the facility, the facility may allow for use of other equipment such as video relay and video phones for detainees who are deaf or hard of hearing.

Accommodations shall also be made for detainees with speech disabilities.



## **H. Telephone Privileges in Special Management Units**

While there are differences in telephone access in SMUs, depending on whether a detainee is in Administrative Segregation or Disciplinary Segregation, in general a detainee in either status may be reasonably restricted from using or having access to a phone if that access is used for criminal purposes or would endanger any person or if the detainee damages the equipment provided or for security reasons. In such instances, staff must clearly document why such restrictions are necessary to preserve the safety, security, and good order of the facility. Any denial of telephone access will be documented in the appropriate SMU log.

### **1. Administrative Segregation**

Generally, detainees in administrative segregation should receive the same privileges that are available to detainees in the general population, subject to any safety and security considerations that may exist. This requirement applies to a detainee in Administrative Segregation pending a hearing because he or she has been charged with a rule violation, as well as a detainee in Administrative Segregation for other than disciplinary reasons, such as protective custody or suicide risk.

### **2. Disciplinary Segregation**

Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process. Even in Disciplinary Segregation, however, detainees shall have some access for special purposes. Ordinarily, staff shall permit detainees in Disciplinary Segregation to make direct and/or free and legal calls as previously described in paragraphs E and F, except for **compelling and documented** reasons of safety, security and good order.

## **I. Inter-facility Telephone Calls**

Upon a detainee's request, facility staff shall make special arrangements to permit the detainee to speak by telephone with an immediate family member detained in another facility. Immediate family members include spouses, common-law spouses, parents, stepparents, foster parents, brothers, sisters, and natural or adopted children, or stepchildren.

Reasonable limitations may be placed on the frequency and duration of such calls.

Facility staff shall liberally grant such requests to discuss legal matters and shall afford the detainee privacy to the extent practicable, while maintaining adequate security.

## **J. Incoming Calls**

The facility shall take and deliver telephone messages to detainees as promptly as possible. When facility staff receive an emergency telephone call for a detainee, the caller's name and telephone number will be obtained and given to the detainee as soon as possible. The detainee shall be permitted to return the emergency call as soon as reasonably possible within the constraints of security and safety. The facility shall enable indigent detainees to make a free return emergency call.

*In SPCs/CDFs, messages shall be delivered to detainees no less than three times a day.*

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## VISITATION

**I. PURPOSE AND SCOPE.** This Detention Standard ensures that detainees will be able to maintain morale and ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security and good order.

It also ensures that the public may be informed about ICE/DRO detention operations and facilities by permitting non-governmental organizations to have access to non-classified and non-confidential information, to tour facilities; and to interview individual detainees, with permission from ICE/DRO and the detainees themselves.

News media interviews and tours are covered by the Detention Standard on **News Media Interviews and Tours**.

Conjugal visits for ICE/DRO detainees are prohibited.

This Detention Standard applies to the following types of facilities housing ICE/DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.
- ***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Detainees will be able to receive visits from their families, associates, legal representatives, consular officials, and others in the community.
2. Visits between legal representatives and assistants and an individual detainee are confidential and shall not be subject to auditory supervision. Private consultation rooms shall be available for such meetings.
3. Detainees will be advised of their right to contact their consular representatives and receive visits from their consulate officers
4. Detainees will be advised of visiting privileges and procedures as part of the facility's admission and orientation program in a language they can understand.
5. Information about visiting policies and procedures will be readily available to the public.

6. The number of visitors a detainee may receive and the length of visits will be limited only by reasonable constraints of space, scheduling, staff availability, safety, security, and good order. The minimum duration for a visit shall be 30 minutes.
7. Visitors will be required to adequately identify themselves and register to be admitted into a facility, and safety, security and good order will be maintained.
8. A background check will be conducted on all new volunteers prior to their being approved to provide services to detainees.
9. Each new volunteer will complete an appropriate, documented orientation program and sign an acknowledgement of his or her understanding of the applicable rules and procedures and agreement to comply with them.
10. The applicable contents and procedures in this Standard will be communicated to the detainee in a language or manner which the detainee can understand.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Visitation** dated 9/12/2008.

#### **IV. REFERENCES**

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities: 4-ALDF: 5B-01, 5B-02, 5B-03, 5B-04, 2A-21, 2A-27, 2A-61, 6A-06, 7B-03, 7C-02, 7F-05, 7F-06.

ICE/DRO Detention Standard on **News Media Interviews and Tours**.

ICE/DRO Detention Standard on **Searches of Detainees**

ICE/DRO Detention Standard on **Disciplinary System**

#### **V. EXPECTED PRACTICES**

##### **A. Overview**

Facilities that house ICE/DRO detainees shall provide visiting facilities and procedures for detainees to maintain communication with persons in the community. Safety, security and good order are always primary considerations in a detention facility, and visitors must be properly identified and attired and are subject to search upon entering the facility and at any other time. Except as otherwise permitted herein, visitors may not give anything directly to a detainee, although it may be permissible to leave certain items and funds for a detainee with a staff member.

Any violation of the visitation rules may result in disciplinary action against the detainee, and introduction of contraband or other criminal violations may lead to criminal prosecution of a visitor, detainee or both.

As detailed later in this Detention Standard, , there are differences in the various conditions of each visit, including who may visit, when they may visit, how they may be approved to visit and where in the facility they may visit, dependent on the type of visitation.

- Social Visitation. Family, relatives, friends and associates. Minors may be subject to special restrictions. (Paragraph I)
- Legal Visitation. Attorneys, other legal representatives, and legal assistants. (Paragraph J)
- Consultation Visitation. For detainees subject to expedited removal. (Paragraph K)
- Consular Visitation. Similar to legal visitation but with consular officials who have State Department issued identification. (Paragraph L)
- Non-Governmental Organization Visitation and Tours (Paragraph M)
- Community Service Organization Visitation. Representatives of civic, religious, cultural groups, etc. (Paragraph N)
- Other Special Visitation (Paragraph O), such as news media.

## **B. General**

Each facility shall establish written visiting procedures, including a schedule and hours of visitation.

Each facility administrator shall decide whether to permit contact visits, as is appropriate for the facility's physical plant and detainee population. Exceptions to this policy can be made by the facility administrator on a case-by-case basis when compelling circumstances or individual needs or conduct warrant it.

A facility administrator may temporarily restrict visiting when necessary to ensure the security and good order of the facility. Each restriction or denial of visits shall be documented in writing, including the duration of and reasons for the restriction.

## **C. Notification of Visiting Rules and Hours**

Each facility shall:

- Provide written notification of visitation rules and hours in the Detainee Handbook or local supplement given each detainee upon admission, and post those rules and hours where detainees can easily see them. *In SPCs and CDFs, that information shall be posted in each housing unit.*
- Make the schedule and procedures available to the public, both in written form and telephonically. A live voice or recording shall provide telephone callers the rules and hours for all categories of visitation.
- Post that information in the visitor waiting area in English, Spanish, and other major languages spoken in the facility.

## **D. Visitor Logs**

Each facility shall maintain a log of all general visitors, and a separate log of legal visitors, as described below.

*In SPCs and CDFs, staff shall record in the general visitors' log:*

- *The name and alien-registration number (A-number) of the detainee visited;*
- *The visitor's name and address;*
- *The visitor's immigration status;*
- *The visitor's relationship to the detainee; and*
- *The date, time in and time out.*

#### **E. Incoming Property and Funds for Detainees**

In accordance with the Detention Standard on **Funds and Personal Property**, each facility shall have written procedures regarding incoming property and money for detainees. The facility administrator may allow a visitor to leave cash or a money order with a designated staff member for deposit in a detainee's account and must provide the visitor a receipt for all money or property left at the facility. **Under no circumstances may visitors give property or money directly to a detainee.**

The shift supervisor must approve all items that visitors bring for detainees. The visiting room officer may not accept articles or gifts of any kind for a detainee, unless the facility administrator and/or shift supervisor has approved them.

Due to the relatively short length of stay and the fact that ICE/DRO provides all necessities, detainees may receive only minimal amounts of personal property, including:

- Small religious items
- Religious and secular reading material (soft cover)
- Legal documents and papers (in IGSA facilities and SPC/CDFs)
- Pictures (10 maximum), measuring 5" x 7" or smaller
- Prescription glasses
- Dentures
- Personal address book or pages (in IGSA facilities and SPC/CDFs)
- Correspondence
- Wedding rings
- Other items approved by the facility administrator.

#### **F. Sanctions for Violation of Visitation and Contraband Rules**

Any violation of the visitation rules may result in disciplinary action against the detainee, including loss of visitation privileges. Visiting privileges can be revoked only through the formal detainee disciplinary process. However, the facility administrator has the authority to restrict or suspend a detainee's ordinary visiting privileges temporarily when there is reasonable suspicion that the detainee has acted in a way that constitutes a threat to safety, security or good order of the facility. The restriction or suspension must be limited to the time required to investigate and complete the disciplinary process and

such time that it takes for a combative and or assaultive detainee to become compliant and non-combative. Each incident will be documented. Legal visitation will be suspended only if necessary to maintain the safety or security of the facility, staff and visitors. ICE cannot unconditionally permit visitation rights in those instances that could jeopardize staff, detainee, and/or a counselor's safety.

A visitor's failure to abide by visiting rules may result in immediate cancellation or termination of a visit and/or suspension of future visitation privileges.

Introduction of contraband or other criminal violations may lead to criminal prosecution of a visitor, detainee or both.

## **G. Dress Codes for Visitors**

If the facility establishes and maintains a dress code for visitors, it shall be made available to the public.

*For SPCs and CDFs, the minimum dress code is as follows.*

### **1. Female Visitors Age 12 and Older**

- *Shorts shall cover customarily covered areas of the anatomy, including the buttocks and crotch area, both when standing and sitting. Shorts may be no higher than mid-thigh. Short-shorts, jogging shorts, cut-offs, and other obviously inappropriate short garments are prohibited.*
- *Skirts and dresses shall extend no higher than mid-thigh, seated.*
- *Slits in skirts and dresses shall rise no higher than mid-thigh, seated.*
- *Sheer (see-through) clothing is prohibited.*
- *The top of clothing shall be no lower than the underarm in the front and back. Bare midriffs and strapless tops, tube tops, and swimsuits are prohibited.*
- *Shoes shall be worn at all times.*
- *Recognized gang "colors" and other gang displays are prohibited.*

### **2. Male Visitors Age 12 and Older**

- *Shorts shall cover customarily covered areas of the anatomy, including the buttocks and crotch area, both when standing and sitting. Shorts may be no higher than mid-thigh. Short-shorts, jogging shorts, cut-offs, and other obviously inappropriate short garments are prohibited.*
- *Shirts shall be worn at all times. Muscle shirts, bare midriff shirts and sleeveless shirts are prohibited.*
- *Shoes shall be worn at all times.*
- *Gang "colors" and other gang displays are prohibited.*

## **H. Visiting Room Conditions**

The facility's visiting areas shall be appropriately furnished and arranged, and as comfortable and pleasant as practicable. Also as is practicable, space should be

provided outside of the immediate visiting areas for the secure storage of visitors' coats, handbags, and other personal items.

The facility administrator shall provide adequate supervision of all visiting areas, and the visiting area officer shall ensure that all visits are conducted in a quiet, orderly, and dignified manner.

## **I. Visits by Family and Friends**

### **1. Hours and Time Limits**

Each facility shall establish a visiting schedule based on the detainee population and the demand for visits. Visits shall be permitted during set hours on Saturdays, Sundays, and holidays, and, to the extent practicable, the facility shall accommodate the scheduling needs of visitors for whom weekends and holidays pose a hardship. The facility may, for example, authorize special visits for family visitors unable to visit during regular hours. Where staff resources permit, the facility may establish evening visiting hours.

To accommodate the volume of visitors within the limits of space and staff resources, and to ensure adequate security, the facility administrator may restrict visits. For example, some or all detainees and visitors may be limited to visiting on Saturday or on Sunday, but not both days. ICE/DRO does not require a facility to permit every visitor to visit on both days of a weekend, nor to permit every detainee to have visits on both days of a weekend. However, to the extent practicable, ICE/DRO encourages the facility administrator to establish visiting hours for each detainee on both days of the weekend, and to try to accommodate visitors who can only visit on a specific weekend day.

The facility's written rules shall specify time limits for visits, **30 minutes minimum**, under normal conditions. ICE/DRO encourages more generous limits when possible, especially for family members traveling significant distances. In unforeseen circumstances, such as the number of visitors exceeding visiting room capacity, the facility administrator may modify visiting periods.

**2. Persons Allowed to Visit.** Individuals from the following categories may visit, unless they would pose a threat to the security and good order of the institution:

#### **a. Immediate Family**

Immediate family may include: Mothers, fathers, stepparents, foster parents, brothers, sisters, step brothers, step sisters, biological and adopted children, stepchildren, foster children, and spouses, including common-law spouses.

Immediate family members detained at the same facility may visit with each other during normal visiting hours regardless of gender when practicable.

#### **b. Other Relatives, Friends and Associates**

Other relatives, friends, and associates may include: Grandparents, uncles, aunts, in-laws, cousins, nieces, nephews, non-relatives and friends.



### **c. Minor Visitors**

At facilities where there is no provision for visits by minors, upon request, ICE/DRO shall arrange for a visit by children, stepchildren, and foster children within the first 30 days. After that time, upon request, ICE/DRO shall consider a request for transfer, when possible, to a facility that will allow such visitation. Upon request, ICE/DRO shall continue monthly visits, if transfer is not approved, or until an approved transfer can be effected.

*In SPCs and CDFs, staff shall contact the supervisor on duty when a visitor's identity is in question. At the supervisor's discretion, a minor without positive identification may be admitted if the accompanying adult visitor vouches for his or her identity. Minors must remain under the direct supervision of an adult visitor so as not to disturb other visitors, and excessively disruptive conduct by minors may result in termination of the visit.*

### **3. Visitor Identification and Search**

Staff shall verify each adult visitor's identity before admitting him or her to the facility.

No adult visitor may be admitted without positive photo identification, such as a valid driver's license, unexpired passport or other photo identification.

The facility administrator may establish a procedure for random criminal background and warrant checks for the purpose of ensuring facility safety, security and good order.

Staff shall escort visitors to the visiting room only after completing identification and inspection as provided in the facility's written procedures. All visitors are subject to a personal search, which may include a pat ("pat-down") search as well as a visual inspection of purses, briefcases, packages, and other containers. No person who refuses to be searched may be permitted to visit. Written procedures shall be publicly available to inform visitors that they are subject to search procedures.

In each facility, written procedures shall provide for the prevention, cancellation or termination of any visit that appears to pose a threat to safety, security or good order. Visiting area officers or other staff, who believe a situation poses such a threat, shall alert the shift supervisor or equivalent and the supervisor may prevent, cancel or terminate the visit.

*In SPCs and CDFs, the inspecting officer may ask the visitor to open a purse, briefcase, package, and other container for visual inspection of its contents. If warranted, the officer may ask the visitor to remove the contents and place them on a table; however, the officer may not place his or her hands inside the container. SPCs and CDFs shall provide and promote visitors' use of lockers or a secure area provided for safekeeping of personal belongings during visits.*

*Only an officer with the rank of supervisor or above may deny or cancel a visit. In those cases, the officer shall document his or her action in a memorandum sent through official channels to the facility administrator. The visiting room officer, with concurrence from the shift supervisor, may terminate visits involving inappropriate behavior.*

*SPCs and CDFs shall not require approved visitor lists from ICE/DRO detainees.*

#### **4. Contact Visits**

Written procedures shall detail the limits and conditions of contact visits in facilities permitting them. Ordinarily, within the bounds of propriety, handshaking, embracing and kissing are permitted only at the beginning and end of the visit; however, staff may limit physical contact to minimize opportunities for contraband introduction and to otherwise maintain the orderly operation of the visiting area.

*In SPCs and CDFs, detainees receiving contact visits shall be given a thorough pat-down search prior to entering the visiting room and upon exiting. Searches of detainees will be in accordance with the ICE/DRO Detention Standard on **Detainee Searches**.*

#### **5. Visits for Administrative and Disciplinary Segregation Detainees**

While in administrative or disciplinary segregation status, a detainee ordinarily retains visiting privileges.

Ordinarily, in a facility that allows contact visits, segregated detainees may use the visiting room during normal visiting hours. However, the facility may restrict or disallow general visits for a detainee who violates visiting rules or whose behavior indicates he or she would be a threat to the security or good order of the visiting room.

Under no circumstances may detainees be permitted to participate in general visitation while in restraints. If the detainee's behavior warrants restraints, the visit may not be granted under general population visiting conditions.

*In SPCs and CDFs, detainees in protective custody and violent and/or disruptive detainees shall not use the visitation room during normal visitation hours. Violent and/or disruptive detainees may be limited to non-contact visits. In extreme cases, where a visit would present an unreasonable security risk, even non-contact general visits may be disallowed for a particular detainee.*

### **J, Visits by Legal Representatives and Legal Assistants**

#### **1. General**

In visits referred to as "legal visitation," each detainee may meet privately with current or prospective legal representatives and their legal assistants. Legal visits may not be terminated for routine official counts.

#### **2. Hours**

Each facility shall permit legal visitation seven days a week, including holidays, for a minimum of eight hours per day on regular business days (Monday through Friday), and a minimum of four hours per day on weekends and holidays.

The facility shall provide notification of the rules and hours for legal visitation as specified above. *SPCs and CDFs shall prominently post this information in the waiting areas and visiting areas for general and legal visitors, in the recreation area and in the housing units.*

On regular business days, legal visitations may proceed through a scheduled meal period, and the detainee shall receive a tray or sack meal after the visit.

In emergency circumstances, facilities may consider requests from legal representatives for extended visits or visits outside normal facility visiting hours.

### **3. Persons Allowed to Visit**

Subject to the restrictions stated below, individuals in the following categories may visit detainees to discuss legal matters:

#### **a. Attorneys and Other Legal Representatives**

An attorney is any person who is a member in good standing of the bar of the highest court of any state, possession, territory, commonwealth or the District of Columbia, and is not under an order of any court suspending, enjoining, restraining, disbaring or otherwise restricting him or her in the practice of law.

A representative or legal representative is an attorney or other person representing another in a matter of law, including law students or law graduates not yet admitted to the bar under certain conditions; "reputable individuals;" accredited representatives and accredited officials and attorneys licensed outside the United States. See 8 CFR 292.1 for more detailed definitions of these terms.

#### **b. Legal Assistants**

Upon presentation of a letter of authorization from the legal representative under whose supervision he or she is working, an unaccompanied legal assistant may meet with a detainee during legal visitation hours. The letter shall state that the named legal assistant is working on behalf of the supervising legal representative for purposes of meeting with the ICE/DRO detainee(s).

#### **c. Interpreters**

The facility shall permit interpreters to accompany legal representatives and legal assistants on legal visits, subject to ***Visitor Identification and Search Procedures*** detailed above.

#### **d. Messengers**

The facility shall permit messengers (who are not legal representatives or legal assistants) to deliver documents to and from the facility, but not to visit detainees.

### **4. Identification of Representatives, Legal Representatives and Assistants**

Prior to each visit, all representatives, legal representatives and assistants shall be required to provide identification.

State bar cards are the preferred forms of identification for legal representatives, and attorneys who are members of state bars that do not provide bar cards are required to present other documentation that verifies bar membership. If such documentation is not readily available to attorneys licensed in a particular state, the person shall be required to indicate where he or she is licensed as an attorney and how that fact may be verified.

Legal representatives and legal assistants shall not be asked to state the legal subject matter of the meeting.

Representatives, legal representatives and assistants are subject to a non-intrusive search – such as a pat-down search of the person or a search of the person's belongings – at any time for the purpose of ascertaining the presence of contraband.

## **5. Identification of Detainee to Be Visited**

The facility may not require legal representatives and assistants to submit a detainee's A-number as a condition of visiting and shall make a good-faith effort to locate a detainee if provided other information sufficient to reasonably identify the detainee.

## **6. Call-Ahead Inquiries**

Each facility shall establish a written procedure to allow legal representatives and assistants to telephone the facility in advance of a visit to determine whether a particular individual is detained there. The request must be made to the on-site ICE/DRO staff or where there is no resident staff, to the ICE/DRO office with jurisdiction over the facility.

If the person seeking the information states that he or she already represents the detainee, ICE/DRO staff shall confirm that the caller's name corresponds with the name on a Form G-28 (Notice of Appearance) on file. To protect confidentiality, where the Form G-28 is not yet on file, ICE/DRO staff must be satisfied that the person making the inquiry is, in fact, a legal representative or legal assistant who is considering representing the subject detainee in legal proceedings or is inquiring about a pre-representation meeting or a consultation visit for expedited removal.

When unfamiliar with the person making the inquiry, ICE/DRO staff should request documentary evidence, such as a letter of request on identifying letterhead and shall accept such evidence by fax. Alternatively, at the request of the caller, staff shall seek the consent of the detainee for the disclosure of detention information. In either case, ICE/DRO staff shall respond to the caller as soon as possible, but in no case more than 24 hours after the call was made.

Notwithstanding the general policy set forth in the previous paragraph, the ICE/DRO retains the discretion to withhold this telephonic information on a case-by-case basis if it has clear and compelling facts to support the belief that disclosure would endanger national security, facility security, or the detainee. In such circumstances, ICE/DRO staff may request further information to allay the security concerns raised and may seek the detainee's consent to the disclosure.

