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## Family Residential Standards

### ERO

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# **ICE/DRO RESIDENTIAL STANDARDS**

## **EMERGENCY PLANS**

**I. PURPOSE AND SCOPE.** Contingency plans are in place to quickly and effectively respond to any emergency situations that arise and to minimize their severity, thereby providing a safe environment to residents and staff.

These general emergency plans are in addition to those developed under the facility's health authority for control of communicable diseases (including avian flu).

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

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 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.

**III. DIRECTIVES AFFECTED.** None

### **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

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 Residential 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 Residential Standard on **Use of Physical 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 resident.

## **V. EXPECTED PRACTICES**

### **1. 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 related training requirements are specified throughout this document, including but not limited to facility "climate" monitoring, Special Response Team (SRT), Hostage Negotiation Teams, video equipment, and the Incident Command Post.

### **2. Preventive Action**

#### **a. Climate Monitoring**

Staff awareness of changes in facility "climate," promptly reported, can be of critical importance in defusing a potentially explosive situation. Residential 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 escalate into some sort of incident or disturbance.

Staff shall be trained to watch for signs of mounting tension among the resident population, such as a sudden increase in the number of resident requests and incident reports, sullen, restless, and short-tempered behavior, or residents avoiding contact with staff.

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 staff,
- Increasing complaints about recreation, medical care, visiting, mail, etc.,
- Prohibited sexual activity, and
- Inaccurate or incomplete information about resident cases or facility policies.

#### **b. Staff Actions**

Staff may improve their chances of preventing and deescalating resident unrest by:

- Discussing plans, programs, and procedures among themselves, and communicating as much as possible to residents;
- Treating residents fairly and impartially;
- Reducing misunderstandings among residents, for example, by enforcing and explaining rules that prevent any individual or group from imposing its will on other residents;



- Resolving misunderstandings and conflicts as they arise;
- Encouraging participation in work and recreational programs;
- Routinely reporting on facility climate and resident attitudes to the facility administrator; and
- Alerting supervisors at the first sign(s) of trouble, 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.

### **c. 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 (residents, personnel, general public), property, protection and, if applicable, the safety and welfare of hostages.

## **3. Contingency Plan Development**

### **a. Basic Planning**

#### **1) Responsibility**

All emergency contingency 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 residents, personnel, and/or TDY staff.

The Assistant Facility Administrator for Operations 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 tap the expertise of all department heads and ensure all departments have "ownership" of the plan.

Each facility shall ensure an accurate inventory of equipment identified in Attachment L, "Emergency Preparedness Status Report," of the Emergency Preparedness Program document and shall review that inventory at least twice annually to ensure its accuracy.

#### **2) Planning with Other Agencies**

Each Facility shall develop contingency plans with local, State, and Federal law enforcement agencies and formalize those agreements with Memoranda of Understanding (MOU).

- Facility legal staff and/or the respective Field Office Chief Counsel should review references to arrest authority, use of intermediate and deadly force, jurisdiction, outside-agency involvement, etc.
- The facility administrator and representatives from the affected agencies shall cosign each MOU.

- Simulated exercises to test the plans shall occur on a regular, mutually agreed-upon basis.
- The plans shall be reviewed at least annually.

If any Local, State, or Federal agencies decline to participate, the facility administrator shall make periodic contact to revisit the issue.

The Facility is required to forward copies of their contingency plans and each MOU that pertains to those plans, to the Field Office Director and the Chief JFRMU when they are signed; when they are updated, and upon completion of the mandatory annual review of the plans.

#### **b. Keeping Plans Current**

The Assistant Facility Administrator for Operations shall:

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

#### **c. Safeguarding Plan Confidentiality**

Every plan that is **being developed or is final** must include a statement prohibiting unauthorized disclosure of the plan. Staff may not discuss any aspect of a plan within earshot of a resident, a visitor, or anyone else not specifically designated as someone who is authorized access to the information set forth in the plan.

The Assistant Facility Administrator for Operations (AFAO) shall determine who will be designated as persons authorized to have access to the plans, listing in writing the names of said persons and whether they are employees of ICE/DRO or other cooperative entities; where copies of the various plans are to be stored; and in what quantity the plans are to be reproduced. A master copy of each plan shall be kept outside the facility, along with an itemized list of the number of plans that have been created, the names of the persons who are authorized access to the plans, and where to find each specific copy of the plans.

The AFAO shall implement a checkout system that accounts for all plans at all times, with safeguards against resident access. The release of contingency plan details to unauthorized persons without the prior written approval of the Facility Administrator or the [AFAO] Assistant Facility Administrator for Operations will result in disciplinary action.

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

- **General Plans.** A general section is to contain, policy, procedures, and plans common to most emergency situations.

- **Contingency-Specific Plans.** The sections that follow the general section are to contain contingency-specific plans, as detailed below. They need not repeat what is in the general section and shall contain only the exceptions and/or additions applicable to the particular contingency.

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

Each facility shall establish written policy and procedures addressing, at a minimum: chain of command, incident command post/center, staff recall, staff assembly, emergency response components, use of force, videotaping, 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 in order to allow for a quick assessment of the scope of the emergency and the most immediate and best source(s) of assistance available to respond to the emergency.

##### **a. Facilities Chain of Command**

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

##### **b. Incident Command Post**

###### **1) Equipment for the Command Post**

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

###### **(a) Internal/external phone capabilities**

- Two private outside lines:
  - A speakerphone for open conference calls among the facility, Field Office, and JFRMU.
  - A second line to handle all other calls.
- A separate line for internal communications.

###### **(b) Radio equipment** equipped for facility frequencies, local law enforcement communications and, if possible, other Federal law enforcement agencies;

###### **(c) A computer** with Internet capabilities.

###### **(d) Facility plot plan**, including property maps, up-to-date building blueprints, local maps, and overhead photographs;

###### **(e) Videotapes** of building interiors within the secure perimeter (showing doors, windows, closets, ceilings, floors, etc.);

###### **(f) Escape-post kits**, including maps, directions, etc. (as detailed below under the contingency-specific plan for escape);

###### **(g) Contingency plans** – one or more copies;

###### **(h) Hostage Negotiation Team** equipment;

###### **(i) Videotape player/television**;

###### **(j) Voice-activated recorder or conventional tape recorder**;

(k) **Assault/breaching plans;** and

(l) **An Emergency Kit** containing logbooks, blank rosters, purchase orders, writing utensil and any other items determined to be essential by the AFAO.

## **2) Staffing the Incident Command Post**

The Facility Administrator shall control the decision making process, until the arrival of a senior ICE official at the discretion of the Field Office Director and JFRMU.

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

- Facility Administrator or Incident Commander;
- Assistant Facility Administrator for Operations;
- A person designated by the Assistant Facility Administrator for Operations to document and record the emergency situation and the responses thereto in chronological order;
- A person responsible for maintaining open lines of communications with the ICE/DRO, throughout the situation; and,
- A person responsible for controlling traffic in and out of the Command Post. To control incoming and outgoing Command Post traffic, the Assistant Facility Administrator for Operations may implement a temporary pass system or take such other measures as are necessary to restrict access to the facility.

To ensure alertness:

- Command Post staff must determine a safe and appropriate rotation of shifts from available personnel.
- Relief personnel shall take over from the Command Post staff promptly after each shift.
- The rotation of staff shall include additional staff to relieve the assigned staff, if available, for short breaks during each shift to avert the mistakes and misjudgments that fatigue or stress can cause.

## **3) Activating the Command Post**

The Assistant Facility Administrator for Operations 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 JFRMU. The Field Office Director and the Chief JFRMU 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 determines it is no longer useful.

#### **4) Testing and Training**

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

##### **c. Emergency Recall List**

As detailed in the Residential Standard on **Facility Security and Control**, the facility Control Center is required to maintain a list of the phone numbers of every staff member, including the administrative/support services staff members, the local emergency response components, and the local law enforcement agencies. Once a month the call-down procedures to designated staff should be initiated to verify the accuracy of the information listed.

For emergency response purposes, the Control Center shall also maintain up-to-date Field Office and JFRMU contact information.

##### **d. 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 in a location where the assembled staff cannot be observed by residents; and
- Identify, for each primary and secondary area, whether a specific contingency or emergency condition might require the designation of additional locations or other special exceptions for staff assemblage.

##### **e. Emergency Response Components**

The Facility Administrator shall ensure that appropriate personnel are trained under the Disturbance Control Program (DCP) and that a Special Response Team (SRT) and Hostage Negotiation Team (HNT) are established and maintained in accordance with ICE policies and directives.

The DCP is composed of trained staff who are able to don protective equipment capable of providing a non-lethal, unarmed response to a crisis, and who have available to them at a location not within the facility, special equipment to include standard riot batons, chemical agents, stun and impact munitions.

The SRT is a highly-trained, well-equipped, tactical team capable of providing both lethal and non-lethal options.

The HNT is composed of 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 Teams, the Facility Administrator shall develop agreements (MOU) or liaisons with local, State, or Federal agencies, as appropriate.

**f. Use of Force**

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

**g. 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 that it is maintained, tested, and supplied as required in the section on **"Maintaining Video Recording Equipment,"** in the Residential Standard on **Use of Physical Force and Restraints**.

Shift supervisors, along with other designated staff, shall be trained in the requirements and procedures for video-taping use-of-force incidents, and shall be trained in the use of video equipment, including the identification of tapes and photographs by date and location.

**h. Records and Logs**

The Facility Administrator or the Assistant Facility Administrator for Operations shall designate the Incident Command Post staff member who shall keep a contemporaneous date-and-time chronological record of events during the emergency, including, but not limited to: all command-related discussions, noting the names of the persons involved in the discussions; the decisions made; the phone numbers and persons contacted; and radio transmissions and responses received. Where possible, radio transmissions shall be documented by a voice-activated recorder.

Command Post staff shall also maintain a reading file to update the relief staff reporting for duty.

**i. News Media/Public Relations**

The ICE Public Information Officer is responsible for coordinating briefings with news and television media. Information shall not be released through any other source.

**j. Facility Security**

The Facility Administrator shall provide written procedures for,

- Resident roll-call in accordance with the Residential Standard on **Resident Census**
- Intensifying security, Emergency Security Measures;
- Security key access (issuance and accountability, drop chute, etc.); and
- Evidence preservation.

**k. Health Services Responsibilities**

The contingency plan shall specify procedures for providing immediate and follow-up medical care to residents and staff, with alternative or back-up procedures explained for a variety of emergency scenarios.

## **I. Food Service Responsibilities**

The contingency plan shall specify procedures for updating the Food Service Administrator when emergency conditions change the number of people who will be requiring food service.

The Food Service Administrator (FSA) shall make contingency plans for providing meals to residents and staff during an emergency, including additional resources available from the local community, and the projected costs of using those resources, which the FSA shall ascertain during the planning phase.

### **1) Maintenance Department Responsibilities**

The contingency plan shall provide for emergency utility control, including plot plans identifying water and gas shut-off valves and electricity on-off switches. It is recommended that the utility shut-off valves or switches be photographed, mapped and included in the contingency plans for quick identification during an emergency.

### **2). Employee Conduct and Responsibility**

The contingency plan shall address professional conduct and responsibility, including what to do if taken hostage that may include 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.

### **3) Facility Access Routes**

The plan shall specify alternative access routes which enable emergency personnel to reach the facility if the main approach becomes dangerous or inaccessible (i.e., a civil disturbance, extreme weather conditions, fire, etc.).

### **4) Nearby Residents**

The plan shall specify how and when staff shall notify nearby residences of the situation, including the type of emergency, actions being taken, evacuation routes, if applicable, and special precautions. The process of notifying nearby residents of the emergency situation should be coordinated with the ICE Public Affairs Office whenever possible to avoid and anticipate an adverse reaction to the information.

### **5) 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 the location of the battery charging units. 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.

### **m. Post-Emergency Procedures**

The post-emergency part of the plan shall include, among other things, the following action items:

- 1) Segregating the residents involved in the incident;
- 2) Collecting written reports;
- 3) Preserving evidence;
- 4) Accountability (equipment, staff, etc.);
- 5) Damage assessment and repair of the facility;
- 6) Documentation of the nature and extent of any injuries;
- 7) Coordinating legal actions/prosecutions;
- 8) Debriefing and follow-up;
- 9) General review and critique of the emergency operations and management, with a follow-up agenda, including, but not limited to:
  - Monitoring the resident climate, and
  - Revising the Contingency Plan.

### **n. Contingency-Specific Plans**

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

- |                         |  |
|-------------------------|--|
| 1. Fire                 | 8. Extreme Weather, i.e. hurricane, earthquake |
| 2. Work/Food Strike     | 9. Civil Disturbance                           |
| 3. Disturbance          | 10. Environmental Hazard                       |
| 4. Escape/Missing Child | 11. Resident Transportation System Emergency   |
| 5. Hostages (Internal)  | 12. Evacuation                                 |
| 6. Search (Internal)    | 13. Nationwide Lockdown                        |
| 7. Bomb Threat          | 14. Staff Work Stoppage                        |
|                         | 15. Other site-specific plans                  |



**o. Fire**

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

The Assistant Facility Administrator for Operations shall develop a procedural outline for shift supervisors in the event a fire occurs during non-duty hours.

**m. 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;
- There is violence;
- The number of residents involved;
- The prospects for neutralizing the problem.

**q. 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:

- 1) Controlling utilities;
- 2) Available emergency entrances, for example: Food Service, housing areas, etc.;
- 3) Trained emergency responders/other staff and equipment;
- 4) Perimeter security, including crowd, traffic, and media control;
- 5) Shutting down resident telephone systems;
- 6) Notification of outside agencies;
- 7) Remove controlled substances from the pharmacy area.

**r. Escape/Missing Child**

Facility administrator shall develop plans in response to escapes or reports of a missing child.

- 1).. 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.
- 2). The facility administrator shall immediately notify local, State, and Federal law enforcement agencies of the escape or report of a missing child.

- 3). Escape-post equipment kits shall be stored in the Command Center, and include, at a minimum:
  - (a). Flashlight;
  - (b). Restraints (handcuffs and/or flex-cuffs);
  - (c). Packet containing post location, map(s), fact sheet highlighting arrest authority, search procedures, apprehension techniques, etc.;
  - (d). Radio;
  - (e). Binoculars, if applicable.
- 4). Escape by aircraft:
  - (a) Observe and record aircraft description: colors, registration or tail number, direction of flight, etc.;
  - (b) Notify local law enforcement and Federal Aviation Administration;
  - (c) 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.).

**s. Hostage Situations**

**1). 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.

- (a) The Field Office and JFRMU shall jointly provide designated facilities with well-trained and equipped hostage negotiators/Hostage Negotiation Teams (HNTs).
- (b) 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.
- (c) 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 facility administrator to develop site-specific emergency plans for victims and their families.

## **2). Hostage Negotiation Teams (HNT's)**

- (a) Each facility's core negotiation group (generally the team leader, primary negotiator, and mental health expert) shall attend Hostage Negotiation Training.
  - Requirements for the team leader include: experience and skill applying to 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.
- (b) The Headquarters JFRMU 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.
- (c) HNT members shall convene for no less than eight hours of duty time every quarter to plan, practice negotiation scenarios, consult with other law enforcement agencies, etc. 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.
- (d) 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.
- (e) 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.
- (f) 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.
- (g) Each facility shall maintain a list of translator services, in the event one is needed for hostage negotiation.

- (h) Each facility should also consider having available an electronic translator, such as the Phraselator, a hand-held computer that translates more than 1000 spoken English phrases into other languages.

### **3) Chain of Command**

As a general rule, the Facility Administrator will ensure the Field Office Director and JFRMU are apprised of every aspect of the crisis on a pre-determined schedule until the crisis is resolved or until ICE/DRO assumes command and control of the incident. JFRMU may at its discretion assume control of a large-scale operation involving coordination with other ICE/DRO components and law enforcement agencies.

- (a) The facility administrator shall immediately report a hostage situation to the Field Office Director, who shall in turn notify the JFRMU. The facility administrator shall assign a senior manager to serve as liaison with the Field Office and JFRMU..
- (b) ICE/DRO shall notify the FBI and other agencies, as appropriate, of the situation.
- (c) Circumstances may exist where external law enforcement agencies assume command authority unless federal regulations prevail.

### **4). Contain the Disturbance and Secure the Facility**

- (a) Prevent movement into or out of the scene of the hostage area;
- (b) Add exterior, armed patrols;
- (c) Terminate resident telephone usage;
- (d) Limit or curtail staff radio usage;
- (e) Remove visitors and civilians, including contract employees and volunteers;
- (f) Recall residents for immediate official count;
- (g) Remove residents from the hostage area. If in a housing unit, move the residents into temporary housing, in accordance with written, site-specific procedures;
- (h) Conduct staff roll call, in accordance with written procedures, to determine the number and identity of hostages.

### **5). 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.

- (a) Hostage negotiators act as intermediaries between the Incident Command Post and the hostage-takers, keeping the lines of

communication with the captors open and maintaining calm, while working toward a nonviolent resolution.

- (b) The HNT shall generally include:
  - (1) Team leader (manages negotiations; Command Post liaison);
  - (2) Primary negotiator (communicates directly with hostage takers);
  - (3) Secondary negotiator (advises/assists/spells primary negotiator);
  - (4) Mental health professional (observes, provides psychological analyses/ assessments and advice; monitors stress levels/emotional climate); and
  - (5) Note taker (documents every communication to/from hostage takers).
- (c) 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 via periodic briefings on the status of the negotiations.
- (d) 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.
- (e) Third-party participation in negotiations shall be consultative only.
- (f) Unless formally involved in the negotiations, staff shall have no contact with the hostage-takers.

**6) Status of Certain Staff During and After a Hostage Situation**

- (a) Regardless of individual rank or authority facility personnel shall, under normal conditions, discount instructions/orders/suggestions from any supervisor or other staff member who is a hostage.
- (b) 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.
- (c) Emergency plans shall specify the procedures for screening freed hostages for medical and psychological problems.
  - The U.S. Public Health Service (USPHS) 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 USPHS shall advise the senior official in charge of any employees who may be unfit for duty.

- (d) The facility administrator shall ensure that there is a debriefing with the former hostages after their psychological and medical screenings, unless USPHS staff advises postponement.
- (e) Emergency plans shall also provide for the debriefing of personnel not taken hostage, but significantly involved in the operation to free the hostages.

#### **7). Hostage Family Services**

- (a) ICE/DRO shall notify the hostages' families of the situation as early as possible.
- (b) 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.
- (c) 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.
- (d) 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.

#### **8) Media**

In accordance with the Residential Standard on **News Media Interviews and Tours**, the ICE public affairs officer 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.

#### **t. Search (Internal)**

##### **1) Search Teams**

The shift supervisor shall serve as search coordinator, dispatching separate two-person search teams for every missing resident, 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.

##### **2) Equipment**

- Master blueprint or schematic for search coordinator;
- Separate blueprints for each search area;

- Radios (one per team);
- Flashlights;
- Restraints;
- Ladders;
- Tools as needed;
- Cell phone

**u. Bomb Threat**

**1) Immediate Response**

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

## **2) Searching for a Bomb**

The shift supervisor shall notify the local fire department and hospital, in addition to the Assistant Facility Administrator for Operations, facility administrator, safety/maintenance supervisor, and other appropriate facility officials and ICE.

(a) 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.

(b) If appropriate, the facility administrator shall order a power shutdown.

## **3). If a Bomb Is Found**

(a) Team members shall not attempt to move or deactivate the device.

(b) To prevent accidental activation of the device, team members shall not use radios, body alarms, cell phones, any and all electronic equipment capable of emitting an RF signal.

(c) Incoming traffic shall cease.

(d) The shift supervisor shall notify the bomb removal agency listed in the written procedures.

(e) Staff shall clear and secure all areas within the threat zone.

## **4). After an Explosion**

(a) The designated emergency response personnel shall implement precautionary measures, ensuring safe evacuation of remaining occupants, including those with injuries in accordance with written procedures, that assume:

- Structural damage
- Additional bomb(s).
- Casualties

(b) The Bureau of Alcohol, Tobacco, and Firearms, the Federal Bureau of Investigations, the local fire chief, or other explosive expert shall conduct the investigation.

## **v. Extreme Weather**

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

1) Prepare a separate map showing locations of all 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.

2) Prepare another map showing locations of all perimeter/exterior posts.

Store multiple copies of the interior and perimeter-post maps in the Control Center and Incident Command Center.



- 3) Ensure that the perimeter security has been enhanced with additional staff.
- 4) Remove objects and items which could become airborne and act as missiles during high winds.
- 5) Ensure staff is appropriately provided with necessary foul weather gear.
- 6) Ensure generators are functioning properly and have an adequate supply of fuel for a protracted situation.
- 7) Ensure that if institution is placed on recall status, a briefing with staff occurs.
- 8) It is suggested that if the facility is placed in recall status, an explanation shall be provided to the resident population outlining the reasons for the recall and the anticipated duration.

**w. Civil Disturbance**

**1) 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 staggered times; type of event and individuals involved; other law enforcement agency involvement, etc.

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.

**2) 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 holding areas,
- Marking unmarked property lines,
- Medical care,
- Environmental Hazard

**x. Safe Harbors (shelter in place)**

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 residents safely and securely for two or three days (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.

**y. Procedures When There Is an Environmental Hazard**

- 1) The facility administrator shall designate staff to seal off the specified area(s) in a timely manner.
  - Staff 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 that all employees will 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 residents' orderly transfer to the safe harbor areas.
- 4) Staff shall transport resident identification cards to the safe harbor areas, to ensure accountability.
- 5) Residents may take no personal property into safe harbor areas.
- 6) When the danger has passed, the shift supervisor shall direct the residents' 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.

**z. Resident Transportation System**

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

- vehicular escort
- personnel
- mechanical assistance
- medical assistance
- transportation (if vehicle disabled)
- notification to other law enforcement agencies
- holdover lodging.

#### **aa. Evacuation**

It is suggested that facilities enter into contract negotiations with vendors who are 75 – 100 miles from their facilities to provide resources at an agreed upon cost in advance of potential emergency events. The purpose of this is, if the local area is affected, community resources will ordinarily be directed towards hospitals, nursing homes, schools, etc.

- 1) 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:
  - (a) Minimal warning/preparation time;
  - (b) Weather-related complications for example, tornadoes, hurricanes, blizzards, etc.
  - (c) An area-wide disaster would limit facility access to State and local emergency services (police, fire department, hospitals, military) and transportation provider;
  - (d).At least 10 percent of the staff fail to respond when recalled. The type and scope of the emergency would determine whether and by how much that percentage might increase.
- 2) For every evacuation scenario, the plan shall:
  - (a) Identify and prepare a list of suppliers to provide essentials during the emergency;
  - (b) Prepare an alternative list, identifying product substitutions and alternative suppliers;
  - (c) Assign priorities among the essentials listed, recognizing the likelihood of shortages occurring during an area-wide emergency.
- 3). The facility administrator shall secure as many signed contracts, agreements, and commitments for transportation and supplies when needed Federal and other public-sector resources are unavailable.
- 4). **Pre-Evacuation Procedures**
  - (a) Emergency staff recall (time permitting);
  - (b) Implement procedures to retrieve/pack residents' personal property, central files, medical records, etc.;
  - (c) Implement department-by-department procedures to transport material needed to conduct daily operations at the temporary site: personnel files, blank rosters, forms, etc.;
  - (d) Deploy emergency equipment;
  - (e) Notify State and local authorities; and
  - (f) Conduct (exit) emergency count.
- 5) **Facility Shutdown**
  - (a) Verify the count;
  - (b) Implement the internal search plan, if appropriate;
  - (c) Apply emergency utility controls; and

(d) Secure the site, to extent possible.

**6) Transition to Temporary Site**

(a) Confirm the previously projected number of vehicles needed for:

- Residents
- Supplies.

(b) Record vehicular data, including number and source(s);

(c) Reconfirm security arrangements with other ICE/DRO components, the Bureau of Prisons, U.S. Marshals Service, local and State agencies, and the military;

(d) Confirm staffing/assignments, including TDY arrangements.

**(7) Family Management**

(a) Provide a plan of action to accommodate management of family units during emergencies.

(b) Develop a response plan when family units are separated temporarily or permanently due to unexpected illness, evacuation, or unforeseen circumstance causing an unexpected and unavoidable separation of minors and the parents or guardians.

**aa. Nationwide Lockdown**

In the event there is a compelling need to secure all ICE/DRO facilities, the JFRMU shall notify Field Office Directors, who shall notify the facility administrators to implement restrictive movement plans in family residential centers.

1) The facility administrator shall implement the following procedures:

- (a) Emergency count;
- (b) Staff briefing (may include interim increase to 12-hour shifts);
- (c) Suspend resident access to telephones and televisions;
- (d) Suspend visitation. Designated staff shall attempt to contact individuals with visits planned. Residents may notify interested persons of the lockdown and suspension of visits by mail;
- (e) Initiate staff secure movements within the facility;
- (f) Activate the Incident Command Post;
- (g) Contact specialized personnel and teams, as appropriate, etc.);

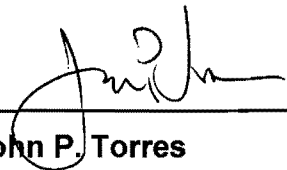
2) The facility administrator shall inform the residents, in writing, why restrictions are necessary, what to expect, and how long it is likely to last. The facility administrator shall provide this resident notification as soon as possible after implementing the necessary procedures (as provided in preceding paragraph).

3) Health Services staff shall return to their regularly scheduled duties.

4) When the nationwide lockdown is terminated, the facility administrator shall:

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

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

**DEC 21 2007**

\_\_\_\_\_  
**Date**

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# **ICE/DRO RESIDENTIAL STANDARD**

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## **ENVIRONMENTAL HEALTH AND SAFETY**

**I. PURPOSE AND SCOPE:** High facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment are employed at the facility, thereby protecting residents, staff, volunteers, and contractors from injury and illness.

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

1. Maintenance of facility cleanliness and sanitation.
2. Compliance with all applicable safety and sanitation laws, ensured by documented internal and external inspections and corrective action when indicated.
3. Compliance with all applicable fire safety codes. Facility furnishings will meet fire safety performance requirements. Periodic safety drills will be scheduled.
4. Control and safe use of flammable, poisonous, toxic, and caustic materials.
5. Written plans and training will advise staff of required procedures in emergency situations, including those that require evacuation from the facility.
6. A plan providing for immediate release of residents from locked areas, will be in place and will include a secondary back-up system.
7. Emergency exits will be clearly marked, clear from obstruction, sufficient in number, and properly positioned.
8. The need for emergency repairs will be negated and if necessary, replacement parts will be available to minimize or avoid the creation of life-threatening situations.
9. Disease transfer will be minimized by proper sanitation of barbering equipment and supplies.
10. Pests and vermin pests will be controlled and eliminated.
11. The facility's potable water source will be safe.
12. Emergency lighting and life-sustaining functions will be maintained and periodically tested.
13. Garbage and hazardous waste will be disposed of safely and in compliance with applicable government regulations.
14. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
15. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

### **III. DIRECTIVES AFFECTED. None**

### **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4th Edition, Standards for Adult Detention Facilities: 4-ALDF-1A-01, 1A-02, 1A-03, 1A-07, 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.