## **7. Pre-Representation Meetings**

During the regular hours for legal visitation, the facility shall permit detainees to meet with prospective legal representatives or legal assistants. The facility shall document such "pre-representation meetings" in the logbook for legal visitation.

To meet with a detainee, legal service providers' representatives need not complete a Form G-28 (stating that they are legal representatives of the detainee) at the "pre-representation" stage.

## **8. Form G-28 and Attorney/Client Meetings**

Attorneys representing detainees on legal matters unrelated to immigration are not required to complete a Form G-28.

Once an attorney-client relationship has been established, the legal representative shall complete and submit a Form G-28, available in the legal visitation reception area. Staff shall collect completed forms and forward them to ICE/DRO.

Each completed Form G-28 becomes a permanent part of the detainee's A-file and it remains valid until ICE/DRO receives written notice of the relationship's termination from the detainee or the legal representative. Staff shall place such notices in the A-file on top of the Form G-28.

## **9. Private Meeting Room and Interruption for Head Counts**

Visits between legal representatives and assistants and an individual detainee are confidential and shall not be subject to auditory supervision. Private consultation rooms shall be available for such meetings.

Officers may terminate legal visits at the end of the allotted time or to maintain security but not for routine official counts.

Staff shall not be present in the confidential area during the meeting unless the legal representative or assistant requests the presence of an officer; however, staff may observe such meetings visually through a window or camera to the extent necessary to maintain security, as long as staff cannot overhear the conversation.

When a situation arises where private conference rooms are in use and the attorney wishes to meet in a regular or alternate visiting room, the request should be accommodated to the extent practicable. Such meetings should be afforded the greatest degree of privacy possible under the circumstances.

## **10. Materials Provided to Detainees by Legal Representatives**

The facility's written legal visitation procedures must provide for the exchange of documents between a detainee and the legal representative or assistant, even when contact visitation rooms are unavailable.

Documents or other written material provided to a detainee during a visit with a legal representative shall be inspected but not read. Detainees are entitled to retain legal material received for their personal use. Quantities of blank forms or self-help legal material in excess of those required for personal use may be held for the detainee with his or her property. The detainee shall be permitted access to these documents utilizing the established avenues of communication.

## **11. Detainee Search**

Each facility shall have written procedures to govern detainee searches, consistent with the ICE/DRO Detention Standard on Searches of Detainees. If standard operating procedures require strip searches after every contact visit with a legal representative, the facility must provide an option for non-contact visits with legal representatives in an environment that allows confidentiality. Each detainee shall receive a copy of these search procedures in the Detainee Handbook or local supplement given each detainee upon admission.

## **12. Legal Visitation for Detainees in Administrative and Disciplinary Segregation**

Detainees in administrative or disciplinary segregation shall be allowed legal visitation. If the facility administrator considers special security measures necessary, he or she shall notify legal service providers of the security concerns prior to the meeting.

## **13. Group Legal Meetings**

Upon the request of a legal representative or assistant, the facility administrator may permit a confidential meeting (with no officer present) involving the requester and two or more detainees. This may be for various purposes: pre-representational, representational, removal-related, etc. The facility should grant such requests to the greatest extent practicable, if it has the physical capacity and the meeting would not unduly interfere with the security and good order of the facility. Each facility administrator shall limit detainee attendance according to the practical concerns of the facility or the security concerns associated with the meeting in question.

See also the Detention Standard on **Legal Rights Group Presentations**.

## **14. ICE/DRO-Provided List of Free Legal Service Providers and Detainee Sign-Up**

ICE/DRO shall provide each facility the official list of local free legal service providers updated quarterly by the local DOJ Executive Office for Immigration Review. The facility shall promptly and prominently post the current list in detainee housing units and other appropriate areas.

Any legal organization or individual on the current list may write the facility administrator to request the posting and/or general circulation of a sign-up sheet. The facility administrator shall then notify detainees of the sign-up sheet's availability and, according to established procedures, ensure coordination with the *pro bono* organization.

## **15. Legal Visitation Log**

Staff shall maintain a separate log to record all legal visitors including those denied access to the detainee. The log shall include the reason(s) for denying access.

*At SPCs and CDFs, the log entries shall include: the date; time of arrival; visitor's name; visitor's address; supervising attorney's name (if applicable); detainee's name and A-number; purpose of visit (e.g., pre-representation, representational, expedited-removal consultation); time visit began; time visit ended. Staff shall also record any important comments about the visit.*

## **16. Availability of Legal Visitation Policy**

The facility's written legal visitation policy shall be available upon request. The site-specific policy shall specify visitation hours, procedures and standards, including but not limited to, telephone inquiries, dress code, legal assistants working under the supervision of an attorney, pre-representational meetings, Form G-28 requirements, identification and search of legal representatives, identification of visitors, materials provided to detainees by legal representatives, confidential group legal meetings and detainee sign-up.

## **K. Consultation Visits for Detainees Subject to Expedited Removal**

### **1. General**

Detainees subject to expedited removal who have been referred to an Asylum Officer are entitled by statute and regulation to consult with persons of the detainee's choosing, both prior to the interview and while the Asylum Officer's decision is under review. Such consultation visitation is for the general purpose of discussing immigration matters, not for purely social visits covered earlier.

- The consultation visitation period ***begins*** before any interview with an Asylum Officer and continues while the Asylum Officer's determination undergoes review by the Supervisory Asylum Officer or Immigration Judge.
- The consultation visitation period ***ends*** with the issuance of a Notice to Appear and the detainee is placed in removal proceedings before an Immigration Judge; however, the detainee retains legal and other visitation privileges in accordance with this Detention Standard.

"Consultation visitation" may neither incur Government expense nor unduly delay the removal process.

### **2. Method of Consultation**

Because expedited removal procedures occur within short time frames, each facility shall develop procedures that liberally allow the opportunity for consultation visitation to ensure compliance with statutory and regulatory requirements and prevent delay in the expedited removal process. Given the time constraints, consultation by mail will generally not prove feasible.

Facility staff shall ensure that consultation visitations by telephone and face-to-face proceed without hindrance and shall be sensitive to individual circumstances when resolving consultation-related issues.

Consultation visitation shall be allowed during legal visitation hours and during general visitation hours; however, confidentiality is ensured during legal visitation hours only. If necessary to meet demand, the facility administrator shall increase consultation visiting hours.

### **3. Persons Allowed To Visit for Consultation Purposes**

Detainees subject to expedited removal may consult whomever they choose in person or by phone at any time during the first 48 hours. Consultants might include, but are not limited to, attorneys and other legal representatives, prospective legal representatives, legal assistants, members of non-governmental organizations (NGOs) and friends and family.

Consultant visitors are subject to the same identification and security screening procedures as general visitors. If documented security concerns preclude an in-person visit with a particular individual, the facility administrator shall arrange for consultation by telephone. If security reasons also preclude consultation by telephone, the facility administrator shall consult the respective Chief Counsel's Office.

#### **4. Privacy**

Consultation visits, in person or by telephone, receive the same privacy as communications between legal representatives and detainees.

#### **5. Admittance for Asylum Officer Interview**

Detainees subject to Expedited Removal may bring and consult advisors during the Asylum Officer interview. The presence of persons to consult is also allowed during the Immigration Judge's review of a negative credible fear determination, at the judge's discretion.

#### **6. Log**

Staff shall record consultation visits in the legal visitation log.

*In SPCs and CDFs, the purpose of the visit shall be noted as "ER consultation."*

*The facility shall create a separate record of the visit that is placed in the detainee's A-file or place a copy of the visitation log page in the detainee's A-file.*

#### **7. Form G-28 for Consultation Visits**

Visitors are not required to file Forms G-28 to participate in a consultation visit or provide consultation during an Asylum Officer interview or Immigration Judge's review of a negative credible fear determination. This applies even if the visitor is an attorney or legal representative.

#### **8. Other Considerations for Consultation Visits**

For other considerations in regard to consultation visits, the above procedures for "Visits by Legal Representatives and Legal Assistants" apply. Specifically, Group Consultations, Call-Ahead Inquiries, Searches, Identification of Detainee, Materials Provided to Detainees by the Visitor, Consultation Visits for Detainees in Administrative and Disciplinary Segregation, Pro-Bono List and Detainee Sign-Up, and Availability of Consultation Visitation Policy

### **L. Consular Protection**

According to international agreements and by regulation, 8 CFR § 236.1, detainees must be advised of their right to consular access, and ICE/DRO will facilitate the detainee's access to consular officers. It is ICE/DRO policy and practice that all detained individuals are provided with notice, through the facility administrator, of their right to contact their consular representatives and receive visits from their consulate officers.

The facility administrator shall ensure that all detainees are notified of and afforded the right to contact and receive visits from their consular officers. The same hours, privacy, and conditions that govern legal visitation apply to consular visitation. Consular visits may be permitted at additional times outside normal visitation hours with the facility administrator's prior authorization.

To conduct such visits, consular officers must present Department of State issued identification.



## **M. Non-Government Organization Visitation with Detainees and Tours of Facilities**

All requests by NGOs and other organizations to send representatives to visit detainees must be submitted in advance and in writing to the ICE/DRO facility administrator or ICE/DRO Field Office supervising the contract, state or local facility. The written request must state the number of visitors, exact reason for the visit and issues to be discussed.

All efforts shall be made to accommodate NGO requests for facility tours in a timely manner. All tours shall be limited to a reasonable number of participants, who must timely submit the personal information needed to conduct a background check. Tours shall be scheduled at the convenience of the detention facility so as not to disrupt normal operations and be in compliance with facility security requirements.

All requests for visitation not explicitly addressed are governed as follows:

SPCs and CDFs shall submit written requests from domestic or international organizations and associated with detention issues to the appropriate Field Office Director. When practicable, the respective Chief Counsel shall review the NGO's written request and respond to specific issues raised, the respective Chief Counsel shall review the NGO's written request and respond to specific issues raised in a timely manner.

## **N. Visits from Representatives of Community Service Organizations**

The facility administrator may approve visits to one or more detainees by individuals or groups representing community service organizations, including civic, religious, cultural, therapeutic, and other groups. Volunteers may provide a special religious, educational, therapeutic, or recreational activity.

The facility administrator's approval shall take into account such factors as:

- Safety and security considerations,
- Availability of detention personnel to supervise the activity, and
- Sufficient advance notification to the facility administrator.

*In SPCs and CDFs, detainees' immediate family and other relatives, friends, and associates, as detailed above under **Persons Allowed to Visit**, may not serve as volunteers.*

To inform the facility administrator's decision, facility staff (such as chaplains and recreation specialists) shall verify the organization's bona fide interests and qualifications for this kind of service.

*In SPCs and CDFs, groups and/or individuals from those groups must:*

1. **Provide the facility with advance notification** of the names, dates of birth, and social security numbers or unexpired passport number of the group members who will be visiting.

*All volunteers, regardless of title or position, are subject to a background check that includes, but is not limited to, a criminal history check, verification of identity and occupation and verification of credentials for the type of activity involved.*

2. **Provide identification** for individual members of the group upon arrival at the facility.

*The Detention Standard on **Facility Security and Control** details procedures for checking a visitor's identity, issuing visitor passes, and accounting for visitors while they are in the facility.*

3. **Comply with visitation rules.**

*Each approved volunteer shall receive an appropriate orientation to the facility and acknowledge his or her understanding of rules and procedures by signing an agreement to comply with them, particularly in regard to permissible behavior and relationships with detainees. Among other things, the orientation and signed agreement shall:*

- *Specify lines of authority, responsibility, and accountability for volunteers.*
- *Prohibit volunteers from:*
  - *Using their official positions to secure privileges for themselves or others;*
  - *Engaging in activities that constitute a conflict of interest;*
  - *Accepting any gift from or engaging in personal business transactions with a detainee or a detainee's immediate family.*

*All volunteers shall be held accountable for compliance with the rules and procedures.*

4. **Read and sign a waiver of liability** that releases ICE/DRO of all responsibility in case of injury during the visit before being admitted to any secure portion of the facility or location where detainees are present.

## **O. Other Special Visits**

### **1. Law Enforcement Officials' Visits**

Facility visitation procedures shall cover law enforcement officials requesting interviews with detainees. Facilities will notify and seek approval from ICE DRO of any proposed law enforcement officer visit with a detainee

### **2. Visitation by Former Detainees or Aliens in Proceedings**

Former ICE/DRO detainees, individuals with criminal records and individuals in deportation proceedings shall not be automatically excluded from visiting. Individuals in any of these categories must so notify the facility administrator before registering for visitation privileges. The facility administrator shall weigh the nature and extent of an individual's criminal record and/or prior conduct against the benefits of visitation in determining visitation privileges. A potential visitor's failure to disclose such matters may preclude visitation privileges.

### **3. Business Visitors**

A detainee may not actively engage in business or professional interests or activities and should assign authority for daily operations to a person in the community; however, in the event that a detainee must make a decision that will substantially affect the assets or prospects of a business, the facility administrator may permit a

special visit.

ICE/DRO does not recognize or sanction any kind of work-release program.

#### **4. Visiting Rules Regarding Animals**

Each facility shall establish and disseminate a policy and implementing procedures governing whether and, if so, under what circumstances animals may accompany human visitors onto or into facility property.

*SPC and CDF visitors may not bring animals onto facility grounds, except for service animals accompanying persons with disabilities.*

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## VOLUNTARY WORK PROGRAM

**I. PURPOSE AND SCOPE.** This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security and good order.

While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.

This Detention Standard applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Detainees may have opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order.
2. Detainees will be able to volunteer for work assignments but otherwise not be required to work, except to do personal housekeeping.
3. Essential operations and services will be enhanced through productivity from detainees.
4. The negative impact of confinement will be reduced through less idleness, improved morale and fewer disciplinary incidents.
5. Detainee working conditions will comply with all applicable federal, state, and local work safety laws and regulations.
6. There will be no discrimination regarding voluntary work program access based on any detainee's race, religion, national origin, gender, sexual orientation, or disability.
7. The applicable contents and procedures in this Standard will be communicated to the detainee in a language or manner which the detainee can understand.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Voluntary Work Program** dated 9/20/2000.

This Detention Standard incorporates the requirements regarding detainees' being assigned to work outside of a facility's secure perimeter originally communicated via a memorandum to all Field Office Directors from the Acting Director of U.S. Immigration and Customs Enforcement (2/2/2004).

**IV. REFERENCES**

American Correctional Association 4th Edition, Standards for Adult Detention Facilities: 4-ALDF-5C-06, 5C-08, 5C-11(M), 6B-02.

Environmental Health and Safety National Detention Standard

Food Service National Detention Standard

**V. EXPECTED PRACTICES**

**A. Voluntary Work Program**

Detainees who are physically and mentally able to work shall be provided the opportunity to participate in any voluntary work program.

The detainee's classification level shall determine the type of work assignment for which he/she is eligible.

Level 3 detainees shall not be given work opportunities outside their housing units/living areas.

**B. Work Outside the Secure Perimeter**

ICE detainees may not work outside the secure perimeter of local jails and facilities used under Intergovernmental Service Agreements.

*In SPCs and CDFs, only detainees classified as Level 1 (or the facility's equivalent "Low" custody designation) may work outside the secure perimeter on facility grounds. They must be directly supervised at a ratio of not less than one staff member to four detainees. The detainees shall be within sight and sound of that staff member at all times.*

**C. Personal Housekeeping Required**

Work assignments are voluntary; however, all detainees are responsible for personal housekeeping.

*In SPCs and CDFs, detainees are required to maintain their immediate living areas in a neat and orderly manner by:*

- *Making their bunk beds daily,*
- *Stacking loose papers,*
- *Keeping the floor free of debris and dividers free of clutter, and*

- *Not hanging/draping clothing, pictures, keepsakes, or other objects from beds, overhead lighting fixtures, or other furniture.*

#### **D. Detainee Selection**

The facility administrator shall develop site-specific rules for selecting work detail volunteers. These site-specific rules will be recorded in a facility procedure that will include a voluntary work program agreement. The voluntary work program agreement will document the facility's program and will be in compliance with this Detention Standard.

*In SPCs and CDFs, the primary factors in hiring a detainee as a worker shall be his or her classification level and the specific requirements of the job:*

- *Staff shall present the detainee's name and A-number to the shift supervisor or the requesting department head.*
- *The shift supervisor or department head shall review the detainee's classification and other relevant documents in the detainee's detention file and/or A-file.*
- *The shift supervisor or department head shall assess the detainee's language skills as it affects the detainee's ability to perform the specific requirements of the job under supervision. To the extent possible, work opportunities should be provided to detainees who are able to communicate with supervising staff effectively and in a manner that does not compromise safety and security.*
- *Inquiries to staff about the detainee's attitude and behavior may be used as a factor in the supervisor's selection.*

*Staff shall explain the rules and regulations as well as privileges relating to the detainee worker's status. The detainee is required to sign a **voluntary work program agreement** before every new assignment. Completed agreements shall be filed in the detainee's detention file*

#### **E. Special Details**

Detainees may volunteer for temporary work details that occasionally arise. The work, which generally lasts from several hours to several days, may involve such tasks as digging trenches, removing topsoil and other labor-intensive work.

#### **F. Discrimination in Hiring Prohibited**

Detainees shall not be denied voluntary work opportunities on the basis of such factors as a detainee's race, religion, national origin, gender, sexual orientation or disability.

#### **G. Physically and Mentally Challenged Detainees**

While medical or mental health restrictions may prevent some physically or mentally challenged detainees from working, those with less severe disabilities shall have the opportunity to participate in the voluntary work program in appropriate work assignments.

- The selecting official must consider the precise limitations of a disabled individual before rejecting that individual for selected work assignments.

- Expediency or convenience is insufficient justification to reject or “pigeonhole” a detainee who, with reasonable accommodation, can perform essential functions of the work assignment.
- In disputed cases, the selecting official shall consult medical personnel to ascertain the detainee's suitability for a given project.

## **H. Hours of Work**

Detainees who participate in the volunteer work program are required to work according to a fixed schedule.

*In SPCs and CDFs, the normal scheduled workday for a detainee employed full time is a maximum of 8 hours. Detainees shall not be permitted to work in excess of 8 hours daily, 40 hours weekly.*

*Unexcused absences from work or unsatisfactory work performance may result in removal from the voluntary work program.*

## **I. Number of Details in One Day**

The facility administrator may restrict the number of work details permitted a detainee during one day.

*In SPCs and CDFs, a detainee may participate in only one work detail per day.*

## **J. Facilities That Detain Criminal Aliens**

If the facility cannot establish the classification level in which the detainee belongs, the detainee shall be ineligible for the voluntary work program.

## **K. Compensation**

Detainees shall receive monetary compensation for work completed in accordance with the facility's standard policy.

*In SPCs and CDFs, the compensation is \$1.00 per day. Ordinarily, it is to be paid daily, unless the facility has a system in place that ensures detainees receive the pay owed them before being transferred or released.*

## **L. Removal of Detainee from Work Detail**

A detainee may be removed from a work detail for such causes as:

- Unsatisfactory performance;
- Disruptive behavior, threats to security, etc.;
- Physical inability to perform all functions required by the job, whether because of a lack of strength or a medical condition;
- Prevention of injuries to the detainee;
- A removal sanction imposed by the Institutional Disciplinary Panel for an infraction of a facility rule, regulation, or policy.

When a detainee is removed from a work detail, the facility administrator shall place written documentation of the circumstances and reasons in the detainee detention file.

#### **M. Detainee Responsibility**

The facility administrator shall establish procedures for informing detainee volunteers about on-the-job responsibilities and reporting procedures.

*In SPCs and CDFs, the detainee is expected to be ready to report for work at the required time and may not leave an assignment without permission.*

- The detainee shall perform all assigned tasks diligently and conscientiously.
- The detainee may not evade attendance and performance standards in assigned activities or encourage others to do so.
- The detainee shall exercise care in performing assigned work, using safety equipment and taking other precautions in accordance with the work supervisor's instructions.
- In the event of a work-related injury, the detainee shall notify the work supervisor who shall immediately implement injury response procedures.

#### **N. Detainee Training and Safety**

All detention facilities shall comply with all applicable health and safety regulations and standards.

The facility administrator shall ensure that all department heads develop and institute, in collaboration with the facility's safety/training officer, appropriate training for all detainee workers.

1. *In SPCs and CDFs the voluntary work program shall operate in compliance with:*
  - *Occupational Safety and Health Administration (OSHA) regulations.*
  - *National Fire Protection Association 101 Life Safety Code*
  - *American Correctional Association Standards for Adult Local Detention Facilities, current edition*
  - *International Council Codes (ICC)*

*Each facility administrator's designee is responsible for providing every SPC and CDF in his or her jurisdiction access to complete and current versions of the documents listed above.*

*The facility administrator shall ensure that the facility operates in compliance with all applicable standards.*

2. Upon a detainee's assignment to a job or detail, the supervisor shall provide thorough instructions regarding safe work methods and, if relevant, hazardous materials including:
  - Safety features and practices demonstrated by the supervisor
  - Recognition of hazards in the workplace, including the purpose for protective devices and clothing provided, reporting deficiencies to their supervisors. Staff and detainees that do not read English will not be authorized to work



with hazardous materials.

- A detainee shall not undertake any assignment before signing a voluntary work program agreement that, among other things, confirms that the detainee has received and understood training from the supervisor about the work assignment.

The voluntary work program agreement shall be placed in the detainee's detention file.