NFPA Standards

U.S. Public Health Service Report on Carcinogens

### **V. EXPECTED PRACTICES – HAZARDOUS MATERIALS**

Every facility shall establish a system for storing, issuing, using, and maintaining inventories of and accountability for hazardous materials. The effectiveness of any such system depends on written policies, procedures and precautions, and also on adequate supervision and responsible behavior of staff and residents to precisely follow instructions and take prescribed precautions, including the use of safety equipment.

A list of common flammable, toxic, and caustic substances is included at the end of this Residential Standard as Table A.

#### **1. Personal Responsibility**

Every individual who uses a hazardous substance must:

- a. Be knowledgeable about and follow all prescribed precautions,
- b. Wear personal protective equipment when indicated, and
- c. Immediately report hazards or spills to the designated authority.

#### **2. Protective Equipment**

- a. Protective eye and face equipment shall be required where there is a reasonable probability of injury that can be prevented by such equipment. These areas of the facility shall be conspicuously marked with eye hazard warning signs.
- b. OSHA-approved eyewash stations shall be installed in designated areas throughout the facility, and all employees and residents in those areas shall be instructed in their use.

### **3. Inventories**

Every area shall maintain a running inventory of the hazardous substances (flammable, toxic, or caustic) used and stored there. Inventory records shall be separately maintained for each substance and entries for each logged on a separate card (or equivalent) that is filed alphabetically showing dates, quantities, etc.

### **4. 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 plant diagram and legend. Department heads are responsible for providing a copy of each file to the Safety Officer and Maintenance Supervisor.

- a. MSDSs provide vital information on individual hazardous substances, including instructions on safe handling, storage, disposal, prohibited interactions, etc.
- b. Staff and residents shall readily have continuous access to the MSDSs for the substances with which they are working.
- c. Because changes in MSDSs occur often and without broad notice, staff must:
  - 1) Review the latest issuance from the manufacturers of the relevant substances,
  - 2) Update the MSDS files as necessary, and
  - 3) Forward any changes to the Maintenance Supervisor, so that copy is kept current.

### **5. Master Index**

The Maintenance Supervisor shall compile all of the following:

- a. A master index of all hazardous substances in the facility and their locations,
- b. A master file of MSDSs, and
- c. A comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.).

The Maintenance Supervisor shall maintain this information in the safety office (or equivalent), and a copy shall be provided the local fire department.

Documentation of all reviews shall be maintained in the MSDS master file.

### **6. 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 staff.

**Amounts.** All hazardous substances shall be issued in single-day increments, that is, the amount needed for one day's work.



**Supervision.** Qualified staff shall closely monitor residents working with hazardous substances.

**Accountability.** Inventory records for a hazardous substance must be kept current before, during, and after each use.

## **7. Flammable and Combustible Liquids**

- a. 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.
- b. Lighting fixtures and electrical equipment installed in flammable liquid storage rooms must meet National Electrical Code requirements in hazardous locations.
- c. Every hazardous material storage room shall:
  - 1) Be of fire-resistant construction and properly secured;
  - 2) Have self-closing fire doors at each opening;
  - 3) Be constructed with either a four-inch sill or a four-inch depressed floor; and
  - 4) Have a ventilation system (mechanical or gravity flow) within 12 inches of the floor, which provides at least six air changes per hour.
- d. Every storage cabinet shall:
  - 1) Be constructed according to code and securely locked at all times;
  - 2) Stand clear of open passageways, stairways, and other emergency exit areas;
  - 3) Be conspicuously labeled: "Flammable -- Keep Fire Away"; and
  - 4) Contain not more than 60 gallons of Class I or Class II liquids, or more than 120 gallons of Class III liquids.
- e. Storage rooms and cabinets may be entered only under secure conditions and under the supervision of authorized staff.
- f. A portable container that is not the original shipping containers must be an approved safety can, listed or labeled by a nationally recognized testing laboratory. Each shall bear a legible label that identifies its contents.
- g. Excess liquids shall remain in original containers, tightly closed, in the storage room or cabinet.
- h. The MSDS shall govern use of a particular flammable or combustible liquid.
- i. 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:

- 1) Through a closed piping system;
- 2) From a safety can;

- 3) By a device drawing through the top; or
- 4) By gravity, through an approved self-closing system.

An approved grounding and bonding system must be used when liquids are dispensed from drums.

- j. 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.
- k. Staff shall follow MSDS directions:
  - 1) To dispose of excess flammable or combustible liquids.
  - 2) In case of a chemical spill.

## **8. Toxic and Caustic Substances**

- a. All toxic and caustic materials must be stored in secure areas, in their original containers, with the manufacturer's label intact on each container.
- b. Authorized staff only shall draw/dispense these substances, in accordance with the applicable Material Safety Data Sheet(s).
- c. 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.
- d. MSDS directions shall determine the disposal and spill procedures for toxic and caustic materials used in the facility.

## **9. Poisonous Substances**

Poisonous substances or chemicals pose a very high (Class I) caustic hazard due to their toxicity, for example, methyl alcohol, sulfuric acid, muriatic acid, caustic soda, tannic acid, etc.

**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):

- a. If ingested, methyl alcohol can cause permanent blindness or death.
- b. Staff must directly supervise the use of any product containing methyl alcohol, except for products containing methyl alcohol in a much diluted state. If shoe dye that contains methyl alcohol is issued to residents, it may contain only the smallest workable quantity of methyl alcohol.
- c. Immediate medical attention is vital any time methyl alcohol poisoning is suspected.

## 10. Other Toxic Substances

- a. Permanent antifreeze containing ethylene glycol shall be stored in a locked area and dispensed only by authorized staff.
- b. **Typewriter cleaner** containing carbon tetrachloride or trichloroethane shall be dispensed in small quantities and used under direct staff supervision.
- c. **Cleaning fluids** containing carbon tetrachloride or tetrachloride or trichloroethylene must be strictly controlled.
- d. **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.
- e. The use of **dyes and cements for leather** requires close supervision. Nonflammable types shall be used whenever possible.
- f. **Ethyl alcohol, isopropyl alcohol, and other antiseptic products** shall be stored and used in the medical department only, under close supervision. To the extent practicable, such chemicals shall be diluted and issued only in small quantities so as to prevent any injuries or lethal accumulation.
- g. **Pesticides** not 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.
- h. The Maintenance Supervisor or other staff member responsible for **herbicides** must hold a current state license as a Certified Private Applicator. Persons applying herbicides must wear proper clothing and protective gear.
- i. **Lyes** may be used only in dye solutions and only under the direct supervision of staff.

## 11. Labeling of Chemicals, Solvents, and Other Hazardous Materials

The facility administrator shall individually assign the following responsibilities associated with the labeling procedure:

- a. Identifying the hazardous nature of materials adopted for use;
- b. Requiring use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer the material;
- c. 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
- d. Placing correct labels on all smaller containers when only the larger shipping container bears the manufacturer-affixed label.

## 12. Controlled Hazardous Materials

Certain substances require special treatment, including careful planning before use,

which goes beyond attention to the warning label. 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.** These include industrial solvents and chemicals used as paint thinners, degreasers, and cleaning agents that 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, for example, 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 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 and complies with the provisions of the latest edition.

## **VI. EXPECTED PRACTICES – FIRE PREVENTION AND CONTROL**

### **1. Fire Safety Codes**

Every facility shall comply with standards and regulations issued by:

- a. The Environmental Protection Agency (EPA) and OSHA,
- b. 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**, as approved by the authority having jurisdiction (or there is a plan for addressing these or other deficiencies within a reasonable time period). If the authority approves any variance, exceptions, or equivalencies, they must not constitute a serious life-safety threat to the occupants of the facility.

- c. Local and national fire safety codes, and
- d. The 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:

- a. The latest revision or update of the BOCA National Building Code (issued by Building Officials and Code Administrators International),
- b. The Uniform Building Code, or
- c. 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 BOCA National Building Code.

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.

## **2. 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 Safety Officer and Maintenance Supervisor shall maintain inspection reports and records of corrective action in the safety office.

## **3. Fire Prevention, Control, and Evacuation Plan**

Every facility shall develop a fire prevention, control, and evacuation plan to include, among other things, the following:

- a. Control of ignition sources;
- b. Control of combustible and flammable fuel load sources;
- c. Provisions for occupant protection from fire and smoke;
- d. Inspection, testing, and maintenance of fire protection equipment, in accordance with NFPA codes, etc.;
- e. Monthly fire inspections;
- f. Installing fire protection equipment throughout the facility, in accordance with *NFPA 101, Standard for Portable Fire Extinguishers*;
- g. 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;
- h. Conspicuously posted exit diagram conspicuously posted for and in each area.

## **4. Fire Drills**

Monthly fire drills shall be conducted and documented separately in each facility department.

- a. 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.

- b. Residents shall be evacuated during fire drills, except in areas where safety would be jeopardized or in medical areas where patient health could be jeopardized or, in individual cases when evacuation of patients is logistically not feasible. Where residents are not evacuated, staff shall simulate drills.
- c. 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.

## **5. Exit Diagram**

In addition to a general area diagram, the following information must be provided on existing signs:

- a. English and Spanish instructions;
- b. "You Are Here" markers;
- c. Emergency equipment locations.

New signs and sign replacements shall also identify and explain "Areas of Safe Refuge."

## **VII. EXPECTED PRACTICES – HAIR CUTTING OPERATIONS**

Sanitation in hair cutting operations is of the utmost concern because of the possible transfer of diseases through direct contact or by towels, combs and clippers. Towels must not be reused after use on one person. Instruments such as combs, clippers and scissors shall not be used successively on residents without proper cleaning and disinfecting.

1. For sanitation reasons, it is preferable that hair-cutting operations be located in a separate room, with hot and cold running water, that is not used for any other purpose. The floors, walls, and ceilings should be smooth, nonabsorbent, and easily cleaned, and there should be sufficient light.
2. Each hair cutting room should be provided with 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. Between resident "customers," all hair care tools that came in contact with a resident shall be cleaned and effectively disinfected. Ultraviolet lights are appropriate after sterilization only for maintaining the tools.

4. Detailed hair care sanitation regulations should be conspicuously posted in each barbershop for the use of all hair care personnel and residents. Cotton pads, absorbent cotton, and other single or dispensable toilette 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 must be prohibited.
5. No barber or beautician shall serve any resident when the skin of the resident's face, neck, or scalp is inflamed, scaling, contains pus, or is erupted, unless service of such resident is performed in accordance with the specific authorization of the Chief Medical Staff. No person who is infested with head lice shall be served.

## **VIII. EXPECTED PRACTICES – MEDICAL OPERATIONS**

### **1. Needles and Other Sharp Objects**

An established uniform procedure shall be provided for the safe handling and disposal of used needles and other potentially sharp objects to prevent both mechanical injury and the percutaneous transmission of infectious disease organisms, especially the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV).

Accidental injuries from sharp objects (sharps) are common in health care programs, mostly from needle sticks caused by 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.

Sharps are defined as all disposable or discarded items derived from resident care that could potentially transmit disease via direct subdermal inoculation. Items included are: hypodermic needles and syringes, scalpel blades, glass vials or ampoules, containing materials deemed to be infectious, burrs, glass cartridges, or lancets.

### **2. Standard Precautions (previously termed “Universal Precautions”)**

Staff shall routinely take precautions to prevent contact with blood or other body fluids.

- a. Gloves shall be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures.

Gloves shall be changed after contact with each resident.

- 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, to prevent exposure of mucous membranes of the mouth nose or eyes.
- 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.
- 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. Although saliva has not been implicated in HIV transmission, 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 are not known to be at greater risk of contracting HIV infection than health-care workers who are not pregnant; however, if a health care worker develops HIV infection during pregnancy, the infant is at risk of infection from perinatal transmission. Because of this risk, pregnant health care workers shall be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

Implementation of universal blood and body fluid precautions for all residents 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.

### **3. Accidental Needle Sticks**

Should an individual receive a needle stick or be cut while handling potentially contaminated sharps, he or she 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 immediately reported as an occupational injury and documented in accordance with applicable regulations for commissioned staff and civil service employees, respectively.

The leading health service provider's exposure-control plan shall be followed in the event of a needle stick.

### **4. Inventory**

An inventory shall be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors and shall be checked weekly by an



individual designated by the medical facility Health Service Administrator (HSA) or equivalent.

## **5. Handling**

Without removing, the needles or replacing the needle covers, staff shall place used (disposable) syringes in a plastic disposal box or container.

### **a. 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.").

Since they have been found to puncture easily, do not use milk cartons or plastic milk jugs or other plastic containers of similar thickness.

Containers shall be of approximately two-gallon capacity in order to be of sufficient size to receive various types of sharps.

Under no circumstances shall an item be removed from the container.

### **b. Location**

Containers shall be located on top of counters or, if on the wall, at least five feet above ground, and shall never sit on the floor.

### **c. Disposal**

When the disposal box is one-half to two-thirds full, the lid shall be closed and locked, 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 shall be considered as 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.

## **6. Environmental Health in Medical Operations**

While many of the following considerations, precautions, and specific procedures apply to situations that typically arise in medical operations, they are applicable wherever such incidents arise.

Blood and body fluid clean-up, for example, could be needed anywhere in a facility after a work-related injury or a use-of-force incident.

### **a. General Housekeeping**

The key to the prevention and control of nosocomial infections due to contaminated

environmental surfaces is environmental cleanliness. Responsibility for ensuring the cleanliness of the medical facility lies with the HSA or with an individual designated by the HSA or other health care provider.

Using an acceptable health agency standard as a model, the HSA shall establish:

- 1) Cleaning equipment; cleansers; disinfectants and detergents to be used,
- 2) Methods of cleaning, and
- 3) 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.

Proper housekeeping procedures include the cleaning of surfaces touched by residents or staff with 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.

Since these surfaces are rarely associated with the transmission of infections to patients or personnel, extraordinary attempts to disinfect or sterilize these surfaces are not indicated.

Horizontal surfaces in resident care areas are cleaned on a regular basis, when soiling or spills occur and in short-stay units when a resident is discharged. Cleaning of walls, blinds, or curtains is indicated only when visibly soiled.

Ordinarily, the Chief Nurse (or equivalent) is responsible for training all staff and residents in using proper housekeeping procedures and proper handling of hazardous materials and chemicals.

#### **1). General Cleaning**

- a) All horizontal surfaces shall be damp-dusted daily with an approved germicidal solution.
- b) Windows, window frames, and windowsills shall be cleaned on a regular schedule, but do not require daily cleaning.
- c) Furniture and fixtures shall be cleaned daily.
- d) 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. A clean mop head shall be used each time the floors are mopped.
- e) 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.

- f) Cubicle curtains shall be laundered monthly or during terminal cleaning following treatment of an infectious patient.

## **2). Isolation Cleaning**

- a) An approved germicidal detergent solution shall be freshly prepared in accordance with the manufacturer's specifications for each cleaning.
- b) After cleaning the isolation room, mops and cleaning cloths shall be laundered before being reused.
- c) Dirty water and used disinfecting solutions shall be discarded and the buckets and basins disinfected before being refilled. Items used in cleaning an isolation (contaminated) room shall never be taken into another area.
- d) Linens shall be carefully removed from the bed and double bagged for transport.
- e) All waste materials shall be double bagged and disposed of as contaminated waste.

## **3). Terminal Cleaning**

- a) Every item in the room must be cleaned with an approved hospital germicidal solution.
- b) When applicable, linen shall be stripped from the bed, with care taken not to shake linen. Linen shall be folded away from the person and folded inward into a bundle, then removed with minimal agitation.
- c) When applicable, all reusable receptacles such as drainage bottles, urinals, bedpans, water pitchers shall be emptied and rinsed with germicidal solutions.
- d) 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.
- e) When applicable, mattresses and pillows covered with durable plastic covers shall be thoroughly washed with the approved germicidal solution.
- f) 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 the casters.
- g) 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.
- h) Wastebaskets shall be thoroughly washed with a germicidal solution after trash has been removed.
- i) 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.

- j) Walls and ceilings need not be washed entirely, but areas that are obviously soiled shall be washed with germicidal solution.
- k) All toys and recreational equipment remaining in medical clinic area shall be disinfected daily.

#### **4) 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 probably as important as any antimicrobial effect of the cleaning agent used.

Therefore cost, safety, and acceptance by staff can be the criteria for selecting any such registered agent. The manufacturer's instructions for use shall be followed exactly.

#### **b. 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 leading health care provider.

##### **1). Making a Clean-up Kit**

To prepare a cleanup kit for blood and body fluid spills, package the following materials in a 12" x 15" clear" Ziploc" bag:

- a) Gloves, rubber or vinyl, household type, (2 pair) Clean absorbent rags (4)
- b) Absorbent paper towels (15)
- c) Disposable bag marked "Contaminated" size 23"x10"x39", minimum thickness 1.5 mils. Clear plastic bag 13"x10"x39", minimum thickness 1.5 mils.
- d) 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).

##### **2) Selection of Disinfectants**

Quaternary disinfectants are less effective against Hepatitis B, while 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 rather than quaternary ammonium compounds. 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 wish to 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 the mechanical procedure listed in the article, 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.

### **3) 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 cleanup procedures.

### **4) Use of Residents as Housekeeping Workers**

Resident workers may be used to assist in cleaning the medical facility. Residents shall be allowed to clean floors, walls, and to remove trash, but shall not be allowed to clean medical equipment.

### **5) Instructions for Use of Clean-Up Kit**

- a). Open the bag and remove the supplies.
- b) 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.
- c) Open the large clear plastic bag and the large bag marked "Contaminated." Place them next to each other.
- d) Put on one pair of gloves.
- e) Use paper towels to absorb as much of the fluid as possible; then place paper towels in the large clear plastic bag.
- f) 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.
- g) Use the rags to clean the area, and place rags in the large clear plastic bag.
- h) Tie off the clear plastic bag and place it inside the large plastic bag marked "Contaminated."
- j) Remove gloves carefully and place them in the plastic bag marked "Contaminated."
- j) Put on the second pair of gloves and tie the "Contaminated" trash bag closed.
- K) Dispose of the "Contaminated" trash bag properly in a contaminated-

waste receptacle.

- l) Dispose of the second pair of gloves in the contaminated-waste receptacle.
- m) Wash your hands.
- n) Prepare a new clean-up kit.

NOTE: Do not place linen or non-disposable articles in the "Contaminated" trash bag.

### **c. 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 some special precautions appear prudent.

#### **1) Definitions**

Hazardous or infectious waste is defined as: microbiology laboratory waste; human blood and blood products; sharps (all discarded items derived from patient care in medical facilities which could potentially transmit disease via direct subdermal inoculation or present a risk of injury & skin penetration); laboratory and other chemicals; certain drugs such as neoplastic.

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 residents in isolation is not considered to be infectious waste unless it falls within the specific definition of infectious waste as stated above.

#### **2) Collection and Storage**

Infectious waste must be separated from the general waste stream and clearly labeled as infectious:

- a) Infectious waste shall be double-bagged and tied and labeled "Infectious Waste."
- b) The bags must be impermeable, commercially supplied red bags, intended specifically for biohazard waste storage.
- c) Miscellaneous biomedical waste shall be double-bagged and tied but need not be labeled as infectious.

#### **3) 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. EXPECTED PRACTICES – GENERAL ENVIRONMENTAL HEALTH AND SAFETY**

### **1. General Environmental Health**

Environmental health conditions shall be maintained at a level that meets recognized standards of hygiene, including those from the:

- a. American Correctional Association,
- b. Joint Commission on the Accreditation of Health Organization (JCAHO),
- c. Occupational Safety and Health Administration,
- d. Environmental Protection Agency,
- e. Food and Drug Administration,
- f. National Fire Protection Association's Life Safety Code, and
- g. National Center for Disease Control and Prevention.

The Health Services Department or Facility equivalent shall assist in the identification and correction of conditions that could adversely impact the health of residents, employees, and visitors. The facility sanitation 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 sanitation consultant shall:

- a. Conduct special investigations and comprehensive surveys of environmental health conditions, and
- b. Provide advisory, consultative, inspection, and training services regarding environmental health conditions.

The medical facility Health Services Administrator is responsible for:

- a. Implementing a program that assists in maintaining a high level of environmental sanitation, and
- b. Providing recommendations to the facility administrator concerning environmental health conditions, in consultation with the sanitarian consultant.

### **2. General Housekeeping**

The facility administrator shall ensure that staff and residents maintain a high standard of facility sanitation and general cleanliness. The **General Housekeeping** standards detailed above under **Environmental Health in Medical Operations** provide guidance for resident housing and similar areas.

### **3. 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 preventative spraying program for indigenous insects and the provision of call-back services as needed.

#### **4. Certification of Facility Water Supply**

An approved state laboratory shall test samples of drinking and wastewater to ensure compliance with applicable standards.

#### **5. Emergency Electrical Power Generator**

Emergency power generators shall be tested at least every two weeks for one hour, during which time, the oil, water, hoses, and belts shall be inspected for mechanical readiness to perform in an emergency situation.

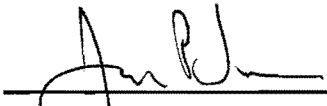
The emergency generator shall also receive quarterly testing and servicing from an external generator service company (or otherwise in accordance with the manufacturer's instructions). Among other things, the technicians shall check starting battery voltage, generator voltage and amperage output.

Other emergency equipment and systems shall be tested quarterly, and needed follow-up repairs or replacement shall be accomplished as soon as feasible.

#### **6. Garbage and Refuse**

- 1) Refuse includes all garbage, rubbish, and other putrescible and non-putrescible solid waste, except the solid and liquid waste discharged into the sanitary sewer system of the facility.
- 2) Garbage and refuse shall be collected and removed as often as necessary to maintain sanitary conditions and to avoid creating health hazards.
- 3) Methods for handling and disposing of refuse affects the local environment, compliance with the requirements of local and federal agencies is essential.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

**DEC 21 2007**  
\_\_\_\_\_  
**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)  
Toudi (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  
Neatsfoot oil  
Sunray conditioner  
Guardian fluid

# **ICE/DRO RESIDENTIAL STANDARD**

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## **TRANSPORTATION (BY LAND)**

**PURPOSE AND SCOPE.** Vehicles are properly equipped, maintained, and operated and residents are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff, preventing harm to the public.

**I. EXPECTED OUTCOMES.** The expected outcomes of this Standard are as follows:

1. The general public, residents, and staff will be protected from harm when residents are transported.
2. Vehicles used for transporting residents will be properly equipped, maintained, and operated.
3. Residents will be transported in a safe and humane manner, under the supervision of trained and experienced staff.
4. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
5. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**II. DIRECTIVES AFFECTED.** None

**III. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities: 4-ALDF-1B-01, 1B-03, 1B-04, 1B-05, 1B-06.

ICD/DRO Residential Standard on Transfer of Residents.

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 resident.

ICE Residential Standard for "Use of Physical Force"

## **IV. EXPECTED PRACTICES**

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

The facility administrator shall develop and implement written policy, procedures, and guidelines for the transportation of residents, addressing at a minimum the following subjects:

1. General policy and procedures governing safety, security, operations, communications, equipment;
2. Vehicle inspections and repair;
3. Vehicle occupancy;
4. Arrangement of seating of residents in transportation vehicles;
5. State and Federal requirements that relate to the transport of children in vehicles, including car seats, etc.
6. Procedures in the event of:
  - Vehicle failure,
  - Traffic accident,
  - Severe weather or natural disaster,
  - An emergency situation, as specified later in this document,
  - Transport of females or children,
  - Transport of residents whose physical or mental conditions preclude prolonged travel.

### **B. Vehicle Maintenance**

All vehicles used for transporting ICE/DRO residents shall be comply with annual safety inspections in accordance with applicable statutes. Vehicles may not be used for transportation if any safety repairs are needed.

### **C. Transportation Planning and Scheduling**

The Facility Administrator (FA) has overall responsibility for all aspects of vehicle operations.

The FA is responsible for establishing schedules for and monitoring vehicular maintenance, making logistical arrangements to transport residents, supervising and instructing personnel, and protecting resident security. Before departure, the facility shall revise plans as necessary, based on weather and road conditions and any other last-minute security considerations.

The Residential Standard on **Transfer of Residents** specifies requirements for communication between a sending facility and a receiving facility.

## **D. Transporting Staff Responsibilities**

### **1. Training Required**

All facility staff assigned to bus transportation duties must have a valid current Commercial Driver's License (CDL) issued by the state. Bus-driver trainees may operate the vehicle during any segment of a run when residents are not on board, but only under the direct and constant supervision of a **certified bus instructor** licensed by the state in which they are driving.

### **2. Forms and Files**

For each vehicle operator and others assigned to a bus, supervisors shall maintain at the official duty station a file containing:

- Certificate of Completion from the ICE/DRO Bus Training Program,
- Copy of the most current physical examination, used to obtain the commercial driver's license (CDL); and
- Copy of the CDL.

Every motor vehicle operator shall complete forms SF-47, G-392, and G-294 for his or her official personnel folder (OPF) and is responsible for renewing those documents and providing copies for the OPF.

### **3. Operating the Vehicle**

The driver shall operate the vehicle in accordance with the CDL manual or the highest prevailing standard and must maintain complete control of the vehicle at all times, obeying all posted traffic signs (including speed limits) and exercising extreme caution, reduced speed, and common sense when negotiating a steep grade or driving in inclement weather or hazardous road conditions.

Driving under the influence of drugs or alcohol is prohibited. In addition to any other random testing as part of a drug-free workplace program, all staff assigned to transportation are subject to U.S. Department of Transportation (DOT) drug- and alcohol-testing

The transporting staff shall comply with all State and Federal motor vehicle regulations (including DOT, Interstate Commerce Commission, and Environmental Protection Agency), in addition to the following:

1. Wearing a seat belt when the vehicle is moving;
2. Holding a valid CDL from the state where employed;
3. Inspecting the vehicle, using a checklist and noting any defect that could render the vehicle unsafe or inoperable;
4. Transporting residents in a safe and humane manner;
5. Verifying individual identities and checking documentation when transferring or receiving residents;
6. Driving defensively, taking care to protect the vehicle and occupants; obeying traffic laws; and immediately reporting damage or accidents;

7. Re-inspecting the vehicle after each trip and completing a vehicle inspection report, including an odometer reading;
8. 8. Returning the vehicle keys to the control staff or supervisor, according to facility procedures;
9. Recording authorized expenses (such as fuel, emergency services, oil) on form G-205, "Government-owned Vehicle Record," specifying the exact amount and the date; keeping all receipts and turning them in along with the G-205 at the end of each month;
10. Safeguarding credit cards assigned to the vehicle.

#### **4. Driving Hours and Number of Operators**

Each staff employee must recognize the limitations imposed by his or her own driving skills, personal distractions, environmental conditions, and modify his or her driving accordingly. All crew members must strictly adhere to the following rules/restrictions – if a crew member is disqualified from participating in a residential transport by any or all of these rules, he or she has the responsibility to inform a transportation supervisor. The transportation supervisor must also ensure that each crew member is not disqualified from participating in the transport of residents.

1. Possession of current valid CDL by the bus operator(s);
2. Crew member must be off-duty for the 8 hours immediately preceding any trip or trip segment;
3. Crews members are restricted for transport duties to 10 hours, maximum, driving time (time on the road) per trip segment; 8 off-duty hours between segments;
4. Crew members are limited to 50 hours, maximum, driving time per work week; 70 hours, maximum, in any 8-day period;

An emergency or unforeseen and/or adverse driving conditions require , crew members to extent authorized travel time reach a safe and secure stopping area.

When vehicles without residents travel in tandem, a single staff shall be assigned to each. Unaccompanied staffs may also drive empty vehicles for certain purposes, for example, maintenance trips

#### **5. Vehicle Security**

Staff shall secure the vehicle before leaving it unattended, including removing the keys from the ignition immediately upon parking the vehicle.

Staff shall avoid parking in a location where the vehicle would attract undue attention or be vulnerable to vandalism or sabotage. If a parking area with adequate security cannot be located, staff shall contact the local law enforcement agency for advice or permission to use one of its parking places.

#### **E. Staff Uniform and Equipment**

All staff transporting ICE/DRO residents shall wear their prescribed uniforms unless other attire is authorized by the facility administrator.

Every transporting staff shall be issued, and advised to wear, a protective vest while participating in the transportation program.

Equipment recommended for each trip includes, among other things, the following:

- Flashlights
- Extra handcuffs
- Flexicuffs and cutter;
- Other authorized intermediate force ("non-lethal," "non-deadly") weapons.

#### **F. Pre-Departure Vehicle and Security Check**

Prior to trip departure, all staff assigned to transport residents must be present to ensure a complete and thorough inspection and search and shall:

1. Inspect the vehicle for mechanical and electrical problems.
2. Test the emergency exits and the key for every lock located in or on the vehicle. A complete set of these keys shall travel with the vehicle at all times, in a secure place known to every transporting staff.
3. Search for hidden weapons and other contraband , including the driver's compartment and glove compartment, the resident seating area, and the cargo compartment.
4. Take any necessary special precautionary measures for a resident identified as a special-handling case (security, medical, or psychological problems, etc.) while the search is in progress.
5. Search the staging area prior to loading residents to ensure the area is clear of any weapons or contraband.
6. Thoroughly search each resident as he or she is about to board the vehicle.

#### **G. Required Documents**

##### **1. "Official Detail"**

No resident may be removed from any facility, unless authorized in writing by ICE. Written authorization must include the name of the resident(s), the place or places to be escorted, the purpose of the trip and other information necessary to efficiently carry out the detail.

Before beginning the detail, the escorting and transportation staff shall read their instructions and clearly understand the purpose for which the resident is being taken from the facility. The staff shall also discuss emergency and alternate plans with the supervisor.

All completed transportation authorizations shall be filed in order (monthly), with the previous months readily available for review. Travel authorization shall be retained for a minimum of three years.

#### **H. Departure Scheduling and Security**

The vehicle crew shall schedule driving times to ensure arrival of residents at the designated meeting area on schedule.

Before transferring residents from one facility to another, a designated staff shall provide the receiving office with the following information:

1. The estimated time of departure and arrival (ETD/ETA);
2. The number of residents in each of the following categories: new arrivals (remaining at the facility); drop-offs; juveniles/family units; and overnights;
3. The total number of residents;
4. Any special-handling cases, detailing medications, restraints, etc.;
5. Actual or estimated delays in departure, and revised ETA(s), if applicable.

#### **I. Transfer of Funds, Valuables, and Personal Property**

Facility staff shall inspect and inventory the personal property of residents transferring from one facility to another in accordance with the Residential Standards on **Admission and Release and Funds and Personal Property**.

In addition, at the originating facility:

1. Staff shall ask each resident whether he or she has in his or her possession all funds, valuables, and other personal property listed on the I-216.
  - If a resident answers "yes," he or she may board the vehicle.
  - If a resident claims missing funds, valuables or personal property, the resident shall remain at the facility until completion of the required paperwork (SF-95 and I-387 or comparable forms). Photocopies of the completed forms are sufficient documentation for the transfer to proceed.
2. Staff shall include on each I-216, in the "checked baggage" section, the I-77 numbers, to be verified by receiving facility staff.
3. The lead driver shall check the manifest against the number of packages by resident name and A- number before signing the I-216 or placing the baggage on the bus.

In addition to the requirements of the Residential Standard on **Funds and Personal Property**:

1. Staff shall completing a separate I-77 for each piece of baggage and record the resident's name on the top, middle, and bottom portions;
  - Attach the string on the top of the I-77 to the corresponding piece of baggage, and secure the resident's signature on the back of the I-77.
  - Attach the middle section to the copy of the I-385 that will accompany the resident to the final destination.

- The bottom portion is the resident's receipt.
- 2. Transporting staff shall record their initials, office designator, and ID number in the lower left corner of the bottom portion of the I-77.
- 3. Staff involved in the transfer shall identify residents with baggage by the I-77 attached to the I-385.

## **J. Loading a Vehicle**

### **1. Security and Occupancy**

Staff shall be posted whenever residents enter or exit a vehicle.

The number of residents transported may not exceed the occupancy level established by the manufacturer's rated maximum capacity.

The escorting staff/assistant driver shall instruct the residents about rules of conduct during the trip.

All residents, particularly children and residents with special needs shall be safely transported in accordance with state vehicular laws, i.e, car seats, etc.

The main driver is responsible for managing the residents' move from the staging area into the vehicle. The number of available staff shall determine whether they move at one time or in groups.

### **2. Items Residents May Keep in Their Possession**

Ordinarily, residents in transport may keep the following in their possession: jewelry, cash, eyeglasses, prescription medicines, and receipts for property and money (G-589, I-77); however, if the transporting staff determine that any of these items would compromise staff or resident safety, it shall be removed from the resident's possession and placed in an appropriate storage area.

In some instances, the vehicle crew shall safeguard and dispense prescription medicines, noting the resident's name, A-number, and date and time(s) dispensed, and by whom. These notes shall be attached to the resident's medical record or A-file. In any instance where a vehicle crew may be required to dispense medication; documentation showing those staff are properly trained must be on file.

### **3. Count, Identification, and Seating**

To confirm the identities of the residents they are transporting, the vehicle crew shall:

1. Summon the resident, by surname, to the vehicle. If a family group is being transported, all member of the family shall be identified, and parents or legal guardians shall answer for their child(ren) if child(ren) are under the age of 14.
2. Ask resident to state his or her complete name.
3. Compare name and face with the Booking Card (I-385) and attached photo and the Record of Persons and Property Transferred (I-216). If necessary, refer to the I- 385 for additional biographical information.



4. Seat each resident in accordance with written procedures from the facility administrator, with particular attention to residents with physical or mental health conditions, children, or who may need to be afforded closer observation for their own safety.
5. Conduct a visual count once all passengers are seated on board, and every time the vehicle makes a scheduled or unscheduled stop, before resuming the trip.
6. Ensure children are seated using proper restraints established by state law. Where required infant carriers, child safety seats, or booster seats will be used.

## **K. Responsibilities En Route**

### **1. Point of Contact**

The next receiving office on the vehicle route serves as the contact point and is responsible for monitoring the vehicle's schedule.

Upon making contact with an arriving vehicle, the receiving staff shall certify that they are taking custody of the specified residents by signing the accompanying Form I-216.

Each office shall develop and post written guidelines for locating an overdue vehicle. If the vehicle does not arrive within range of the ETA, the contact point shall set the tracing procedures in motion.

### **2. Safety and Security**

For safety purposes, all personnel shall remain seated while the vehicle is in motion.

The vehicle crew shall keep doors locked when residents are on board, and the assistant driver is responsible for resident oversight during transport. Staff must maintain a clear view of the entire vehicle compartment and remain alert for behavior that could jeopardize safety and security.

Residents shall not have access to any personal baggage or packages while in transit (except as specified in **Items Residents May Keep in Their Possession** earlier in this document).

A complete set of keys for every lock located in or on the vehicle shall travel with the vehicle at all times, in a secure place known to every transporting staff, and the crew shall keep bolt cutters in the forward compartment with the outer equipment for use in an emergency.

An armed staff may not enter the secure area of the vehicle. If he or she must enter that area, the staff shall first leave the weapon(s) with another staff for safekeeping or, if the vehicle is equipped with weapons lockers, in a locker.

### **3. Stops**

During stops, which the vehicle crew shall keep to a minimum, residents shall not leave the vehicle until the transporting staff have secured the area. When the residents disembark, the staff shall keep them under constant observation to prevent external contact(s) and/or contraband smuggling. At least one staff shall remain in the vehicle when one or more residents are present.

## **L. Meals**

The vehicle crew shall provide meals and snacks during any transfer of families. Staff shall consider when the residents last ate before serving meals and snacks, paying particular attention to the needs of infants and children.

The requirements specified in the Residential Standard on **Food Service** apply equally to food served in transit and food served in Residential facilities. Meals must satisfy the nutritional requirements of the sending facility. Special dietary needs should be identified to the food service department before departure, so suitable meals can be arranged.

In the interest of safety, residents shall have no access to eating utensils (disposable or not) while in transit.

Transporting staff shall observe safe-handling procedures at all times. Their responsibilities begin with the meals awaiting pickup from the food service department, which the vehicle crew must inspect (wrapping, portions, quality, quantity, thermos transport containers, etc.) Before accepting the meals, the vehicle crew shall raise and resolve questions, concerns, or discrepancies with the food service representative.

In transit, the crew shall store and serve food at the required temperatures, maintain personal hygiene, and meet all sanitation requirements. The crew shall maintain a constant supply of drinking water (and ice) in the water container(s), along with paper cups. Some disposable garbage receptacles (plastic bags) shall reside in the driver's compartment, with the remainder stored in the equipment box located in the forward baggage compartment.

The food service administrator shall monitor the condition and routine cleansing/sterilizing of drinking-water containers, basins, latrines, etc. in vehicles to ensure compliance with the Residential Standard on **Food Service**.

In an emergency, the transporting staff may purchase meals from a commercial source, obtaining receipts for later reimbursement.

## **M. Vehicle Communication**

Every vehicle shall be equipped with a functioning two-way radio. Every crew shall carry at least one portable, so the staff can maintain contact if one or more has to leave the vehicle. The vehicle's communications system shall include a cellular phone that can counteract certain problems associated with radio transmittals, such as dead zones, different frequencies, etc.

## **N. Vehicle Sanitation**

Vehicles must be kept clean and sanitary at all times. The facility administrator shall establish the procedures and schedule for sanitizing facility vehicles. Vehicle crew responsibilities include, but are not limited to, the following:

- Dumping septic tank contents at the locations specified.
- Maintaining an adequate supply of water and chemicals in the toilet at all times, which involves monitoring the inventory of chemical supplies stored in the forward baggage compartment.

## **O. Staff Conduct**

Recognizing the effect of personal appearance, speech, conduct, and demeanor in communicating the appropriate sense of authority, every staff shall dress, speak, and act with the utmost professionalism.

Staff assigned to vehicle operations shall have contact with personnel from various Field and Sector offices, other government agencies, and with the general public. In all such, the staff shall conduct themselves in a manner that reflects positively on ICE/DRO.

The vehicle crew falls under the authority of the facility administrator and FOD with jurisdiction at each facility en route, whether an intermediate stop or final destination. This authority remains in effect until the vehicle's departure, and applies only to the current trip. If problems arise, the lead driver must contact the facility and nearest ICE office. Staff shall comply with all rules and procedures governing use of government vehicles. They shall not transport any personal items other than those needed to carry out their assigned duties during the trip. Alcoholic beverages and illegal drugs are strictly prohibited.

Using ICE/DRO guidelines and common sense, staff shall handle the crises that occasionally arise. While treating all persons with courtesy and respect, they shall not sacrifice or compromise security to do so.

There shall be no smoking in any vehicle used or expected to be used in the transportation of families.

## **P. Firearms Storage**

Every facility administrator shall ensure that the on-site supply of gun lockers can accommodate the non-resident vehicle crews during stops at the facility.

## **Q. Vehicle Equipment**

All transport vehicles shall have emergency equipment and supplies commensurate with their size and capacity.:

## **R. Use of Restraints**

Generally, restraints shall not be used during the transport of family units. In any event where a determination is made by staff and concurred with by a supervisor, restraints may be applied as follows:

In accordance with the Residential Standard on **Use of Physical Force and Restraints**, staff shall use authorized techniques and common sense when applying restraints. To ensure safe and humane treatment, the staff shall check the fit of restraining devices immediately after application, at every relay point, and any time the resident complains. Properly fitting restraints do not restrict breathing or blood circulation.

The staff shall double-lock the restraining device(s), and secure each handcuff cover to the waist chain at a point inaccessible to the residents. Under no circumstances shall staff attach a restraining device to an immovable object, including, but not limited to, security bars, seats, steering wheel, or any other part of a vehicle. Staff carrying firearms shall exercise caution if close contact with a resident becomes necessary.

As a rule, transporting staff shall not handcuff women or children. If an exception arises, the staff shall document the incident, recording the facts and the reasoning behind the decision.

## **S. Emergency Situations**

The facility administrator shall establish written procedures for transportation staff to follow in an en-route emergency. The written procedures shall cover the following scenarios.

If an emergency occurs within a reasonable distance of an ICE/DRO office, the staff shall make every effort to reach that office before taking extraordinary measures. However, if moving seems ill-advised or impossible, they shall contact the office, stating location and the nature of the problem so the office can provide/secure assistance as quickly as possible.

If the situation is life-threatening, the vehicle crew cannot afford to wait for help from an ICE/DRO office; but shall take immediate action.

### **1. Attack**

If attacked, the vehicle crew should request assistance from the nearest law enforcement agency, continuing to drive until the vehicle is incapacitated. The transportation staff shall do everything possible to protect the safety of everyone in the vehicle.

### **2. Escape**

If a resident escapes, the transportation staff shall not jeopardize the security and accountability of the remaining residents by chasing the escapee. Instead, they shall notify the nearest ICE/DRO office, providing the escapee's name, A-number, height, weight, type of clothing and direction of flight (if known). The office shall directly relay this information to local law enforcement agencies.

The vehicle crew shall wait for assistance, under no circumstances using the vehicle to pursue the escapee. While waiting, the staff shall prepare a written report of the escape and/or attempted escape, fully documented.

### **3. Hostages**

If a hostage situation occurs on board the vehicle, one transporting staff shall secure the vehicle perimeter, while the other notifies the closest ICE/DRO office of the situation. The staff shall make every effort to determine who is/are involved and whether armed, relaying the information to the ICE/DRO office and the local law enforcement agencies. Under no circumstances shall a transporting staff bargain with or take orders from the hostage-taker(s), regardless of the status or rank of the hostage(s).

The vehicle crew shall hold all residents on board until help arrives, assuming the hostage-taker(s) allow non-participants to disembark. Regardless of demands, the staff shall not allow any hostage-taker(s) off the bus, with or without the hostages.

Transportation staff shall take no action to remedy a hostage situation, especially one that would involve the use of force. The staff shall follow instructions from the jurisdictional ICE/DRO office, which should include cooperating with other agencies.

A hostage situation shall effectively end a transportation assignment because of the need to interview witnesses, examine the crime scene, etc. The transportation staff shall receive instructions on how and where to proceed once the hostage situation is resolved.

The vehicle crew's incident report shall note participants, witnesses, action taken, etc.

#### **4. Illness**

If a resident becomes ill while in transit, but the illness is not serious, the transporting staff shall take appropriate action and alert the receiving office so it can prepare to handle the situation.

If the illness requires immediate medical treatment, (for example, heart attack), staff shall request assistance from the nearest emergency services and local law enforcement agencies. The staff shall initiate life-saving procedures as appropriate, proceeding if security permits. The closest ICE/DRO office shall prepare procurement paperwork and make arrangements for hospitalization, security, etc.

#### **5. Death**

If a resident dies while in transit, transporting staff shall notify the originating or receiving office as soon as possible, and follow the procedures specified in the Residential Standard on **Terminal Illness, Advance Directives, and Death**.

The closest ICE/DRO office shall coordinate with other agencies, including the coroner, required to be on the scene when the body is removed from the vehicle. This must take place in the State where death occurred. The Residential Standard on **Terminal Illness, Advance Directives, and Death** specifies the procedures with which the staff must comply.

#### **6. Fire**

In case of fire in or on the vehicle, the driver shall immediately stop the vehicle. The crew shall fight the fire with the on-board equipment. If necessary, the staff shall request assistance from the local fire department and law enforcement agency. If the fire forces the occupants' evacuation of the vehicle, the crew is responsible for maintaining accountability while removing the residents in orderly fashion.

#### **7. Riots**

If a riot, fight, or any disturbance occurs on the vehicle, the assistant driver shall order the residents to cease and the driver shall attempt to move the vehicle to the side of the road. If necessary, the crew shall request assistance from the local law enforcement agency. Efforts should be made to determine the instigators, number of residents involved, names and A-numbers.

When sufficient assistance is available, the transporting staff shall attempt to regain control, using only as much force as necessary. Staff may not enter the passenger area bearing arms.

#### **8. Traffic Accident**

The facility administrator shall establish written procedures for vehicle crews involved in traffic accidents.

#### **9. Vehicle Failure**

The facility administrator shall develop written procedures for transportation staff to follow when the vehicle develops mechanical problems en route.

#### **10. Natural Disasters**

The facility administrator shall develop written procedures for transportation staff to follow in severe weather or a natural disaster.

### **11. Transporting Females and Children**

The facility administrator shall develop written procedures for vehicle crews transporting women and/or children.

Children may not be transported by bus if the trip would exceed six hours. Otherwise, transportation by auto or van is required, with frequent breaks. When transporting children, State laws regarding car seats shall be followed.

Adult females may be transported by bus for up to ten hours. Otherwise, transportation by auto or van is required, with frequent breaks.

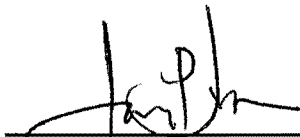
Staff shall search a resident of the opposite sex only in extreme circumstances, in the absence of a same-sex staff.

When transporting residents of the opposite gender, it is good practice for staff to call in their time of departure and odometer reading and then do so again upon arrival, to account for their time.

### **12. Transporting Resident with Special Needs**

Facility administrator shall develop written procedures for transporting residents with special needs.

**Standard Approved:**



**John P. Torres**  
**Director**  
**Office of Detention and Removal**

DEC 21 2007

**Date**

## **ICE/DRO RESIDENTIAL STANDARD**

### **HOUSEKEEPING AND VOLUNTARY WORK PROGRAM**

**I. PURPOSE AND SCOPE.** Residents will be provided with opportunities to work and earn money while confined, subject to the number of work opportunities available and the constraints of safety, security, and good order. This standard also sets forth responsibilities of the residents for personal housekeeping at the facility.

ICE/DRO will afford working residents basic U.S. Occupational Safety and Health Administration (OSHA) protections.

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

1. Eligible adult residents will have opportunities to work and earn money while in residence, subject to the number of work opportunities available and the constraints of safety, security, and good order.
2. Residents 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 by the work accomplished by residents.
4. The negative impact of confinement will be reduced because of improved morale, and fewer incidents requiring corrective action.
5. Resident working conditions will comply with all applicable federal, state, and local work safety laws.
6. There will be no discrimination regarding access to the work program based on race, religion, national origin, gender, sexual orientation, or disability.
7. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
8. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED: None**

#### **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that

deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4th Edition, Standards for Adult Residential Facilities: 4-ALDF-5C-06, 5C-08, 5C-11(M), 6B-02.

## **V. EXPECTED PRACTICES**

### **1. Voluntary Work Program**

No resident under the age of 18 is authorized to perform work, other than general cleaning of their personal housing area under the supervision of his or her parent(s).

Residents who are physically and mentally able to work shall be provided the opportunity to participate, as appropriate in the facility voluntary work program.

ICE residents may be assigned to work outside the facility. When ICE residents are working outside the secure perimeter:

- a. A qualified employee, or "work supervisor," will supervise at all times.
- b. A work supervisor will never be assigned more than four residents.
- c. A work supervisor will require residents to be within sight and sound of the supervisor at all times.

### **2. Personal Housekeeping Required**

Work assignments are voluntary; however, all residents are responsible for personal housekeeping, specifically maintaining their living areas as described below.

Residents are required to maintain their immediate living areas in a neat and orderly manner, by:

- a. Making their beds daily
- b. Stacking loose papers
- c. Keeping the floor free of debris, and dividers free of clutter
- d. Not hanging or draping clothing, pictures, keepsakes, or other objects from beds, other furniture, or overhead light fixtures.

### **3. Resident Selection for Work Details**

The facility administrator shall develop site-specific rules for selecting work detail volunteers.

Each adult resident has a primary responsibility to care for and supervise his or her minor child (or children). A resident is eligible to work only when it does not interfere with that primary responsibility.

Staffs are responsible for explaining the rules and regulations to workers in a language the workers understand.

No special privileges should be afforded to any worker as a result of work performed.



#### **4. Discrimination in Hiring Prohibited**

Residents shall not be denied voluntary work opportunities on the basis of such factors as race, religion, national origin, gender, sexual orientation, or disability.

#### **5. Physically and Mentally Challenged Residents**

While medical or mental health restrictions may prevent some physically or mentally challenged residents from working, those with less severe disabilities shall have the opportunity to participate in the voluntary work program if appropriate work assignments exist.

- a. The selecting official must consider the abilities and precise limitations of a disabled individual before considering that individual for specific work assignments.
- b. Expediency or convenience is insufficient justification to reject a resident for a particular work assignment.
- c. In disputed cases, the selecting official shall consult medical personnel to ascertain the resident's suitability for a given project.

#### **6. Hours of Work**

Residents who participate in the volunteer work program are required to work according to a fixed schedule.

Residents shall not be required to work in excess of 8 hours per day or 40 hours per week.

#### **7. Number of Details in One Day**

The facility administrator may restrict the number of work details permitted a resident during one day. A resident shall be required to sign a voluntary work program agreement before every new assignment. Completed agreements shall be filed in the resident's residential file. (See attached sample agreement).

#### **8. Compensation**

Residents shall receive monetary gratuity for work completed in accordance with the facility's standard policy. The compensation is \$1.00 per day. Compensation shall be placed into a family unit's commissary account and shall be paid daily, unless the facility has a system in place that ensures residents receive the pay owed them before being transferred or released. Cash is not to be provided directly to the resident.

## **9. Removal of Resident from Work Detail**

A resident may be removed from a work detail for such reasons that include, but not limited to, the following:

- a. Unsatisfactory performance
- b. Disruptive behavior, threats to security, etc.
- c. Physical inability to perform all functions required by the job, whether because of a lack of strength or a medical condition
- d. Unexcused absences from work
- e. Prevention of potential injuries to the resident

When a resident is removed from a work detail, the facility administrator shall place written documentation of the circumstances and reasons in the resident's residential file.

## **10. Resident Responsibility**

The facility administrator shall establish procedures for informing resident volunteers about job responsibilities and reporting procedures.

The resident is expected to be ready to report for work at the required time, and may not leave an assignment without permission.

- a. The resident shall perform all assigned tasks diligently and conscientiously.
- b. The resident may not evade attendance and performance standards in assigned activities, or encourage others to do so.
- c. The resident shall exercise care in performing assigned work, using safety equipment and taking other precautions in accordance with the work supervisor's instructions.
- d. In the event of a work-related injury, the resident shall notify the work supervisor, who shall immediately implement injury response procedures.

## **11. Resident Training and Safety**

All residential 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 conjunction with the facility's safety/training staff, appropriate training for all resident workers.

- a. The voluntary work program shall operate in compliance with:
  - 1) Occupational Safety and Health Administration (OSHA) regulations set forth in 29 CFR Parts 1910, 1926, and 1960 (current indexes attached)
  - 2) National Fire Protection Association 101 Life Safety Code (current index attached)

- 3) American Correctional Association Standards for Adult Local Residential Facilities (referenced above)
- 4) ICE/DRO Environmental Occupational Safety and Health Program Handbook

Each Safety and Health Officer (SHO) is responsible for providing all facilities in his or her jurisdiction with complete and current copies of the documents listed above, including 29 CFR Parts 1910, 1926 and 1960.

The facility administrator shall ensure that the facility operates in compliance with all currently applicable standards.

b. Upon a resident's assignment to a job or detail, the supervisor shall provide thorough instructions regarding safe work methods and, if relevant, hazardous materials.

- 1) The supervisor shall demonstrate safety features and practices.
- 2) Workers shall learn to: recognize hazards in the workplace, report deficiencies to their supervisors, and properly use the protective devices and clothing provided.
- 3) Since ICE/DRO will not tolerate "lack of knowledge or skill" as being the cause of an accident, a resident shall not undertake any assignment before signing a voluntary work program agreement that includes a confirmation that the resident has received and understands training from the supervisor about the work assignment.

The voluntary work program agreement shall be placed in the resident's residential file.

- c. For a food service assignment, medical staff, working with the U.S. Public Health Service, shall ensure residents are medically screened and certified before undertaking an assignment.
- d. The facility shall provide residents with safety equipment that meets OSHA and other required standards associated with the task performed.
- e. The facility administrator shall ensure that the facility operates in compliance with all currently applicable laws and standards.

## **12. Resident Injury and Reporting Procedures**

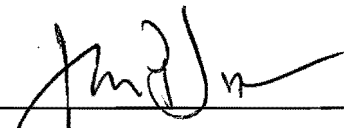
The facility administrator shall implement procedures for immediately and appropriately responding to on-the-job injuries, including immediate notification to ICE/DRO.

If a resident is injured while performing his or her work assignment:

- a. 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 coverage, the supervisor shall contact the on-call medical staff for instructions.

- b. First aid shall be administered, if necessary.
- c. Medical staff shall determine what treatment is necessary and where that treatment shall take place.
- d. The work supervisor shall complete a resident accident report and submit it to the facility administrator for review and processing, and for filing in the resident's A-file.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

**DEC 21 2007**

\_\_\_\_\_  
**Date**

# **ICE/DRO RESIDENTIAL MANAGEMENT STANDARD**

## **ADMISSION AND RELEASE**

**I. PURPOSE AND SCOPE.** Residents are admitted to or released from a facility in a secure and orderly fashion.

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

1. Each adult resident will be searched upon admission to ensure facility safety, security, and good order.
2. Each minor resident will be searched upon admission using the least intrusive methods available.
3. Each resident's personal property and valuables will be checked upon admission for contraband which, if found, will then be inventoried, receipted, and stored.
4. Each resident's identification documents will be secured in the resident's file.
5. Each resident will be medically screened upon admission to protect the health of the resident and others in the facility.
6. Each resident will be given an opportunity upon admission to shower and be issued clean clothing, bedding, towels, and personal hygiene items.
7. Each resident will undergo screening interviews and complete questionnaires and other forms upon admission.
8. Each newly admitted resident will be kept separated from previously admitted residents until in processing is completed and housing is assigned.
9. Each newly admitted resident 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.
10. Residents will be released, removed, or transferred from a facility only when staff have followed specified procedures and completed required forms.
11. The facility will maintain accurate records and documentation on all residents' admission, orientation, and release.
12. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
13. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

### **III. DIRECTIVES AFFECTED**

This Residential Management Standard is a new standard.