3. For a food service assignment, medical staff, in conjunction with the Public Health Service, shall ensure that detainees are medically screened and certified before undertaking the assignment.
4. The facility shall provide detainees with safety equipment that meets OSHA and other standards associated with the task performed.
5. *The facility administrator shall ensure that the facility operates in compliance with all applicable standards.*

#### **O. Detainee Injury and Reporting Procedures**

The facility administrator shall implement procedures for immediately and appropriately responding to on-the-job injuries, including immediate notification of ICE/DRO.

*In SPCs and CDFs, if a detainee is injured while performing his or her work assignment:*

1. *The work supervisor shall immediately notify the facility medical staff. In the event that the accident occurs in a facility that does not provide 24-hour medical care, the supervisor shall contact the on-call medical officer for instructions.*
2. *First aid shall be administered when necessary.*
3. *Medical staff shall determine what treatment is necessary and where that treatment shall take place.*
4. *The work supervisor shall complete a detainee accident report and submit it to the facility administrator for review and processing and file it in the detainee's detention file and A-file.*

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## DETAINEE HANDBOOK

**I. PURPOSE AND SCOPE.** This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.

It applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

**1.** Upon admission to a facility, each detainee will be provided the comprehensive written orientation materials in the form of a detainee handbook. The local facility shall provide a detainee handbook supplement, which describes such matters as:

- grievance system
- services and programs,
- medical care,
- law libraries and legal material,
- correspondence and other material,
- staff–detainee communication
- classification system, and
- disciplinary system.

2. Each detainee will verify, by signature and date, receipt of those orientation materials, and that acknowledgement will be maintained in the detainee's detention file.
3. The ICE National Detainee Handbook will be provided in English, Spanish, and other languages as determined necessary by the Field Office Director (FOD). Orientation materials will be read to detainees who cannot read, or they will be provided the material via audio or video recordings.
4. Interpretative services will be provided to detainees who do not speak the languages in which the orientation materials are written.
5. The information in this standard will be communicated in a language or manner which the detainee can understand.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces Detainee Handbook dated 9/20/2000.

#### **IV. REFERENCES**

American Correctional Association 4th. Edition Standards for Adult Local Detention Facilities 4-ALDF-2A-27, 2A-28, 2A-29.

ICE/DRO National Détention Standards on:

Visitation

Law Libraries and Legal Material

Correspondence and Other Mail

Staff-Detainee Communication

Classification System

Disciplinary System

Medical Care

Grievance System

#### **V. EXPECTED PRACTICES**

1. The facility administrator shall distribute the ICE National Detainee Handbook and develop a local written supplement to the ICE National Detainee Handbook.

For consistency throughout all detention facilities, the ICE National Detainee Handbook shall be used as a comprehensive orientation resource. In each facility, the ICE National Detainee Handbook shall conform to the sample format; the supplement contents shall be customized and adapted for each specific facility.

2. While all applicable topics from the ICE National Detainee Handbook must be addressed, it is particularly important that each local supplement notify each detainee of:
  - The rules, regulations, policies, and procedures with which every detainee must comply,

- Detainee rights and responsibilities,
  - Procedures for requesting interpretive services for essential communication,
  - Prohibited acts categorized by severity (Greatest, High, High Moderate or Low Moderate),
  - The disciplinary system, procedures, and sanctions,
  - The detainee Grievance System, including medical grievances,
  - Law Library access
  - Telephone access
  - The availability of Legal Orientation Programs, and
  - How to Contact ICE (Local ICE Field Office).
3. The ICE National Detainee Handbook will be provided in English, Spanish, and other languages as determined necessary by the FOD. The facility administrator shall ensure that the local supplement is translated into Spanish and any other language spoken by significant numbers of detainees in that facility.
  4. Upon admission to a facility, as part of the orientation program, each detainee shall be provided a copy of the ICE National Detainee Handbook and that facility's local supplement to the handbook.

The Detention Standard on **Admission and Release** requires that all facilities provide ICE/DRO detainees an orientation to the facility and details requirements for an orientation video to be shown as part of the orientation process in SPCs and CDFs.

The comprehensiveness of the video has no bearing on the development, production, or distribution of the detainee handbook.

5. Staff shall require each detainee to verify, by signature, receipt of the handbook and maintain that acknowledgement in the detainee's detention file.  
*In SPCs and CDFs, the detainee shall acknowledge receipt of the handbook by signing where indicated on the back of the I-385 (or on a separate form). The designated spot on the back of the I-385 may be a stamped entry containing the date of issue; handbook number, if applicable; initials and ID number of the issuing officer; detainee-signature line; and space for date of return and the receiving officer's initials and ID number.*
6. If a detainee cannot read or does not understand the language of the handbook, the facility administrator shall arrange for the orientation materials to be read to the detainee, provide the material using audio or video tapes in a language the detainee does understand, or provide a translator.
7. The facility administrator shall provide a copy of the ICE National Detainee Handbook and the local supplement to every staff member who has contact with detainees, and cover its contents in initial and annual staff training.
8. The ICE National Detainee Handbook shall be updated as needed by the Detention Management Division Detention Standards Compliance unit. The facility administrator shall appoint a committee to review the local supplement annually and recommend changes. While the handbook does not have to be immediately revised and reprinted to

incorporate every change, the facility administrator shall establish procedures for immediately communicating such changes to staff and detainees through such methods as:

- Posting changes on bulletin boards in housing units and other prominent areas,
- Notifying staff by memos and other means, and
- Informing new arrivals during orientation.

On occasion, however, the Field Office Director or Detention Management Division may require a specific and immediate change to the handbook.

9. The ICE National Detainee Handbook shall explicitly address how detainees report allegations of abuse and civil rights violations, along with violations of officer misconduct, directly to ICE management or the DHS Office of Inspector General and shall require detention facilities to provide appropriate written guidance to correctional officers to ensure that treatment of immigration detainees is consistent with these Standards.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## GRIEVANCE SYSTEM

**I. PURPOSE AND SCOPE.** This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses relating to any aspect of his/her detention, including medical care.

It applies to the following types of facilities housing ICE/DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Detainees will be informed about the facility's informal and formal grievance system in a language or manner he or she understands.
2. Staff and detainees will mutually resolve most complaints and grievances orally and informally in their daily interaction.
3. Detainees will be able to file formal grievances, including medical grievances, and receive written responses, including the basis for the decision, in a timely manner.
4. Detainees will be able to file emergency grievances that involve an immediate threat to their safety or welfare and receive written responses, including the basis for the decision, in a timely manner.
5. Detainees will be able to appeal initial decisions on grievances to at least one higher level of review.
6. Accurate records will be maintained on grievances filed and their resolution.
7. No detainee will be harassed, disciplined, punished, or otherwise retaliated against for filing a complaint or grievance.
8. The applicable contents and procedures in this standard will be communicated in a language or manner which the detainee can understand.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Detainee Grievance Procedures** dated 9/12/2008.

#### **IV. REFERENCES**

American Correctional Association Standards for Adult Local Detention Facilities, 4<sup>th</sup> Edition: 4-ALDF-2A-27, 6A-07, 6B-01.

ICE/DRO Detention Standard on **Correspondence and Other Mail**.

#### **V. EXPECTED PRACTICES**

##### **A. Written Procedures Required**

Each facility shall have written policy and procedures for a detainee grievance system that:

- Establishes a procedure for any detainee to file a formal grievance;
- Establishes a procedure to track or log all formal grievances;
- Establishes reasonable time limits for:
  - Processing, investigating, and responding to grievances, including medical grievances;
  - Convening a grievance committee (or actions of a single designated grievance officer) to review formal complaints; and
  - Providing written responses to detainees who filed formal grievances, including the basis for the decision.
- Ensures a procedure in which all medical grievances are received by the administrative health authority within 24 hours or the next business day;
- Establishes a special procedure for time-sensitive, emergency grievances;
- Ensures each grievance receives supervisory review;
- Provides at least one level of appeal;
- Includes guarantees against reprisal; and
- Ensures information, advice, and directions are provided to detainees in a language or manner they can understand, or that interpretation/translation services are utilized.

##### **B. Informing Detainees About Grievance Procedures**

The facility shall provide each detainee, upon admittance, a copy of the Detainee Handbook / local supplement, in which the grievance section provides notice of:

- The expectation that, to the greatest extent possible, complaints and grievances should be handled orally and informally by staff in their daily interaction with

detainees. Nevertheless, the detainee always has the right to file a formal grievance and pursue the formal grievance process.

- The right to file a grievance, including medical grievances, both informal and formal.
- The process for filing emergency grievances.
- The procedures for filing and resolving a grievance, including the availability of assistance in preparing a grievance.
- The procedures for filing and resolving an appeal, including the right to appeal to specified higher levels if the detainee disagrees with the lower decisions.
- The procedures for contacting ICE/DRO to appeal a decision in a CDF or IGSA facility.
- The policy prohibiting staff from harassing, disciplining, punishing, or otherwise retaliating against any detainee for filing a grievance or contacting the Inspector General.
- The opportunity to file a complaint about staff misconduct, physical or sexual abuse, or civil rights violations at any point directly to the Department of Homeland Security Inspector General by calling (800) 323-8603 or by writing to:

Department of Homeland Security  
Washington, DC 20528  
Attn: Office of the Inspector General

## **C. Grievance Procedures**

### **1. Informal Oral Grievances**

Informal grievance resolution offers a detainee the opportunity to expediently resolve his or her cause for complaint before resorting to the more time-consuming written formal procedure. Staff at every facility shall make every effort to resolve a detainee's complaint or grievance at the lowest level possible, in an orderly and timely manner.

The facility administrator, or designee, shall establish written procedures for detainees to orally present the issue of concern informally (as addressed in the Staff-Detainee Communication Detention Standard). Illiterate, disabled, or non-English speaking detainees shall be provided additional assistance, upon request.

A detainee is free to bypass or terminate the informal grievance process at any point and proceed directly to the formal grievance stage.

If an oral grievance is resolved, the employee need not provide the detainee written confirmation of the outcome but shall document the result for the record in the detainee's Detention File and in any logs or data systems the facility has established to track such actions.

*In SPCs and CDFs, Staff who receive a detainee's oral complaint or grievance shall:*

- *Attempt to resolve the issue informally if the issue is within his or her scope of responsibility, or*



- *Notify the appropriate supervisor of the grievance as soon as practical.*

*The supervisor may try to resolve the matter or advise the detainee to initiate a written grievance.*

*If the grievance is resolved at this informal level, the person who resolved the issue shall document the circumstances and resolution in the detainee's Detention File.*

## **2. Emergency Grievances**

Each facility shall implement written procedures for identifying and handling a time-sensitive emergency grievance that involves an immediate threat to a detainee's health, safety or welfare. All staff will be trained to appropriately respond to emergency grievances in an expeditious matter. Once the receiving employee approached by a detainee determines that he or she is in fact raising an issue requiring urgent attention, emergency grievance procedures shall apply. Translation services will be available upon request.

The protocol for emergency grievance procedures shall bring the matter to the immediate attention of the facility administrator, even if it is later determined that it is not a true emergency and the grievance is subsequently routed through normal, non-emergency channels.

*In SPCs and CDFs, the detainee may elect to present his or her emergency grievance directly to the shift supervisor or contract equivalent.*

*If the shift supervisor concurs that the grievance represents an emergency, it shall receive the immediate attention of the facility administrator.*

*If the matter is resolved at the shift level, the supervisor involved shall prepare a report for the facility administrator, or designee, describing the problem and its resolution. Emergency grievances not resolved at the shift level shall be sent up the chain of command in a timely manner until the matter is resolved.*

*If the shift supervisor or contract equivalent determines the matter is not an emergency, standard procedures shall apply.*

## **3. Formal Written Grievances**

The facility administrator, or designee, shall allow a detainee to submit a formal, written grievance to a single designated grievance officer or the facility's grievance committee and shall be given the opportunity to obtain preparation assistance from another detainee or facility staff. Illiterate, disabled, or non-English speaking detainees shall be provided additional assistance, upon request. Formal written grievances regarding medical care shall be submitted directly to medical personnel designated to receive and respond to medical grievances at the facility.

The detainee may file a formal grievance within a reasonable timeframe after the event or unsuccessful conclusion of an informal grievance or after deciding to forego the informal grievance procedure. The facility administrator or designee shall ensure procedures accommodate the special assistance needs of detainees who are disabled, illiterate, or limited in English in preparing and pursuing a grievance.

Staff shall advise the detainee that the grievance form may cover a single complaint or a cluster of closely related issues; however, each form should clearly state the detainee's issues of concern, or the form shall be returned to the detainee for clarification.

Staff shall provide the number of forms and envelopes requested by the detainee. Within reason, detainees are not limited in the number of forms and envelopes they may request.

1. To prepare a grievance, a detainee may obtain assistance from another detainee in the same housing unit, the housing officer or other facility staff, family members, or legal representatives. Staff will take reasonable steps to expedite requests for assistance.

2. A detainee may not submit a grievance on another detainee's behalf. However, a detainee may assist another detainee in preparing a grievance.

- a. If the detainee claims that the issue is sensitive or the detainee's safety or well-being would be jeopardized if others in the facility learned of the grievance, the detainee:
  - Must describe in the grievance the reason for circumventing the chain of command, and
  - Has the right to seal the grievance in an envelope, clearly marked "Sensitive" or "Medically Sensitive" and submit it directly to the facility administrator, administrative health authority, or designee.
- b. Each grievance form shall be delivered by authorized personnel (not detainees) without reading, altering, or delaying.
- c. Grievance forms concerning medical care shall be delivered directly to medical staff designated to receive and respond to medical grievances at the facility. Designated medical staff shall act on the grievance within five working days of receipt and provide the detainee a written response of the decision and the rationale. This record should be maintained per Section E "Record-Keeping and File Maintenance."
- d. The shift supervisor or other employee designated to receive grievances shall accept the grievance form signed and dated by the detainee and (except for sealed grievances) officially meet with the detainee to attempt to resolve the issue in a timely manner.
- e. If the grievance cannot be resolved to the satisfaction of the detainee, the supervisor shall so annotate in detail the reasons on the grievance form and refer the written grievance to the next level of supervision in his or her chain of command or to the appropriate department head within five working days of receipt.
- f. That person shall act on the grievance within five working days of receipt. The responsible department head shall provide the detainee a written response of the decision and the rationale. When the detainee is illiterate, disabled or non-English speaking, the decision shall be read to

him or her in a language that he or she understands, or translation/interpretation shall be provided as needed.

## **D. Appeal**

Every facility shall implement procedures that provide detainees at least one level of appeal and ensure that they receive written decisions about their appeals within reasonable and specified time limits.

In the case of medical grievances, each facility shall establish procedures for appeal of a denial by medical personnel. An additional level of appeal by medical personnel shall be available to the detainee. All appeals of formal medical grievances and responses shall be reported to ICE/DRO.

### **1. Appeal to the Grievance Officer or Detainee Grievance Committee**

*In SPCs and CDFs, the Grievance Officer (GO) or Detainee Grievance Committee (DGC) is the first level of appeal of a formal written grievance for a detainee who does not accept the resolution attempted by a shift supervisor, department head, or other staff, as detailed above in the section on **Formal Written Grievances**.*

*If the detainee does not accept the resolution, he or she may appeal to the facility's GO or DGC.*

- *Within five days of receipt, the GO or DGC shall address the matter.*
- *In an SPC, the assistant chief of security shall chair the DGC, along with two department heads or their representatives.*

*Personnel named in any grievance or involved either in attempts to resolve the grievance or assistance in preparing the grievance may not decide the matter in subsequent appeals.*

*The GO or DGC may call witnesses, inspect evidence or otherwise gather facts essential to an impartial decision and shall offer the detainee the opportunity to appear before the GO or DGC in person or telephonically to present his or her case, answer questions, and respond to conflicting evidence or testimony.*

*Within five working days of reaching a decision, the GO or DGC shall provide the detainee, in writing, the decision and the rationale.*

*Ordinarily, the GO or DGC shall provide the written decision no later than fifteen working days after receipt of the detainee's appeal. If that time frame is exceeded, the GO or DGC shall include in the written decision an explanation for the delay. If a detainee does not receive a written response within that 15-day time frame, he or she may appeal the grievance directly to the facility administrator.*

### **2. Appeal to the Facility Administrator (or designee)**

The facility's established grievance system protocol must provide for at least one level of appeal but may establish more than one. In all instances detainees must receive written decisions about their appeals within reasonable and specified time limits. When the detainee is illiterate, disabled or non-English speaking, the decision shall be read to him or her in a language that he or she understands, or translation/interpretation shall be provided as needed. CDFs and IGSA facilities

must also allow any ICE/DRO detainee dissatisfied with the facility's response to communicate directly with ICE/DRO. Also, the Detention Standard on **Correspondence and Other Mail** provides for detainees to send Special Correspondence to many representatives and government officials.

*In SPCs and CDFs, if the detainee disagrees with the GO or DGC decision, he or she may appeal it to the facility administrator, or designee. After reviewing the finding of the GO or DGC, the facility administrator, or designee, may uphold, modify or reverse it.*

- *The facility administrator, or designee, shall provide the detainee a written decision within five days of receiving the appeal.*
- *The written decision shall include a discussion of the decision and the facts upon which it is based.*
- *The facility administrator, or designee, shall use the normal routing system of the facility to send the written decision to the detainee.*

*Within the facility's grievance system, the decision of the facility administrator (or designee) is final and cannot be further appealed. Depending on the nature of the grievance, however, the facility administrator may choose to forward the grievance file to the Field Office Director for notification and review.*

## **E. Record-Keeping and File Maintenance**

Each facility shall devise a method for documenting detainee grievances, at a minimum, a Detainee Grievance Log. The documentation shall include the date of the grievance, nature of the grievance in detail, and the date the grievance was resolved. Medical grievances are maintained in the detainee's medical file.

*In SPCs and CDFs, staff shall assign each grievance a log number, enter it in the space provided on the Detainee Grievance Form, and record it in the Detainee Grievance Log in chronological order:*

- *The log entry number and the detainee grievance number must match.*
- *The log shall include the receipt date and the date and disposition.*
- *Nuisance or petty grievances and grievances rejected or denied must also be logged with the appropriate notation and justification (for example, "Petty").*

A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee.

## **F. Established Pattern of Abuse of the Grievance System**

If a detainee establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, the facility administrator may identify that person, in writing, as one for whom not all subsequent complaints have to be fully processed. However, feedback will be provided to the detainee, and records will be maintained of grievances "rejected."

For a detainee so identified by the facility administrator:

- Staff shall continue to attempt to resolve informal oral grievances at the lowest level possible, as described above.
- If designated staff at the facility's first grievance system level make the initial determination that the grievance is one that should not be fully processed, they shall forward the grievance to the next grievance level.
- If staff at that level concurs that the grievance is frivolous, the grievance shall be logged in the Detainee Grievance Log showing the disposition (for example, "Rejected"), and a copy of the grievance shall be placed in the detainee's detention file.
- The facility's written policy and procedures may also require that each rejected grievance be forwarded to the facility administrator for review or concurrence.
- The designated final authority may decide to return the grievance to a lower level for full processing.

*In SPCs and CDFs, if the shift supervisor or other employee designated to receive grievances believes the grievance is one that should not be fully processed, he or she shall document that determination and refer the grievance to the GO or DGC. If the GO or DGC concurs, the grievance shall be logged in the Detainee Grievance Log with "Rejected" as the disposition, and a copy of the grievance shall be placed in the detainee's detention file. The facility's written policy and procedures may also require that each rejected grievance be forwarded to the facility administrator for review or concurrence.*

## **G. Allegations of Staff Misconduct**

Staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be processed through the facility's established grievance system, CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/DRO.

All ICE/DRO staff are reminded of the requirement of Administrative Manual 5.5.201, **Reporting and Resolving Allegations of Employee Misconduct**. All ICE employees are responsible for immediately reporting either orally or in writing any allegation of misconduct to their supervisor or a higher-level ICE official in their chain of command or directly to the ICE Office of Professional Responsibility or the DHS Inspector General. This reporting requirement applies without exception to all detainee allegations of officer misconduct, whether formally or informally submitted.

#### **H. Retaliation Prohibited**

Staff shall not harass, discipline, punish, or otherwise retaliate against a detainee who files a complaint or grievance or who contacts the Inspector General or the Office for Civil Rights and Civil Liberties.

#### **Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## LAW LIBRARIES AND LEGAL MATERIAL

**I. PURPOSE AND SCOPE.** This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and comprehensive legal materials.

This Detention Standard applies to the following types of facilities housing ICE/DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Detainees will have regular access (no less than five hours per week) to law libraries, legal materials and related materials.
2. Detainees will not be forced to forgo recreation time to use the law library and requests for additional time to use the law library shall be accommodated to the extent possible, including accommodations of work schedules when practicable, consistent with the orderly and secure operation of the facility.
3. Detainees will have access to courts and counsel.
4. Detainees will be able to have confidential contact with attorneys and their authorized representatives in person, on the telephone and through correspondence.
5. Detainees will have access to a properly equipped law library, legal materials and equipment to facilitate the preparation of documents as well as photocopying resources.
6. Detainees who are illiterate, non-English-speaking or indigent will receive appropriate special assistance.
7. Detainees in special management units will have access to legal materials on the same basis as the general population.
8. The applicable contents and procedures in this Standard will be communicated to the detainee in a language or manner which the detainee can understand.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Access to Legal Material** dated 9/12/2008.

#### **IV. REFERENCES**

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities: 4-ALDF-6A-01, 6A-02, 6A-03, 6A-09, 2A-62.