This Standard incorporates the **"Strip Search Guidelines for Admission to Detention Facility"** originally communicated via a Memorandum for Regional Directors dated 4/14/2003 from the Director, Office of Detention and Removal. These guidelines are revised to reflect that no minor may be strip searched. No adult resident may be strip searched without the expressed approval of ICE.

### **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

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.

FLORES v. Reno

October 15, 2007, Memorandum from DRO Director John Torres, "Change Notice: Admission and Release- National Detention Standard Strip Search Policy."

### **V. EXPECTED PRACTICES**

#### **1. 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 residents and to provide them information about facility policies, rules, and procedures. At intake, residents are searched or screened using metal detection equipment, and their personal property and valuables are checked for contraband. Residents are allowed to keep and utilize personal clothing or utilize clothing alternatives provided by the facility. Personal items and clothing not kept or allowed will be inventoried, receipted, and stored. Each resident's identification documents are secured in the resident's file. Medical screening protects the health of the resident and others in the facility, and the resident must shower prior to being admitted to the general population. Upon admission each resident is issued clean clothing, bedding, towels, and personal hygiene items.

Each new arrival undergoes screening interviews, and completes questionnaires and other forms. For safety, security, and good order of the facility, each newly arrived

resident is kept separated from the general population until he or she is assessed, classified, and housed accordingly.

Each new arrival is oriented to the facility through written material in the form of a handbook or equivalent, is appraised of the facility's rules and prohibited acts, and, in some facilities, may have an opportunity to view an orientation video.

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

## **2. Intake and Reception**

### **a. Search of Resident**

All residents shall be searched upon admission, in accordance with the Search Standard. Ordinarily, such searches shall include:

- 1) Screening with a metal detector,
- 2) A search of his or her clothing.

During admission to a facility, or at any time thereafter, pat-downs shall not be conducted on any resident unless a reasonable and articulated suspicion can be documented. No child resident under age 14 may be the subject of a pat-down search without the expressed authorization of the facility administrator or the assistant facility administrator.

A pat search (or "pat down") is an inspection of a resident, using the hands. The inspector uses his or her sense of touch when patting or running the hands over the clothed resident's body. It is considered the least intrusive of the body searches and should only be conducted by a staff member of the same gender.

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

A hand-held and/or stationary metal detector shall be available and will be used in lieu of a pat search whenever possible.

Staff shall afford all residents a degree of dignity and respect. Residents shall be afforded privacy when changing and showering during admission. No resident will be strip searched absent articulable reasonable suspicion that the detainee is secretly concealing contraband on his or her person. Strip search of a resident in a family residential center shall not be conducted.

Minor residents shall generally not be pat searched unless they are 14 years or older and there is an articulable reason to conduct a pat search. Minors shall be screened only upon entry to the facility. Screening procedures for minors age 14 years or older may include the following:

- 1) Screening with a metal detector,
- 2) A search of his or her clothing.
- 3) A thorough pat down if articulated suspicion exists that the minor may be carrying contraband. Children shall never be separated from their respective parent[s] during the admission process unless shown that such

separation is necessary to protect the child, or an immediate threat to the safety, security, and good order of the facility can be shown to exist.

All newly arriving residents shall be required to change into new clothing after arrival to the facility and prior to placement in general housing.

**b. 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 resident or his or her property shall be identified as:

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

**c. Visual Searches ("Strip Searches")**

Staff shall not strip search a resident as part of the admission process. Should any conditions exist that staff feel would warrant a strip search of any individual in a family residential center, the resident will be taken to the admissions area until an interview can be conducted by ICE staff. Staff will utilize non-intrusive search methods such as a pat down. If it is determined that any resident may have a weapon or hard contraband on their person, upon authorization of the ICE Facility Administrator, an ICE/DRO Officer may move the resident to a private area for further search. A private area is defined as an area that affords privacy and where observation is limited to members of the same gender.

Upon establishment of reasonable suspicion that hard contraband is present on the person of a resident, staff must document the basis for that reasonable suspicion. Facts supporting a basis for reasonable suspicion may include the result of a metal detector screening, the results of an intake interview, reports from other detainees or witnesses, the results of a criminal history or national security database check, the presence of tattoos or some other articulable basis to believe that the detainee has a terrorist or gang affiliation, or any articulable behavior or gestures suggesting an attempt to conceal contraband.

Once this information is documented, the resident shall be moved to a private area, and required to surrender clothing to an officer of the same gender. The resident shall change out into new clothing, however, shall not be required to remove undergarments unless the presence of contraband is noted and presents a clear and present danger to the staff member or resident.



Visual or strip searches may not be authorized or conducted without the expressed consent of the ICE facility administrator. A visual search or strip search shall only be conducted by two ICE Officers of the same gender as the resident and only in circumstances where it can be shown that a life or public safety issue is clearly established. A visual search or strip search may never be conducted on a child under age 14 without the authorization of the Field Officer Director or JFRMU.

In any instance where a parent must be searched, the search shall not be performed in the presence of any child. In any instance where a child must be searched, the parent must be present.

A visual search (or "strip search") is a visual inspection of all body surfaces and body cavities. The inspector shall not touch any skin surface of the resident. However, the inspector may request that the resident 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 resident as practicable.

Such searches will be conducted in a manner that preserves the resident's dignity.

#### **d. Showers**

Every resident must shower (or be bathed if an infant or young child) before entering his or her assigned unit. During the resident's shower, an officer of the same gender shall remain in the immediate area but shall not observe the shower process.

#### **e. 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 resident baggage and personal property (other than funds and valuables, which are addressed below).

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

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

#### **f. Missing Resident Property**

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

#### **g. Funds and Valuables**

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

#### **h. Medical Screening**

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

#### **i. Establishment of a Resident Detention File**

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

### **2. Clothing and Bedding**

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

### **3. Housing**

Staff shall use the documentation accompanying each new arrival for use in determining the most appropriate method for housing each family. ICE/DRO shall provide only the information needed for ensuring that family units classification.

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

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

New residents shall remain separated from the general population during the admissions and orientation intake.

### **4. Admissions Documentation**

An order to detain or release the resident (Form I-203 or I-203a), bearing the appropriate official signature, must accompany each newly arriving resident. Facilities shall forward the resident's A-file or temporary work file to the ICE/DRO office with jurisdiction. 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.

The A-File or temporary work file must accompany the arriving resident, 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); the medical questionnaire; the housing assignment card, and any others used by the booking entity.

### **5. Orientation**

All facilities shall have a medium to provide ICE/DRO residents an orientation to the facility. Orientation procedures must be approved in advance by the JFRMU.

## 6. Resident Handbook

In accordance with the Detention Standard on **Resident Handbook**, each facility shall issue to each newly admitted resident a handbook (or equivalent) that fully describes all policies, procedures, and rules in effect at the facility.

If a resident does not understand the language of the handbook, the facility administrator shall provide a translator or may use a language line for orientation and scheduled meetings.


## 7. Releases

Staff must complete certain procedures before any resident'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, etc. ICE/DRO shall approve release procedures.

The facility must identify and have in place all necessary procedures that ensure the completion of all paperwork, verification of the resident to be released or transferred, and shall document that all releases are properly ordered by ICE.

The facility shall ensure verification for residents to be released through the use of photos, biometrics, or other system designed to prevent the accidental release of residents.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

DEC 21 2007

\_\_\_\_\_  
**Date**

# **ICE/DRO RESIDENTIAL STANDARD**

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## **CONTRABAND**

**I. PURPOSE AND SCOPE.** Contraband is identified, detected, controlled and properly disposed, thereby protecting residents and staff and enhancing facility security and good order.

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

1. Contraband will be identified, detected, controlled, and disposed of properly.
2. Resident personal property that would be considered contraband within the facility will be mailed to a third party or stored until the resident'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. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
5. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED:** None

## **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4<sup>th</sup> Edition Standards for Adult Local Detention Facilities: 2C-01, 2C-02, 2C-06.

## **V. EXPECTED PRACTICES**

1. "Hard" and "Soft" Contraband: "Contraband is anything residents are not authorized to have in their possession.

a. Hard contraband includes any item that:

- 1) Is inherently dangerous, including but not limited to weapons (knives,

guns, "zip-guns," ammunition, explosives, flammable liquids, brass knuckles, poison, etc.)

- 2) Is a tool or device that could be used to escape (rope, bolt cutters, keys, etc.)
- 3) Could otherwise interfere with security, safety, or the good order of facility operations (intoxicants, prohibited currency, sensitive or confidential facility documents, etc)
- 4) Is a narcotic and/or other controlled substances not dispensed or approved by the medical department, not used as prescribed, or in the possession of a resident other than 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 resident brings into the facility upon arrival shall be forwarded to the facility medical staff for disposition.

**A resident found in possession of hard contraband could face corrective action or criminal prosecution.**

b. Soft contraband includes "nuisance" items that do not pose a direct and immediate threat to safety but has the potential to create dangerous or unsanitary conditions in the facility, such as excess papers that create a fire hazard, inappropriate written materials, food items that are spoiled or retained beyond the point of safe consumption, etc.

## **2. Procedures for Handling Contraband**

All facilities shall have written policy and procedures for the handling of contraband.

**a. Seizure of Contraband.** Staff shall seize contraband:

- 1) Found in the physical possession or living area of a resident including that of a resident awaiting voluntary return.
- 2) From common areas,
- 3) From incoming or outgoing mail,
- 4) Discovered during admission in-processing,

Exceptions may occur only upon written authorization of the facility administrator.

**b. Religious Items.** The facility administrator shall ordinarily consult a religious authority before the confiscation of a religious item that is "soft" contraband.

**c. Disputed Ownership.** When a resident's claimed ownership of potential contraband material is in question, staff shall:

- 1) Inventory and store item pending verification of ownership;
- 2) Provide the resident a copy of the inventory as soon as practicable and place a second copy in the resident's Residential file. The resident shall have seven days following receipt of the inventory to verify ownership of the listed items.

3) Staff shall deny claims:

- a) Arising from the unauthorized use of government property.
- b) For any item acquired without authorization from another resident.

If the resident cannot establish ownership, staff shall attempt to resolve the situation, but if ownership cannot be reasonably established, the property may be destroyed, as described below.

**3. Resident Property That Is Contraband.** Staff shall seize any soft contraband and/or hard 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 mail to a third party, or store with the resident's other stored personal property, in accordance with the Residential Standard on "Funds and Personal Property." If the resident chooses not to provide an appropriate mailing address, or is financially able but unwilling to pay the postage, the facility administrator -- after providing the resident with written notice of the intent to destroy the property and how to prevent that outcome -- may dispose of the property in accordance with **Destruction of Contraband** below.

**4. 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 so as 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.

**5. Government Property.** Contraband that is government property shall be retained as evidence for possible corrective action or criminal prosecution, after which, as is appropriate, it may be:

- a. Returned to the issuing authority,
- b. Returned to normal stock for reuse, or
- c. Destroyed, with approval of the facility administrator.

**6. Destruction of Contraband**

Hard contraband may be destroyed when no longer needed for corrective action or criminal prosecution. It may also be kept for official use (for example, as a training tool) if secured in a designated secure room when not in use. The facility administrator shall establish a procedure for the destruction of contraband items.

Procedures shall include at a minimum:

- a. The Assistant Facility Administrator for Operations, or equivalent, determines whether an item shall be destroyed.
- b. The Assistant Facility Administrator for Operations sends the facility administrator a memorandum through official channels, describing what is to be destroyed and why.
- c. The facility administrator generally holds an item of questionable ownership for 120 days before considering its destruction, to afford the resident ample opportunity to obtain verification of ownership and/or appeal the decision in

accordance with the Residential Standard on "Grievance Procedures."

Where disciplinary action is appropriate, the facility administrator shall defer his/her decision about the property until the disciplinary case, including appeals, is resolved.

- d. The staff member who physically destroys the property and at least one official observer shall attest, in writing, to having witnessed the property's destroyed
- e. A copy of the property disposal record is placed in the resident's Residential file. Records of property disposal shall remain on file for at least two years to ensure its availability for any subsequent investigation of a tort claim.

#### **7. Canine Units**

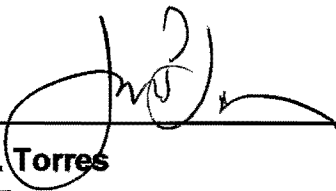
While canine units maybe used for contraband detection with the written approval of JFRMU, canine units will not be maintained at or near the facility. A canine search will never be conducted in the presence of residents. Their use for force, control, or intimidation of residents is prohibited.

#### **8. Notice to Residents**

The resident handbook, or equivalent, shall notify residents of the following:

- a. The facility's rules and procedures governing contraband.
- b. The applicability of the Residential Standard on **Funds and Personal Property**, as it relates to contraband.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

DEC 21 2007

\_\_\_\_\_  
**Date**

# **ICE/DRO RESIDENTIAL STANDARD**

## **FUNDS AND PERSONAL PROPERTY**

**I. PURPOSE AND SCOPE.** Residents' personal property, including funds, valuables, and baggage, is safeguarded and controlled, and contraband does not enter a residential facility.

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

1. That the security, safety, and good order of each facility will be maintained through an immediate and thorough search of each newly-admitted resident and his or her property.
2. That every resident's funds, valuables, baggage, and personal property will be inventoried, receipted, stored, and safeguarded.
3. That every resident will be informed about what happens to funds and property that cannot be retained in his or her possession, and the procedures necessary to report missing or damaged property.
4. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
5. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED.** None

### **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4th Edition, Standards for Adult Detention Facilities: 4-ALDF-2A-20, 2A-23, 2A-24, 6A-07(M).

### **V. EXPECTED PRACTICES**

#### **1. General:**

- a. All residential facilities are required to have written policies and procedures to:
  - 1) Account for and safeguard the property of each resident at the time of admission.
  - 2) Inventory and receipt the monetary funds and other valuables of each resident.



- 3) Inventory and receipt the baggage and personal property items, other than funds and valuables, which belong to each resident.
  - 4) Conduct audits of the funds, valuables, and other personal property withheld from each resident.
  - 5) Return all funds, valuables, and other personal property belonging to each resident upon their release or transfer.
  - 6) Assist a resident to report missing or damaged property, and investigate the claimed loss.
- b. In many facilities, confiscated funds are deposited in the facility commissary (or canteen) in an account owned by the resident. Any facility without a commissary shall provide:
- 1) A secure cash box for any funds that have been retained from a resident
  - 2) Valuable-property envelopes, which are to list a description of the property and to be sealed immediately after the property is placed inside,
  - 3) A dedicated safe for the cash box and property envelopes, accessible to designated supervisors only.
  - 4) A receipt book to record the amount and type of funds confiscated and/or the type of property being stored.
  - 5) A property storage log to record the date, the time and the name of each person who opens the dedicated safe to place funds in the cash box or withdraw funds from the cash box or to place into or withdraw from the dedicated safe a valuable-property envelope.
- c. All facilities, at a minimum shall provide:
- 1) A secured locker for holding large valuables, accessible to designated supervisor(s) only
  - 2) A baggage and property storage area that is secured when not attended by assigned admissions processing staff
  - 3) A receipt book to record the retention of the resident's funds, valuables or other property.

Both the dedicated safe and the large-valuables locker should be kept in the shift supervisor's office, or otherwise secured in an area accessible only by the shift supervisors.

The baggage and property storage area shall be maintained in a clean and orderly manner and inspected as often as necessary to protect resident property.

Regular, frequent and unannounced audits of the property storage log book and the receipt books should be conducted to ensure that the retained funds, valuables, and other property are being properly recorded and accounted for, to avoid misplacement or theft of stored property.

## **2. Contraband**

In accordance with the Residential Standard on “**Contraband**,” contraband must be surrendered to staff for securing and inventorying. Any personal item can be considered to be contraband when possessed by a resident or visitor within the facility without authorization from the staff. Residents must obtain prior written permission to possess any item, even if the type of item is generally allowable in the facility.

## **3. Notice to Residents**

The resident handbook or equivalent shall notify the residents of facility policies and procedures concerning personal property, including:

- a. The certain items that they may retain in their possession.
- b. The procedure for requesting a certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files.
- c. The rules for storing or mailing property not allowed to be in their possession at the facility.
- d. The procedure for claiming their property upon release, transfer, or removal.
- e. The procedures for filing a claim for lost or damaged property. Please note that a claim for lost property needs to include documentation (such as the property receipt) that the property was stored or deposited with the facility and that the process for adjudicating a claim requires that the facility retain the receipt books and property storage logs.
- f. The procedure for recovering information contained on electronic media such as personal cell phones or computers belonging to the resident.

## **4. Admission**

Any unauthorized personal property is contraband, and will be surrendered to staff for securing and inventorying.

Upon admission to a facility the staff shall search and inventory each resident's property in the presence of the resident, unless instructed otherwise by the Facility Administrator. If the resident being admitted arrives with medication, the medical staff shall determine the nature of, the storage of, and the disposition of all medicine. The admitting staff shall require each resident from whom funds, valuables or other property is being withheld to submit a permanent home address for possible to be used if stored property is discovered at the facility after the resident's release or transfer from the facility.

## **5. Limitations on Possession of Funds and Personal Property**

- a. No cash shall remain in the possession of any resident.
- b. Each facility will be required to maintain a commissary system to account for any cash on hand for each family unit at the facility.
- c. Residents may keep a reasonable amount of personal property in their possession, provided it poses no threat to facility security. Residents shall have the opportunity to mail excess property to a third party, or to store the

excess property in the facility's personal property storage area, with the facility administrator's permission. Any property stored by the facility should be recorded and described in the personal property storage logbook and a duplicate receipt for stored property should be prepared so that the facility and the resident each have documentation describing the stored property.

- d. Identity documents, such as passports and birth certificates, are to be held in each resident's A-file for safekeeping by ICE until the resident is removed or until the removal proceedings are resolved; however, upon written request, staff shall provide the resident a copy of the requested document, certified to be a true and correct copy.
- e. For each housing area, the facility administrator shall designate a secured storage area or room for storing residents' personal property.
- f. Each resident shall be permitted to keep reasonable quantities of the following personal items in his or her possession, as long as a particular item does not pose a threat to the security or good order of the facility:
  - 1) Small religious items
  - 2) Religious and secular reading material and correspondence
  - 3) Legal documents and papers, including property receipts
  - 4) Photographs measuring 5" x 7" or smaller
  - 5) Prescription glasses
  - 6) Dentures
  - 7) Personal address books or pages
  - 8) Wedding rings
  - 9) Any other items approved by the JFRMU staff

Examples of items residents may not retain in their possession include:

- 10) Cash
- 11) Any negotiable instrument
- 12) Jewelry other than small religious items and wedding rings
- 13) Other items of value, for example, cameras, radios, stereos
- 14) Prohibited publications, including, but not limited to, publications depicting, describing or encouraging activities that could lead to 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 or alcohol
- 15) Drugs and medications not prescribed or authorized by facility medical staff. (Residents are only authorized to keep medications authorized by medical staff that are designated as "Keep on Person" by the designated medical provider)

Every housing area shall have lockers or other securable space for storing residents' authorized personal property. The amount of storage space shall correspond to the number of residents assigned to that housing area.

Space constraints may cause the facility administrator to limit the number of books, newspapers, magazines, etc., allowed per resident.

#### **6. Excess Property**

To prevent overcrowding and related storage problems, staff shall encourage residents to send extra suitcases, televisions, electronic devices, and other "soft" (not illegal or dangerous) contraband to a third party of his or her choosing.

- a. The facility may make shipping arrangements for a resident requiring such help, and shall assume the cost if the resident cannot afford postage.
- b. If a resident does not provide an appropriate mailing address within 30 days, the facility may make reasonable accommodations to store the property; however, ordinarily, the amount stored may not exceed 40 lbs.
- c. If a resident does not provide an appropriate mailing address, or is financially able but unwilling to pay the postage, the facility administrator may dispose of the property in accordance with the Residential Standard on "Contraband," after providing the resident with written notice.
- d. When personal property is shipped, staff shall prepare an inventory record of the property that was shipped, the shipment addressee, and maintain a copy of the property inventory and shipping information in the resident's file.

#### **7. Staff Processing of Funds and Valuables**

Each facility shall have a written standard procedure for inventory and receipt of resident funds, valuables, and other personal property. Residents shall receive a copy of a receipt containing the inventory of their retained property. The funds shall be recorded in a cash log and deposited in the facility commissary or cashbox and dedicated safe, and the property shall be stored in a secured storage area or dedicated safe, accessible by shift supervisors only.

- Foreign currency shall be recorded by type and amount, and a receipt provided to the resident.
- Foreign currency shall not be converted by the facility.

#### **8. Supervisor Processing of Funds and Valuables**

The supervisory staff member shall:

- a. Verify the accuracy of all funds received.
- b. Record the amount of cash, and describe each valuable item in the supervisors' property log.
- c. Verify the proper safekeeping or deposits of funds and storage of valuables, and ensure against unauthorized access to the secured locked area.

## **9. Staff Processing of Baggage and Personal Property Other Than Funds and Valuables**

An itemized inventory of all resident baggage and personal property (separate from funds and valuables) shall be completed during admissions processing, using the personal property inventory form. If a resident 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 and birth certificates, which are held in each resident's A-file.

The personal property inventory form must contain, at a minimum, the following information:

- a. Date and time of admission
- b. Resident's complete name and A-number or facility resident number
- c. Description, quantity and disposition of articles. Disposition may be indicated as either:
  - 1) "S" for "Safekeeping" (by the facility), or
  - 2) "R" for "Retained" (by the resident).
- d. General condition of the property
- e. The signature, and the printed name of the staff member completing the inventory and the signature and printed name of the resident

After being properly inventoried and inspected for contraband, all baggage and facility containers shall be tagged as follows:

- a. A pre-numbered, three-part I-77 or similar inventory form shall be issued for each separate container or item of baggage.
- b. Each I-77 shall bear the resident's full name, A-number or facility resident number, and the date.
- c. The resident's signature must appear on the I-77.
- d. The top portion of the I-77 shall be attached to the resident's property, and the center portion to the resident's booking card or residential file. A brief description of the property container shall be made on this portion of the I-77, for example, "black suitcase" or "paper bag."
- e. The resident shall be given the bottom portion of the I-77. The back portion of the I-77 shall also contain a brief description of the property container.

All resident luggage and facility containers used for storing resident personal property shall be secured in a tamper-resistant manner (such as by a tamper-proof, numbered tie strap) and shall only be opened in the presence of the resident.

A logbook shall be maintained, listing resident name, A-number or facility resident number, I-77 number, security tie-strap number, property description, date issued, and date returned.

Tagged baggage and other property tagged with an I-77 shall then be stored in the facility baggage storage area.

## **10. Inventory and Audit**

Each facility shall have a written procedure for the inventory and audit of residents' funds, valuables, and personal property.

Where physical custody of or access to resident funds, property envelopes, and large valuables changes with facility shift changes, the on-coming and off-going supervisors shall simultaneously conduct an inventory of these items. The property and valuables logbook shall record the date, time, and the name(s) of the staff conducting the inventory. Any discrepancies shall be immediately reported to the Assistant Facility Administrator for Operations and ICE resident.

## **11. Release or Transfer**

Each facility shall have a written procedure for returning funds, valuables, and personal property to a resident being transferred, removed, or released.

## **12. Lost or Damaged Property**

### **a. General**

Each facility shall have a written policy and procedure for resident property reported missing or damaged. A lost property report is required.

*ICE shall be notified when property receipted resident 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 in a damaged condition, staff shall prepare a report for the facility administrator and ICE/DRO, providing:

- 1) Name and A-number or facility resident number of the resident claiming ownership
- 2) Description of the property and, if applicable, the noted 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 and the cause of the loss or damage to the property if determined.
- 6) Names and statements of the resident and 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)

A resident being transferred, released, or removed who has a claim for lost or damaged property shall be allowed to initiate the claim before leaving the facility. A Standard Form 95 (SF95) shall be provided to the resident for making his or her claim. The facility administrator shall send the result of the investigation of the resident's claim and his or her SF95 to the Office of the Principal Legal Advisor, CALD, at 425 I Street, N.W. Room 6100, Washington, DC 20536 for further adjudication and disposition of the claim.

**b. Documentation of Lost or Damaged Property**

In addition to the procedures specified above, ICE/DRO staff must complete Form I-387, *Report of Resident Missing Property*, for lost property (but not for damaged property). The original copy of this form shall be placed in the residents A-file, with a copy retained by the facility. The facility administrator shall send the result of the investigation of the resident's claim, a copy of the Form I-137, and the resident's SF95 to the Office of the Principal Legal Advisor, CALD, at 425 I Street, N.W. Room 6100, Washington, DC 20536 for further adjudication and disposition of the claim.

A copy of the completed forms shall be forwarded to JFRMU for a determination of whether any additional reporting is required.

Additionally, each facility shall incorporate the following requirements in its policies and procedures:

- 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 staff shall forward all resident claims for lost or damaged property to OPLA/CALD promptly.
- The senior contract staff shall immediately notify the designated ICE/DRO staff of all claims.

**13. Abandoned Property**

All facilities shall report and turn over to ICE/DRO all residents' abandoned property for management and disposition in accordance with existing ICE/DRO policy.

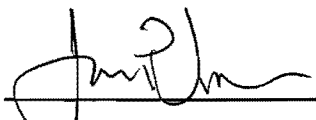
- a. Notification shall be sent by certified mail to the last known address of the resident, advising him or her that the property has been declared abandoned, and that he or she has 30 days to contact ICE/DRO to arrange to claim the property;
- b. If the resident does not respond or expresses that he or she does not want to claim the property, the facility administrator shall have the property "vested" into the ownership of the Government;
- c. After the property has been vested in the Government, ICE/DRO shall:
  - Use the property;
  - Destroy the property; or
  - Sell the property at auction and deposit the proceeds into a general account.

Contraband shall be handled in accordance with ICE/DRO' "Control and Disposition of Contraband" standard.

Property that is of minimal value, broken, or clearly abandoned shall be discarded.

Because property obtained through non-appropriated funds cannot be donated, donations of abandoned property to charitable organizations are prohibited.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

DEC 21 2007

\_\_\_\_\_  
**Date**



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# **ICE/DRO RESIDENTIAL STANDARD**

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## **KEY AND LOCK CONTROL**

**I. PURPOSE AND SCOPE.** Keys and locks are properly controlled and maintained, enhancing safety and security at the facility.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Residential 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. Firearms will be stored in secure gun lockers before their carriers enter the facility.
5. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
6. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED.** None

## **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities: 4-ALDF-2D-01, 7B-10.

## **V. EXPECTED PRACTICES**

### **1. 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 completed before staffs are issued keys, and key control shall be among the topics covered in subsequent annual training.

- a. An employee who inadvertently leaves the facility with a key ring shall return it immediately upon realizing his or her mistake (which constitutes unauthorized possession of U.S. property as well as a breach of procedures).