ICE/DRO Detention Standard on **Correspondence and Other Mail**, in regard to correspondence with attorneys and other legal representatives, judges, courts, embassies, and consulates.

ICE/DRO Detention Standard on **Telephone Access**, in regard to phone calls to legal representatives or to obtain legal representation.

ICE/DRO Detention Standard on **Visitation** in regard to visits from attorneys, other legal representatives, and legal assistants.

Office of the United Nations High Commissioner for Refugees Policy Memo, RefWorld database.

#### **V. EXPECTED PRACTICES**

##### **A. Law Library**

Each facility shall provide a properly equipped law library in a designated, well-lit room that is reasonably isolated from noisy areas and large enough to provide reasonable access to all detainees who request its use. It shall be furnished with a sufficient number of tables and chairs to facilitate detainees' legal research and writing.

##### **B. Supervision**

The facility shall develop procedures that effectively prevent detainees from damaging, destroying or removing equipment, materials or supplies from the law library.

Facilities are encouraged to monitor detainee use of legal materials to prevent vandalism.

##### **C. Hours of Access**

Each facility administrator shall devise a flexible schedule that:

- Permits all detainees, regardless of housing or classification, to use the law library on a regular basis.
- Enables the maximum use possible, without interfering with the orderly operation of the facility. Generally, law library hours of operation are to be scheduled between official counts, meals and other official detention functions.
- Determines the number of detainees permitted to use the law library at any given time.
- Takes into consideration any rules and regulations that prohibit or regulate the intermingling of differently classified detainees.



Each detainee shall be permitted to use the law library for a minimum of five hours per week and may not be forced to forego his or her minimal recreation time to use the law library, consistent with the security needs of the institution and the detainee. (See the Detention Standard on **Recreation**.) Staff shall accommodate detainee requests for additional law library time to the extent that is consistent with the orderly and secure operation of the facility, with special priority given to such requests from a detainee who is facing a court deadline.

#### **D. Equipment**

Each facility administrator shall designate an employee to inspect the equipment at least weekly and ensure it is in good working order and to stock sufficient supplies.

The law library shall provide an adequate number of computers with printers, access to one or more photocopiers and sufficient writing implements, paper, and related office supplies to enable detainees to prepare documents for legal proceedings. Typewriters, carbon paper, and correction tape may be substituted for computers and printers only if approved by ICE/DRO.

Detainees shall be provided with a means of saving any legal work in a secure and private electronic format so that they may return at a later date to access previously saved legal work product, consistent with the safety and security needs of the detainee and the facility.

#### **E. Maintaining Up-to-Date Legal Materials**

##### **1. ICE/DRO Headquarters Coordinator**

At ICE/DRO Headquarters, the Detention Standards Compliance Unit (DSCU) in the Detention Management Division is designated as the coordinator to assist facilities and field offices in maintaining up-to-date law library materials.

##### **2. Updating and Replacing Legal Materials**

Each facility administrator shall designate a facility law library coordinator to be responsible for updating legal materials, inspecting them weekly, maintaining them in good condition and replacing them promptly as needed.

###### **a. Materials for Law Libraries**

Each law library shall contain the materials listed in **Attachment A** (unless any are found to be no longer published) and may include the Optional Legal Reference Materials in **Attachment B**.

The DSCU coordinator shall request that the ICE Office of the Principal Legal Advisor (OPLA) review and update the contents of Attachment A at least annually. Updated materials will be provided as soon as practicable after such materials are published.

ICE/DRO shall arrange a subscription to the updating service, if available, for each publication on the list.

In addition, ICE, Detention and Removal Operations (DRO) will provide information on significant statutory and regulatory changes regarding detention

and removal of aliens in a timely manner, and provide initial copies to the facility.

## **b. Sources for Publications**

### **(1) List of Publishers**

Information regarding updating can be obtained directly from the publishers in **Attachment C**. The ICE Law Librarian can also provide updating information.

If anticipated updates are not received or if subscriptions lapse, the facility administrator (or designee) shall seek assistance from the DSCU coordinator.

When a facility receives replacement supplements or other materials, it shall dispose of the outdated ones.

Damaged or stolen materials shall be promptly replaced. In addition to its own inspections, the facility shall encourage detainees to report missing or damaged materials. The facility may obtain replacements by contacting the DSCU coordinator.

If materials from outside organizations need to be replaced, the facility shall contact ICE/DRO to obtain replacements from the submitting organization.

### **(2) Lexis/Nexis CDROM (or ICE-approved equivalent)**

As an alternative to obtaining and maintaining the paper-based publications in **Attachment A**, a facility may substitute the Lexis/Nexis publications on CD ROM. Any materials listed in Attachment A which are not loaded onto the Lexis/Nexis CDROM must be maintained in paper form.

The facility administrator must certify to the respective Field Office Director – and the Field Office Director must verify -- that the facility provides detainees sufficient:

- Operable computers that are capable of running the Lexis/Nexis CDROM,
- Operable printers,
- Supplies for both, and
- Instructions for detainees on the basic use of the system.

Where the Lexis/Nexis CDROM or ICE-approved equivalent is not available or the other conditions for detainee access and use are insufficient, the materials listed in **Attachment A** are required. Any materials listed in Attachment A which are not loaded onto the Lexis/Nexis CDROM must be maintained in paper form.

## **F. Materials from Outside Persons or Organizations**

Outside persons and organizations may submit published or unpublished legal material for inclusion in a facility's law library. If the material is in a language other than English, an English translation must be provided.

## **1. Published Material**

If a facility receives published material, the facility administrator shall accept or decline it based on considerations of usefulness and space limitations. If published materials related to immigration law or procedures are declined, the facility administrator shall notify the submitter in writing and the Field Office Director of the reasons.

## **2. Unpublished Material**

The facility administrator shall forward as soon as possible any unpublished immigration-related material received to the Field Office Director for review and approval. Unpublished material must have a cover page that:

1. Identifies the submitter and the preparer of the material;
2. Clearly states clearly that ICE/DRO did not prepare and is not responsible for the contents, and
3. Provides the date of preparation.

ICE/DRO shall expeditiously make its decision whether to approve the material, ordinarily within 45 days. ICE/DRO may object in whole or in part to materials that may pose a likely threat to the security or good order of the facility, or that misstate immigration law, policy or procedures. The Field Office Director shall consult with the respective ICE Chief Counsel and other appropriate ICE/DRO and facility staff to determine whether to approve the materials:

If approved, the ICE/DRO shall notify the facility administrator and the submitter.

If not approved, the ICE/DRO shall inform the submitter in writing of the reasons.

## **G. Requests for Additional Legal Material**

Detainees who require legal material not available in the law library may make a written request to the facility law library coordinator, who shall inform the Field Office of the request as soon as possible. If the request is not approved, ICE/DRO shall inform the submitter in writing of the reason for the denial.

ICE/DRO, with the assistance of the respective ICE Chief Counsel, shall answer all requests within five business days. Requests from detainees who are facing imminent deadlines will receive priority. Requests for copies of court decisions will normally be available within three business days, which should guide responses to other requests.

## **H. Photocopying Legal Documents**

The facility shall ensure that detainees can obtain photocopies of legal material when such copies are reasonable and necessary for a legal proceeding involving the detainee. This may be accomplished by providing detainees with access to a copier or by making copies upon request.

The number of copies of documents to be filed with a particular court, combined with

the number required for ICE/DRO records and at least one copy for the detainee's personal use, will determine the number of photocopies required.

Requests for photocopies of legal material may be denied only if:

- The document(s) might pose a risk to the security and orderly operation of the detention facility;
- There are other legitimate security reasons;
- Copying would constitute a violation of any law or regulation; or
- The request is clearly abusive or excessive.

Facility staff shall inspect documents offered for photocopying to ensure that they comply with these rules; however, staff may not read a document that on its face is clearly a legal document involving that detainee.

#### **I. Assistance from Other Detainees**

The facility shall permit detainees to assist other detainees in researching and preparing legal documents upon request except when such assistance poses a security risk. Such assistance is voluntary, and no detainee shall be allowed to charge a fee or accept anything of value for assistance.

The facility administrator may not pay compensation to a detainee for researching or preparing legal documents.

#### **J. Assistance to Illiterate, Non-English Speaking and Disabled Detainees**

Unrepresented illiterate or non-English speaking detainees who wish to pursue a legal claim related to their immigration proceedings or detention, and who indicate difficulty with the legal materials, must be provided with more than access to a set of English-language law books. To the extent practicable and consistent with the good order and security of the facility, all efforts will be made to assist disabled persons in using the law library.

Facilities shall establish procedures to meet this requirement, such as:

- Helping the detainee obtain assistance in using the law library and drafting legal documents from detainees with appropriate language, reading and writing abilities; and
- Assisting in contacting *pro bono* legal-assistance organizations from the ICE/DRO-provided list.

If such attempts are unsuccessful in providing the detainee sufficient assistance, the facility shall contact the ICE/DRO Filed Office to determine appropriate further action.

#### **K. Personal Legal Materials**

The facility shall permit a detainee to retain all personal legal material upon admittance to the general population or Administrative Segregation or Disciplinary Segregation units, unless this would create a safety, security or sanitation hazard.

For a detainee with a large amount of personal legal material, the facility:

- May place some of it in a personal property storage area, with access permitted during designated hours.
- Shall grant requests for access as soon as feasible, but not later than 24 hours after receipt of the request, unless documented security concerns preclude action within that time frame.

#### **L. Law Library Access for Detainees in Special Management Units**

Detainees housed in Administrative Segregation or Disciplinary Segregation units shall have the same law library access as the general population, unless compelling security concerns require limitations.

Facilities may supervise the library use by a detainee housed in a Special Management Unit as warranted by the individual's behavior. Detainees segregated for protection may be required to use the law library separately or, if feasible, legal material may be brought to them.

Violent or uncooperative detainees may be temporarily denied access to the law library, if necessary, to maintain security until such time as their behavior warrants resumed access. In some circumstances, legal material may be brought to individuals in disciplinary segregation.

Denial of access to the law library must be:

- Supported by compelling security concerns,
- Be for the shortest period required for security, and
- Be fully documented in the Special Management Unit housing logbook.
- The reason should be documented and placed in the detention file.

The facility shall notify the Field Office every time access is denied and send a copy of the proper documentation.

#### **M. Envelopes and Stamps for Indigent Detainees**

The facility shall provide indigent detainees with free envelopes and stamps for mail related to a legal matter, including correspondence to a legal representative, a potential legal representative or any court. Requests to send international mail shall be honored as is reasonable.

Ordinarily, a detainee is considered "indigent" if he or she has less than \$15.00 in his or her account. Facilities shall make a determination without unreasonable delay as to whether a detainee is indigent.

#### **N. Notaries, Certified Mail, and Miscellaneous Needs Associated With Legal Matters**

The facility shall provide assistance to any unrepresented detainee who requests a notary public, certified mail, or other such services to pursue a legal matter, if the detainee is unable to do so through a family member, friend, or community organization.

If it is unclear whether the requested service is necessary, the respective ICE Chief

Counsel should be consulted. A reply will be received in a timely manner; pressing legal matters with a deadline will be prioritized.

Local consular officials will assist indigent detainees with international mail. As noted above, envelopes and stamps are provided to indigent detainees for delivery of mail to consulates in the United States.

#### **O. Notice to Detainees**

The Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials, including the following information:

1. That a law library is available for detainee use;
2. The scheduled hours of access to the law library;
3. The procedure for requesting access to the law library;
4. The procedure for requesting additional time in the law library (beyond the 5-hours-per-week minimum);
5. The procedure for requesting legal reference materials not maintained in the law library; and
6. The procedure for notifying a designated employee that library material is missing or damaged.
7. Required access to computers, printers, and other supplies.
8. If applicable, that Lexis/Nexis is being used at the facility and that instructions for its use are available.

These policies and procedures shall also be posted in the law library along with a list of the law library's holdings.

#### **P. Retaliation Prohibited**

Staff shall not permit a detainee to be subjected to reprisals, retaliation or penalties because of a decision to seek judicial or administrative relief or investigation of **any** matter, including (but not limited to):

- The legality of his or her confinement;
- The conditions of confinement or treatment while under detention;
- Any issue relating to his or her immigration proceedings; or
- Any allegation that the Government is denying rights protected by law.

Staff shall not permit a detainee to be denied access to the law library or to legal material as a disciplinary measure, reprisal, retaliation or penalty, except when the safety or security of the institution or detainee is a concern.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

**Attachment A**  
**List of Legal Reference Materials for Detention Facilities**  
**Revised December, 2007**

The information in Attachments A, B, and C was updated as of December, 2007. **All costs are approximate and need to be verified before purchase.** Further information can be obtained from the publishers, whose names and addresses are provided in Attachment C. Ordering and updating information can also be obtained from the ICE Office of the Principal Legal Advisor Law Librarian, Gayle Dixon, at (202) 616-2642.

1. *Constitution of the United States of America: Analysis and Interpretation.*  
Prepared by the Congressional Research Service, Library of Congress, 1997.  
One hardbound volume and 2004 supplement.  
Order from: U.S. Government Bookstore  
<http://bookstore.gpo.gov/>  
Cost: \$215.00  
Updated: Supplements and revised editions are published irregularly.
2. *United States Code, Title 8, Aliens and Nationality.*  
Individual Titles of the United States Code Annotated are available  
Order from Thomson West  
Title 8 is in six volumes  
Cost: \$75.56 each, \$604.48 for set  
Annual updates in usually March, pocket parts \$15.37 per volume.
3. *Code of Federal Regulations, Title 8, Aliens and Nationality*  
Codification of general and permanent rules  
Published in the Federal Register.  
Order from: U.S. Government Bookstore  
<http://bookstore.gpo.gov/>  
GPO Stock #869-060-00024-1  
Cost: \$63.00  
Published annually
4. *Bender's Immigration and Nationality Act Set.*



Immigration and Nationality Act updated quarterly  
One loose-leaf volume.  
Order from LexisNexis Matthew Bender  
Publication number 132  
Cost: \$135.00  
Renewal subscription \$127.00

5. *Bender's Immigration Regulations Service*

Immigration and Nationality Regulations updated monthly.  
Two loose-leaf volumes.  
Order from LexisNexis Matthew Bender  
Publication Number 695  
Cost: \$324.00  
Annual Subscription \$278.00  
Updated: Monthly

6. *Administrative Decisions Under Immigration and Nationality Laws.*

Board of Immigration Appeals (BIA) decisions consisting of  
Bound volumes and loose-leaf decisions.

Bound Volumes: Volumes 1-23 (1940-2006) Per Set \$1,625.00

Single Volumes Per Vol. \$85.00

Interim Decisions 2006 (#3541) thru '07 service (5/31/08)

w/Binder(s) \$175.00

Note: Precedent decisions (Vol. 8 and continuing)

from the BIA are available at

[http://www.usdoj.gov/eoir/vll/intdec/lib\\_indecitnet.html](http://www.usdoj.gov/eoir/vll/intdec/lib_indecitnet.html)

7. *Immigration Law and Defense*, by the National Immigration Project of  
the National Lawyers Guild.

Third Edition, includes forms.

Two loose-leaf volumes published 2001.

Order from Thomson West

Cost: \$520.00

Updated: Annual subscription \$338.28

8. *Immigration Law and Crimes*, by the National Immigration Project of the National Lawyers Guild

One looseleaf volume published 2006

Order from Thomson West

Cost: \$440.00

Updated: Annual subscription \$297.40

9. *Guide for Immigration Advocates*.

A manual covering the basics of immigration law and researching immigration law. Written as a simple guide for paralegals.

One loose-leaf volume. Published 2006.

Order from: Immigrant Legal Resource Center

Cost: \$185.00 for non-profit

Updated: Published irregularly

10. *Country Reports on Human Rights Practices*. Submitted by the Department Of State to the Committee on Foreign Affairs of the U.S. House of Representatives and the Committee on Foreign Relations of the U.S. Senate.

Two paperbound volume published annually.

Order from the U.S. Government Bookstore

<http://bookstore.gpo.gov/>

Cost: \$78.00

Updated: Published annually

Note: available electronically at [www.state.gov/g/drl/rls/hrrpt/](http://www.state.gov/g/drl/rls/hrrpt/)

11. *Human Rights Watch – World Report*.

One bound volume.

Order from Human Rights Watch, Publication Department

[www.hrw.org](http://www.hrw.org)

Cost: \$24.00

Updated: Annually

12. *UNHCR Handbook on Procedures and Criteria for Determining Refugee Status.*

One pamphlet, Re-edited January 1992.

Download 61-page pamphlet from <http://www.unhcr.org/>

Updated: Irregularly

13. *Considerations For Asylum Officers Adjudicating Asylum Claims from Women.*

Immigration and Naturalization Service Memorandum May 26, 1995

Order from Gayle Dixon, ICE OPLA Law Librarian.

14. *Affirmative Asylum Procedures Manual*

CIS, Office of International Affairs, Asylum Division

Download from [www.uscis.gov](http://www.uscis.gov)

161-page manual, February 2003

Updated: Irregularly

15. *AILA's Asylum Primer, 4<sup>th</sup> edition*

One softbound volume.

Order from American Association of Immigration Lawyers

Cost: \$74.00

Updated: Irregularly

16. *Rights of Prisoners.* 3rd Edition by Michael B. Mushlin

Three volumes published 2002

Order from Thomson West

Cost: \$386.00

Updated: Annual pocket parts \$201.60

17. *Federal Habeas Corpus, Practice & Procedure. 5<sup>th</sup> Edition*

Two volumes hardbound 2005 with current supplement.

Order from LexisNexis Matthew Bender

Cost: \$354.00

Updated: Annual pocket parts \$71.00

18. *Federal Civil Judicial Procedure and Rules.*

Paperback volume.

Order from Thomson West

Cost: \$66.00

Re-issued annually, usually in March.

19. *United States Code, Title 28, Rules, Appellate Procedure Pamphlets I + II*

Only the two softbound volumes contain the U.S. Court of Appeals Rules.

Order from Thomson West.

Cost: \$38.00 each volume, \$76.00 total

Updated: Annually, usually in June

20. *Federal Criminal Code and Rules.*

Paperback volume 2007.

Order from Thomson West

Cost: \$72.00

Updated: Published annually, usually in March.

21. *Criminal Procedure (Hornbook)* By LaFave, Israel and King

One volume. 2004

Order from Thomson West

Cost: \$53.10

Updated: Published irregularly

22. *Legal Research in a Nutshell.* 9<sup>th</sup> edition by Cohen and Olson

Paperback volume, published 2007

Order from Thomson West

Cost: \$29.00

Updated: Published irregularly

23. *Legal Research, Writing, and Analysis* by Murray and DeSanctis

One volume. 2005

Order from Thomson West  
Cost: \$40.00  
Updated: Published irregularly

24. *Black's Law Dictionary*, latest standard edition, in 2007, 8<sup>th</sup> edition  
One volume, hardbound.  
Order from Thomson West  
Cost: \$67.00  
Updated: Published irregularly

25. *Mexican Legal Dictionary and Desk Reference* by Jorge Vargas  
One Volume, 2003  
Order from Thomson West  
Cost: \$70.00  
Updated: Published irregularly.

26. *Directory of Nonprofit Agencies that Assist Persons in Immigration Matters*  
Bound booklet, last issued in 1997..  
Order from National Immigration Law Center  
Cost: \$10.00  
Updated: Irregularly

27. *Other Translation Dictionaries* Depending on the Most Common Languages  
Spoken by the Detainee Population

28. *Detainee Handbook* and *Detainee Orientation Materials*

29. *Self-help Materials*. Materials provided by outside organizations after clearance  
by District Counsel.

30. Telephone Books (Yellow pages) for local areas and nearby metropolitan areas  
where counsel may be located.

Total Approximate Startup Cost: \$5,700

Note: Cost of an initial purchase of an item with an annual subscription includes the first year of subscription updates

**Attachment B**  
**Optional Legal Reference Materials**  
**Revised December, 2007**

1. Bender's Immigration Case Reporter. Decisions from Federal Court, BIA, AAU, and BALCA from 1984 forward.

Three volumes and looseleafs.

Order from LexisNexis Matthew Bender

Publication Number 403

Cost: \$812.70

Updated: Annual subscription \$767.55

**Attachment C**  
**Publishers' Addresses and Phone Numbers**  
**Revised December, 2007**

AILA Publications  
P.O. Box 753  
Waldorf MD 20604-0753  
[www.aila.org](http://www.aila.org)  
1-800-982-2839

Human Rights Watch  
Publications Department  
350 Fifth Ave., 34<sup>th</sup> Floor  
New York, New York 10118-03299  
<http://hrwpubs.stores.yahoo.net>  
1-212-216-1809

Immigrant Legal Resource Center  
1663 Mission Street, Suite 602  
San Francisco CA 94103  
[www.ilrc.org](http://www.ilrc.org)  
415-255-9499

Lexis/Nexis Matthew Bender  
1275 Broadway  
Albany, NY 12204  
Federal Government Sales : Robert Raskin  
<http://bookstore.lexis.com/bookstore/catalog>  
1-800-424-4200, Ext. 3610

National Immigration Law Center  
NILC Publications  
1102 S. Crenshaw Blvd., Suite 101  
Los Angeles CA 90019



<http://www.nilc.org/>  
213-938-6452

Thomson West  
610 Opperman Drive  
MS B-6M-N512  
Eagan MN 55123  
Federal Government Sales: David Waldhauser  
1-800-328-9352, Ext. 7118

U.S. Government Printing Office  
<http://bookstore.gpo.gov/>  
1-866-512-1800

United Nations High Commissioner for Refugees (UNHCR)  
1775 K Street NW, Suite 300  
Washington DC 20006  
<http://www.unhcr.org>  
202-296-5191

William S. Hein & Co.  
1285 Main Street  
Buffalo NY 14209-1987  
[www.wshein.com](http://www.wshein.com)  
1-800-828-7571

Note: West Publishing Company was bought by Thomson, a Canadian corporation and is now operated as Thomson West. This company purchased Clark Boardman & Callaghan as well as a number of other small legal publishing companies.

LexisNexis Matthew Bender was formed by the purchase of LexisNexis, Matthew Bender Company, the Michie Company, and Shepard's-McGraw Hill, Inc. They are a division of Reed-Elsevier, a Dutch corporation.

Caution: Federal Government pricing is deeply discounted from prices found in the publishers general catalogs or websites. Always use the Federal Government contacts at the privately-owned publishers. If none is listed, ask if special Federal pricing is available. AILA gives ICE the member discount.

# ICE/DRO DETENTION STANDARD

## LEGAL RIGHTS GROUP PRESENTATIONS

**I. PURPOSE AND SCOPE.** This Detention Standard protects detainees' rights by providing for detainee access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.

Consistent with the security and orderly operation of each facility, ICE/DRO encourages such presentations and all facilities are required to cooperate fully with authorized persons seeking to make such presentations.

This Detention Standard applies to the following types of facilities housing ICE/DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Detainees will have access to available group presentations on United States immigration law and procedures.
2. Persons and organizations requesting to make such group presentations will be able to obtain clear information about how to request such visits and how to conduct them.
3. Facility security and good order will be maintained.
4. Detainees shall not be subject to reprisals, retaliation, or penalties for attending legal rights group presentations.
5. Detainees will be able to communicate and correspond with representatives from the legal groups who make presentations at the facilities.
6. Detainees will have access to information and materials provided by legal groups. Organizations will be permitted to distribute information in response to specific legal inquiries.
7. Foreign nationals will have access to the diplomatic representative of their country of origin.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Group Presentations on Legal Rights** dated (9/12/2008).

#### **IV. REFERENCES**

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities: 4-ALDF-6A-04, 6A-06.

#### **V. EXPECTED PRACTICES**

##### **A. Requests to Make Group Presentations on Legal Rights**

Attorneys or legal representatives interested in making a group presentation on legal rights must submit a written request to the ICE/DRO Field Office Director and include a copy of the request addressed to the respective ICE Chief Counsel.

Requests must be submitted to ICE/DRO at least thirty (30) days in advance of the proposed presentation. The ICE/DRO Field Office Director may allow a presentation to take place on shorter notice at his or her discretion, or when circumstances arise compelling presentations on shorter notice. ICE/DRO will notify the approved presenter ten days in advance of the scheduled presentation.

The written request must contain the following information:

1. A general description of the intended audience;
2. A syllabus or outline of the presentation;
3. A list of any published or unpublished materials proposed for distribution in accordance with section G of this Standard;
4. An informational poster as described in Section V.C of this standard;
5. A statement of the languages in which the presentation will be conducted;
6. The name, date of birth, social security number (or passport number if social security number is not available), profession, and specific function of each person requesting permission to enter the facility (including interpreters);
7. Certification that each person making the presentation is an attorney, legal representative, legal assistant, or interpreter;
8. A proposed date (or range of dates) for the presentation; and
9. A telephone number and contact person.
10. If a party contains more than four persons (including legal assistants and interpreters), a special request must be made as described in Section V.D of this standard.
11. In order for a legal assistant or law student to help with the presentation, the supervising attorney must submit a letter in advance of the presentation, as described in Section V.D of this standard.
12. In order to distribute written materials, a presenter must apply for approval as described in Section V.G of this standard.

**B. Request Granted.** If the request is granted, the Field Office Director shall notify the facility administrator, who shall telephone the listed contact person to arrange a mutually acceptable date and time for the presentation.

**C. Additional or Continuing Presentations.** To request ICE/DRO permission to conduct additional presentations or for access to a facility on a continuing basis, the requestor must submit a letter to the Field Officer Director that refers to any previously approved materials used by the requestor, notes any proposed changes in the content or personnel, and identifies the proposed dates or continuing period. Ordinarily, any presenter who is granted recurring access must notify ICE/DRO at least 30 days in advance (unless the FOD approves a shorter timeframe) and of any subsequent proposed changes in writing. The Field Office Director will determine whether additional time is required for review and final disposition.

**D. Request Denied.** If the request is denied, after consultation with the respective Chief Counsel, the Field Officer Director shall provide the requestor a written explanation and submit a copy to the Detention Standard Compliance Unit within the Detention Management Division of ICE/DRO Headquarters.

#### **E. Scheduling Presentations**

Presentations must be scheduled during normal visiting hours, excluding weekends and holidays. The Field Office Director may consider requests for presentations outside of normally authorized hours on a case by case basis. If feasible, they may be conducted daily, immediately before detainees' first Immigration Court appearances.

Facilities are not required to arrange presentations if attorneys or other legal representatives make no requests or if ICE/DRO does not approve any requests.

- Though similar to Legal Rights Group Presentations, "Legal Orientation Programs" (LOPs), as carried out by the Department of Justice Executive Office for Immigration Review (EOIR), are distinct government-sponsored programs. Authorized by Congressional appropriation, the specific requirements and procedures outlined in this standard do not necessarily apply to LOPs. EOIR carries out LOPs through, contracts with non-governmental organizations (NGOs) and in consultation with, ICE/DRO. As such, EOIR and ICE/DRO may establish separate program operation plans for an LOP at each detention site

EOIR LOPs have been operating in a limited number of ICE/DRO facilities and, subject to available funding, will be developed and implemented in other facilities as designated by both EOIR and ICE/DRO.

#### **F. Detainee Notification and Attendance**

The requestor must provide a one-page poster (no larger than 8.5 by 11 inches) to inform detainees of the general nature and contents of the presentation, the intended audience, and the language(s) in which it will be conducted.

The poster should instruct detainees to contact the housing officer if they wish to sign up to attend. For poster text in languages other than English, an English translation

must be provided.

An ICE/DRO representative shall review the poster within three business days of submission to ensure it meets the above requirements and that posting it will not endanger the security or orderly operation of the facility. ICE/DRO shall contact the person listed in the request if additional information is required.

If ICE/DRO finds the poster objectionable, the respective ICE Chief Counsel shall inform the contact person of the objections. ICE/DRO shall make a good faith effort to work with the requestor to develop mutually acceptable materials.

Designated facility staff shall prominently display the informational posters provided by the presenter in housing units at least 48 hours before the scheduled presentation, and each housing unit officer shall make available a sign-up sheet at least 48 hours in advance of a presentation for detainees who plan to attend.

The facility administrator may limit the number of detainees attending a single session based on the number of interested detainees or the need to separate groups of detainees for safety and security. Therefore, the presenter must be prepared to conduct several presentations and should be advised to contact the facility administrator the day before the presentation to determine the number of sessions that will be required.

Presentations are open to all detainees, regardless of the presenter's intended audience, except when a particular detainee's attendance would pose a security risk. If a detainee in segregation cannot attend for this reason, designated facility staff shall make alternative arrangements, if the detainee or the presenter so request.

## **G. Who May Present**

One or more legal assistants may help with a presentation if the supervising attorney/legal representative:

- Submits a letter identifying his/her legal assistants and affirms that the legal assistant presence is directly related to the presentation, and
- Attends any presentation in which any such assistant participates or prepares a letter identifying the presenter(s) and affirming that the supervisory relationship directly relates to the presentation.

ICE/DRO is not responsible for providing interpreters for presenters. The facility shall admit properly identified interpreters to assist the presenters, in accordance with the Detention Standards on **Facility Security and Control** and **Visitation**.

As a general rule, presentation parties may not exceed four persons (including legal assistants and interpreters); however, a facility may waive this rule upon advance receipt of a written request.

## **H. Entering the Facility**

Facility staff shall require each person seeking entry to present an official form of picture identification (such as a driver's license or state identification card). Attorneys must also present state-issued bar cards or, in states where these are not available, other proof of bar membership. If such documentation is not readily available to attorneys licensed in

a particular state, they must indicate where they are licensed as attorneys and how that may be verified prior to their approval for admittance. Provided the presenter has made a special request, the facility may admit interpreters and legal assistants to assist attorneys and other legal representatives.

*SPCs/CDFs shall require presenters to arrive at least 30 minutes before the scheduled start unless otherwise arranged with ICE/DRO and/or facility staff.*

After check-in, facility staff shall escort the presenters to the presentation site and escort the detainees to that location.

## **I. Presentation Guidelines**

The facility shall select and provide an environment that is conducive to the presentation and is consistent with security and good order. Once the detainees have been assembled, the presenters ordinarily will have one hour for the presentation and additional time for a question-and-answer session; however, the facility administrator may extend that time period on a case-by-case basis.

The facility shall require presenters to abide by all rules and regulations applicable to visitors to the facility. Presentations must be conducted in a manner consistent with the security and orderly operation of the facility. Presenters may neither charge any fee nor solicit business during any presentation.

At their discretion, ICE/DRO and/or facility staff may observe and monitor presentations, assisted by interpreters as necessary. ICE/DRO and facility personnel will not interrupt a presentation, except for security purposes or if the allotted time has expired.

## **J. Written Materials**

If approved in advance by ICE/DRO, presenters may distribute brief written materials that inform detainees of U.S. immigration law and procedure. The request for approval of a presentation must list any published or unpublished materials proposed for distribution, and the requestor must provide a copy of any unpublished material, with a cover page that:

1. Identifies the submitter and the preparer of the material;
2. Includes the date of preparation; and
3. States clearly that ICE/DRO did not prepare, and is not responsible for, the contents of the material.

If any material is in a language other than English, an English translation must be provided.

ICE/DRO may object to materials in whole or in part, if they:

- Pose a threat to the security or good order of the facility, or
- Contain misleading or inaccurate statements of immigration law, procedure, or ICE/DRO policy.

ICE/DRO representatives shall consult with their respective Chief Counsel to determine if the material is acceptable and inform the contact person of any ICE/DRO objections. ICE/DRO will make a good faith effort to work with the requestor to develop mutually acceptable materials.

Distribution of unapproved materials constitutes grounds for discontinuation of presentation privileges.

The volume of materials to be distributed must be kept to a minimum. If the facility administrator determines they are too voluminous for distribution at the presentation, they may be made available to detainees in the facility's law library.

When distributing materials, presenters shall distribute them to detainees and ICE/DRO and/or facility staff at the same time. At the request of the presenter, the presenter may provide copies of his or her materials for inclusion in the law library.

#### **K. Individual Counseling Following a Group Presentation**

Following a group presentation, the facility shall permit presenters to meet with small groups of detainees to discuss their cases as long as meetings do not interfere with facility security and orderly operations.

ICE/DRO and facility staff shall not be present during these meetings. The Detention Standard on **Visitation** sets forth the rules and procedures for **Visits by Legal Representatives and Legal Assistants**.

#### **L. Suspension or Termination**

The facility may discontinue or temporarily suspend group presentations by any or all presenters, if they:

1. Pose an unreasonable security risk;
2. Interfere substantially with the facility's orderly operation;
3. Deviate materially from approved presentation material, procedures or presenters; or if
4. The facility is operating under emergency conditions.

The facility administrator shall notify the affected presenters in writing of the reasons for termination or suspension and send a copy to the respective ICE/DRO Field Office Director, who shall in turn forward a copy to the respective Chief Counsel and the Detention Standard Compliance Unit in the Detention Management Division of ICE/DRO Headquarters.

A presenter may appeal a suspension or termination to the Field Office Director in writing. The Field Office Director shall promptly consider the appeal and consult with the respective Chief Counsel and the facility administrator to determine a means of addressing the concerns causing the suspension/termination.

The Field Office Director shall inform the presenter, in writing, of the decision made on any appeal request, explain the rationale behind the decision, and the means, if any, to rectify the situation.



## **M. Electronic Presentations**

ICE/DRO encourages qualified individuals and organizations to submit electronically formatted presentations (i.e., videotape, DVD, etc.) on legal rights. ICE/DRO must review and approve these presentation(s). If ICE/DRO approves an electronic presentation(s), the originators may provide it to individual detention facilities for viewing by detainees.

### **1. Requesting ICE/DRO Approval**

The requestor must submit the electronic presentation(s), along with a transcript in English and in the language(s) used in the presentation(s), to both the Field Office Director and to the respective Chief Counsel. The electronic presentation(s) must clearly identify the originator and must clearly state that ICE/DRO did not prepare the presentation(s) and is not responsible for the contents.

ICE/DRO may object to all or part of the electronic presentation(s) if:

- The material would present a threat to the security or good order of a facility;
- It contains misleading or inaccurate statements of ICE/DRO policy, immigration procedure, or law; or
- Any part is inconsistent with this Detention Standard.

Within 45 days of receipt, the Field Office Director, in writing, shall notify the originator of his or her decision. If there is an objection to the contents of the presentation(s), ICE/DRO and the originator will attempt in good faith to reach an agreement to develop a mutually acceptable presentation(s).

If agreement cannot be reached at the Field Office level, the originator may raise the issues in dispute to the Detention Standard Compliance Unit in the Detention Management Division of ICE/DRO Headquarters.

Once ICE/DRO has accepted an electronic presentation(s), the originator may modify or revise it at any time by submitting a new presentation(s) and transcripts. If ICE/DRO believes that aspects of the presentation(s) have become dated or inaccurate, ICE/DRO may discontinue showing the presentation(s) and promptly send written notice to the originator.

### **2. Detainee Viewing of Approved Electronic Presentations**

The facility shall provide regularly scheduled and announced opportunities for detainees in the general population to view or listen to the electronic presentation(s). At a minimum, the presentation should be made available to the general population once a week. The facility shall also provide detainees in administrative or disciplinary segregation with at least one opportunity to view pre-approved presentation(s), unless precluded by security concerns regarding a particular detainee.

Each facility shall present only ICE/DRO-approved electronic presentations on detainee legal rights. If it is not technically feasible to show such pre-approved electronic presentations, the facility shall contact ICE/DRO for equipment options.

The facility shall maintain electronically-formatted presentations and equipment in good condition. However, in the event that electronic media copies of the

presentation(s) are stolen, destroyed, or otherwise becomes unusable, the facility shall promptly request that ICE/DRO obtain replacement copies of the presentation(s) from the originator. The facility shall check the operability of the presentation at least once a week.

#### **N. Material for Nationwide Presentation**

Written and electronic material intended for nationwide presentation may be sent to the Detention Standards Compliance Unit in the Detention Management Division of ICE/DRO Headquarters. Once approved, the material may be used in any facility housing ICE/DRO detainees.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## DETENTION FILES

**I. PURPOSE AND SCOPE.** This Detention Standard contributes to efficient and responsible facility management by maintaining, for each detainee booked into a facility for more than 24 hours, a file of all significant information about that person. It also addresses security for electronic files.

The Detention File is separate from the detainee's A-File, which is the administrative file maintained by ICE/DRO for each detainee. The contents of the A-File include such documents as the detainee's identification documents (passport, driver's license, etc.), photographs, immigration history, prior record, and all documents and transactions relating to the detainee's immigration case.

This Detention Standard applies to the following types of facilities housing ICE/DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. A Detention File will be maintained on each detainee admitted to a detention facility for more than 24 hours.
2. Each Detention File will include all documents, forms, and other information specified herein.
3. The security of each Detention File and its contents will be maintained.
4. Staff will have access to Detention Files, as needed, for official purposes.
5. Information from a Detention File will be released to an outside third party only with the detainee's signed consent.
6. Release of information on detainees will be in accordance with applicable federal and state regulations.
7. Electronic record-keeping systems and data will be protected from unauthorized access.
8. Field Offices will maintain files necessary to carry out their responsibilities and will maintain them for a minimum of 18 months for auditing purposes.

9. Inactive, closed Detention Files will be properly archived.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Detention Files** dated 2/11/2002.

#### **IV. REFERENCES**

American Correctional Association 4th Edition Standards for Adult Detention Facilities: 4-ALDF-7D-19, 7D-20, 7D-21. 7D-22.

Privacy Policy Guidance Memorandum Number 2007-1 "DHS Privacy Policy Regarding Collection, Use, Retention, and Dissemination of Information on Non-U.S. Persons" from the DHS Chief Privacy Officer (1/19/2007).

Funds and Personal Property National Detention Standard

#### **V. EXPECTED PRACTICES**

##### **A. Creation of a Detainee Detention File**

When a detainee is admitted to a facility, staff shall create a detainee Detention File as part of admissions processing.

1. For every new arrival whose stay will exceed 24 hours, a designated officer shall create a detainee Detention File.
2. The officer completing the admissions portion of the Detention File shall note that the file has been activated. The note may take the form of a generic statement in the Acknowledgment form described below.
3. *In SPCs and CDFs, a standard, green file folder with paper-attachment clips is acceptable; however, considering the number of Detention Files generated each year, the standard brown folder may prove more economical.*
4. *The facility administrator shall develop procedures to ensure the admissions processing unit always has on hand all necessary supplies and that equipment is maintained in good working order, including photocopier(s) and paper. The equipment shall have the capacity to handle the volume of work generated.*

##### **B. Required Contents of File**

1. The detainee Detention File shall contain either originals or copies of forms and other documents generated during the admissions process. If necessary, the Detention File may include copies of material contained in the detainee's A-File.

The file shall, at a minimum, contain:

- I-385, Alien Booking Record, with one or more original photograph(s) attached,
- Classification Work Sheet,

- Personal Property Inventory Sheet,
- Housing Identification Card,
- G-589, Property Receipt or facility equivalent, and
- I-77, Baggage Check(s).

The file shall also contain the following original documents, if used in the facility:

- Acknowledgment form, documenting receipt of handbook, orientation, locker key, etc.,
- Work assignment sheet,
- Identifying marks form, and
- The original detainee summary form.

2. The detainee's Detention File shall also contain documents generated during the detainee's time in the facility.

### **C. Additions to File**

During the course of the detainee's stay at the facility, staff shall add documents associated with normal operations to the detainee's Detention File, for example:

- Special requests,
- Any G-589s or facility equivalent, or I-77s closed-out during the detainee's stay,
- Disciplinary forms,
- Grievances, except medical grievances which are maintained in the medical file, complaints, and their disposition(s),
- All forms associated with disciplinary or administrative segregation,
- Strip search forms,
- Other approved documents, e.g., staff reports about the detainee's behavior, attitude, etc.
- Any privacy waivers

### **D. Location of Files**

Detainee Detention Files shall be located and maintained in a secured area.

*In SPCs/CDFs:*

- *Active detainee Detention Files shall be maintained in the admissions processing area, unless the facility administrator designates another area.*
- *The cabinet containing the files does not need to be securable if located in a controlled access area; however, if the cabinet is located in a congested work area or in a high traffic area, it must be locked.*

- *The chief of security (or equivalent) shall determine the key distribution for file cabinets that lock.*
- *Archived files shall be placed in storage boxes, with the dates covered clearly marked (from [mm/dd/yy] to [mm/dd/yy]). The facility administrator shall designate a restricted access storage space.*

## **E. Archiving Files**

Each Detention File remains active during the detainee's stay at a facility and is closed and archived upon the detainee's transfer, release, or removal. IGSA facilities shall retain inactive Detention Files no differently from SPCs and CDFs and shall, when requested, make them available to ICE/DRO personnel.

1. Upon the detainee's release from the facility, staff shall add final documents to the file before closing and archiving it after inserting:
  - Detention file copies of completed release documents,
  - The original closed-out receipts for property and valuables, and
  - The original I-385 and other documentation.
2. The officer closing the Detention File shall make a notation (on the Acknowledgement form, if applicable) that the file is complete and ready for archiving.
3. The closed Detention File shall not be transferred with the detainee to another facility. However, staff may forward copies of file documents at the request of supervisory personnel at the receiving facility or office. When forwarding requested documents, staff at the sending office shall update the archived file, noting the document request, and the name and title of the requester.
4. Archived files may be purged after six years, and the material preferably burned, if possible, and at least shredded.

## **F. Access to File**

1. Detention file contents are subject to the same Privacy Act regulations as A-file contents. Unless release of information is required by statute or regulation, a detainee must sign a release-of-information consent form prior to the release of any information, and a copy of the form shall be maintained in the detainee's Detention File. This information contained in the form will explained to the detainee in a language or manner which they understand.

The Privacy Act of 1974 provided statutory privacy rights to U.S. citizens and Legal Permanent Residents (LPRs), but the law does not cover aliens who are not legal permanent residents. As a matter of policy, however, DHS treats any personally identifiable information that is collected, used, maintained, and/or disseminated in a DHS records system as being subject to the Privacy Act regardless of whether the information pertains to a U.S. citizen, LPR, or

any alien. Treating such records systems as covered by the Privacy Act establishes efficient and uniform business practices for handling personally identifiable information without having to maintain two parallel records systems serving much the same purpose.

2. Appropriate staff may have access to the Detention File for official purposes.
3. Staff shall accommodate all requests for detainee Detention Files from other departments that require the material for official purposes, such as disciplinary hearings.

Unless the chief of security (or equivalent) determines otherwise, each borrowed file must be returned by the end of the administrative workday.

A representative of the department requesting the file is responsible for obtaining the file, logging it out, and ensuring its return.