- b. 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.
- c. Staff shall never allow any resident to handle facility keys.
- d. 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.
- e. Employees shall not refer to key numbers or other means of identification within earshot of a resident.
- f. Employees shall neither throw nor slide keys to one another.
- g. Force shall not be used to operate locks.
- h. If a key breaks inside a lock, the employee shall maintain visual oversight of the lock until its extraction. 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.
- i. It is recommended that every facility use key covers for large security keys, however, it is within the discretion of the facility to determine if key covers will be utilized.

## **2. Facility Staff (Key-Control Staff)**

Each facility administrator shall, either, establish the position of Security Officer, or, assign a staff member the collateral security officer duties, as described herein.

### **a. Major Duties and Responsibilities of the Facility Staff**

The Security Officer shall have a written position description that includes duties, responsibilities, and chain of command.

The Security Officer:

- 1) Reports directly to the Assistant Facility Administrator for Operations;
- 2) Conducts physical security surveys of all buildings and provides the Assistant Facility Administrator for Operations written recommendations regarding deficiencies and needed corrective actions;
- 3) Plans and practices preventive maintenance/replacement of locks and other security-devices;
- 4) 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;
- 5) Overhauls, adjusts, and replaces worn parts on locking devices and systems;
- 6) Maintains, adjusts, and services machines used in the lock-shop;
- 7) Is capable of operating gas/oxygen-cutting tools and end-saw equipment in an emergency;

- 8) Conducts routine tests on emergency-exit doors;
- 9) Checks the keys to all emergency exits every 30 days and all other keys needed in emergencies quarterly, and documents the results.
- 10) 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 Assistant Facility Administrator for Operations (or equivalent) and Security Officer before proceeding with new construction and renovation projects involving door hardware.

#### **b. Required Locksmith Training**

All security staff shall successfully complete an approved locksmith training program.

The Security Officer shall complete formal locksmith training.

Locksmith training 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.

#### **c. Administrative Responsibilities**

The Security Officer is responsible for all administrative duties, including recordkeeping, concerning keys, locks, and related security equipment.

The Security Officer:

- 1). 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;
- 2). Maintains accurate inventories of padlocks in use, master keys for cabinets, key blanks, and all keys currently in use;
- 3). Maintains for the historical record a collection of reference material on locking devices and systems, including devices and systems previously used in the facility.

#### **d. Supervision and Training**

The Security Staff shall train and direct employees in key control, including electronic key pads where they are used.

The Security Staff is responsible for training an Assistant Security Staff in all duties related to the position. The Security Staff must be proficient in all phases of security and be able to demonstrate proper equipment use to other employees.

### **3. Lock Shop Operation**

#### **a. Inventories**

The Security Staff shall maintain inventories of all keys, locks and locking devices in the Lock Shop.

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; always locked; with all contents 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.

**b. Compromised Keys and Locks**

The facility administrator or Assistant Facility Administrator for Operations shall establish procedures for handling compromised keys and locks.

Compromised keys shall be cut into pieces until irremediably destroyed. The facility shall document the type of key or lock, the number of keys/locks compromised, and the date, time, and method of destruction.

**c. Safe Combinations**

The Security Staff shall implement procedures for protecting the integrity of all safe combination(s).

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.

**d. Keying, Authorized, and Non-Authorized Locks**

- 1) Either deadbolts or deadlocks shall be used in resident-accessible areas.
- 2) Locks not authorized for use in resident-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.
- 3) Grand master-keying systems are not authorized.
- 4) After removing the facility number and key cuts, the Security Staff shall cut up and dispose of worn or discarded keys and locks.
- 5) 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 Occupational Safety and Environmental Health Manual (Chapter 3) and in the National Fire Protection Association Life Safety Code (#101). Panic-hardware is an acceptable alternative to such locking devices.

- 6) Individual doors to areas with room capacity of 50 or more people shall have no more than one lock for each door. Padlocks shall not be used on exit doors or intermediate doors along the exit route.
- 7) Padlocks and/or chains may not be used in a family residential center.

**e. Preventive Maintenance**

The Security Staff shall implement a preventive maintenance program.

The Security Staff shall perform the following preventive maintenance services, among others:

- 1). Adjust and service vehicle-gates for changing (hot/cold) weather conditions twice a year, in the spring and early fall
- 2). Adjust and service front-entrance and other gate operations at least once a year.
- 3). Lubricate all other locks quarterly, per manufacturers' instructions.
- 4). Perform maintenance checks on locks and locking systems, taking corrective action as necessary.
- 5). At least once every five years: steam-clean vehicle-gates; clean locking mechanisms of front-entrance gates, other gates, and other critical 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 Staff, as needed.

**f. Preventive Maintenance Documentation**

The Security Staff shall maintain all preventive maintenance records.

The Security Staff'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.

#### **4. Key Cabinet**

##### **a. Location**

An operational keyboard large enough to accommodate all facility key rings, including keys in use, shall be located in a secure area.

This operational keyboard shall be located in the Control Center.

**b. Basic Construction.** The key cabinet shall be constructed so that keys are visible only when being issued. Keys may never be seen by residents or visitors.

**c.** 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."

##### **d. Key Rings**

The Security Staff 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.

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:

- 1) The larger tag shall identify the key ring with a number/letter corresponding to the hook number/letter.
- 2) The smaller tag shall identify the number of keys on the key ring.

##### **e. Emergency Keys**

Emergency keys shall be on hand for every area to or from which entry or exit might be necessary in an emergency.

1. 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.
2. 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.

3. The emergency keys shall be cut precisely to manufacturer's specifications.
4. Emergency keys shall not be rotated in and out of the lock shop.

## **5. Issue of Key Rings**

### **a. Chit System**

Facilities shall use a chit system or other standard system for the issuance and accountability of key rings.

The chit shall be labeled with the staff'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 Staff, which he or she can exchange for keys according to standard procedure.

- The Control Staff shall maintain accountability for the issued chits.
- At the end of the shift, the employee shall personally return the temporary chits to the Control Staff.

At shift rotation, to obtain keys from staff on post, the relief staff must first exchange his or her key chit at the Control Center for the key chit of the employee being relieved. The relief staff shall take his or her key chit to the employee being relieved and exchange the key chit for the appropriate ring of keys. The staff shall immediately count the keys on his or her ring, immediately reporting any discrepancies to the shift supervisor. If the relief staff needs to gain access to any location(s) while heading from the control center to his or her post, the Control Staff may issue him/her a second set of keys. In this case, the staff shall return the extra set of keys to the Control Staff at the end of the relief shift.

### **b. Restricted Keys**

The facility administrator shall establish rules and procedures for authorizing use of restricted keys.

The Control Staff must have authorization from the shift supervisor to issue a restricted key.

#### **1). 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 may authorize the withdrawal, document the reasons, and sign the authorization. Such documentation is ordinarily done via a Restricted Key form. A copy shall be sent to the Pharmacist, who shall maintain a file of such emergency authorizations.

## **2). ICE and EOIR Offices**

Keys to ICE and EOIR (Executive Office of Immigration Review) 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.

### **b. 24-Hour Issue Keys**

No key or key ring may be issued on a 24-hour basis without the facility administrator's written authorization.

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 5" x 8" cards 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 card must bear the signatures of the authorizing facility administrator, Assistant Facility Administrator for Operations, and the employee to whom the keys are issued.

### **c. Security Keys**

Key rings used but not issued on a 24-hour basis because 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 staffs are 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.

### **d. Key Accountability**

The facility administrator shall establish written policy and implementing procedures to ensure key accountability.

The Control Staff 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 Staff 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.

**e. Request for Key Change**

Key-change requests shall be submitted, in writing, to the facility administrator. Upon facility administrator approval, only the Security Staff may add or remove a key from a ring.

**f. Split Key Ring**

The splitting of key rings into separate rings is not authorized.

**6. Gun-Locker Keys**

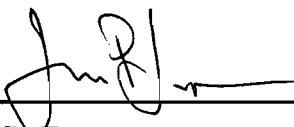
Staff shall store their weapons in individual lockers before entering the facility.

The facility administrator shall develop and implement site-specific procedures for controlling gun-locker access; however, in all facilities, gun lockers:

- a. Shall be placed in locations where staff can continuously observe them, in person or on a video-monitor, and not in any area that has resident or public access.
- b. Shall store the weapons of all on-duty staff, except those whose assignments require them to carry weapons.
- c. May not be used for long-term storage. (A staff member may arrange with the facility firearms control staff for 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:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

DEC 21 2007

\_\_\_\_\_  
**Date**

# **ICE/DRO RESIDENTIAL STANDARD**

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## **RESIDENT CENSUS**

**I. PURPOSE AND SCOPE.** Each facility has an ongoing, effective system of resident census to verify presence within the facility at specified times, thereby protecting the residential community from harm and enhancing facility security, safety, and good order.

**II. EXPECTED OUTCOME.**

1. The expected outcome of this Standard is that security, safety, and orderly facility operations will be maintained through an ongoing, effective system of resident census.
2. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
3. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED.** None

**IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities: 4-ALDF-2A-16, 2A-17.

**V. EXPECTED PRACTICES**

**1. Resident census**

Resident census is conducted at specific times of the day and night in a predetermined manner. A formal resident census should be conducted three times a day, with a shift supervisor verifying census accuracy. During the formal census, residents shall report to pre-designated areas at specified times and check in with staff as required. The census shall not resemble a standing head count such as those used in correctional operations except as permitted within this standard.

Census procedures must be strictly followed. If the accuracy of a census is in doubt, the staff shall do a census and any other double-checking necessary. Staff performing the census shall never rely on a roll call.

- a. Staffs shall encourage resident cooperation; however, they shall not allow residents to perform the census, nor participate in the preparation or documentation of the census process.
- b. As each area reports its census, the control staff shall so indicate in the control log. If any area/unit reports an incorrect census, all residents will be required to be returned to their housing unit for a formal census.
- c. A formal census requires face-to-photo verification. When the face-to-photo census has been completed, the control staff shall report that census to the shift supervisor responsible for accepting and clearing the census.
- d. In the event that a resident is unaccounted for after the face-to-photo verification, the supervisor on duty shall institute the escape policy.
- e. The census shall not be conducted during sleeping hours and staff shall not shine lights or otherwise disturb residents unless an exigent circumstance exists.

## **2. Face-to-Photo Verification**

Face-to-photo verification shall be conducted as necessary.

Face-to-photo verification procedures are the same as the formal census procedures, except each resident shall be matched with the photo on his or her I-385 card or other facility photo-identification card.

## **3. Master Census**

The facility Control Center shall maintain a master census.

The facility control staff maintains the master census record. He or she must be provided with up-to-the-minute information regarding resident admissions, releases, housing changes, hospital admissions, and any other changes that could affect resident accountability.

## **4. Out-Counts**

The control staff shall maintain an out-count record of the number and destination of all residents who temporarily leave the facility.

This record must contain an accurate and up-to-date listing of every temporary departure and return of a resident

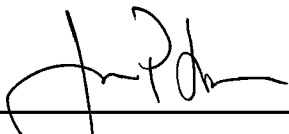
## **5. Emergency Counts**

An emergency count shall be conducted when there is reason to believe a resident is missing, or after a major incident has occurred.

An emergency count is a formal census taken in addition to and at a different time from the regularly scheduled Resident reporting. When a resident is unaccounted for, or a major incident has ended, a census shall be taken to determine that no residents or staff are missing.

All residents shall be returned to their housing units during emergency counts. An emergency count is conducted in the same manner as a formal census.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

**DEC 21 2007**

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**Date**

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# **ICE/DRO RESIDENTIAL STANDARD**

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## **SEARCHES OF RESIDENTS**

**I. PURPOSE AND SCOPE.** Contraband is detected, controlled, and/or properly disposed of, protecting residents and staff and enhancing facility good order and security.

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

1. Residents will live and work in a safe and orderly environment.
2. Contraband will be controlled.
3. Searches of residents, housing and work areas will be conducted without unnecessary force and in ways that, insofar as is practical, preserve the dignity of residents.
4. When body searches are conducted, the least intrusive practicable search method will be employed, as determined by the type of contraband and the method of suspected introduction or concealment.
5. A pat-down search will be conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and, if required, when properly authorized by a supervisor.
6. Contraband that may be evidence of a criminal law violation will be preserved, inventoried, controlled, and stored so as to maintain and document the chain of custody.
7. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
8. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

### **III. DIRECTIVES AFFECTED**

None.

### **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

October 15, 2007, Memorandum from DRO Director John Torres, "Change Notice: Admission and Release- National Detention Standard Strip Search Policy."

## **V. EXPECTED PRACTICES**

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

All facilities shall have written policy and procedures for:

- a. Employment of the least intrusive method of search practicable, as determined by the type of contraband and the method of suspected introduction or concealment;
- b. Conduct of body searches, including frisks ("pat-downs"), visual searches ("strip searches"), body cavity searches, and x-rays;
- c. Avoidance of unnecessary force and efforts to preserve the dignity of residents during searches, to the extent practicable;
- d. Avoidance of unnecessary disorder during a search of housing or work areas; such searches shall not be conducted on a routine basis;
- e. Handling of contraband;
- f. Preservation of evidence.

### **2. Staff Training**

Staff shall receive initial and annual training on effective search techniques.

### **3. Search of Resident Housing and Work Areas**

The purpose for searching resident housing and work areas is to ensure a safe living environment for families. Periodically, staff may search a resident's housing and work area as well as personal items contained within those areas, without notice to, or approval from the resident. However, search of a resident's personal items should include notification to the resident and require their presence unless exigent circumstances exist. The facility is required to notify ICE weekly of all physical plant searches conducted. ICE shall immediately be notified of any instance in which hard contraband is found. Each facility shall establish procedures to ensure all housing units and work areas are searched at least daily, however, search times shall be at irregular intervals to prevent staging of contraband. Inspections are primarily designed to:

- a. Detect contraband;
- b. Prevent escapes;
- c. Maintain sanitary standards, and;
- d. Eliminate fire and safety hazards.

Staff shall maintain written documentation of each area search. The Assistant

Facility Administrator for Operations shall maintain the inspectors' documentation.

#### **4. Searches of Residents**

Staff shall document all searches, authorizations, and the reasons for the searches in any logs used to record searches and in the resident's residential file.

##### **a. Pat Search**

During admission to a facility, or at any time thereafter, pat-downs shall not be conducted on any resident unless reasonable and articulable suspicion can be documented. No child resident fourteen years old or younger may be the subject of a pat-down search without the explicit authorization of the facility administrator or the assistant facility administrator.

A pat-down is an inspection of a resident, using the hands. The inspector uses his or her sense of touch when patting or running the hands over the clothed resident's body. It is considered the least intrusive of the body searches and should only be conducted by a staff member of the same gender.

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

A hand-held and/or stationary metal detector shall be available and will be used in lieu of a pat-down.

##### **b. Strip/Visual Search**

**Description:** A strip search, also referred to as a visual search may not be authorized or conducted without the explicit consent of the ICE facility administrator. A strip search shall only be conducted by two ICE staff members of the same gender as the resident and only under circumstances where it can be shown that a life or public safety issue is clearly established. A strip search may never be conducted on a child under age fourteen without the authorization of the Field Office Director and JFRMU.

In any instance where a parent must be searched, the search shall not be performed in the presence of any child. In any instance where a child must be searched, the parent must be present.

A strip search is a visual inspection of all body surfaces and body cavities. The inspector shall not touch any skin surface of the resident. However, the inspector may request that the resident move parts of the body to permit visual inspection. It is considered more intrusive than a pat-down and shall be made in a manner designed to ensure as much privacy to the resident as practicable.

A strip search requires the removal or rearrangement of some or all of the resident'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, 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.

**c. Body Cavity Searches**

In every instance where it is established that a foreign object is located within a body cavity, only a qualified medical authority shall be authorized to locate and remove the object. Only the Chief JFRMU in conjunction with the Field Office Director can authorize this type of search.

**5. PRESERVATION OF EVIDENCE**

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

**Standard Approved:**



**John P. Torres**  
**Director**  
**Office of Detention and Removal**

**DEC 21 2007**

**Date**



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## **ICE/DRO RESIDENTIAL STANDARD**

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### **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION**

**I. PURPOSE AND SCOPE.** This Residential Standard requires that facilities that house ICE/DRO residents/residents in residential facilities affirmatively act to prevent sexual abuse and assaults on residents, 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 all residential facilities housing DRO residents:

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

1. Sexual abuse and assault of residents will be prevented.
2. Residents will be informed about the facility's sexual abuse or assault prevention and intervention program.
3. Residents will be screened to identify those likely to be sexual aggressors or sexual victims and will be housed to prevent sexual abuse or assault.
4. All allegations of sexual abuse or assault will be promptly and effectively reported and investigated.
5. If sexual abuse or assault of any resident 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 controlled, disciplined, and/or prosecuted.
8. Sexual conduct between staff and residents, volunteers, or contract personnel and residents, regardless of consensual status, will be 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. Each facility will separately track incidents of sexual abuse and assault.
11. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
12. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

### **III. DIRECTIVES AFFECTED**

This is a new Detention Standard.

### **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from

various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

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.

Prison Rape Elimination Act of 2003 (PREA)

## **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 resident safety and institutional order. Victims may 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 residents, but it also takes very seriously all allegations of sexual misconduct and assault against any ICE/DRO resident in any facility. Every allegation is reviewed and, where warranted, referred for criminal prosecution, 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. Prevention,
2. Prompt and effective intervention to address the safety and treatment needs of resident victims if an assault occurs, and
3. Investigation, discipline, and prosecution of assailants.

A continuum 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 the expertise and services available in the local community.

**Appendix B** offers sample protocols as guidelines for staff in the development of written policies and procedures. 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.

The facility administrator of each facility 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 policy and procedures shall reflect the unique characteristics of each facility, based on such factors as:

- The risk and likelihood of sexual abuse or assault, given the facility's mission, resident population, and security level;
- Staffing resources and the availability of specialized community-based services, such as rape crisis/trauma units in local medical centers, clinics, and hospitals.

The facility administrator shall submit the local policy and procedures document to the Chief, Juvenile and Family Residential Management Unit (JFRMU) for review and approval. JFRMU shall ensure that each residential facility:

- Specifies procedures for offering immediate protection to any resident who alleges that he or she has been sexually assaulted;
- Specifies local response procedures (including referral procedures to appropriate law enforcement agencies) to be followed when a sexual assault occurs;
- Establishes procedures to involve 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 how the safety needs of a victim will be protected over time;
- Specifies the senior manager responsible for insuring that staff are appropriately trained and respond in a coordinated fashion when a resident reports an incident of sexual abuse or assault;
- Designated a specific staff member to be responsible for resident 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 institutions where medical staff will be assigned these activities.

### **C. Program Coordinator**

The facility administrator shall designate a Sexual Abuse and Assault Prevention and Intervention Program Coordinator to:

- Assist in the development of the program and the written policies and procedures and with keeping them up to date.
- Assist with the development of initial and ongoing training protocols.
- Serve as a liaison with other agencies.
- Coordinate the gathering of statistics and/or reports on incidents of sexual abuse or assault, as detailed below in the section on **Tracking Incidents of**

## **Sexual Abuse and Assault.**

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

**1. Resident-on-resident sexual abuse or assault**

One or more residents engaging in a sexual act with another resident or the use of threats, intimidation, inappropriate touching, or other actions and or communications by one or more residents aimed at coercing and or pressuring another resident to engage in a sexual act. Sexual acts or contacts between residents, even when no objections are raised, are prohibited acts.

**2. Staff-on-resident sexual abuse or assault**

Engaging in, or attempting to engage in a sexual act with any resident or the intentional touching of an resident'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. Sexual acts or contacts between a resident and a staff member, even when no objections are raised, are always illegal.

### **E. Sexual Conduct Between Residents and Staff, Volunteers, or Contract Personnel Prohibited**

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

### **F. Staff Training**

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

Training shall include:

- Understanding that sexual abuse or assault is never an acceptable consequence of detention;
- Recognizing housing or other situations where sexual abuse or assault may occur;
- Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences;
- Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program.
- **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. Resident Notification and Orientation**

The facility administrator shall ensure that the orientation program required by the Residential Standard on **Admission and Release** and the resident handbook

required by the Residential Standard on **Resident Handbook** notifies and informs residents about the facility's Sexual Abuse and Assault Prevention and Intervention Program and includes (at a minimum): Prevention/intervention;

- Self-protection;
- Reporting sexual abuse or assault; and
- Treatment and counseling.

Each facility's Sexual Abuse and Assault Prevention and Intervention Program shall provide residents 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).

ICE has provided a Sexual Assault Awareness notice (4/17/2006) to be posted on all housing unit bulletin boards (Attachment 1), as well as a Sexual Assault Awareness Information brochure (4/17/2006).

#### **H. Prevention**

All staff and residents 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 Residential Standards on **Admission and Release and Classification System**:

- Residents shall be screened upon arrival at the facility for potential vulnerabilities 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.
- Residents with a history of sexually assaultive behavior shall not be eligible for placement in a family residential center and shall be refused admission and immediately transferred to a secure facility. Residents identified as "high risk" of sexually assaultive behavior shall not be eligible for placement in a family residential center and shall be refused admission and immediately transferred to a secure facility.
- Residents at risk for sexual victimization shall be identified, monitored, and counseled. Residents identified as "high risk" for sexual victimization shall be assessed by a mental health or other qualified professional.

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

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

Staff shall take seriously all statements from residents that they have been victims of sexual assaults and respond supportively and non-judgmentally. Any resident 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 suicide or other symptoms.

## **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 resident 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 resident-victim's welfare and for law enforcement/investigative purposes.

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

### **1. Alleged Resident Perpetrator**

When a resident(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 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 resident sexual abuse or assault, the following shall immediately be notified:

- The facility administrator,
- The highest ranking on-site ICE/DRO representative (who may be the OIC),
- The Chief, JFRMU
- The respective Field Office Director.

The Chief, JFRMU shall notify:

- The Office of the Principle Legal Advisor
- The area Field Office Director
- The Assistant Director[s] for Management and Operations
- 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 Joint Intake Center

The facility administrator or Chief, JFRMU shall also refer the matter to the FBI (or other appropriate law enforcement agency).

## **K. Investigation and Prosecution**

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

Appropriate staff shall preserve the crime scene and collect information/evidence in coordination with the referral agency and consistent with evidence gathering/processing procedures.

Collection and preservation of physical evidence is paramount to any potential prosecution of an alleged assailant. For this reason, the victim of a sexual assault shall be transported to the nearest hospital for examination and collection of physical

evidence. The Division of Immigration Health Services is not trained to perform forensic collection and should not be used to examine and collect evidence. The results of the physical examination and all collected physical evidence are to be provided to the Chief, JFRMU. 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 Residents to Hospitals or Other Institutions**

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:

- A history is taken by health care professionals who 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 includes collection of evidence from the victim, using a kit approved by the appropriate authority.
- Provision is made for testing for sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, and other diseases and counseling, as appropriate.
- Prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, as appropriate.
- Following the physical examination, there is availability of an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up.

A report is made to the facility or program administrator or designee to assure separation of the victim from his or her assailant.

#### **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 are maintained in appropriate files in accordance with other Residential Standards and applicable policies and retained in accordance with established schedules.

Monitoring and evaluation are essential to assess both sexual assault levels 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, and
  - Formal and or informal action taken.
- **Investigative files** include:

- All reports,
- Medical forms,
- Supporting memos and videotapes, 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 institution on his or her computerized incident reporting system.

In Residential Centers, the facility administrator shall give resident assault assailant(s) and victim(s) involved in a ICE/DRO 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 that are involved on the treatment of the victim or the investigation of the incident. The authorized designation will allow administrative, treatment, and facility administrator staff to track the resident across the system who have been involved in sexual assault either as a victim or as an assailant. 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:**



**John P. Torres**  
**Director**  
**Office of Detention and Removal**

DEC 21 2007

**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.

## **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 learn that a sexual abuse or assault has occurred during confinement because:

- Staff discover an assault in progress.
- A victim reports an assault to a staff member.
- Another resident reports abuse or an assault, or a resident is the subject of resident rumors.
- Medical evidence indicates the probability of a 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 resident was sexually assaulted, the resident 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 resident's safety, identity, and privacy.
- If staff discover an assault in progress, the suspected victim should be removed from the immediate area for care and for interviewing by appropriate staff.
- 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 STAFF INTERVENTION AND INVESTIGATION**

The following procedures may apply for reported or known victims of sexual assault. If the resident was threatened with sexual assault or was assaulted on an earlier occasion, some steps may not be necessary.

### **A. Early Intervention Techniques (all staff)**

- It is important that all contact with a sexual assault victim be sensitive, supportive, and non-judgmental.
- It is not necessary to make a judgment about whether or not a sexual assault occurred.
- Remove resident victim(s) from the immediate area;
- Alert medical staff immediately and escort the victim for a medical evaluation as soon as possible. If necessary, medical staff should refer the victim to a local emergency facility.
- Appropriate staff should coordinate other services to do follow-up (housing, suicide assessment, etc.).
- To facilitate evidence collection, it is important that the victim ***not*** shower, wash, drink, eat, defecate or change any clothing until examined.
- A brief statement about the assault should be obtained from the resident. The victim may be in shock, and unable to give much detail. It is important to be understanding and responsive. Opportunities to secure more details will occur later.
- Following medical evaluation/treatment, the victim may need to be reassigned to protective custody or to another secure area of the facility. Ensure no alleged assailant is located in the area.

### **B. Collect Evidence from Victim - (security and investigative staff)**

- Be sure to use HIV infection ("universal") precautions and procedures. Contact medical staff to determine how to preserve medical indications of sexual assault. In the crime scene area, look for the presence of semen that can be used as evidence. For example, blankets and sheets should be collected.
- Use standard evidence collection procedures (photographs, etc.).

### **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 institution medical staff attempt 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 resident'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 are available in the institution, render treatment locally whenever feasible.
- If the alleged victim is examined in the institution to determine the extent of injuries, all findings should be documented both photographically and in writing in the resident's medical record, with a copy to supervisory security staff and appropriate law enforcement official.
- 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 resident's condition.
- When necessary, conduct STD and HIV testing.
- Refer the resident for crisis counseling as appropriate.

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

- If determined appropriate by the institution physician and if approved by the facility administrator or designee, the resident 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 institution medical services. The contract should provide for clinical examination, for assessing physical injuries and for the collection of any physical evidence of sexual assault. It should also allow for contract medical personnel to come into the institution and for the escorting of residents 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 resident.
- 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 treatment and/or assessment should be made by qualified clinicians according to established professional standards, and should be made with an awareness that a victim of sexual abuse or assault commonly experiences both immediate and delayed psychiatric and/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 case load and/or facility, referral to a psychiatrist, and/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 resident in appropriate housing and assess the risk of keeping the victim at the same facility where the incident occurred.
- 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; provide routine examinations and STD and HIV follow-up.
- Mental health staff should conduct post-crisis counseling and arrange for psychiatric care if necessary.



## U.S. Immigration and Customs Enforcement

**SEXUAL ASSAULT AWARENESS:** This document is required to be posted in each Housing Unit Bulletin Board at all Residential Centers that house ICE residents.

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:**

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

**Staff-on-Resident Sexual Abuse/Assault:** Staff member engaging in, or attempting to engage in a sexual act with any resident or the intentional touching of a resident's genitalia, anus, groin, breast, inter thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desires of any person. *Sexual abuse/assault of residents by staff or other residents 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 resident which can include, but is not limited to indecent, profane or abusive language or gestures and inappropriate visual surveillance of residents.

### **Prohibited Acts:**

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

- Sexual Assault;
- Making a Sexual Proposal;
- Using Abusive or Obscene Language;
- Engaging in a Sex Act;
- Indecent Exposure

### **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 resident 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 resident-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 won't 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 resident 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 residents may believe you have an interest in a sexual relationship.
- Be clear, direct and firm. Don't 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, counseling groups, or religious services. Get involved in these activities yourself.

- Trust your instincts. Be aware of situations that make you feel uncomfortable. If it doesn't 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 Resident 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 residents 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 resident(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 don't 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 resident 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 residents 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**

**THIS SECTION LEFT BLANK  
FOR INSERTION OF SEXUAL ASSAULT AWARENESS INFORMATION  
BROCHURE  
DATED 4/17/2006  
AS ATTACHMENT 2**





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# **ICE/DRO RESIDENTIAL STANDARD**

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## **STAFF-RESIDENT COMMUNICATION**

**I. PURPOSE AND SCOPE.** Informal direct and written contact among staff and residents, as well as informal supervisory observation of living and working conditions, is encouraged thereby enhancing security, safety, and orderly facility operations.

Also required is the posting of Hotline informational posters from the Department of Homeland Security Office of the Inspector General.

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

1. Residents will have daily 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 living and working conditions.
3. Residents will be able to submit written questions, requests, and concerns to ICE/DRO staff and receive timely responses.
4. Residents will be informed about how to directly contact the Department of Homeland Security Office of the Inspector General.
5. Resident telephone serviceability will be monitored and documented by ICE staff and any problems immediately reported.
6. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
7. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED** None

## **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

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

## **V. EXPECTED PRACTICES**

### **1. Staff and Resident Contact**

ICE/DRO residents must have opportunities to have frequent informal access to and interaction with key facility staff members, as well as key ICE/DRO staff. As detailed below, Field Office Directors shall assign Deportation Staff, Immigration Enforcement Agents (IEAs), and Supervisory Immigration Enforcement Agents (SIEAs) to visit Residential facilities.

Often residents 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.

Instructions for staff –resident communication shall be posted in each housing area and identified in the resident handbook.

#### **a. Unannounced Contacts With Residents**

Each facility shall have policy and procedures to ensure and document that the ICE/DRO department heads conduct frequent unannounced, unscheduled visits to the facility's living and activity areas to informally observe living and working conditions and encourage informal communication among staff and residents. Such unannounced visits shall include but not be limited to:

- Housing Units;
- Food Service preferably during the lunch meal;
- Recreation Area;
- Infirmary rooms.

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 Facilities.

#### **b. Staff Observation of Residents**

Staff shall observe, on a daily basis, all residents for negative indicators, such as injuries, signs of illness, depression, excessive bruising, and changes in overall demeanor.

Staff shall document and report such changes to the medical/mental health unit for follow-up.

#### **c. Scheduled Contact with Residents**

Facility or ICE/DRO staff shall conduct scheduled visits to address residents' personal concerns and monitor living conditions. Visiting staff shall be knowledgeable with the ICE/DRO Residential Standards and report any violations to ICE management.

The facility administrator or ICE management shall develop written schedules of weekly visits and ensure they are posted in resident living and other appropriate areas. Each facility shall have specific procedures for documenting each visit.

**d. Written Resident Requests to Staff**

Residents may submit written questions, requests, or concerns to ICE/DRO staff, using the attached resident request form, a local Facility form, or a sheet of paper.

Such informal written requests are not intended as a substitute for the more formal process specified in the Residential Standard on "Resident Grievance Procedure"; however, informal written requests may be used to resolve informal grievances, as described in that Standard.

To prepare a written request, a resident may obtain assistance from another resident, the housing staff, 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 resident request forms and writing implements are available.
- Have written procedures to promptly route and deliver resident requests to the appropriate ICE/DRO officials by authorized personnel (not residents) without reading, altering, or delaying.
- Ensure that the standard operating procedures accommodate residents with special assistance needs because they are disabled, illiterate, or limited in their use of English.

**d. Response Times**

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

**e. 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;
- Resident's name;
- Resident's A-number;
- Resident's nationality;
- Name of the staff member who logged the request;
- Date the request, with staff response and action, was returned to the resident; and

- Any other pertinent site-specific information.

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

A copy of each completed Resident Request shall be filed in the resident's Residential file and be retained there for at least three years.

**f. Resident Handbook**

Each facility's handbook shall advise residents 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.

**2. Monitoring Resident Telephone Services**

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

- Make random calls to pre-programmed numbers for attorney and consulate services,
- Interview a sampling of residents regarding telephone services, and
- Review written resident complaints regarding telephone services.

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 Residential Standards Compliance Unit shall conduct random audits of field office compliance.

**3. OIG Hotline Informational Posters**

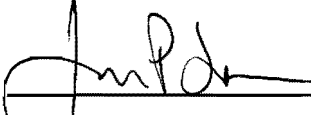
The Department of Homeland Security Office of the Inspector General (OIG) periodically revises a "DHS OIG Hotline" poster to be posted in facilities that house ICE/DRO residents.

- a. The Chief of the Detention Standards Compliance Unit in the Detention Management Division is designated as the contact point for coordination with OIG and is responsible for distribution of Hotline posters to Field Office Directors.
- b. Field Office Directors shall distribute sufficient numbers of the posters to facilities that house ICE/DRO residents. It is recommended that each Field Office maintain a master copy from which additional copies can be duplicated when needed.
- c. Facility administrator shall ensure that posters are posted in every housing unit and in appropriate common areas (recreation areas, dining areas, processing areas, etc.).

In each Facility and ICE staging area, the facility administrator shall ensure that posters are mounted in appropriate common areas (recreation areas, dining areas, processing areas, etc.).

- d. During staff-resident 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.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

DEC 21 2007

\_\_\_\_\_  
**Date**

# **Model Protocol**

## **Residential Staff Facility Contact Visits**

**A. Purpose and Scope.** This protocol is intended as a model that may be adopted or adapted by Field Office Directors for residential staff facility liaison visits and staff-resident communication.

While the Residential Standard on **Staff-Resident Communication** broadly addresses informal direct and written contact among facility and ICE/DRO staff and residents, as well as informal supervisory observation of living and working conditions, this **Model Protocol** more narrowly addresses facility liaison visits by deportation staffs.

In particular, this protocol presents a model for documenting liaison visits.

### **B. Objectives**

1. Residents will have opportunities for informal contact with deportation staffs.
2. Deportation staffs will directly observe facility operations and resident living and working conditions.
3. Residents will be deterred from activities that threaten the safety of other residents.
4. ICE/DRO will have clear and consistent documentation of staff-resident contacts and of professional staff observations about facility safety and security.
5. ICE/DRO will continually verify the accuracy of DETS in regard to the number of residents at the facility.

### **C. Observation and Communication.** The deportation staff shall:

1. Verify that the number of residents in the facility agrees with the number shown in DETS. (Expecting to find the 10 aliens listed in DETS but encountering 50 sets the stage for inaccurate and untimely case processing.)
2. Enter all units in which residents are housed and document observations of the general living conditions:
  - a. General population housing units,
  - b. Medical units (infirmaries, hospitals).
3. Verify that basic living conditions meet standards and that fixtures are in good working order (lights, plumbing fixtures, etc.).
4. Speak informally with residents, in addition to any "scheduled contacts" (as required by the **Staff-Resident Communication Residential Standard**).
5. Look for any physical signs of resident abuse (such as facial bruises).

6. Look for any signs of resident intimidation, such as hoarding of clothing, bedding, towels, personal hygiene items, or other personal items by some residents while others go without.
7. Speak with housing staff and gather information about any residents who are dominating other residents.
8. Inquire about any other staff concerns.
9. Document visits in the unit housing logs.
10. Review resident grievances to determine if they are answered in accordance with time frames required by the **Grievance System** Residential Standard, as well as whether there is any discernible pattern to those grievances.

**D. Immediate Reporting to Higher Authorities.** The deportation staff shall:

1. Immediately report any immediate concern about safety, security, or operations to a higher authority (or authorities) as is appropriate to remedy the circumstances (Assistant Facility Administrator for Operations, OIC, facility administrator, field office director, etc.).
2. Document those circumstances and the resolution in the liaison visit report.

**E. Documentation.** The deportation staff shall:

1. Document each visit, in the following Deportation Staff Facility Liaison Visit format.
2. Scan and e-mail the forms to the Field Office Director or Assistant Field Staff Director on the last Friday of each month.
3. Highlight in the e-mail itself any particularly notable problems encountered and the status of solutions to those problems.



## **Deportation Staff Facility Liaison Visit**

Facility:	Pine Ridge Correctional Institution
Conducted By:	J. Banks and A. Torres
Arrival Time:	08:45 am
Departure Time:	11:30 am
Total Facility Count	1030
ICE Count:	176
ICE Residents in Infirmary	0
General Sanitation:	Good
Staff:	Very helpful and reported no concerns.
Medical Staff:	Reported no problems.
Housing Units Visited:	B Dorm
	C Cell House (segregation)

### **1. Verification of DETS Count**

One resident was not in DETS, but has now been added:

THORNBURG, Raphael                      A78 754 122

### **2. Scheduled Interviews**

The following were processed for fingerprints, photos, and or document service:

VEGA-Amaro, Carlos                      A98 256 788

VELASQUEZ, David                      A82 223 086

### **3. Informal Contacts/Unscheduled Interviews**

I spoke with several residents in B dorm, who voiced no special complaints. The unit was orderly, and staff voiced no particular concerns. I observed that some resident clothing was hanging from beds and window frames, and the unit staff instructed those residents to remove those articles and properly store them.

A66 324 346                      AGUILERA, Angel Miguel                      Guatemala

Claims to have lost his property and cash receipts during. I spoke with the Associate Warden, who said copies of the receipts would be provided to him that afternoon. He also wants a job, and I explained how he should apply through facility channels.

A74 112 840                      CORTEZ, Alvaro                      Columbia

Claims to be a prior deport who just wants his IJ order reinstated so he can go back home. Actually a B&B case, whose file is in travel.

#### **4. Grievances**

A review of nine grievances filed for the last 90 days (four by one residents) indicates they were answered within time limits, and that, in four instances, relief was granted the resident.

Two resident grievances are pending – both relating to lost property from a unit shakedown last week.

#### **5. General Observations and Comments**

The facility was very clean and well staffed. I observed about 20 residents playing soccer on the recreation field. The staff was cooperative, and no other issues were raised by any resident. Since the Warden was on vacation, I met with the Associate Warden who was acting.

# **ICE/DRO RESIDENTIAL STANDARD**

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## **TOOL CONTROL**

**I. PURPOSE AND SCOPE.** Control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies is maintained, protecting residents, staff, contractors, and volunteers from harm and contributing to orderly facility operations.

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

1. Tools, culinary utensils, and medical and dental instruments, equipment, and supplies (particularly syringes, needles, and other sharps) will be continually controlled and accounted for.
2. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
3. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED.** None

## **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

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

## **V. EXPECTED PRACTICES**

### **A. Overview**

In a Residential environment, all staff must be alert for any situation where tools, culinary utensils, and medical and dental instruments, equipment, and supplies (particularly syringes, needles, and other sharps) are in the possession of, or available to, residents, other than those authorized to have them (such as on work details).

Control, care, and accountability for tools:

- Impedes 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 ensures tools are in good repair when needed;
- Reduces the costs of tool maintenance and inventory; and
- Teaches resident workers principles of tool accountability and responsibility.

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

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

1. A staff position to be responsible for:
  - Developing and implementing tool control procedures, and
  - Establishing an inspection system to ensure accountability;

The facility administrator shall delegate these responsibilities to the Assistant Facility Administrator for Operations and shall also assign, in writing, the collateral duties of Tool Control Staff 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 the daily inventory of tools;
6. Procedures for issuing tools to staff and resident workers;
7. Procedures for documenting issuance of tools to staff and resident workers;
8. Procedures governing lost tools;
9. Procedures for surveying and destroying excess, broken, or worn-out tools; and
10. Procedures for inspecting and inventorying 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.

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 residents to handle without constant staff supervision
- Tools to which resident access is prohibited
- Tools that could facilitate an escape/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
- Kitchen knives

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

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**

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

#### **G. Assistant Facility Administrator for Operations Tool Identification**

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

#### **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 would not escape attention.

#### **I. Receipt of Tools**

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 Staff. The Tool Control Staff 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 Staff has marked and inventoried them. Inventories that include any portable power tools shall provide brand name, model, and size, description, and AMIS number.

#### **J. Tool Inventories**

The facility administrator shall schedule, and establish procedures for, the quarterly inventorying of all tools.

**1. Inventory Files.** The Assistant Facility Administrator for Operations shall maintain a separate file folder for each shop or area in which tools are stored.

**2. Tools Used by Contractors.** Staff shall prepare an inventory of all tools and equipment used by contractors working inside the facility, upon the contractor's admission and departure. The Assistant Facility Administrator for Operations shall establish control procedures, particularly for restricted tools. The Assistant Facility Administrator for Operations, facility maintenance supervisor, and construction foreman shall maintain copies of all such inventories and control procedures.

**3. 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 Staff has sole authority to draw tools from this source. Any such tools kept in the Tool Control Staff's storage area shall be registered in a perpetual inventory.

**4. Control and Inventory of Certain Items Not Classified as Tools.** Other items that require strict property management controls, like weapons, 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.

#### **K. Issuing Tools**

Each facility shall have procedures in place for

- The issuance of tools to staff and residents;
- Security issues of restricted and unrestricted tools;
- Control of ladders, extension cords, and ropes.

## **L. Lost Tools**

The facility administrator shall develop and implement procedures governing lost tools, including:

- Verbal and written notification to supervisory officials
  - Handling residents with prior access to the tool(s) in question
  - Documentation and review
1. When a **restricted or non-restricted** tool is missing or lost, staff shall notify the Assistant Facility Administrator for Operations in writing.
  2. When the tool is a **restricted (Class "R")** tool, staff shall inform the shift supervisor orally immediately upon discovering the loss. Any resident(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 Assistant Facility Administrator for Operations 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 Assistant Facility Administrator for Operation
  5. 5. On the day a tool is recovered, staff shall complete and send copies of the Lost or Missing Tool Report to the Assistant Facility Administrator for Operations 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.

## **N. Assistant Facility Administrator for Operations Private/Contract Repair and Maintenance Workers**

All visitors, including repair and maintenance workers who are not ICE/DRO or facility employees, etc., 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. At a minimum a basic criminal background and immigration check will be conducted by ICE staff on all non-facility repair or maintenance personnel before entry into the facility.


Staff 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. The contractor will maintain a copy of their tool inventory with them at all times while in the facility.

Before a resident, employee, or contractor may enter a housing unit, the housing staff 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 staff shall immediately report discrepancies to the shift supervisor.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

DEC 21 2007

\_\_\_\_\_  
**Date**

# **ICE/DRO RESIDENTIAL STANDARD**

## **USE OF PHYSICAL FORCE AND RESTRAINTS**

**I. PURPOSE AND SCOPE.** After all reasonable efforts to otherwise resolve a situation have failed, staff is authorized to use the minimum physical force necessary for the protection from harm against self, residents, or others; for prevention of escape or serious property damage; or to maintain the security and orderly operation of the facility.

Staff may use only the degree of force that is necessary to gain control of residents and may use physical restraints to gain control of an apparently dangerous resident, under specified conditions.

This Residential Standard does not specifically address the use of restraints for medical or mental health purposes, which may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful, as detailed in the Residential Standard on **Medical Care**.

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

1. The use of physical force will be restricted to instances of justifiable self-defense, protection of others, protection of property, and prevention of escapes. In these situations, force will be used only as a last resort.
2. Physical force or restraint devices used as punishment will be prohibited.
3. Restraints will not be applied without prior supervisory approval if approval is required.
4. All weapons and related equipment will be stored securely in designated areas to which residents have no access.
5. A written record of routine and emergency distribution of security equipment will be maintained.
6. A written report will be provided to the facility administrator or designee no later than the end of a tour of duty when force was used on any resident, or any resident remains in restraints at the end of that shift.

**III. DIRECTIVES AFFECTED**

None

**IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and

respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

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).

National Enforcement Standard, "Use of Intermediate Force"

## **V. EXPECTED PRACTICES**

### **1. Overview**

- Use of force in Residential facilities is never used as punishment, is minimized by staff attempts to first gain a resident's cooperation, is executed only through approved techniques and devices, and involves only the degree necessary and to reasonably gain control of a resident.
- 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 feasible in most cases and most likely to minimize harm to residents or staff.
- Use of force may involve physical control and placement of a resident in alternate housing and/or the application of various types and degrees of restraint devices.
- Follow-up (medical attention, for example), documentation (including video taping for calculated use of force), reporting, and After-Action Review are required.

### **2. Principles Governing the Use of Force and Application of Restraints**

- a. Under no circumstances shall staff use force to punish a resident.
- b. Staff shall attempt to gain a resident's willing cooperation before using force.
- c. Staff shall use only that amount of force necessary and reasonable to gain control of a resident.
- d. Staff may immediately use restraints if warranted to prevent a resident from harming self or others or from causing serious property damage.
- e. Facility administrator approval is required for continued use of restraints, if necessary.
- f. Staff may apply additional restraints to a resident who continues to resist after staff achieve physical control. If a restrained resident refuses to move or cannot move because of the restraints, staff may lift and carry the resident to the appropriate destination; however, staff may not use the restraints to lift or carry the resident.

- g. Staff may not remove restraints until the resident has regained self-control.
- h. Staff may not use restraint equipment or devices (for example, handcuffs):

  - On a resident's neck or face, or in any manner that restricts blood circulation or obstructs the resident's airways (mouth, nose, neck, esophagus);
  - To cause physical pain or extreme discomfort. While some discomfort may be unavoidable, even 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).
  - On a resident child age 14 or under without authorization from a supervisor;
  - Restraints shall never be used on a child age 12 or under. Passive restraint techniques should be used to prevent a minor from injuring him/herself or others.
  - Check and record the resident's condition at least every 15 minutes to ensure that the restraints are not hampering circulation and to monitor the general welfare of the resident.
  - Qualified health personnel ordinarily visit the detainee at least once every two hours until restraints are removed.
  - The shift supervisor shall review a resident every hour. If the restraints have had a calming effect, they may be removed and, if appropriate, replaced by a less restrictive device.
  - The decision to release the detainee or apply lesser restraints shall shift supervisor shall not be delegated below the shift supervisor's level. The shift supervisor may seek advice from mental or physical health professionals about when to remove the restraints.
  - The facility shall immediately notify JFRMU when restraints are required for a resident in a residential facility.
- i. Staffs are required to ensure compliance with Crisis Intervention and Defensive Tactics training and the proper application of those techniques. This training is required as basic training before entry on duty and must be provided as a refresher training course annually. Staff shall be trained in these techniques prior to being placed in an on-duty status and shall be recertified annually. Staff shall maintain a one to one watch and monitor all residents placed in restraints until the resident is transferred or the restraints are removed.
- j. 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 resident.

- k. Licensed medical personnel may prescribe and administer medication. Medication shall not be used to subdue an uncooperative resident for staff convenience.
- l. Staff shall fully document all instances involving physical use of force.

### **3. Use of Force Continuum**

The use of force continuum is a five-level model used to illustrate the levels of force staff may need to gain control of a resident, from least to maximum use of force, as follows:

- Mere staff presence without action.
- Verbal interventions and commands
- Soft techniques. Established and accepted techniques from which there is minimal chance of injury.
- Hard techniques. Established and accepted techniques where there is greater possibility of injury.

While staffs are trained and required to use only a level of force that is necessary and reasonable to gain control of a resident, staffs may have to escalate or de-escalate through the use of force continuum.

### **4. Training**

#### **General Training**

Through ongoing (at least annual) training, all Residential facility staff must be made aware of their responsibilities to control situations involving aggressive residents.

At a minimum, training shall include:

- a) The requirements of this Residential Standard;
- b) The use of force continuum;
- c) Communication techniques;
- d) Cultural diversity;
- e) Dealing with the mentally ill;
- f) Confrontation-avoidance techniques;
- g) Approved methods of self-defense;
- h) Universal precautions
- i) Application of restraints
- j) Reporting procedures.

### **5. Prohibited Intermediate Force Acts and Techniques**

The following acts and techniques are specifically prohibited:

- a. Choke holds, carotid control holds, and other neck restraints;
- b. Using a baton to apply choke or "come-along" holds to the neck area;
- c. Intentional baton strikes to the head, face, groin, solar plexus, neck, kidneys, or spinal column;
- d. Striking a resident for failing to obey an order;
- e. Striking a resident when grasping or pushing him/her would likely achieve the desired result;
- f. Using force against a resident offering no resistance.
- g. Restraining residents to fixed objects.

## **6. Use of Force in Special Circumstances**

Occasionally, after the failure or impracticability of confrontation-avoidance, staff must make a judgment call as to whether to use force. In such cases, for example, involving a child, a pregnant resident, or an aggressive resident with open cuts, sores, or lesions, staff shall, when time and circumstances permit, seek medical advice before deciding the situation is grave enough to warrant the use of physical force.

### **a. Pregnant Residents**

Medical staff shall advise as to precautions required to protect the fetus and pregnant resident, including the manner in which the pregnant resident will be restrained, the advisability of a medical professional's presence when restraints are applied, and the medical necessity of restraining the resident in the facility hospital or a local medical facility.

### **b. Residents with Wounds or Cuts**

All staff shall wear protective gear when restraining aggressive residents with open cuts or wounds. If force is necessary, this gear may include a full-body shield.

Aggressive residents who are violent or exhibit the potential for violence shall be placed in restraints and be removed and kept separate from the general population.

Restraints shall remain in place as long as the resident poses a physical threat.

## **7. Intermediate Force Weapons**

In this Residential Standard "Intermediate Force Weapons" refers to weapons often termed "nondeadly force weapons," "non-lethal weapons," or "less-than-lethal weapons."

### **a. Storage**

Intermediate force weapons shall remain stored and out of site of residents during normal operations. Intermediate force weapons and related equipment are permitted only in designated areas:

- Where access is limited to authorized personnel, and
- To which residents have no access.

**b. 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 related security equipment at least monthly to determine their condition and expiration dates.

**c. Use**

The facility administrator may authorize the use of intermediate force weapons, if a resident:

- 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 resident or others, or would result in a major disturbance or serious property damage. Serious property damage for the purposes of this standard involves any instance where such damage interrupts the flow of services to residents or adversely affects the daily operations of the facility.

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 resident has been achieved.

**d. Authorized Intermediate Force Devices.** The following devices are authorized within family residential centers only with the authorization of the ICE facility administrator (for official use only):

- Collapsible steel baton;
- 36" straight, or riot, baton

**e. Unauthorized Force Devices.** The following devices are not authorized:

- Saps, blackjacks, and sap gloves;
- Mace, CN, tear gas, or other chemical agents,
- Homemade devices or tools; and
- Any other device or tool not issued or approved by the National Firearms and Tactical Training Unit

## **8. Immediate Use of Force**

An "immediate-use-of-force" situation is created when a resident's behavior constitutes a serious and immediate threat to self, staff, another resident, 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 resident, staff shall seek the assistance of qualified health personnel to immediately:

1. Determine if the resident 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 resident in a way that does not include face-down, four/five-point restraints, etc.
2. Examine the resident 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 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 resident, or where any resident remains in restraints at the end of that shift.

## **9. Calculated Use of Force and/or Application of Restraints**

If a resident is in an isolated location (for example, a locked room or area) where there is no immediate threat to the resident or others, staff shall take the time to assess the possibility of resolving the situation without resorting to force.

A calculated use of force shall 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 resident is in a room or other area with a securable door. Even if the resident is verbalizing threats or brandishing a weapon, calculated force is often appropriate provided staff see no immediate danger that the resident could cause harm. Calculated use of force affords staff time to strategize and resolve situations in the least confrontational manner possible.

### **a. Confrontation Avoidance**

Before authorizing the calculated use of force, ICE, the ranking Residential official, a designated health professional, and others as appropriate shall assess the situation. Taking into account the resident's history and the circumstances of the immediate situation, they shall devise a plan which will include the appropriateness of using force and the level of force to be used.



The conferring staff may consider, in their assessment, the resident's medical/mental history; recent incident reports involving the resident, if any, and emotional shocks or traumas that may be contributing to the resident's state of mind (for example, a pending criminal prosecution or sentencing, divorce, illness, death, etc.).

Interviewing staff familiar with the resident might yield insight into the resident's current agitation or even pinpoint the immediate cause. Such interviews may also help identify those who have established rapport with the resident, or whose personalities suggest they might be able to reason with the resident.

#### **b. Documentation and Video-taping**

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 ***videotaped***. The videotape and accompanying documentation shall be included in the investigation package for the After-Action Review described below.

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 videotaped 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 video-camera operator and other staff present.
- 2) Faces of all team members briefly appear (helmets removed; heads uncovered), one at a time, identified by name and title.
- 3) Team Leader offering resident last chance to cooperate before team action, outlining use-of-force procedures, engaging in confrontation- avoidance, and issuing use-of-force order.
- 4) Entire tape of Use-of-Force Team operation, unedited, until resident is in restraints.
- 5) Close-ups of resident's body during medical exam, focusing on the presence/absence of injuries; staff injuries, if any, described but not shown.
- 6) Debriefing, including full discussion/analysis/assessment of incident.

#### **c. Use-of-Force Team Technique**

When a resident 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 residents 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 resident's area together, with coordinated responsibility for achieving immediate control of the resident.

- 1) 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 be used in a calculated use-of-force.
- 2) The Use-of-Force Team technique training shall include the technique and its application, confrontation-avoidance, professionalism, and debriefing.
- 3) Training shall also address the use of protective clothing and handling of spilled body fluids and blood:
  - Use-of-Force Team members and others participating in a calculated use of force shall wear protective gear, with appropriate precautions when entering a cell or area where blood or other body fluids are likely to be present.
  - An individual with a skin disease or skin injury shall not participate in a calculated use-of-force action.
- 4). 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 guidance of qualified health personnel (based on a review of the resident'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.
- 5). When restraints are necessary, the team shall choose ambulatory or progressive models.
- 6). 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 resident, or any resident remains in restraints at the end of that shift.

## **10. Evidence Protection and Sanitation**

The supervisor shall inspect areas of blood or other body-fluid spillage after a use-of-force incident, and unless he or she determines that the spillage must be preserved as evidence, staff or properly trained residents' shall immediately sanitize those areas, based on medical department guidance on appropriate cleaning solutions and their use. The Residential Standard on **Environmental Health and Safety** also 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 protective gloves, staff and/or residents shall immediately apply disinfectant to and sanitize such surfaces 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.

#### **11. Maintaining Video Recording Equipment and Videotapes**

If videotaping equipment is kept in a designated area, staff shall store and maintain it under the same conditions as Class "A" tools. If a designated area lacks appropriate secure space, the equipment must be kept in a secure location elsewhere in the facility.