At a minimum, a logbook entry recording the file's removal from the cabinet shall include:

- The detainee's name and A-File number;
- Date and time removed;
- Reason for removal;
- Signature of person removing the file, including title and department;
- Date and time returned; and
- Signature of person returning the file.

4. Upon request by the detainee, the detention file shall be provided to the detainee or his or her designated attorney of record.

## **G. Electronic Files**

Electronic record-keeping systems and data shall be protected from unauthorized access. All electronic data on individual detainees is subject to the same Privacy Act regulations as the contents of traditional paper Detention Files and A-files.

Unless release of information is required by statute or regulation, a detainee must sign a release-of-information consent form prior to the release of any information, and a copy of the form shall be maintained in the detainee's Detention File.

## **H. Field Office Responsibilities**

Field Offices shall maintain files as needed to carry out their responsibilities and shall retain them (as inactive files) for a minimum of 18 months for auditing purposes. Generally, such records often contain information about more than one detainee, and they are most easily retrieved by process or subject, rather than by individual detainee.

For some purposes, records are most easily retrieved by the detainee's name. While some such material may duplicate material maintained in the facility Detention Files, there is no intention to create a duplicate file for IGSA contract facilities.

Some Detention Standards require that copies of certain documents on individual

detainees be sent to Field Offices. Especially where approval of the Field Office Director (or designee) is required, records of correspondence and approvals or denials are to be maintained in the A-file. As another example, if the Field Office takes and holds detainee property, the A-file shall contain such forms as the G-589 and I-77 and copies of forms I-203 and G-385.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.  
Director  
Office of Detention and Removal Operations**

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**Date**



# ICE/DRO DETENTION STANDARD

## NEWS MEDIA INTERVIEWS AND TOURS

**I. PURPOSE AND SCOPE.** This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.

It applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

## **II. EXPECTED OUTCOMES**

1. The public and the media will be informed of operations and events within the facility's areas of responsibility.
2. The privacy of detainees and staff will be protected, including the right of a detainee to not be photographed or recorded.

**III. DIRECTIVES AFFECTED.** This **new** Detention Standard replaces provisions on new media visits and tours that were removed from the former Detention Standard on **Visitation** dated 9/20/2000.

## **IV. REFERENCES**

American Correctional Association Standards for Adult Local Detention Facilities, 4th Edition: 4-ADLF-7D-21, 7F-01.

## **V. EXPECTED PRACTICES**

### **A. News Media Interviews of Detainees**

#### **1. General**

ICE/DRO supports the provision of public access to non-classified and non-confidential information about its operations in the interest of informing the public.

ICE/DRO also has a responsibility to protect the privacy and other rights of detainees, including the right of a detainee to not be photographed or recorded.

By regulating interviews in the detention setting, the facility administrator ensures the secure, orderly and safe operation of the facility. Interviews by reporters, other news media representatives, academics and parties not included in other

visitation categories in the Detention Standard on **Visitation** shall be permitted access to facilities only by special arrangement and with prior approval of the respective ICE/DRO Field Office Director.

## **2. Media Representatives**

“Media representatives” refers to persons whose principle employment is to gather, document or report news for:

- A newspaper that circulates among the general public and publishes news of a general interest such as political, religious, commercial, or social affairs. A key criterion is whether the paper qualifies to publish legal notices in the community in which it is located.
- A news magazine with a national circulation sold to the general public by newsstands and mail subscription.
- A national or international news service.
- A radio or television news program of a station licensed by the Federal Communications Commission.
- Other representatives or entities that gather information in accordance with the definition of ‘representative of the news media’ contained in the Freedom of Information Act (5 U.S.C. 552(a)(4)(A)(ii)) as amended by section 3 of P.L.110-175. In addition to those persons listed above, such representatives may include, but are not limited to, individuals reporting for certain electronic media outlets, online publications, and freelance journalists or bloggers affiliated with news media.

## **3. Detention Facility Visits and Tours**

Media representatives may make advance appointments to tour facilities that house ICE/DRO detainees to prepare reports about those facilities.

- *To tour an SPC or CDF, media representatives shall contact the ICE/DRO facility administrator. The Chief of Security is responsible for implementing the necessary security procedures. The facility administrator shall coordinate approval through the Field Officer coordinator of public affairs.*
- To tour an IGSA facility, media representatives shall contact the Field Office Director, who shall notify the facility. Local facilities policies and procedures shall govern.

The Field Office Director may suspend visits for an appropriate period during and after an emergency, or when there are indications that extra security measures may be needed due to a possible disturbance in the facility.

News media organizations shall abide by the policies and procedures of the facility being visited or toured.

Media representatives must obtain advance permission from the facility administrator and FOD before taking photographs in or of any facility.

The facility administrator shall advise both media representatives and detainees that use of any detainee's name, identifiable photo, or recorded voice requires his

or her prior permission. Media representatives shall obtain a signed release from the detainee before photographing or recording his or her voice. The original of the form is to be filed in the detainee's A-file with a copy in the facility's Detention File.

Detainees have the right not to be photographed (still, movie, or video), and not to have their voice recorded by the media. If it will threaten or disrupt the safety or security of the facility, its staff or its immigration detainees, the Field Office Director may limit or prohibit the presence of video, film, or audio equipment or related personnel. For example, the Field Office Director may limit the equipment to hand-held cameras or recorders.

#### **4. Personal Interviews**

A media representative planning to conduct a personal interview at a facility shall submit a written request to the responsible Field Office Director, preferably 48 hours and no less than 24 hours prior to the time slot requested. The Field Office Director may waive the 24-hour rule if convinced of the need for urgency.

Through facility staff, the Field Office Director shall inform the detainee of the interview request. The detainee must then indicate his or her willingness to be interviewed by signing a consent form before the Field Office Director considers the interview request. The original written consent is to be filed in the detainee's A-file with a copy in the facility's Detention File.

Attachment A provides a sample *News Interview Authorization Form* that may be used. The original of the form is to be filed in the detainee's A-file with a copy in the facility's Detention File.

When the alien is the center of a controversy or of a special interest or high profile case, the Field Office Director shall consult with the Headquarters Deputy Assistant Director, Detention Management Division, before deciding whether to allow the interview.

ICE shall normally act on the request, in writing, within 48 hours of the written request. Possible reasons for disapproval may include, but are not limited to:

- The news media representative or news organization he/she represents do not agree to the conditions established by this policy or previously failed to abide by them.
- The detainee is physically or mentally unable to participate, as indicated by the statement of a medical officer. A mental health specialist may verify mental incapacity, substantiating the reason for disapproval.
- The Field Office Director finds it probable that the proposed interview would endanger the health or safety of the interviewer, cause serious unrest within the facility, or disturb the orderly and secure operation of the facility.

Interviews shall take place during normal business hours in a location determined by the facility administrator. The facility administrator shall provide a location conducive to the interviewing activity, consistent with security and good order. The Field Office Director may limit the number of interviews with a particular

detainee to a reasonable number per month. Further, if interviews are imposing a serious strain on staff or facility resources, the Field Office Director may restrict the time allotted for interviews.

For facility safety and security, ICE/DRO reserves the right to monitor, but not participate in, detainee interviews.

A media representative interested in touring the facility and photographing or recording any other detainees in conjunction with an individual interview must follow all applicable requirements and procedures and indicate this interest at the time of his/her request for an interview.

## **5. Press Pools**

A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action.

The facility administrator shall notify all media representatives with pending or requested interviews, tours, or visits that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director.

All material generated from such a press pool must be made available to all news media, without right of first publication or broadcast.

The press pool shall comprise one member each from the following groups:

- The national and international news services;
- The television and radio networks and outlets;
- The newsmagazines and newspapers; and
- All local media serving the locality where the facility is located.

Each group shall choose the member who will represent it in the press pool. The Field Office Director shall, upon request, provide the media information about a detainee, provided it is a matter of public record and not protected by privacy laws, Department of Homeland Security policy, or ICE/DRO policy. Security and safety concerns for staff and detainee(s) require that specific removal-related data remain confidential.

## **6. Special Conditions for Media Representatives**

To be approved to interview a detainee or visit, or tour an ICE facility, the media representative must certify that he or she is familiar with, and accepts the rules and regulations governing media conduct. He or she must then comply with those rules and regulations.

Media representatives shall collect information only from the primary source and shall neither solicit nor use personal information from one detainee about another who is unwilling to be interviewed.

Media representatives may discuss objections, suggestions, exceptions, and general issues concerning the applicability of any rule, regulation, or order with the facility administrator.

A media request may not delay or otherwise interfere with the admission in-processing or departure of any detainee. Consequently, the routine processing of ICE detainees shall take precedence over media interviews.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

**U.S. Immigration and Customs Enforcement – Office of Detention and Removal  
NEWS INTERVIEW AUTHORIZATION**

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Date\_\_\_\_\_

Detainee's Name\_\_\_\_\_ Detainee's A-Number\_\_\_\_\_

Facility/Location\_\_\_\_\_

Name of News Media Representative\_\_\_\_\_

Address of Media Represented\_\_\_\_\_

**Consent for Interview:** I, the above-named detainee, do hereby freely give permission to the above-named news media representative to interview me on or about (Date) \_\_\_\_\_ and hereby authorize the news media represented by this person to use any information gathered about me during this interview for any legitimate purpose. I further authorize U.S. Immigration and Customs Enforcement and its authorized representatives to release to representatives of the news media any documents or information relating to allegations or comments made by me in this interview.

Detainee's Signature\_\_\_\_\_

Witness\_\_\_\_\_ Title\_\_\_\_\_

**Refusal for Interview:** I, the above-named detainee, refuse permission to the above-named news media representative to interview me.

Detainee's Signature\_\_\_\_\_

Witness\_\_\_\_\_ Title\_\_\_\_\_

**Consent for Recordings and Photos:** I, the above-named detainee, do further freely give permission to the above-named news media representative to make recordings of my voice during this interview and to make photos of me (still, movie, or video) and authorize the use of such pictures or recordings by the news media represented by this person for any legitimate purpose.

Detainee's Signature\_\_\_\_\_

Witness\_\_\_\_\_ Title\_\_\_\_\_

# ICE/DRO DETENTION STANDARD

## STAFF TRAINING

**I. PURPOSE AND SCOPE.** This Detention Standard ensures that facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training.

Some other Detention Standards may include additional training requirements specific to that Standard.

This Standard applies to the following types of facilities housing DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Before assuming duties, each new employee, contractor, or volunteer will be provided an appropriate orientation to the facility and the ICE/DRO National Detention Standards.
2. All part-time staff and contract personnel shall receive formal orientation training appropriate to their assignments. Any part-time, volunteer, or contract personnel working more than twenty hours per week shall receive training appropriate to their position and commensurate with their full-time colleagues.
3. Training for staff, contractors, and volunteers will be provided by instructors who are qualified to conduct such training.
4. Staff and contractors who have minimal detainee contact (such as clerical and other support staff) will receive initial and annual training commensurate with their responsibilities.
5. Professional, support, and health care staff and contractors who have regular or daily contact with detainees, or who have significant responsibility involving detainees, will receive initial and annual training commensurate with their position.
6. Security staff and contractors will receive initial and annual training commensurate with their position.
7. Facility management and supervisory staff and contractors will receive initial and annual training commensurate with their position.

8. Personnel and contractors assigned to any type of emergency response unit or team will receive initial and annual training commensurate with these responsibilities including annual refresher courses or emergency procedures and protocols.
9. Personnel and contractors authorized to use firearms will receive appropriate training before being assigned to a post involving their use and will demonstrate competency in firearms use at least annually.
10. Personnel and contractors authorized to use chemical agents will receive thorough training in their use and in the treatment of individuals exposed to a chemical agent.
11. Security staff and contractors will be trained in self-defense and use-of-force procedures to include confrontation avoidance and emergency protocols.
12. In addition to employment training requirements, employees and contractors will be encouraged to continue their education and professional development through such incentives as salary enhancement, reimbursement of costs, and administrative leave.
13. Initial orientation, initial training, and annual training programs will include information on drug-free workplace requirements and procedures.
14. Initial orientation, initial training, and annual training programs will include information on the facility's written code of ethics.
15. Initial orientation, initial training, and annual training programs will include updates on new issues and procedures and include reviews of the Detainee Handbook and detainee rights.
16. New staff, contractors, and volunteers will acknowledge in writing that they have reviewed facility work rules, ethics, regulations, conditions of employment, and related documents, and a copy of the signed acknowledgement will be maintained in each person's personnel file.
17. Training shall be conducted on the requirements of special-needs detainees.

### **III. DIRECTIVES AFFECTED**

None. This is a new Detention Standard.

### **IV. REFERENCES**

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities. 4-ALDF-7B-05 through 7B-17, 7C-01, 7C-03.

ICE/DRO Detention Standard on **Visitation**, particularly in regard to facility orientation for volunteers in the section entitled "Visits from Representatives of Community Service Organizations".

### **V. EXPECTED PRACTICES**

#### **A. Overview of Training**

The facility administrator shall ensure that the facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and



volunteers consistent with this Standard, with appropriate assessment measures.

The amount and content of training shall be consistent with the duties and function of each individual and the degree of direct supervision that individual will receive.

The facility administrator shall assign at least one qualified individual, with specialized training for the position, to coordinate and oversee the staff development and training program. At a minimum, training personnel shall complete a 40-hour training-for-trainers course.

The training coordinator shall develop and document a facility training plan that is reviewed and approved annually by the facility administrator. The facility administrator shall ensure that:

- Training shall be conducted by trainers certified in the subject matter. This is particularly important in life-safety subject areas such as firearms, chemical agents, self-defense, force and restraints, emergency response, first aid, and CPR.
- Each trainee shall be required to pass a written or practical examination to ensure the subject matter has been mastered. This is particularly important in life-safety subject areas such as firearms, chemical agents, self-defense, force and restraints, emergency response, first aid and CPR, and in areas of ethical conduct.
- The formal training received by each trainee shall be fully documented in permanent training records.
- Formal certificates of completion shall be issued and kept in the appropriate facility files.

## **B. Initial Orientation/Training**

Each new employee, contractor, and volunteer shall be provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs shall include, at a minimum:

- ICE/DRO National Detention Standards
- Working conditions
- Cultural diversity for understanding staff and detainees
- Requirements of special-needs detainees
- Code of ethics
- Personnel policy manual
- Employees' rights and responsibilities
- Drug-free workplace
- Health-related emergencies
- Signs of suicide risk, suicide precautions, prevention, and intervention
- Hunger strikes

- Use of force
- Key and lock control
- Overview of the criminal justice system
- Tour of the facility
- Facility goals and objectives
- Facility organization
- Staff rules and regulations
- Sexual harassment/sexual misconduct awareness
- Hostage situations and staff conduct if taken hostage
- Program overview

### **C. Initial and Annual Training**

Each new employee, contractor, and volunteer shall be provided training prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the training programs shall include, at a minimum:

#### **1. Clerical/support employees and contractors who have minimal detainee contact:**

- ICE/DRO National Detention Standards update
- Working conditions
- Cultural diversity for understanding staff and detainees
- Code of ethics
- Personnel policy manual
- Employees' rights and responsibilities
- Overview of the criminal justice system
- Tour of the facility
- Facility goals and objectives
- Facility organization
- Staff rules and regulations
- Key and lock control
- Signs of suicide risk, suicide precautions, prevention, and intervention
- Drug-free workplace
- Health-related emergencies
- Sexual harassment and sexual misconduct awareness
- Personnel policies
- Program overview

- Hostage situations and staff conduct if taken hostage

**2. Professional and support employees, including contractors, who have regular or daily detainee contact:**

- ICE/DRO National Detention Standards update
- Security procedures and regulations
- Code of Ethics
- Health-related emergencies
- Drug-free workplace
- Supervision of detainees
- Signs of hunger strike
- Signs of suicide risk, suicide precautions, prevention, and intervention
- Use-of-force regulations and tactics
- Hostage situations and staff conduct if taken hostage
- Report writing
- Detainee rules and regulations
- Key and lock control
- Rights and responsibilities of detainees
- Safety procedures
- Emergency plan and procedures
- Interpersonal relations
- Social and cultural lifestyles of the detainee population
- Cultural diversity for understanding staff and detainees
- Communication skills
- Cardiopulmonary resuscitation (CPR)/First aid
- Counseling techniques
- Sexual harassment and sexual misconduct awareness.

**3. Full-time health care employees and contractors:**

In addition to the training areas above, the health-care employee orientation program includes instruction in the following:

- ICE/DRO National Detention Standards update
- The purpose, goals, policies, and procedures for the facility and parent agency security and contraband regulations
- Key and lock control; appropriate conduct with detainees
- Medical grievance procedures and protocols

- Emergency medical procedures
- Requirements of special-needs detainees
- Code of ethics
- Drug-free workplace
- Responsibilities and rights of employees
- Standard precautions
- Occupational exposure
- Personal protective equipment
- Bio-hazardous waste disposal
- Overview of the detention operations.
- Hostage situations and staff conduct if taken hostage

#### **4. Security personnel:**

- ICE/DRO National Detention Standards update
- Security procedures and regulations
- Supervision of detainees
- Searches of detainees, housing units, and work areas
- Signs of suicide risk, suicide precautions, prevention, and intervention
- Indicators of hunger strike
- Code of Ethics
- Health-related emergencies
- Drug-free workplace
- Self-defense techniques
- Use-of-force regulations and tactics
- Hostage situations and staff conduct if taken hostage
- Report writing
- Detainee rules and regulations
- Key and lock control
- Rights and responsibilities of detainees
- Safety procedures
- Emergency plans and procedures
- Interpersonal relations
- Social/cultural lifestyles of the detainee population
- Cultural diversity for detainees and staff
- Communication skills

- Cardiopulmonary resuscitation (CPR) and first aid
- Counseling techniques
- Sexual abuse and assault awareness

**5. Situation Response Teams (SRTs):**

Specialized training before undertaking their assignments.

**6. Facility management and supervisory staff:**

Management and Supervisory training

**7. Personnel authorized to use firearms:**

Firearms training covering use, safety, and care of firearms and constraints on their use before being assigned to a post involving their possible use.

All personnel authorized to use firearms must demonstrate competency in their use at least annually. ICE/DRO personnel must demonstrate firearms competency quarterly.

**8. Personnel authorized to use chemical agents:**

Training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.

**D. Continued Education and Professional Development**

Employees should be encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.

**E. Facilities Holding or Seeking ACA Accreditation**

Facilities holding or seeking ACA Accreditation must adhere to all relevant training standards defined in the "Performance-Based Standards for Adult Local Detention Facilities" 4<sup>th</sup> Ed. Published by the ACA.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

# ICE/DRO DETENTION STANDARD

## TRANSFER OF DETAINEES

**I. PURPOSE AND SCOPE.** This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.

It applies to the following types of facilities housing ICE/DRO detainees:

- Service Processing Centers (SPCs);
- Contract Detention Facilities (CDFs); and
- State or local government facilities used by DRO through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours.

***Procedures in italics are specifically required for SPCs and CDFs.*** IGSAs must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

Some terms used in this document may be defined in the separate **Definitions** Standard.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Detention Standard are:

1. Decisions to transfer detainees will be made by authorized officials on the basis of complete and accurate case information.
2. The legal representative-of-record will be properly notified when a detainee is transferred, in accordance with sound security practices.
3. The detainee will be properly notified, orally and in writing when he or she is being transferred to another facility in accordance with sound security practices.
4. Transportation and receiving facility staff will have accurate and complete records on each transferred detainee.
5. Transfer of detainees will be accomplished safely and securely, particularly those with special health care concerns including appropriate medical information.
6. Transferred detainees funds, valuables and other personal property will be safeguarded.
7. The applicable content and procedures in this Standard will be communicated to the detainee in a language or manner which the detainee can understand.

**III. DIRECTIVES AFFECTED.** This Detention Standard replaces **Detainee Transfer** dated 9/12/2008.

## IV. REFERENCES

American Correctional Association 4th Edition, Standards for Adult Detention Facilities: 4-ALDF-2A-23, 1B-06, 4C-05, 4C-40, 4D-27, 6A-07, 7D-19, 7D-20.

## **V. EXPECTED PRACTICES**

### **A. Reasons for Transfer**

The determining factor in deciding whether or not to transfer a detainee is whether the transfer is required for operational needs, for example, to eliminate overcrowding. In addition, a specific detainee may be transferred to meet the specialized needs of that detainee.

In making the determination as to whether to transfer a detainee, ICE/DRO will take into account:

- **Security.** A detainee may be transferred to a higher-level facility because of circumstances that cannot adequately be controlled through the use of segregation housing. Such security reasons might include, for example:
  - When the detainee becomes a threat to the security of the facility;
  - When the detainee is violent or has caused a major disturbance or is threatening to cause one; or
  - When a detainee's behavior or other circumstances present a threat to the safety of staff or other detainees.
- **Legal Representation.** ICE/DRO will consider whether the detainee is represented by legal counsel. In such cases, ICE/DRO shall consider alternatives to transfer, especially when the detainee is represented by local, legal counsel and where immigration court proceedings are ongoing.
- **Medical.** Detainee medical needs shall be taken into account prior to a transfer (see also Medical Care, Section V-S). The Division of Immigration Health Services (DIHS) may recommend that a detainee in need of specialized or long-term medical care be transferred to a facility that can better meet those needs. The DIHS Medical Director or designee must approve transfers for medical reasons in advance. Medical transfers shall be coordinated through the local ICE/DRO office of jurisdiction using established procedures.
- **Change of Venue.** A detainee may be transferred from one jurisdiction to another to accommodate a change in venue by the Executive Office for Immigration Review (EOIR).