Since video recording equipment must often be quickly available, each facility administrator shall designate, and incorporate in one or more post orders, responsibility for:

- Maintaining cameras and other video 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, lens-cleaners, etc.).

Each videotape shall be catalogued and preserved no less than 5 years after its last documented use. In the event of litigation, the facility shall retain the tape until its destruction is authorized by ICE.

The tapes may be catalogued electronically or on 3" x 5" index cards, provided the data can be searched by date and resident name. A log shall document videotape usage.

Use-of-force tapes shall be available for supervisory, Field Office and Headquarters incident reviews and may also be used for training.

Release of use-of-force videotapes to the news media may occur only if authorized by Headquarters, in accordance with ICE/DRO procedures and rules of accountability.

#### **12. Approved Restraint Equipment**

Deviations from the following list of restraint equipment are prohibited:

- Handcuffs: Stainless steel, 10 oz.;
- Leg Irons: Stainless steel, 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: Highly effective cases for the security of handcuffs used on high security residents;
- Soft Restraints: Nylon/leather type with soft arm and leg cuffs containing soft belts with key locks;
- Plastic Cuffs: Disposable;

- Any other ICE/DRO-approved restraint device.

### **13. Ambulatory and Progressive Restraints**

Whenever possible, 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 resident, staff may apply **progressive restraints**, which are more secure or restrictive. The facility administrator shall decide on the appropriate restraint method.

Once a resident has been placed on ambulatory restraints, the medical staff is required to conduct a physical check of the resident once every two hours to assess health status. Facility staff is required to conduct a physical check of the resident once every two hours to assess if the restraints have had a calming effect. If the positive behavioral change has been achieved, a decision to remove the resident or place them in less restrictive restraints shall be made by the facility administrator in consultation with ICE/DRO. If a calming effect 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 resident remains in restraints at the end that shift.

### **14. Four/five-point Restraints**

Four/five-point restraints shall not be used in a family residential center

### **15. Documentation of Use of Force and Application of Restraints**

Staff shall prepare detailed documentation of all incidents involving the use of force. Staff shall likewise document the use of restraints on a resident who becomes violent or displays signs of imminent violence. A copy of the report shall be placed in the resident's Residential file.

#### **a. Report of Incident**

All facilities shall have an **ICE/DRO-approved** form to document all uses of force.

Staff shall prepare a "Use of Force" form (sample attached) for each incident involving use of intermediate force weapons, application of progressive restraints (regardless of level of resident cooperation), etc. The report identifies the resident(s), staff, and others involved, and describes the incident. If intermediate force weapons are used, for example, collapsible steel baton or 36-inch straight (riot) baton, the location of 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 medical report(s) must be submitted to the facility administrator by the end of the shift during which the incident occurred.

Within two working days, copies of the report shall be placed in the resident's A-File and sent to ICE/DRO.

**b. Videotapes of Use-of-Force Incidents**

Staff shall immediately obtain and record with a video camera any use-of-force incident, unless such a delay in bringing the situation under control would constitute a serious hazard to the resident, staff, or others, or would result in a major disturbance or serious property damage.

The facility administrator shall review the videotape within four working days of the incident and shall immediately send ICE/DRO a copy. When an immediate threat to the safety of the resident, 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.

**c. Recordkeeping**

All facilities shall have a designated individual to maintain all uses of force documentation.

**16. After-Action Review of Use of Force and Application of Restraints**

**a. 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 whether the force used was proportional to the apparent threat.

**b. Composition of an After-Action Review Team**

The facility administrator, the assistant facility administrator, ICE 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 was followed, and complete an After-Action Report to record the nature of their review and findings. The After-Action Report is due within two working days of the resident's removal from restraints.

**c. Review of Video Tape**

The After-Action Review Team shall also review the videotape for compliance with all provisions of this standard, specifically including, among other things:

Strict compliance with the Use-of-Force Team Technique, professionalism of shift supervisor, every team member wearing prescribed protective gear, and action taken by the team.

Absence of towels, tape, surgical masks, hosiery, and other unauthorized items, equipment or devices;

Team members applying only as much force as was reasonably necessary to subdue the resident. This includes responding appropriately to a subdued or cooperative resident, for example, one who discontinues his/her violent behavior,

Shift supervisor clearly in charge of team and situation. This includes intervening at first sign of one or more team members applying more force than necessary

Resident receiving and rejecting opportunity to submit to restraints voluntarily before team enters the cell/area. If he or she submits, team action should not be necessary;

Team members applying restraints exert no more pressure than necessary to the resident's thorax (chest and back), throat, head and extremities;

Amount of time needed to restrain the resident. If team requires more than five minutes, for example, with a resident who is not resisting, this could indicate training problems/ inadequacies;

Protective gear worn by team members inside cell/area, until end of operation;

Continuous photographic coverage from the time the camera starts recording until the incident is over. The review team shall investigate any breaks or sequences apparently missing from the videotape;

A medical professional promptly examining the resident, with the findings reported on tape;

Team member(s) addressing remarks that are derogatory, demeaning, taunting, or otherwise inappropriate or inflammatory, to any resident or person(s) outside the room or area.

The after action report shall include orienting all members of the team as to what occurred, determining whether a pattern of behavior of the resident or pattern of response in the staff could be identified, identifying alternatives for the resident, and negotiating with the resident as to future conduct.

A determination regarding transfer or return of the resident to housing shall be made and a recommendation forwarded to facility administrator and ICE.

If the incident review reveals a violation of ICE/DRO policy or procedures, the After-Action Review Team shall determine whether the situation called for improvised action and, if so, whether the action taken was reasonable and appropriate.

The After-Action Review Team shall complete and submit its After-Action Review Report to the facility administrator within two working days of the resident'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. The facility administrator shall agree or disagree with the review team's recommendations. When the facility administrator does not concur, he or she shall list any reasons for non-concurrence and shall make a determination as to cause and remedies,


**d. Report of Findings to ICE/DRO**

Within two working days of the After-Action Review Team's determination, the facility administrator shall report the finding of appropriate or inappropriate use of force the outcome of the After-Action Review, and whether in the Facility Administrator's opinion the use of force was appropriate or inappropriate. The report shall be made via memorandum, to ICE/DRO with appropriate attachments..

**d. Further Investigation**

The review team shall make recommendations as to 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:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

DEC 21 2007

\_\_\_\_\_  
**Date**

# **ICE/DRO RESIDENTIAL STANDARD**

## **DISCIPLINE AND BEHAVIOR MANAGEMENT**

**I. PURPOSE AND SCOPE:** Facility standards of conduct and enforcement of those standards are expected in order to provide a safe and orderly living environment. Facility authorities will manage discipline and behavioral problems in a manner that ensures the safety and welfare of staff, residents, and visitors.

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

1. Residents will be informed of facility rules and regulations, prohibited acts, disciplinary sanctions that may be imposed, 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 one, will prepare a clear, concise, and complete Incident Report.
5. Each Incident Report will be objectively and impartially investigated 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 process, the detainee will be advised of his or her rights.
8. A Management Review Committee (MRC) will further investigate and adjudicate the incident and may impose minor sanctions or refer the matter to a higher level disciplinary panel.
9. A three-member Executive Review Panel (ERP) will conduct formal hearings on Incident Reports referred from an MRC and may impose higher level sanctions for "Greatest" and "High" level prohibited acts.
10. Detainees appearing before the ERP 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 ERP will be reviewed by the facility administrator, who may concur with the findings and conclusions or may modify them.
12. At all steps and levels 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 comply with the rules and regulations.



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, and the detainee will receive the copies to which he or she is entitled.
15. If a resident is found not guilty at any stage of the disciplinary process, the incident records will not be included in the detainee's file (even if they are retained elsewhere for statistical or historical purposes).
16. Residents will be able to appeal disciplinary decisions through a formal grievance process.
17. Residents do not receive any discipline or punishment that is considered to be harsh, cruel, unusual, unnecessary, demeaning, or humiliating.
18. Residents under age 12 will not be referred for disciplinary review.
19. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
20. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

### **III. DIRECTIVES AFFECTED: None**

### **IV. REFERENCES:**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association, 4th Edition, Standards for Adult Local Detention Facilities: 4-ALDF-3A-01, 3A-02, 6C-01 through 6C-19.

Pennsylvania Welfare Code Chapter 3800: Child Residential and Day Treatment Facilities.

Texas Department of Family and Protective Services: Minimum Standards for General Operations and Residential Treatment Centers

### **V. APPLICABILITY:**

The standards provided in this Standard shall apply to all ICE Family Residential Centers.

See the separate "Definitions" Standard for the meaning of certain terms used in this document.

## **VI. EXPECTED PRACTICES:**

Care providers shall implement a disciplinary and behavioral management program that meets adult and child welfare best practice standards. Behavioral management strategies shall be based on a system of privileges and shall not be punitive in nature.

Care providers shall have written policies and procedures regarding the disciplinary and behavioral modification program used at the facility. All staff shall be trained in effective behavioral modification techniques. The behavioral management system shall be implemented uniformly and explained to an arriving resident in a language that he or she understands. Each family shall receive a copy of the disciplinary and behavioral management system in writing during intake.

Behavior management shall be positive in its development, implementation and outcome. Behavioral management strategies shall include staff-child interactions that are proactive and not reactive in nature. Non-restraining procedures (such as verbal interventions, loss of privileges and time out) should always be the first methods of management for minors. Mechanisms shall be developed to reinforce positive behaviors that include parental intervention, whenever possible. Clinicians shall assist in identifying the causes of the minor's negative behavior in order to develop appropriate treatment and staff intervention plans. These causes may include trauma, neglect, poor modeling or socialization, poor attachments, attention seeking and learned helplessness. Staff shall discuss with minors and their parents ways to meet behavioral needs in a productive way, when possible, as well as ways to address causes to assist in appropriate behavior.

The behavioral modification program shall include rules for the program, rewards and consequences, a list of minor and major behavioral infractions and systemic feedback from staff to each resident, with particular attention to the needs of minors.

Care providers shall have written rules that specify acts prohibited while residing at the program and consequences that may be imposed for various degrees of violation. The written rules shall be posted in a common area, reviewed at least annually and updated when necessary. The rules must be written in a way that is easily understandable by residents and their minor children and should be provided in the languages of the majority of residents in the facility. When a literacy or language problem prevents a resident from understanding the written rules, a staff member or interpreter shall assist the resident in understanding them. Care providers shall ensure that the standards for rules and discipline are formulated with consideration of the range of ages and maturity and are culturally sensitive to the needs of residents in federal custody.

### **1. Guidelines**

Each residential facility holding ICE detainees, who are part of a defined family unit in custody, will have a Behavioral Management Program that includes access to an administrative disciplinary process. This program shall have progressive levels of reviews, appeals, procedures, and documentation procedures. The relevant policy and procedures shall clearly define resident rights and responsibilities.

- a. The following procedure outlines the recommended requirements for disciplinary measures with regards to the discipline of minors:

- 1) Only a caregiver known to and knowledgeable of a child may

discipline the child.

- 2) All disciplinary actions recommended and taken must be explained to the parent of the affected minor.
- 3) Each disciplinary measure must:
  - a) Be consistent with established policies and procedures;
  - b) Not be physically or emotionally damaging to the child;
  - c) Be individualized to meet each child's needs;
  - d) Be appropriate to the child's level of understanding, age, and developmental level; and
  - e) Be appropriate to the incident and severity of the behavior demonstrated.
  - f) The goal of each disciplinary measure is to teach the child acceptable behavior and self-control. The caregiver must explain the reason for the disciplinary measure when the caregiver imposes the measure.

b. Administrative action may not be capricious or retaliatory.

- 1) Corporal punishment, or the threat of corporal punishment, may never be used on a child. Corporal punishment is the infliction of punishment on any part of a child's body as a means of controlling or managing the child's behavior. It includes:
  - a) Hitting or spanking a child with a hand or instrument; or
  - b) Forcing or requiring the child to do any of the following as a method of managing or controlling behavior:
    - i. Perform any form of physical exercise, such as running laps or doing sit-ups or push-ups;
    - ii. Hold a physical position, such as kneeling or squatting; or
    - iii. Do any form of "unproductive work." "Unproductive work" is work that serves no purpose except to demean the resident.
      - 1) Examples include moving rocks or logs from one pile to another or digging a hole and then filling it in. Unproductive work is never an appropriate behavior management tool.
      - 2) "Unproductive work" does not include work that corrects damage that the resident's behavior caused. For example, a child who intentionally defaces a fence or wall may be required to paint that portion defaced. A logical consequence as a behavioral management tool is acceptable.

- c. Minor residents under the age of 12 may not be subjected to administrative review. Parents whose children exhibit hostile or antisocial behavior will be referred to the MRC for review.
- d. Minor residents 12 and older will not be presented for administrative review without notification being made to their parents(s), and shall only be submitted for administrative review after all other efforts to include counseling have been conducted. If after attempting an informal resolution, the minor remains disruptive and continues to fail to follow established facility rules, the minor and parent(s) shall be referred for administrative review.
- e. In addition, the following actions are prohibited as punishments involving a minor of any age:
  - 1) Any harsh, cruel, unusual, unnecessary, demeaning, or humiliating discipline or punishment
  - 2) Denial of mail or visits with their families as discipline or punishment
  - 3) Threatening with the loss of placement as discipline or punishment;
  - 4) Using sarcastic or cruel humor, and verbal abuse;
  - 5) Maintaining an uncomfortable physical position, such as kneeling or holding the arms out;
  - 6) Pinching, pulling hair, biting, or shaking a child;
  - 7) Putting anything in or on a child's mouth, such as soap or tape;
  - 8) Humiliating, shaming, ridiculing, rejecting, or yelling at a child;
  - 9) Subjecting a child to abusive or profane language;
  - 10) Placing a child in a dark room, bathroom, or closet;
  - 11) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age;
  - 12) Confining a child to a highchair, box, or other similar furniture or equipment as discipline or punishment;
  - 13) Denying basic child rights as discipline or punishment;
  - 14) Withholding food that meets the child's nutritional requirements; and;
  - 15) Using or threatening to use emergency behavior intervention as discipline or punishment.
  - 16) Seclusion, defined as placing a child in a locked room, is prohibited. A locked room includes a room with any type of door-locking device, such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut.

Staff may not impose or allow imposition of the following sanctions for a resident, adult or minor, at a family residential center: corporal punishment; deviations from normal food services; deprivation of clothing, bedding, or items of personal hygiene; deprivation of correspondence, telephone, or visitation privileges; deprivation of physical exercise or access to recreation, deprivation of school or education. No punishment shall require confinement in any locked room or space.

- f. The facility shall not hold a resident accountable for his/her conduct if a medical authority finds him/her mentally incompetent.
- g. The resident handbook or equivalent, issued to each resident upon admittance, shall provide notice of the facility's rules of conduct, and of the sanctions imposed for violations of the rules. Among other things, the handbook shall advise residents of the following:
  - 1) The right to protection from personal abuse, corporal punishment, unnecessary or excessive use of force, personal injury, disease, property damage, and harassment;
  - 2) The right of freedom from discrimination based on race, religion, national origin, sex, handicap, or political beliefs;
  - 3) The right to pursue a grievance in accordance with written procedures (provided in the handbook);
  - 4) The right to correspond with persons or organizations, consistent with safety, security, and the orderly operation of the facility; and
  - 5) The right to due process, including the prompt resolution of an administrative disciplinary matter (in accordance with the rules, procedures, and sanctions provided in the handbook).
  - 6) Copies of the rules of conduct and administrative sanctions will be posted in English, Spanish, and/or other languages spoken by significant numbers of residents, as follows:
    - a) Disciplinary Severity Scale
    - b) Prohibited Acts
    - c) Sanctions

## **2. 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 concisely, and completely. Reports also will identify the officer(s), the resident(s), and all who are witness to the incident.

ICE review approval is required for the incident-report forms used in family residential centers.

It is expected that minor rules violations will be settled informally by mutual consent, whenever possible. If, however, the officer involved believes informal resolution is inappropriate or unachievable, he/she shall prepare an Incident Report and Notice of

Violations and forward 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."

If the officer observes anything unusual in the resident's behavior or demeanor, he/she shall so note in the report. The reporting officer shall also list all staff, contract officers or resident witnesses to the incident, and the disposition of any physical evidence (contraband, property, etc.) relating to the incident. The reporting officer will 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.

### **3. Investigations**

All incident reports shall be investigated within 24 hours of the incident.

The investigating staff member must be a supervisor or higher and shall have had no prior involvement in the incident, either as a witness or an officer at the scene. No incident shall be investigated by line staff. All incidents require a minimum of a supervisory investigation and review. If the facility has a designated investigator, the incident may be investigated by that staff member. The position of investigator may not be a designated position for the purposes of circumventing this standard and must be a full-time trained employee. Minors may not be questioned outside the presence of a parent unless the incident is between the parent and child. Any allegation involving a criminal offense will be immediately referred to the appropriate law enforcement authority and no interviews shall be conducted

**The investigating Staff Member shall:**

Commence the investigation within 24 hours of receipt of the incident report.

- a. Advise the resident of the right to remain silent at each stage of the administrative process, and ensure he/she has a complete listing of resident rights.
- b. Advise the resident that silence may not be used to support a finding against the resident.
- c. Provide the resident(s) with a copy of the incident report/notice of charges at least 24 hours before the start of administrative proceedings.
- d. Advise the resident of his/her right, if applicable, to an initial hearing before the Management Review Committee (MRC) within 24 hours of his/her notification of charges.
- e. Terminate the investigation if the incident is under investigation elsewhere, e.g., on criminal grounds, unless and until the agency with primary jurisdiction concludes its investigation or indicates that it will not pursue the matter.
- f. Record personal observances and other potentially material information.
- g. Prepare a factual report of the investigation, including the location or disposition of any physical evidence.

- 1) Forward to the MRC all reports relevant to the disciplinary hearing.

NOTE: policy expressly prohibits providing a copy of any such report(s) to the resident at this stage of the disciplinary process.

**Management Review Committee (MRC)**

All facilities shall establish an intermediate level of investigation/adjudication to adjudicate low or moderate rules infractions. They shall also ensure that the resident is afforded all the rights listed under "Resident Rights in MRC Proceedings," as provided below.

The MRC conducting an administrative review of rules infractions shall be composed of three members. For minor rules infractions, the committee shall consist of a Unit Manager, an ICE Supervisory Officer, and one facility staff member with a minimum rank of Captain.

The MRC shall not include the reporting officer, the investigating officer, or an officer who witnessed or was directly involved in the incident. Only if virtually every available officer witnessed or was directly involved in the incident shall an exception to this rule occur.

The MRC will conduct hearings and, to the extent possible, informally resolve cases involving low to moderate level offenses, in accordance with the list of charges and related sanctions. Unresolved cases and cases involving serious charges are forwarded to the Executive Review Panel (ERP).

**The MRC shall have authority to:**

- a. Conduct hearings and informally resolve incidents involving low or moderate violations.
- b. Consider written reports, statements, and physical evidence.
- c. Hear pleadings on the part of the resident.
- d. Make findings that a resident did or did not commit the rule violation(s) or prohibited act(s) as charged, based on the preponderance of evidence.
- e. Impose minor sanctions in accordance with the table of prohibited acts and associated sanctions.

**The resident in MRC proceedings shall have the right to:**

- a. An MRC hearing within 24 hours of the end of the investigation
- b. Attend the hearing (excluding committee deliberations) unless security considerations prevent the resident's attendance. In this instance, the committee must document the security considerations.
- c. Present statements and evidence in his/her own behalf.
- d. Appeal the committee's determination through the resident appeal process.

**The MRC shall:**

- a. Advise the resident of above-listed rights and procedures before the hearing.

- b. Refer to the ERP any incident involving a serious violation. This includes code violations in the "Moderate" or categories (100s and 200s).
- c. Serve the resident with:
  - 1) A copy of the MRC decision and sanctions imposed; or
  - 2) Written notification of charges and hearing before the ERP.
- d. If the resident's case is being referred to the ERP, advise the resident, in writing, of:
  - 1) The opportunity to call witnesses and present evidence before the ERP; and
  - 2) The opportunity to have a staff representative assist him or her before the ERP.

#### **4. Staff Representation**

The Facility Administrator (FA) or designee shall, upon the resident's request, assign a staff representative to help prepare a defense. This help will be automatically provided for illiterate residents, residents with limited English-language skills, and residents without means of collecting and presenting essential evidence.

- a. A staff representative must be a full-time employee.
- b. Because of the potential conflict of interest, the FA, members of the ERP and of the MRC 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.
- c. The resident may select his/her staff representative, barring anyone identified in 4b, above.
- d. The ERP shall arrange for the presence of the staff representative selected by the resident. If that staff member declines or is unavailable, the resident has three choices. He/she may select a different representative; wait for the unavailable staff member to become available (within a reasonable period); or proceed without a staff representative.
- e. A staff member declining to serve as a resident's representative must state the reason on the staff representative form.
- f. If several staff members decline, the FA shall assign a staff member to serve as that resident's staff representative.
- g. The staff representative shall be free to speak to witnesses and to present evidence on the resident's behalf, including any mitigating circumstances.
- h. The ERP shall allow the staff representative enough time to speak with the resident and interview witnesses. The standard pre-hearing preparation time will suit most cases. However, the ERP may grant a postponement if required to prepare an adequate defense.



- i. The ERP shall consider the reliability of information provided by a confidential informant before considering it in the disciplinary proceedings.
- j. The ERP may withhold the confidential informant's identity from the staff representative. While the staff representative may challenge the substance of any confidential information the ERP discloses, he/she may not question its reliability (pre-established by the ERP).
- k. When the resident cannot effectively present his/her own case, the FA shall appoint a staff representative, even if not requested by the resident.

## **5. Executive Review Panel**

All family residential centers housing ICE residents shall have an executive review panel to adjudicate resident incident reports. Residents assigned to residential facilities may not be placed into segregation or lock down housing. Where chronic violations are noted, the ERP may designate placement of a family unit into an orientation and counseling housing unit. The only purpose for placement into this unit is to ensure that all resources are made available for assisting residents to properly conform to facility rules and to ensure the safe and orderly operation of the facility. Placement into an intensive supervision unit is not to be used as punishment and may only be used for the amount of time needed to ensure the proper orientation and counseling of an affected resident or family unit.

At each center:

- a. The ERP will consist of three members, including the chairperson.
- b. The FA shall appoint the two members of the panel. The ICE Operations Manager shall appoint one ICE official.

The panel shall not include the reporting officer, the investigating officer, a member of the referring MRC, or anyone who witnessed or was directly involved in the incident. Only if virtually every available officer witnessed or was directly involved in the incident shall an exception to this rule occur.

The panel shall consist of at least one manager who holds the rank of Chief or higher, one unit manager, and one ICE officer with a rank of Supervisory Immigration Enforcement Agent or higher.

### **The ERP shall have authority to:**

- a. Conduct hearings on all charges and allegations referred by the MRP.
- b. Call witnesses to testify.
- c. Consider written reports, statements, physical evidence, and oral testimony.
- d. Hear pleadings by residents and staff representatives.
- e. Make findings that the resident did or did not commit the rule violation(s) or prohibited act(s) as alleged, based on the preponderance of evidence.
- f. Impose sanctions as listed and authorized in each category.

**The ERP shall:**

- a. Verify that the resident has been advised of the procedures as identified above.
- b. Advise the resident that he or she may waive the hearing and admit having committed the offense.
- c. Conduct the hearing on the first business day after receiving the ERP referral, unless the resident waives the 24-hour notification provision, requesting an immediate hearing. In cases where a hearing is delayed, the reason(s) must be documented (e.g., a continuing investigation of facts, their unavailability of one or more essential witnesses, etc.) and approved by the OIC.
- d. Prepare a written record of its proceedings. This record must show that the resident was advised of his/her rights. It must also document the evidence considered by the Panel and subsequent findings; the decision and sanctions imposed, along with a brief explanation.
- e. Forward the entire record to the FA, who may (a) concur; (b) terminate the proceedings; or (c) impose stiffer or lesser sanctions.
- f. Serve the resident with written notification of the decision.

**6. Postponement of Disciplinary Proceedings**

All facilities shall permit hearing postponements or continuances under certain circumstances.

Circumstances justifying 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 resident 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.

**7. Duration of Penalties**

The duration of penalties shall be within established limits. Neither the panel recommending sanctions nor the FA making the final decision shall impose arbitrary sanctions outside these limits.

- a. Punishments range from the withholding of specified privilege(s) to recommended removal from the residential center and program. Segregation may not be used as a form of penalty in any form at a residential center.
- b. The disciplinary report and accompanying documents are not inserted in the file of a resident who is found not guilty. However, the facility may retain the material in its own files for institutional uses (statistical, historical, etc.).

**c. Best Practice Suggestions for dealing with Minors:**

Disciplinary measures should be consistent among caregivers. Using positive methods of discipline and guidance encourage self-esteem, self-control, and self-direction. Positive methods of discipline include the following:

- 1) Using praise, positive reinforcement, and encouragement of good behavior instead of focusing only on unacceptable behavior;
- 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Talking with the child about the situation;
- 4) Focusing on the rule to learn and the reason for the rule;
- 5) Focusing on solutions that are respectful, reasonable, and related to the problem behavior, rather than blaming or focusing on consequences;
- 6) Redirecting the child's attention or behavior using positive statements;
- 7) Providing prior notice of possible consequences for inappropriate behaviors;
- 8) Giving the child acceptable choices or alternatives;
- 9) Using brief supervised separation or time away from the group or situation, when appropriate for the child's understanding, age, and development. Best practice suggests that quiet time or time out from the group should be limited to no more than one minute per year of the child's chronological or developmental age. However, this time frame may need to be adjusted for some children, such as a child who has attention-deficit disorder. Time out is not appropriate for infants and is not recommended for toddlers, since they are too young to understand this intervention;
- 10) Arranging the environment to allow safe testing of limits;
- 11) Using kind but firm action;
- 12) Giving logical consequences that are appropriate to the situation and severity of the behavior; and
- 13) Withholding privileges.

**d. Acceptable Corrective Sanctions for Minors:**

Sanctions in subparagraphs 1. and 4. (below) may be imposed by the MRP.  
 Sanctions in sub paragraphs 1. through 5. may be imposed by the ERP.

- 1) Referral to Counseling
- 2) Restriction to Housing Area, not to exceed 72 hours
  - a) When a minor resident is restricted to housing, they must be afforded a minimum of one hour of outdoor activity time daily.
  - b) The minor may be restricted to the dayroom area but may not be forced to remain in his/her room except during a time out period.
  - c) No sanction may restrict a minor from attending required school classes or religious practices.

- 3) Minor residents who are 12 years old and older may have their free movement privilege suspended for up to 14 days. Such a suspension would require that the parent supervise all activities for that time period.
- 4) Loss of extracurricular activity time such as movie night.
- 5) Loss of field trip privileges for up to 45 days.

Corrective action may not interfere with such daily functions as eating and sleeping. Disciplinary actions may not adversely impact a child's health, physical or psychological well-being or deny a child regular meals, sufficient sleep, exercise, medical care, the right to correspondence, or legal assistance.

e. **Acceptable Corrective Sanctions for Adults:**

Sanctions in subparagraphs a. through d. (below) may be imposed by the MRP.