While ICE/DRO transfers detainees from one facility to another for a variety of reasons, a transfer of a detainee shall never be retaliatory.

### **B. Notification Procedure**

ICE/DRO shall make all necessary notifications when a detainee is transferred.

When detainees are being transported by Justice Prisoner Alien Transportation System (JPATS), ICE/DRO shall adhere to JPATS protocols.

## 1. Attorney

When a detainee is represented by legal counsel, and a form G-28 has been properly executed and filed, the “sending” field office shall:

- Notify the representative of record that the detainee is being transferred and include the reason for the transfer and the name, location, and telephone number of the new facility.
- Document the notification:
  - In the detainee’s A file, if available, or work file, and
  - The comments screen in ENFORCE.

The attorney shall be notified of the transfer once the detainee has arrived at the new detention location. Generally, notification will be made as soon as practicable, but no later than 24 hours after the transfer.

When there are special security concerns, the Deportation Officer may delay the notification, but only for the period of time justified by those concerns.

## 2. Family

It is the responsibility of the attorney of record or the detainee to notify any family members of the transfer.

## 3. Detainee

The detainee shall not be informed of the transfer until immediately prior to leaving the facility, at which time he or she shall be notified that he or she is being moved to a new facility within the United States and not being removed. The detainee must be informed in a manner he or she can understand.

Specific plans and time schedules shall never be discussed with the detainee.

Following notification, the detainee shall normally not be permitted to make or receive any telephone calls or have contact with any detainee in the general population until the detainee reaches the destination facility.

At the time of the transfer, ICE/DRO shall provide the detainee, in writing, the name, address and telephone number of the facility to which he or she is being transferred, using the attached **Detainee Transfer Notification** form. Staff shall place a copy of the form in the detainee’s Detention File.

The detainee shall also be advised that it is his or her responsibility to notify family members, if so desired.

## C. Request for Bed/Designation

Field Offices that routinely transfer cases between each other shall:



- Establish a means of communication so that “receiving” Field Offices provide “sending” Field Offices **daily** information regarding available bed space.
- Provide the names and contact numbers of staff responsible for handling transfers.

While Field Offices are encouraged to communicate directly regarding available housing space, the headquarters Detention Management Division is available to assist a Field Office that has unsuccessfully attempted to locate space.

Field Offices seeking bed space in other Field Office jurisdictions should phone the request (or e-mail with a follow-up phone call) with sufficient details of the case to the designated Field Office contact.

Once an office has *preliminarily* agreed to accept a case from another office, the following procedures apply:

### **1. Requesting Office Faxes/Transmits Form I-216 to the Receiving Field Office**

The requesting office shall ensure all the boxes on Form I-216 are completed.

- At a minimum, complete information must be provided on criminal or aggravated felony status, any medical/mental problems and security risks.
- If there are medical/mental problems or medications, either the JPATS Form USM-553 or an I-794 (In-Processing Health Screening Form) must accompany the I-216 as an attachment.
- Security concerns must be outlined in detail on a separate page and be attached to the I-216.
- If there is any question about whether a detainee is a juvenile, a copy of the age verification documentation must be attached.

If an IGSA in the receiving jurisdiction requires that its medical unit review medical histories prior to acceptance, a method of providing that information to the IGSA must be arranged between the two Field Offices.

### **2. Receiving Office Confirms Acceptance of the Case**

The receiving Field Office shall review the I-216 to insure each case is consistent with what was previously discussed and e-mailed. If there are any issues that were not previously relayed to the receiving Field Office, the receiving Field Office shall notify the sending Field Office that it intends to decline the transfer unless those issues are resolved.

Once the receiving Field Office has finally accepted the transfer, the sending Field Office shall provide by telephone or e-mail a mutually agreeable estimated time of arrival.

The sending Field Office may **not** substitute any detainee on the I-216 without prior approval of the receiving Field Office.

## D. Preparation and Transfer of Records

Sending facility staff shall complete the attached **Detainee Transfer Checklist** to insure all procedures are completed.

- The sending facility staff shall place a copy of the Checklist in the detainee's A-file or work folder.
- The records must accompany the detainee to the receiving facility.
- If any procedure cannot be completed prior to transfer, the detainee may be transferred only if the authorized receiving Field Office official has expressly waived that procedure and sending facility staff shall note any such waivers on the Checklist.

### 1. Alien File

Prior to transfer, the A-file shall be obtained and put in good order:

- Any needed file consolidations shall be done.
- Any necessary file jacket repairs shall be done.
- All documents and forms shall be attached on the proper side of the A-file.

If the sending Field Office is unable to obtain the A-file, that detainee may not be transferred unless the receiving Field Office, before the transfer takes place, accepts a proper work folder that includes, at a minimum:

- Certified copies of convictions,
- Printouts of the Central Index System (CIS), ENFORCE, and the FBI's National Crime Information Center (NCIC) database, (ENFORCE)
- Copies of the Executive Office for Immigration Review (EOIR's) record of proceedings, and
- New photographs and fingerprints.

If applicable, copies of the following should also be included:

- Computer Linked Application Information Management System (CLAIMS),
- Treasury Enforcement Communications System (TECS)
- Any other obtainable documents requested by the receiving Field Office.

The A-file or proper work folder shall include copies of the following properly executed documents, fastened to the top right side of the file:

- I-216 (appropriate copies of I-77 and G-589 attached)
- USM-553 or local **Transfer Summary** form
- Copy of the I-213 (Record of Deportable Alien Form)
- Original or photocopy of I-203/203A
- Detainee Transfer Checklist (an attachment to this Detention Standard)

- Age verification documents (if applicable)
- A disk or electronic copy with all previous Post Order Custody Reviews (POCRs) and travel document requests in a property envelope fastened to the file.
- Classification Sheet

Ordinarily, the A-file or proper work folder must accompany the transfer.

- Under certain circumstances, the receiving Field Office may request that the A-file or work folder be mailed by overnight express to a particular location.
- If requested, the sending Field Office shall mail it no later than the business day following the transfer.

Any significant delays in the arrival time of the detainees or their files should be communicated to the receiving Field Office as soon as possible.

## **2. Charging Documents/Record of Proceeding**

Before the transfer, all charging documents shall be issued and signed by the individual with signatory authority for the sending Field Office.

If applicable, prior to transfer, all charging documents shall be served on the detainee, including, but not limited to:

- Notice to Appear (I-862),
- Warrant of Arrest (I-200),
- Warrant of Removal (I-205),
- Notification of Custody Decision (I-286), and
- Notice of Rights (I-826).

Originals or copies shall be included, indicating proper service, in the A-file or work folder.

Copies shall be provided the detainee who should be encouraged to keep them on his or her person, unless this would present a security problem.

## **3. Certified Copies of Convictions**

For all aliens under removal proceedings based on their criminal convictions stated on the I-862, the certified copy of conviction shall be included in the A-file prior to transfer.

A detainee may not be transferred if the certified copies of conviction relating to the charging document are not included in the A-file, unless the receiving Field Office has agreed in advance to accept the case. In such instances, the sending Field Office shall provide on the Checklist point-of-contact names and phone numbers for:

- The person at the sending Field Office responsible for obtaining the conviction record, and
- An individual at the respective court or clerk's office where the record is located.

#### **4. Fingerprint Cards**

The sending Field Office shall send completed fingerprint cards as noted below:

- The cards shall be signed by both the alien and the official taking the fingerprints.
- The cards shall be completely filled out except for the address block requesting a disposition from the FBI.
- The completed cards shall be left in the A-file for the receiving Field Office to fill in the response address block and submit to the FBI and Biometrics Support Center (when appropriate), unless the detainee is a Room-and-Board case.
- For a Room-and-Board case, the sending Field Office may submit the fingerprints to the FBI and Biometrics Support Center.
- One fingerprint card should remain in the A-file at all times.

#### **5. Photographs**

The sending Field Office shall take four (1 sheet of 4) new, standard booking-size photographs and include any photos not needed for the transfer in the file.

#### **6. Medical Procedures and Information Required for Transfer**

##### **a. Notification of Transfers, Releases, and Removals**

The facility health care provider shall be notified sufficiently in advance of the transfer that medical staff may determine and provide for any associated medical needs.

##### **b. Transfer of Health Records**

When a detainee is transferred within the Detainee Immigration Health Service (DIHS) system:

- The USM 553 (or equivalent) **Transfer Summary** and the detainee's official health records shall accompany the detainee.
- The official health records shall be placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."
- Non-medical staff are not permitted to read the official health record except in paragraph (c)(2) below.

When a detainee is transferred to an IGSA detention facility, the **Transfer Summary** shall accompany the detainee.

### c. **Transfer Summary**

#### (1) **Preparation**

The sending facility's medical staff shall prepare a **Transfer Summary** that must accompany the transferee. Either the USM 553 Form or a facility-specific form may be used, provided it shows:

- TB clearance, including PPD and Chest x-ray results, with the test dates;
- Current mental and physical health status, including all significant health issues;
- Current medications, with specific instructions for medications that must be administered en route; and
- The name and contact information of the transferring medical official.

#### (2) **Use During Transport**

Transportation staff may not transport a detainee without the required **Transfer Summary**, which is essential for detainee safety while in transit.

The transferring officer shall review the information for completeness and to ensure he or she has the supplies required to provide any in-transit care that is indicated.

Medical information is available to staff only on a need-to-know basis.

- Any officer who reviews the **Transfer Summary** shall protect the privacy of the detainee's medical information to the greatest extent possible.
- Medical information may not be shared unless necessary to safely fulfill transportation responsibilities.

The section on **Confidentiality and Release of Medical Records** in the Detention Standard on **Medical Care** provides additional detail.

The transferring officer is responsible for delivering the **Transfer Summary** materials to medical personnel at the receiving facility and shall advise them of any medications provided to the detainee in transit.

### d. **Medical or Psychiatric Alert**

Medical staff shall notify the facility administrator when they determine that a detainee's medical or psychiatric condition requires:

- Clearance by the medical staff prior to transfer, or
- Medical escort during transfer.

#### **e. Medications**

Prior to transfer, medical personnel shall provide the transporting officers instructions and, if applicable, medication(s) for the detainee's care in transit.

Detainees shall be transferred with, at a minimum, 7 days' worth of prescription medications (TB medications, a 15 day supply) to ensure continuity of care throughout the transfer and subsequent intake process.

Medications shall be:

- Placed in a property envelope with the detainee's name and A-number on it,
- Accompany the transfer, and
- If unused, be turned over to an officer at the receiving Field Office.

#### **7. Other Transfer Paperwork**

A properly executed I-203/I-203A, I-213, G-391 and I-216 (Record of Persons and Property Transfer) shall accompany the transfer.

The I-216 shall:

- Include the detainee's detention category,
- Indicate if the detainee has a criminal conviction, a history of violence, is an escape risk or has special medical problems that may require attention during the transfer.
- Be annotated if the detainee is on prescription medication.
- Indicate the time of arrival as estimated by the sending Field Office.

The receiving Field Office may request that copies of the I-203/I-203A or I-213 be faxed/transmitted directly from the sending Field Office to the receiving IGSA facility.

#### **8. G-391, "Official Detail"**

A detainee may not be removed from any facility, including Field Office detention areas, without a Form G-391 that authorizes the detail.

- The G-391 must be properly signed and shall clearly indicate the name of the detainee(s), the place or places to be escorted, the purpose of the trip and other information necessary to efficiently carry out the detail.
- IGSA facilities may use a local form as long as the form provides the required information.

*In an SPC or CDF, the Supervisory Immigration Enforcement Agent (SIEA) or authorized ICE Official shall check records and ascertain if the alien has a criminal history, is dangerous or has an escape record or medical condition. Any information of an adverse nature shall be clearly indicated on the G-391 and the escorting officers shall be warned to take the necessary precautions.*

*Before beginning the detail, the escorting and transportation officers shall read their instructions and clearly understand the purpose for which the detainee is being removed from the facility. The officers shall also discuss emergency contingency plans with the SIEA and/or authorized ICE Official before departure.*

All completed G-391s shall be filed in order by month and the forms for the previous month shall be readily available for review. All G-391s shall be retained for at least three years.

## **9. Room-and-Board Cases**

Unless the receiving and sending Field Offices agree to reduced or modified documentation requirements for a Room-and-Board Case accepted for short-term staging only, a complete work folder shall accompany or be sent in advance, including:

- Items listed above under the **Alien File** section above attached to the right side of the folder.
- 4 new photographs,
- Fingerprints cards,
- Entire record of proceeding with all pertinent case documentation, and
- Interviews by the receiving Field Office under the Post Order Custody Review (POCR) process on a computer disk attached to the file.

## **D. Property**

### **1. Funds and Small Valuables**

Before transfer, the sending facility shall return all funds and small valuables to the detainee and close out all forms G-589 (or local IGSA funds and valuables receipts) in accordance with the Detention Standard on **Funds and Personal Property**.

- During transport, a detainee shall ordinarily have the following items in his or her possession; however, items that might present a security risk or are particularly bulky may be transported separately in the vehicles' storage area, personal items include:
  - Cash
  - All legal material
  - Small valuables such as jewelry
  - Address books, phone lists, correspondence
  - Dentures, prescription glasses
  - Small religious items
  - Photos
  - Similar small personal property items.

The receiving facility shall create a new G-589 (or local IGSA funds and valuables receipt) during admissions in-processing in accordance with the Detention Standard on **Funds and Personal Property**.

## **2. Large Valuables, Excess Luggage, and Other Bulky Items**

Detainee access to large items of personal property during transport is prohibited; however, ordinarily, all items stored at the sending facility shall accompany the transferee to the receiving SPC, CDF or, in most cases, the receiving IGSA facility.

If the property accompanies the detainee, in accordance with the Detention Standard on **Funds and Personal Property**:

- The sending facility shall close out all forms G-589 (or local IGSA property receipt forms), and
- The receiving facility shall create a new G-589 and I-77 (or local IGSA property receipt forms) during admissions in-processing.

If the IGSA facility does not accept excess, oversized or bulky belongings (including, but not limited to, suitcases, cartons, televisions, etc.), the sending facility shall:

- Arrange to store the property elsewhere, or
- Process the excess property in accordance with the Detention Standard on **Funds and Personal Property**. Under those procedures, the facility may send excess property to an address of the detainee's choosing; however, the detainee may not be asked for that address information until he or she has been notified of the impending transfer. The sending facility shall make shipping arrangements if the detainee cannot afford postage or to pay for shipping.
  - If the detainee refuses to provide an appropriate mailing address, or is financially able but unwilling to pay for shipping, the facility administrator may dispose of the property after providing the detainee written notice in accordance with the Detention Standard on **Contraband**.
  - If the detainee's cannot provide an appropriate address because one does not exist:
    - The transferee shall keep the property receipts for the stored items, and
    - The facility shall store the property and notify the receiving facility in writing that the transferring facility requires notice before the detainee's release or further transfer to ensure the detainee receives the stored property.



## **E. Miscellaneous**

### **1. Detainee Phone Calls**

Within 24 hours of arrival at the final transfer destination all detainees should be given the opportunity to make a phone call. Any indigent detainee shall be permitted a single domestic phone call at the Governments expense, ordinarily using a PCS Emergency Card or equivalent. Where a PCS Emergency card is not available, the Field Office shall make arrangements for such phone calls.

Non-indigent detainees may make phone calls at their own expense in accordance with the Detention Standard on **Telephone Access**.

### **2. ENFORCE**

The sending Field Office shall:

- Ensure that all screens in ENFORCE are completely updated and accurate, and
- Immediately make the appropriate database transfers (ENFORCE/CIS).

Once the detainee reaches his or her destination, the receiving Field Office “accepts” the transfer.

### **3. Food and Water During Transfer**

Food and water shall be provided in accordance with the Detention Standard on **Transportation (By Land)**.

The sending Field Office or IGSA facility is responsible for the preparation and delivery of proper meals prior to departure.

*In SPCs and CDFs, the Food Service Administrator is responsible for the preparation of sack or box lunches according to the Detention Standard on **Food Service**.*

## **F. Accountability for Documentation When Detainee Is Transported**

The Detention Standard on **Transportation (By Land)** prohibits the transportation of a detainee without required documentation to ensure that the facility receiving a detainee also receives the files and other documentation specified herein.

1. Transportation officers **may not** accept a detainee without the required documents.
2. The receiving facility **may** refuse to accept a detainee without the required documents.
3. The receiving facility **must** report any exceptions to the Field Office and the Deputy Assistant Director, Detention Management Division.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**

**DEPARTMENT OF HOMELAND SECURITY  
U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT**

**DETAINEE TRANSFER NOTIFICATION**

**DETAINEE NAME** \_\_\_\_\_ **A#** \_\_\_\_\_

**NATIONALITY** \_\_\_\_\_

**TRANSFER DESTINATION**

**NAME OF NEW FACILITY** \_\_\_\_\_

**ADDRESS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_

I hereby acknowledge that I have received the transfer destination information. I have also been notified that it is my responsibility to notify family members, if I so desire.

**DETAINEE SIGNATURE** \_\_\_\_\_ **A#** \_\_\_\_\_ **DATE** \_\_\_\_\_

**OFFICER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## DETAINEE TRANSFER CHECKLIST

\_\_\_\_\_  
Name  
Detainee transferred from \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_  
Office 3-Letter Codes Date

- \_\_\_\_\_ Detainee's attorney notified
- \_\_\_\_\_ Detainee's Transfer Notification form completed
- \_\_\_\_\_ I-216 faxed to receiving district
- \_\_\_\_\_ USM-553 or local transfer summary attached
- \_\_\_\_\_ Age verification documentation attached
- \_\_\_\_\_ POCR / Security risk attachment

☐ A-file      ☐ Work Folder

The following items have been attached to the right side of the file:

- \_\_\_\_\_ I-216
- \_\_\_\_\_ I-77
- \_\_\_\_\_ G-589
- \_\_\_\_\_ USM-553 or local transfer summary form
- \_\_\_\_\_ Photocopy of I-203/I203A
- \_\_\_\_\_ Property form
- \_\_\_\_\_ Age verification document
- \_\_\_\_\_ I-259 and/or manifest
- \_\_\_\_\_ POCR / Travel document request computer disk envelope
- \_\_\_\_\_ Fingerprints and photographs
- \_\_\_\_\_ All charging documents have been served on the alien and copies provided to them
- \_\_\_\_\_ The file contains certified copies of conviction records substantiating the charging document
- \_\_\_\_\_ Certified copies of convictions were unobtainable prior to transfer

Name and telephone number of the point of contact for conviction records

Name and telephone number of court clerk's office point of contact for conviction records

- \_\_\_\_\_ All ENFORCE screen are accurate and complete
- \_\_\_\_\_ Case transferred in ENFORCE
- \_\_\_\_\_ If the transfer is taking place during a mealtime, food service arrangements have been made
- \_\_\_\_\_ File accompanying transfer
- \_\_\_\_\_ File will be federal expressed to receiving district within one business day
- \_\_\_\_\_ If the detainee is on medication, medications will accompany transfer

The above-named officer from the receiving district waived parts of this transfer document as circled above.

Printed name and signature of officer responsible for compliance with requirements for Transfer of Detainees.

# ICE/DRO DETENTION STANDARD

## DEFINITIONS

**A-FILE, ALIEN FILE** - The legal file maintained by DHS for each detainee. Contents include but are not limited to the detainee's identification documents (passport, driver's license, other identification cards, etc.), photographs, immigration history, prior criminal record if any, and all documents and transactions relating to the detainee's immigration case.

**ACA** – American Correctional Association.

**ADMINISTRATIVE HEALTH AUTHORITY** - The administrative authority is responsible for all access to care, personnel, equipment, and fiscal resources to support the delivery of health care services.

**ADMINISTRATIVE SEGREGATION** - A form of separation from the general population used when the continued presence of the detainee in the general population would pose a threat to life, property, self, other detainees or staff, or to the security or orderly running of the facility. This housing status also includes detainees who require protective custody, those who cannot be placed in the local population because they are en route to another facility (holdovers), those who are awaiting a hearing before a disciplinary panel and those requiring separation for medical reasons.

**ADMISSION/ADMISSIONS PROCESS** - In-processing of newly arrived detainees, which includes an orientation to the policies, programs, rules, and procedures of the facility. Classification, assignment of living quarters, various inspections, medical screening and safeguarding of funds, valuables and other personal property is completed during this process.

**AMBULATORY RESTRAINTS** - "Soft" or "hard" equipment used to restrict a detainee's movement but leaving him or her able to eat, drink or attend to basic bodily functions without staff intervention.

**AMMUNITION CONTROL OFFICER (ACO)** – An individual who has been designated in writing as the officer responsible for the physical and administrative control of ammunition in the authorizing official's area of accountability.

**ATTORNEY** - Any person who is a member in good standing of the bar of the highest court of any state, possession, territory, commonwealth or the District of Columbia, and is not under an order of any court suspending, enjoining, restraining, disbaring or otherwise restricting him or her in the practice of law. (See 8 CFR § 1.1(f)).

**BODY-CAVITY SEARCH** - The visual inspection or physical probing of body openings (anus, vagina, ears, nose, mouth, etc) where weapons, drugs, or other contraband could be secreted. This is the most intrusive means of searching an individual, reserved for instances where other search techniques have been considered but rejected as ineffective under the particular circumstances of the case. Body-cavity search procedures govern physical probes, but not visual inspections.

For example, the procedures would not be appropriate for a *visual* inspection of the inside of the mouth, nose, or ears, unless contraband is found during the course of that inspection. Body-search procedures apply whenever contraband is found, because retrieving/seizing the item will involve physical entry into or probing within the cavity (in this example, the mouth, nose, or ear).

**CAUSTIC** - Capable of burning, corroding, eroding or destroying by chemical action.

**CENSUS CHECK**- See **INFORMAL COUNT**.

**CHAIN OF COMMAND** - Order of authority (rank): executive, senior management, senior staff, etc. The position titles may vary according to the type of facility (SPC, CDF, or IGSA) and local facility

titles. The on-site order of authority at a detention facility descends from the facility administrator to assistant or associate facility administrators to department heads to shift supervisors and other supervisors. Similarly, the ICE/DRO chain-of-command at a detention facility descends from the Officer-In-Charge (OIC) to the Associate OIC to the Chief Detention Enforcement Officer/Chief of Security, Detention Operations Supervisor, etc.

**CHEMICAL** - A substance with a distinct molecular composition produced by or used in a chemical process.

**CHIEF OF SECURITY** – A generic term for the department head in charge of a detention facility's security employees and operations. The position titles may vary according to the type of facility (SPC, CDF, or IGSA) and local facility titles. Ordinarily, a chief of security (Chief Detention Enforcement Agent, captain, etc.) is organizationally directly under an assistant or associate facility administrator.

**CLASS R (RESTRICTED) TOOLS** - Devices to which detainees are forbidden access except in the presence and constant supervision of staff for reasons of safety or security. Class R includes devices that can be used to manufacture or serve as weapons capable of doing serious bodily harm or structural damage to the facility. All portable power tools and accessories are in this category. Class R also includes ladders and other such items that are not inherently dangerous but could prove useful in unauthorized activities, such as escape attempts.

**CLASSIFICATION** - A process used to make housing and program assignments by assessing detainees on the basis of objective information about past behavior, criminal records, special needs, etc.

**CLINICAL DIRECTOR (CD)** –An official with overall responsibility for the delivery of health care services to ICE detainees.

**CLINICAL MEDICAL AUTHORITY** - The medical authority is responsible for the delivery of all health care services to the detainee population. These services include, but are not limited to, medical, nursing, dental, mental health and nutritional services.

**COMBUSTIBLE LIQUID**—A substance with a flash point at or above 100° Fahrenheit.

**COMMISSARY**—An area or system where detainees may purchase approved items.

**CONSULTATION VISITATION** - A discussion, either in person or by telephone, between a detainee subject to Expedited Removal and a person of the detainee's choosing.

**CONTACT VISIT**—A meeting between detainee and another person authorized to take place in an area free of obstacles or barriers that prevent physical contact.

**CONTAINER**—Any bag, barrel, bottle, box, can, cylinder, drum, reaction vessel, storage tank, or other vessel holding a hazardous chemical; does not include pipes or piping systems.

**CONTRABAND**—Any unauthorized item in the facility: illegal, prohibited by facility rules, or otherwise posing a threat to the security or orderly operation of the facility. This includes unauthorized funds.

**CONTRACT DETENTION FACILITY (CDF)** – A facility that provides detention services under a competitively bid contract awarded by the ICE.

**CONTROL OFFICER**—An officer who directs security activities from the Control Center.

**COUNT SLIP** - Documentation of the number of detainees confirmed present during a population count in a specific area, signed by the officers involved in the count.

**CORRESPONDENCE**—Letters, postcards and other forms of written material not classified as packages or publications. Large envelopes containing papers qualify as correspondence, but boxes, sacks, and other shipping cartons do not. Books, magazines, newspapers and other

incoming printed matter are not “correspondence.”

**CRIMINAL ALIEN**—A foreign national convicted of one or more crimes.

**DETAINEE HANDBOOK**—The policies and procedures governing detainee life in the facility: daily operations, rules of conduct, sanctions for rule violations, recreation and other programs, services, etc.; defined in writing and provided to each detainee upon admission to the facility.

**DETENTION FILE** – Contents include receipts for funds, valuables, and other personal property; documentation of disciplinary action; reports on detainee behavior; detainee's written requests, complaints, and other communications; official responses to detainee communications; records from Special Management Unit, etc.

**DIETICIAN** - Individual registered or eligible for registration with the American Dietetic Association or who has the documented equivalent in education, training, or experience, with evidence of relevant continuing education.

**DISCIPLINARY HEARING**—Non-judicial administrative procedure to determine whether substantial evidence supports finding a detainee guilty of a rule violation.

**DISCIPLINARY COMMITTEE** - One or more impartial staff members who conduct and/or oversee a disciplinary hearing. A lower-level committee (Unit Disciplinary Committee) investigates a formal Incident Report and may impose minor sanctions or refer the matter to a higher-level disciplinary committee. A higher-level committee (Institution Disciplinary Panel) conducts formal hearings on Incident Reports referred from the lower level committee and may impose higher level sanctions for higher level prohibited acts. Also see “INSTITUTION DISCIPLINARY PANEL.”

**DISCIPLINARY SEGREGATION**—Confinement in a cell removed from the general population after a serious violation of facility rules in accordance with written procedures.

**DIHS** – Division of Immigration Health Services.

**DRY CELL** – A cell or room without running water where a detainee can be closely observed by staff until the detainee has voided or passed contraband or until sufficient time has elapsed to preclude the possibility that the detainee is concealing contraband. Dry cells may be used when there is reasonable suspicion that a detainee has ingested contraband or concealed contraband in a body cavity.

**EMERGENCY CHANGES** - Measures immediately necessary to maintain security or to protect the health and safety of staff and detainees.

**EXPOSURE/EXPOSED**—Subjected or potentially subjected to a hazardous substance by any means (inhalation, ingestion, skin contact, absorption, etc.).

**FACE-TO-PHOTO COUNT**—A process that verifies identity of each detainee by comparing every person present with the photographic likeness on his/her housing card.

**FACILITY ADMINISTRATOR** – A generic term for the chief executive officer of a detention facility. The formal title may vary (warden, officer in charge, sheriff, jail administrator, etc.).

**FIELD OFFICE DIRECTOR (FOD)** - Individual with chief responsibility for facilities in his assigned geographic area.

**FIREARMS CONTROL OFFICER (FCO)** - Individual designated responsible for the physical and administrative control of all firearms under the jurisdiction of the authorizing official.

**FLAMMABILITY HAZARD**—Has a flash point below 200 degrees Fahrenheit, closed cup, or is subject to spontaneous heating.

**FLAMMABLE LIQUID**—A substance with a flash point below 100 degrees Fahrenheit (37.8 Centigrade).

**FLASH POINT**—The minimum temperature at which the vapor of a combustible liquid can form an ignitable mixture with air.

**FOOD SERVICE ADMINISTRATOR (FSA)**—The official responsible for planning, controlling, directing, and evaluating Food Service Department operations.

**FORMAL COUNT**—Detainee population assembled at specific times for attendance check, conducted in accordance with written procedures.

**FOUR/FIVE-POINT RESTRAINT**—A restraint system that confines an individual to a bed or bunk in either a supine or prone position. Ordered by the facility administrator when a detainee's unacceptable behavior appears likely to continue risking injury to self or others.

**FULL-TIME WORK ASSIGNMENT**—Employed from beginning to end of a shift.

**FUNDS**—Cash, checks, money orders, and other negotiable instruments.

**GENERAL CORRESPONDENCE**—All correspondence other than "Special Correspondence."

**GENERAL POPULATION** – Detainees whose housing and activities are not specially restricted. The term is ordinarily used to differentiate detainees in the "general population" from those in Special Housing Units.

**GRIEVANCE**—A complaint based on a circumstance or incident perceived as unjust.

**HARD CONTRABAND**—Any item that poses a serious threat to the life, safety or security of the facility detainees or staff.

**HEALTH AUTHORITY**—The Health Administrator or Agency responsible for the provision of health care services at a facility or system of facilities. The responsible physician may be the Health Authority. Health Authority may also be referred to as the Medical Department.

**HEALTH CARE PRACTITIONER** - Defined as an individual who is licensed, certified, or credentialed by a state, territory, or other appropriate body to provide health care services within the scope and skills of the respective health care profession.

**HEALTH HAZARD**—Includes carcinogens, toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins, nephrotoxins, neurotoxins, and other agents that act on the hemopoietic system or damage the lungs, skin, eyes, or mucous membranes.

**HEALTH SCREENING**-A system for preliminary assessment of the physical and mental condition of individual detainees upon arrival at the facility; conducted by health care personnel or by a health trained officer. The combination of structured inquiry and observation is designed to prevent new arrivals, who appear to pose a health or safety threat to themselves or others, from moving into the general population.

**HEALTH SERVICES ADMINISTRATOR (HSA)**-Executive responsible for the facility's health care program; may also serve as Clinical Director.

**HOLD ROOM**-A secure area used for temporary confinement of detainees before in-processing, institutional appointments (court, medical), release, transfer to another facility, or deportation-related transportation.

**HOLY DAY**-A day specified for religious observance.

**HUNGER STRIKE** - A voluntary fast undertaken as a means of protest or manipulation. Whether or not a detainee actually declares that he or she is on a hunger strike, staff are required to refer any detainee who is observed to not have eaten for 72 hours for medical evaluation and monitoring.

**ILLEGAL CONTRABAND**—Any item prohibited by law, the possession of which constitutes grounds for felony or misdemeanor charges.



**INDIGENT** - Without funds, or with only nominal funds. Ordinarily, a detainee is considered "indigent" if he or she has less than \$15.00 in his or her account.

**INDOOR RECREATION AREA**-A covered and enclosed exercise space 1,000 square feet or larger, encompassing 15 square feet per detainee for the planned capacity (number using the space at one time).

**INFORMAL COUNT**-Population count conducted according to no fixed schedule, when detainees are working, engaged in other programs, or involved in recreational activities. Unless a detainee is missing, these counts are not reported; also called "census check" or "irregular count."

**INFORMAL RESOLUTION** - Brings closure to a complaint or issue of concern to a detainee, satisfactory to the detainee and staff member involved; does not require filing of a written grievance.

**INFORMED CONSENT** - A patient's knowing choice about a medical treatment or procedure, made after a physician or other healthcare provider discloses whatever information a reasonably prudent provider in the medical community would give to a patient regarding the diagnosis, risks and benefits involved in the proposed treatment or procedure, and prognosis.

**IN-PROCESSING** – Administrative processing of a detainee arriving at a detention facility (See "Admissions").

**INSTITUTION DISCIPLINARY PANEL (IDP)**-Review board responsible for conducting disciplinary hearings and imposing sanctions for cases of detainee misconduct referred for disposition following the hearing. The IDP usually comprises a Hearing Officer and representatives of different departments in the facility.

**INTERGOVERNMENTAL SERVICE AGREEMENT (IGSA)**-A cooperative agreement between ICE and any State, territory or political subdivision for the construction, renovation or acquisition of equipment, supplies or materials required to establish acceptable conditions of confinement and detention services. ICE may enter into an IGSA with any such unit of government guaranteeing to provide bed space for ICE detainees, and to provide the clothing, medical care, food and drink, security and other services specified in the ICE/DRO Detention Standards; facilities providing such services are referred to as "IGSA facilities."

**INVESTIGATING OFFICER** - An individual of supervisory or higher rank who conducts an investigation of alleged misconduct and was not involved in the incident; usually a Supervisory Detention Enforcement Officer or shift supervisor.

**IRREGULAR COUNT**-See **INFORMAL COUNT**.

**LEGAL ASSISTANT** - An individual (other than an interpreter) who, working under the direction and supervision of an attorney or other legal representative, assists with group presentations and in representing individual detainees. Legal assistants may interview detainees, assist detainees in completing forms and deliver papers to detainees without the supervisory attorney being present.

**LEGAL CORRESPONDENCE** – See "**SPECIAL CORRESPONDENCE**"

**LEGAL FILE**- See **A-FILE**.

**LEGAL REPRESENTATIVE** – An attorney or other person representing another in a matter of law, including law students, law graduates not yet admitted to the bar; "reputable individuals"; accredited representatives; accredited officials and attorneys outside the United States (see 8 CFR § 292.1, "Representation and Appearances").

**LEGAL RIGHTS GROUP PRESENTATION** - Informational session held in a detention facility by an attorney or other legal representative to inform detainees about U.S. immigration law and procedures; not a forum for providing confidential or case-specific legal advice.

**LIFE-SUSTAINING PROCEDURE (LIFE SUPPORT)** – A medical intervention or procedure that

uses artificial means to sustain a vital function.

**MAIL INSPECTION**-Examination of incoming and outgoing letters, packages, etc., for contraband, including cash, checks and money orders.

**MASTER COUNT**-Total number of detainees housed at a facility.

**MATERIAL SAFETY DATA SHEET (MSDS)**-Basic information about a hazardous chemical, prepared and issued by the manufacturer, in accordance with Occupational Safety and Health Administration regulations (see 29 CFR 1910.1200; see also OSHA Form 174); among other things, specifies precautions for normal use, handling, storage, disposal, and spill cleanup.

**MEDICAL PERSONNEL** -Those individuals authorized by a "scope of practice" or "scope of privileges" to perform health care delivery consistent with their licensure, certification or training.

**MENTAL HEALTH PROVIDER** - psychiatrist, clinical or counseling psychologist, physician, licensed clinical social worker or any other mental health professional licensed to practice and provide mental health services at the independent level.

**MESSENGER**-A person (neither a legal representative nor a legal assistant) whose purpose is to deliver or convey documents, forms, etc., to and from the detainee; not afforded the visitation privileges of legal representatives and legal assistants.

**MINOR**-A juvenile; a person under the age of 18.

**NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE**-Establishes the standards for health service in correctional facilities on which accreditation is based.

**NATIONAL FIRE PROTECTION ASSOCIATION**-Principal source of fire protection standards and codes.

**NCCHC** – National Commission on Correctional Healthcare.

**NON-CONTACT VISIT**-Visitation with a barrier preventing physical contact between the detainee and his or her visitors.

**NON-MEDICAL EMERGENCY ESCORTED TRIP**-Authorized detainee visit to a critically ill member of his/her immediate family, or to attend the funeral of a member of his/her immediate family. "Immediate family" member refers to a parent (including stepparent and foster parent), child, spouse, sister, or brother of the detainee.

**NON-MERIT FACTOR** - Any characteristic or factor immaterial to a detainee's mental or physical ability to perform a given assignment.

**NON-SECURITY KEY** – A key which if duplicated by unauthorized persons and/or lost, would not constitute an emergency requiring urgent action; not critical to facility safety and security.

**OUT COUNTS**-Detainees temporarily away from the facility, but included in the master count.

**OUTDOOR RECREATION AREA**-Open-air space for exercise or other leisure activities, large enough to allow 15 square feet per detainee for the largest group expected to use the area at any one time; but not less than 1,500 square feet.

**PAT-DOWN SEARCH**-Relies on the sensitivity of the officer's hands as they tap or run over the detainee's clothed body; may require the detainee to reveal pocket contents. The least intrusive body search.

**PHYSICAL EXAMINATION**—A thorough evaluation of an individual's physical condition and medical history conducted by or under the supervision of a trained medical professional.

**PLAN OF ACTION**-Describes steps the facility will take to convert a condition that has caused a

determination of noncompliance with a standard.

**POSSESSION** - Control over an item on one's person, or in one's assigned or personal space.

**POST ORDERS**—Written orders that specify the duties of each position, hour-by-hour, and the procedures the post officer will follow in carrying out those duties.

**PROGRESSIVE RESTRAINTS**-Control the detainee in the least restrictive manner required, until and unless the detainee's behavior warrants stronger and more secure means of inhibiting movement.

**PROTECTIVE CUSTODY (PC)**—Administrative segregation for the detainee's own safety.

**REASONABLE SUSPICION**—Not intuition, but articulable facts that lead staff to suspect a particular person is concealing a weapon, contraband, or evidence of a crime.

**RELIGIOUS PRACTICES**-Worship, observances, services, meetings, ceremonies, etc., associated with a particular faith; access to religious publications, religious symbolic items, religious counseling and religious study classes; and adherence to dietary rules and restrictions.

**REPRESENTATIVE OF THE NEWS MEDIA**-Persons whose principle employment is to gather, document or report news for:

- A newspaper that circulates among the general public and publishes news of a general interest such as political, religious, commercial, or social affairs. A key criterion is whether the paper qualifies to publish legal notices in the community in which it is located.
- A news magazine with a national circulation sold to the general public by newsstands and mail subscription.
- A national or international news service.
- A radio or television news program of a station licensed by the Federal Communications Commission.

**SALLY PORT**-An enclosure situated in the perimeter wall or fence surrounding the facility, containing double gates or doors, of which one cannot open until the other has closed, to prevent a breach in the perimeter security; handles pedestrian and/or vehicular traffic.

**SANITATION**-The creation and maintenance of hygienic conditions; in the context of food, involves handling, preparing, and storing items in a clean environment, eliminating sources of contamination.

**SATELLITE FEEDING**-Food served and consumed in a location other than where prepared.

**SECURITY KEY**— A key which if duplicated by unauthorized persons and/or lost, would jeopardize life, safety, property or security; or would facilitate escape.

**SEGREGATION**—Confinement in an individual cell isolated from the general population; for administrative, disciplinary, or protective reasons.

**SERVICE PROCESSING CENTER (SPC)** - A detention facility the primary operator and controlling party of which is ICE.

**SEXUAL ACT** -- Contact between the penis and the vulva or the penis and the anus, where contact involving the penis occurs upon penetration, however slight; contact between the mouth and the penis, the mouth and the vulva, or the mouth and the anus; or the penetration, however slight, of the anal or genital opening of another by a hand or finger or by any object, with an intent to abuse, humiliate, harass, degrade, arouse or gratify the sexual desire of any person.

**SHIFT** – The time period of an employee work shift or watch -- for example, the morning shift, day shift, or evening shift.

**SHIFT SUPERVISOR** -- A generic term for the detention security supervisor in charge of operations

during a shift. The position titles may vary according to the type of facility (SPC, CDF, or IGSA) and local facility titles. Ordinarily, a shift supervisor (Detention Operations Supervisor, lieutenant, etc.) is, organizationally, directly under the chief of security (Chief Detention Enforcement Agent, captain, etc.).

**SOFT CONTRABAND**-Any unauthorized item that does not constitute hard contraband, i.e., does not pose a serious threat to human safety or facility security; includes that quantity of an item possessed in an amount exceeding the established limit.

**SPECIAL CORRESPONDENCE** - "Special Correspondence" is the term for detainees' written communications to or from private attorneys and other legal representatives; government attorneys; judges, courts; embassies and consulates; the president and vice president of the United States, members of Congress, the Department of Justice (including the DOJ Office of the Inspector General), the Department of Homeland Security Office for Civil Rights and Civil Liberties, the Department of Homeland Security (including U.S. Immigration and Customs Enforcement, the Office of Detention and Removal Operations, and the DHS Office of the Inspector General); the U.S. Public Health Service (including the Division of Immigration Health Services); administrators of grievance systems; and representatives of the news media.

**SPECIAL MANAGEMENT UNIT (SMU)** - A housing unit for detainees in administrative or disciplinary segregation.

**SPECIAL-NEED DETAINEE** - A detainee whose mental and/or physical condition requires special handling and treatment by staff. Special needs detainees include but are not limited to those who are emotionally disturbed, mentally challenged or mentally ill, physically disabled, infirm and drug or alcohol addicts/abusers.

**TERMINALLY ILL/INJURED** - In critical condition, beyond medical intervention, with death imminent or expected during the course of detention or hospitalization according to the attending physician.

**TJC - The Joint Commission** [formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)], an independent, not-for-profit organization that evaluates and accredits more than 15,000 health care organizations and programs in the United States. TJC is the Nation's predominant standards-setting and accrediting body in health care.

**TOXIC** - Poisonous; capable of causing injury or death.

**TRAINING** - An organized, planned, and evaluated activity designed to achieve specific learning objectives and enhance personnel performance. Training may occur on site, at an academy or training center, an institution of higher learning, professional meetings, or through contract service or closely supervised on-the-job training. Training programs usually include requirements for completion, attendance records, and certification of completion. Meetings of professional associations are considered training where there is clear evidence of the direct bearing on job performance. In all cases, the activity must be part of an overall training program.

**UNENCUMBERED SPACE** - Open, usable space measuring at least seven feet in at least one dimension, free of plumbing fixtures, desk, locker, bed, and other furniture and fixtures (measured in operational position).

**UNAUTHORIZED FUNDS** - Negotiable instruments (checks, money orders, etc.) or cash in a detainee's possession exceeding the facility-established limit.

**UNAUTHORIZED PROPERTY**- Not inherently illegal, but against the facility's written rules.

**UNIT DISCIPLINARY COMMITTEE** - See **DISCIPLINARY COMMITTEE**.

**VOLUNTEER GROUP** - Individuals who collectively donate time and effort to enhance the activities and programs offered to detainees; selected on basis of personal qualities and skills (recreation,

counseling, education, religion, etc.).

**WORK ASSIGNMENT** - Carpentry, plumbing, food service and other operational activities included in the facility's Voluntary Work Program, for which a detainee may volunteer.

**Standard Approved:**

**James T. Hayes, Jr. /s/**

**12/5/2008**

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**James T. Hayes, Jr.**  
**Director**  
**Office of Detention and Removal Operations**

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**Date**