Sanctions in subparagraphs a. through e. may be imposed by the ERP.

- 1) Referral to Counseling
- 2) Require attendance in Parenting Classes
- 3) Additional work details such as:

General housekeeping

- 1) Loss of Commissary
- 2) Restriction to housing Area, not to exceed 72 hours.

Imposition of such a sanction must take into account the ages of minor children and the negative impact this sanction would have on minor's who were not involved in the charged offense.

Sanctions are designed to correct poor behavior and are meant to encourage better behavior within a family residential center. Their use should be limited to those instances where other intervention has been tried and has been unsuccessful.

- f. The MRP/ERP do not have the authority to remove any resident from a facility on the basis of a finding of guilty for any offense. The ERP shall recommend removal to the Chief, JFRMU, of any resident who presents an immediate or continuing threat to the good order, safety, and welfare of the facility.

## 8. **Disciplinary Severity Scale and Prohibited Acts**

All facilities shall have graduated scales of offenses and disciplinary consequences, as provided in this section.

Family residential centers shall adopt, without changing, the offense categories and administrative sanctions set forth in this section.

Prohibited acts are divided into three categories: "Major," "Moderate," and "Low." The sanctions authorized for each category (see table of sanctions, below) will be imposed only if the resident is found to have committed a prohibited act and no other method of behavioral modification has been found to be effective. Due to the nature of the facility as a residential family facility, sanctions should be used as a last resort and only as a means to correct behavior that threatens the safety and welfare of residents, staff, and visitors.

a. **Low offenses:** For all "Low" offenses, staff is afforded the opportunity to resolve these incidents through immediate counseling or referral to a counselor for discussion. This is particularly important during the first 30 days of a residents stay and acclimation to the facility. Staff may, at their discretion, also initiate an incident report

b. **Moderate offenses:** All moderate offenses are reviewed by the MRP for accuracy and completeness. Once reviewed, the MRP shall concur with the charged offense and refer the matter for review by the ERP, or, the MRP may dismiss or defer the charged offense based on a lack of evidence or the need to obtain additional information.

c. **Major offenses:** All "Major" offenses require the immediate notification of the Chief, JFRMU, and the Field Office Director. Where a resident is deemed to be an immediate threat to themselves or others, the resident shall be immediately removed to a secure facility pending a full and complete investigation. Permanent removal of a resident from a residential family facility may only be authorized by the Chief, JFRMU. Such authorization will only be given when it can be established that the continued presence of the resident, minor or adult, would jeopardize the safety and welfare of themselves or others.

#### **LOW OFFENSES:**

1. (101) Being in an Unauthorized Area – *Being in an area that is designated through verbal, written, or posted orders as "off limits" to residents.*
2. (102) Disorderly Conduct – *Behavior such as loud talking, yelling, or pushing which disrupts the orderly running of the facility.*
3. (103) Failure of Parent/Legal Guardian to Appropriately Manage Children's Behavior – *For parents who allow their children to be unruly, disrespectful, or insubordinate while in their presence.*
4. (104) Failure to Follow Verbal or Posted Rules and/or Regulations – *Not following specific rules and/or orders which have been designated for the clean, safe, orderly operation of the facility which residents have been told in advance through posting or have been given verbally by an employee of the facility or person who has charge of the resident at the time. This includes not following the procedures established by the facility for taking count.*
5. (105) Fighting – *Exchange of words or body contact in anger wherein no injury requiring medical attention occurs, such as horseplay.*

6. (106) Gambling – *Operate or act in any game of chance involving betting or wagering of goods or other valuables.*
7. (107) Possession of Gambling Paraphernalia – *Having in one's control, items for use in operating or acting in any game of chance involving betting and wagering of goods or other valuables.*
8. (108) Self Mutilation – *Inflicting injury on one's self, such as cutting on one's own body or tattooing.*
9. (109) Smoking – *Smoking tobacco of any form in any area of the facility.*
10. (110) Unauthorized Receipt or Possession of any Item of Value – *Receiving or having in one's possession any item of value which has been obtained through false pretenses, threats, or stealing.*
11. (111) Unexcused Absence from Place of Assignment – *Being away, without authorization from an appropriate supervisor, from the place of assignment such as housing area, recreation area, health services, etc.*
12. (112) Use of Vulgar, Abusive, or Obscene Phrases/Language
13. (113) Failure to Maintain Personal Hygiene or Personal Hygiene of Child – *Not having a clean body or clothes.*
14. (114) Unsanitary and Disorderly Housing Conditions – *Not keeping a clean, neat living area. The area should be kept in a manner so that all possessions are stored in an organized manner in areas designated for such. The area should be free from dirt and clutter.*
15. (115) Possession of Non-Dangerous Contraband (Soft Contraband) – *Possession of contraband items that are not allowed at the facility but are not capable of causing serious injury or harm to self or others, including tobacco products.*
16. (116) Unauthorized Use of Telephone – *Using the telephone during unauthorized times.*
17. (201) Refusal to Submit to a Reasonable Suspicion Drug Test - *Not providing a urine sample for use in reasonable suspicion drug testing.*

**MODERATE OFFENSES:**

1. (202) Positive Reasonable Suspicion Drug Test – *Testing positive for an illegal drug or un-prescribed controlled substance.*
2. (203) Theft – *Unauthorized taking of something that belongs to someone else.*
3. (204) Destruction, Alteration, or Damage to Property (Under \$1,000.00) – *Destroying, changing or hurting property of the facility or any other person.*
4. (205) Forgery or Unauthorized Reproductions of Documents or Articles (Excluding Money) – *Counterfeiting, forging, or reproducing*

*without approval, any document, article, identification, or security documents.*

5. (206) *Hindering an Employee in the Performance of Their Duties – Acting in such a way to interrupt an employee during their work time such as causing delays or giving false information.*

6. (207) *Refusal to Submit to a Reasonable Suspicion Search.*

7. (208) *Child Neglect – Failure to give care and proper attention to a child (Non-Injury)*

8. (209) *Verbal Sexual Harassment of a Resident. Acting in such a manner as to create a hostile residential environment for other residents regardless of age or gender.*

**MAJOR OFFENSES:** *Suspicion of any of the following offenses requires immediate notification of ICE and separation from the general population.*

1. (301) *Arson – Starting or causing to be started a fire which could or does cause damage to person(s) or property.*

2. (302) *Assault/Battery – A non-sexually related attack upon the body of another person with the intention of harming or causing serious injury.*

3. (303) *Rape – Sexual contact of any person without his or her consent, or of a person who is unable to consent or refuse; and contact between the penis and the vagina or the penis and the anus including penetration, however slight; or contact between the mouth and the penis, vagina, or anus; or penetration of the anal or genital opening of another person by a hand, finger, or other object (i.e. penetration or oral sodomy).*

4. (303) *Sexual Assault – Abusive contact of any person without his or her consent for the purpose of sexual gratification or arousal or of a person who is unable to consent or refuse; and intentional touching, either directly or indirectly or through the clothing, of the genitalia, anus, groin, breast, inner thigh or buttocks of any person. Sexual assault excludes incidents involving penetration or oral sodomy.*

5. (304) *Attempt/Conspiracy to Commit a Major Offense – An offense for residents who do not actually commit the offense but participate in one (1) or more of the following ways:*

a. (304a) *Attempts to commit the major offense;*

b. (304b) *Solicits another or others to commit the major offense;*

c. (304c) *Conspires with another or others to commit the major offense; and/or*

d. (304d) *Facilitates the action of another or others in committing the major offense.*

6. (305) *Child Abuse – Treating a child cruelly, roughly, wrongly, improperly, or in an insulting manner.*

7. (306) Child Neglect – *Failure to give care and proper attention to a child resulting in endangerment or injury to a child.*
8. (307) Confirmed STG Affiliation/Activity – *Affiliated or participating in a gang-related activity.*
9. (308) Counterfeiting, Forgery, or Unauthorized Reproduction of Money
10. (309) Death of Any Person – *Any act of which the end result is the death of any person including employees, visitors/volunteers, and/or other residents.*
11. (310) Destruction, Alteration, or Damage to Property (\$1,000 or more) - *Destroying, changing or hurting property of the facility or any other person.*
12. (311) Hostage Taking – *Holding a person(s) against their will as a security for the fulfillment of certain terms.*
13. (312) Escape – *Leaving the grounds of the facility or from the custody of an employee outside of the facility without permission.*
14. (313) Insurrection – *Participation or encouraging another to participate in unauthorized activity such as protesting or rioting.*
15. (314) Possession of Dangerous Contraband (Hard Contraband) - *Possession of contraband items that are not allowed at the facility and are capable of causing serious injury or harm to self or others. This includes deadly weapons, items altered to be used as weapons, drugs and drug paraphernalia.*
16. (315) Sexual Misconduct – *This includes, but is not limited to, the following acts:*
  - a. (315a) *Exposing the genitals or buttocks to an employee, visitor/volunteer, or resident for the purpose of sexual gratification or arousal.*
  - b. (315b) *Masturbation where an employee, visitor/volunteer, or other resident can see the act*
17. (316) Intimidating or Threatening Another with Harm – *Telling someone, through actions or words, that harm will come to them.*
18. (317) Possession of Drugs or Intoxicants – *Possession of any drugs or intoxicants which have not been prescribed or approved by the health services department for use.*
19. (318) Violation of any Federal, State, or Local Law – *Any act, through not specifically listed in this policy, that would be considered either a felony or misdemeanor under federal laws or under the state laws in which the resident is housed.*





## **9. Documents**

All documents relevant to the incident, subsequent investigation, hearing(s), etc., will be completed and distributed in accordance with facility procedures.

Documents will be prepared and distributed as follows:

### **Incident Report/Notice of Charges**

The officer shall prepare a report and submit it to the facility supervisor immediately after the incident takes place. If the incident is resolved informally, the officer will so note on the original report, which will then be forwarded to the Chief of Security and a copy forwarded to ICE.

If the MRC is to be involved, the supervisor shall serve the resident with a copy of the Notice of Infractions upon completion of the investigation, no less than 24 hours before the MRC hearing.

The MRC receives the original copy.

If the MRC hears the matter, the ranking member of that committee shall serve the resident with a copy of the Incident Report/Notice of Violations indicating their decision.

The MRC, upon conclusion of its proceedings, will forward the entire record to either the Chief of Detention or the ERP, as appropriate.

### **Investigation Report**

Original—submitted to the MRC.

Resident does not receive a copy

### **UDC Report of Findings and Action**

Original—served on the resident after the committee issues its findings

Copy—to the resident detention file (guilty finding only)

### **Notice of ERP Hearing**

Original—served on resident

Copy—resident detention file

### **Resident Rights at ERP Hearing**

Original—served on resident

Copy—facility detention file

### **ERP Report**

Original—resident detention file

Copy—resident

## **10. Confidential Information**

When a decision relies on information from a confidential informant, the MRC or ERP shall include in the hearing record the factual basis for finding the information reliable.

## 11. Notice to Residents

The resident handbook shall notify residents of the following:


- a. The facility process for managing and handling rules violations.
- b. The prohibited acts and potential sanctions for prohibited acts:
- c. The procedure for appealing sanctions or adverse administrative findings.

## 12. Family Shelter Facilities

Family Residential Facilities are subject to review under both adult and juvenile care standards. Family Residential Management is unique to ICE and as such no specific monitoring tool exists independently of this standard. The goal of ICE is to ensure family unity during the immigration court process. Given the unique nature of these facilities in that they are less than secure and house only non-delinquent/criminal or non-violent residents, many of the ICE National Detention Standards for adult detention are inappropriate for use at these centers. Each facility must rely on a program that places a continued emphasis on voluntary acceptance of facility rules and general respect between staff and residents. Many sanctions within this program rely heavily on communication and counseling with the end goal remaining family unification.

The continued good order and general security of the facility relies on the residents continued voluntary cooperation within the confines of each facility. The most severe sanction that can be issued is removal from the facility and placement within alternative secure locations. It is the goal of ICE to avoid such sanctions whenever possible.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

**DEC 21 2007**  
\_\_\_\_\_  
**Date**

# **ICE/DRO RESIDENTIAL STANDARD**

## **FOOD SERVICE**

**I. PURPOSE AND SCOPE.** Residents are provided a nutritionally balanced diet that is prepared and presented by a sanitary and hygienic food service operation.

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

1. All residents will be provided nutritionally balanced diets that are reviewed at least quarterly by food service personnel, and at least annually by a certified dietician.
2. Sound safety and sanitation practices will be applied in all aspects of food service and dining room operations.
3. Dining room facilities and operating procedures will provide sufficient space and time for residents to eat meals in a relatively relaxed, unregimented atmosphere.
4. Food service facilities and equipment will meet established government health and safety codes, as documented by an independent, outside source.
5. Any resident assigned to work in food service operations. Will be screened and cleared medically in advance.
6. Food service areas will be continuously inspected by food service staff and other assigned personnel on schedules determined by the food service administrator and in accordance with applicable policy requirements.
7. Stored food goods will be maintained in accordance with required conditions and temperatures.
8. Therapeutic medical diets and supplemental food will be provided as prescribed by appropriate clinicians.
9. Special diets and special ceremonial meals will be provided for residents whose religious beliefs require the adherence to religious dietary laws.
10. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
11. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED.** None

## **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and

respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

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.)

## **V. EXPECTED PRACTICES**

### **1. Administration**

**Food Service Administrator or Equivalent.** The food service program shall be directly supervised by a professional 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 satisfactory menus and evaluating their acceptance by residents
- Developing specifications for the procurement of food, equipment, and supplies
- 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). Organizational structure may differ between facilities, particularly when food service is provided by a food service contractor. References to the CS and CF in this Residential Standard describe typical duties for those positions, although the functions may be performed by others in the organizational structure.

### **2. Security**

#### **a. 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.

The facility's training staff shall devise and provide appropriate training in resident custodial issues to all food service personnel. This training shall include, but not be limited to, ICE/DRO's Residential standards.

#### **b. Knife Control**

**The knife cabinet must be equipped with an approved locking device. The on-duty CF, under direct supervision of the CS, shall maintain control of the key that locks the device.**

Knives must be physically secured to workstations when used outside a secure

cutting room. Any resident using a knife must receive direct staff supervision at all times.

Knife approved for use must have a steel shank through which a metal cable can be mounted. The facility's tool control staff 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 assistant facility administrator for operations. Concurrent with this notification, staff shall hold residents 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 assistant facility administrator for operations.

#### **c. Key Control**

The knife cabinet shall meet the tool-control standards of the U.S. Occupational Safety and Health Administration, as well as any site-specific standards developed by the facility.

The control room staff shall issue keys only in exchange for a name chit from receiving staff. Under no circumstances shall residents have access to facility keys.

The CS shall return the keys to the control room before going off duty. At no time may anyone carry facility keys outside the facility.

#### **d. Controlled Food Items/Hot Items**

All facilities shall have procedures for handling food items including but not limited to the following:

##### **1) Yeast or Yeast Products**

All yeast and yeast products must be stored in an area with no resident 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.

##### **2) 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.

### **3. Resident Workers**

#### **a. Resident Workforce**

Residents may volunteer for work in accordance with the Residential Standard on "Voluntary Work Program."

The number of residents 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 over- or understaffing.

#### **b. Resident Job Descriptions**

The FSA shall review resident job descriptions annually to ensure that they are accurate and current with requirements. Before starting work in the department, the resident shall sign for receipt of his or her job description. A copy of the resident's job description shall remain on file for as long as the resident continues to work in the food service department.

#### **c. Resident Orientation and Training**

To ensure a quality food service program and instill good work habits, each CS shall instruct newly-assigned resident workers in the rules and procedures of the food service department. During orientation and training sessions, 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. Residents 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 resident's Residential File.

#### **d. Resident Work Hours and Pay**

Residents shall work and be paid in accordance with the Residential Standard on "Voluntary Work Program."

#### **e. Meals for Food Service Workers**

The FSA shall establish the meal schedules for resident food service workers.

Resident workers shall receive the same fare as other residents. Cook supervisors may not allow residents to prepare "special" dishes or condiments for their own (or another resident's) consumption. Food service employees shall also ensure that resident workers do not eat between meals.

Resident workers assigned to the staff dining room may be allowed to eat in that area. All others shall eat in the main dining room. When scheduling permits, resident workers are allowed to eat with their family members.

#### **f. Resident Clothing**

Residents assigned to the food service department shall have a neat and clean

appearance.

Unless the facility administrator establishes another policy, the resident uniform shall consist of the following: white, summer-type uniform pants and short-sleeved shirts; 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.

- Residents with hair shoulder-length or longer shall be required to wear a hair net on their hair, under their hats or caps.
- Residents with facial hair shall be required to wear beard guards when working in the food preparation or food serving areas.
- Residents 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.
- Residents working in refrigerated and freezer areas shall be provided appropriately insulated clothing.

#### **4. Food Service Dining Room/Satellite Feeding Operations**

##### **a. General Policy**

Residents shall be served three meals every day, at least two of them hot. 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 must accommodate all ages including infants and toddlers. Residents must be afforded a reasonable amount of time to complete their meal while assisting children. No time limits shall be established regarding total time allowed to complete meals.



## Display and Service

The following procedures apply to the display, service, and transportation of food to the mainline:

- 1) Before and during the meal, the CS in charge shall inspect the 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 (120° F in food trays), and foods that require refrigeration maintained at 41° F or below.
- 2) Every open food item and beverage shall be protected from contaminants by easily cleaned sneeze-guards, cabinets, display cases, or other such equipment.
- 3) Servers must wear plastic gloves whenever direct contact with food or beverage is possible. They must use tongs, forks, spoons, ladles, or other such utensils to serve any food or beverage; serving with hands alone, with no utensil, is strictly prohibited.
- 4) 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.
- 5) 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 or service session
  - Again, if necessary, immediately before being used
- 6) 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.
- 7) 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-feeding carts.

All food safety provisions (sanitation, safe handling, storage, etc.) shall apply to food in transit.

- 8) Soiled equipment and utensils must be transported to the appropriate receptacles in closed containers.

**b. Dining Room Supervision**

The facility shall assign a supervisor to be responsible for supervising the dining room and for ensuring the safety and welfare of residents.

**c. Dining Room Workers**

The CF in charge shall train dining room workers in the requirements of the job, including how to perform specific tasks. A basic task of all dining room workers is to keep the tables and floors clean during the meal service. Once the meal service is over and the residents have left the room, the workers can undertake major cleaning tasks.

**d. Serving Lines**

The serving counter shall be designed and constructed to separate and insulate hot foods from cold foods. The serving line shall be constructed in a manner that allows residents to view and choose from a variety of selections. A transparent "sneeze guard" is required.

**e. Salad Bars and Hot Bars**

Food items at salad bars and hot bars shall be arranged for logical and efficient service. Salad bars shall be set up for self-service. A transparent "sneeze guard" is required.

**f. Beverage Counter/Bar**

Self-service beverage-and-ice stations shall be designed for quick and easy access. These stations shall be designed for service that is sanitary and efficient, including traffic flow.

**g. Meal tickets**

The facility may establish a meal ticket program for employees and guests. ICE/DRO staff are prohibited from receiving free meals from any contractor.

**Menu Planning**

**h. General Policy**

The FSA shall base menu selections on a nutritional program that meets minimum government guidelines. The suggested ICE/DRO standard menu cycle is 35 days.

The food service program significantly affects morale and attitudes of residents and staff, and creates a climate for good relations between the facility and the residents.

The overall goal of a quality food service program is to provide access to appetizing meals that meet the nutritional needs of the residential population. The FSA shall consider the ethnic diversity of the facility's resident population when developing menu cycles. While each facility must meet all ICE/DRO standards and follow required procedures, individuality in menu planning is encouraged.

The FSA is responsible for food service program planning, and resource allocation and use.

**i. Nutritional Analysis**

A registered dietitian with experience in both adult and pediatric meal service shall conduct a complete nutritional analysis, at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before implementation. If necessary, the FSA shall modify the menu in light of the nutritional analysis, to ensure nutritional adequacy.

If the master-cycle menus changes exceed five percent of the menu during the year, the cycle should be reevaluated, to maintain the integrity of the nutritional analysis.

**5. Food Preparation**

**a. 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 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. Resident cooks, bakers and vegetable-preparers can prepare the same items with consistency only by repeatedly following the approved recipes.

Knowledge of ingredients, quantities, and food-preparation techniques and procedures is essential for producing quality products.

**b. 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 them raw.

A worker shall only taste test with a clean fork or spoon; using a food-preparation utensil awaiting washing 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 resident workers involved in cooking shall ensure that foods are cooked at the required temperatures:

- Raw eggs, fish, meat, and foods containing these items -- 145° F, 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 or higher.

- Roast beef and corned beef -- 145° F or higher.
- Potentially hazardous foods that have been cooked and then refrigerated should be quickly and thoroughly reheated at a minimum of 165° F before being served. Steam tables, warmers, and similar hot food holding equipment are prohibited for the rapid reheating of these foods.
- After being reheated to 165° F, the food may be maintained at 140° F 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, and in instant desserts and 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 cream and 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 or lower within four hours of preparation.

The CF 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 each use.

The FSA may require use of color-coded cutting boards, which reduce the risk of cross-contamination during food preparation.

#### **c. Food Cooling**

Potentially hazardous food must be cooled from 140° F to 70° F degrees within two hours of cooking, and from 70° F 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 to expedite cooling:

- Placing the food in a shallow pan
- 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.

**d. Food Thawing.** Potentially hazardous food shall be thawed by any or all of the following methods:

- 1) Under refrigeration that maintains the food at 41° F or below.
- 2) Submerged in running water:
  - At a water temperature of 70° F 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 food to rise above 41° F.
  - For period that does not allow any portion of raw meat to be thawed for more than four hours preceding being cooked.
  - The allowed periods for thawing includes the time that the food is exposed to the running water, the time to prepare food for cooking, and the time it takes under refrigeration to cool the food to 41° F degrees.
- 3) As part of a cooking process, provided there is continuous (uninterrupted) cooking throughout the process.

**e. 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 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 or below.

**f. Hermetically Sealed Foods**

Canned food that has abnormal color, taste, or appearance, or that 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.

**g. 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 - that is, 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 or below; or with potable (safe-to-drink) running water, at 70° F 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.

**h. 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.

**6. Religious/Special Diets**

**a. General Policy**

ICE/DRO requires all facilities to provide residents 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, through a common fare menu. The resident shall provide a written statement articulating the religious motivation for participation in the common fare program. To participate in the religious diet program, a resident shall initiate an Authorization for Common Fare Participation Form (Attachment A) for

consideration by the chaplain.

Residents whose religious beliefs require adherence to particular dietary laws shall be referred to the chaplain. After verifying the religious dietary requirement by reviewing files and/or consulting with local religious representatives, the chaplain shall issue specific written instructions. Special diets shall be kept simple, and as similar to the food served on the main line as possible.

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) Resident name and A-number
- 2) The type of religious diet prescribed
- 3) The expiration date, within 30 days of its issuance
- 4) The signature of the FSA

The FSA shall contact the appropriate individual or department to obtain a photo of the resident, and attach the photo to the identification card. The FSA shall ensure that the food service department receives one copy of the identification card. The second identification card shall be issued to the resident, 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 resident's file.

When a resident on a religious diet refuses a meal or accepts the regular main-line meal, the cook on duty *shall notify the FSA in writing*.

**b. Common Fare Menu**

Common fare is intended to accommodate residents whose religious dietary needs cannot be met on the main line. 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.

**c. Changes to the Standard Common Fare Menu**

Modifications of the standard Common Fare Menu may be made at the local level. Seasonal variations, for example, affect the availability of fresh produce in different locations, making menu modifications inevitable.

Therefore, with the facility administrator's concurrence, the FSA may make temporary, nutritionally equal substitutions with fresh seasonal produce that violates no religious dietary laws. The chaplain or local religious representatives shall be consulted if technical questions arise.

**d. Hot Entree Availability**

To the extent practicable, a hot entree shall be available to accommodate residents' religious dietary needs, for example, kosher and/or halal products. Hot entrees shall be offered daily and may be purchased precooked, heated in their sealed containers, and served hot. Other cooking is not permitted in the Common Fare program.

**e. 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 Menu for those residents requesting kosher food.

**f. Nutritional Requirements**

Common Fare Menus meet U.S. recommended daily allowances (RDAs). A resident who chooses the Common Fare Menu shall select only beverages from the regular menu.

**g. Instant Food and Beverages**

The food service shall provide a hot-water urn for reconstituting instant beverages and foods, for use by residents eating main-line fare.

**h. Plates and Utensils**

A supply of reusable plates and utensils will be 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, irregular monitoring of compliance with religious dietary requirements.

**i. Application and Removal**

The facility administrator, in consultation with the Chaplain, shall be the approving official for a resident's removal from the Common Fare program.

Food service staff shall refer to the daily roster to identify residents in the Common Fare program. Staff shall not use this information to disparage a resident'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 residents participating in the Common Fare program, to ensure the legitimacy of their participation.
- Staff shall train and supervise all residents with Common Fare Menu preparation assignments.
- A resident's temporary adoption of a medically-prescribed diet shall not affect his or her access to Common Fare meals, which the facility hospital provides; however, if a prescribed medical diet conflicts with the Common Fare diet, the medical diet shall take precedence.
- A resident 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 resident is documented as being in violation of the terms of the religious diet program to which the resident has agreed in writing. If a resident misses three consecutive Common Fare meals, the chaplain shall ordinarily recommend in writing that the facility administrator remove the resident from the program.

To preserve the integrity and orderly operation of the religious diet program and to prevent fraud, residents who withdraw (or are removed) may not be immediately re-established into the program.

The process of re-approving a religious diet for a resident who voluntarily withdraws or is removed ordinarily may take up to ten days. Repeated withdrawals (voluntary or otherwise), however, may result in the resident's being subjected to a waiting period of up to one month. The decision to remove a resident 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 residents' participation in the program, ordinarily this authority is delegated to the chaplain. To participate in the Common Fare program, a resident 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 resident's Residential file.

**j. Annual Ceremonial Meals**

The Chaplain, in consultation with the local religious leaders, if necessary, shall develop the ceremonial-meal schedule for the next calendar year, providing 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 representatives 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.

**k. Religious Fasts and Seasonal Observances**

The Common Fare program shall accommodate residents abstaining from particular foods or fasting for religious purposes at prescribed times of year.

**1) Ramadan**

During Ramadan, Muslims participating in the fast shall receive the approved meals after sundown, for consumption in the food service department.

During the annual fast, vegetarian or hot fish dishes shall replace meat

entrees. Fasters shall receive both lunch and dinner meals after sundown.

Residents not participating in the Common Fare program but electing to observe Ramadan or the December fast shall be served the main line meal after sundown. If the main-line menu does not meet religious requirements, the resident may participate in the Common Fare program during the period in question.

Each facility may provide a bag breakfast or allow residents 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.

## **2) Passover**

The facility shall have the standard Kosher-for-Passover foods available for Jewish residents during the eight-day holiday. The food service shall be prepared to provide Passover meals to new arrivals.

No-flour meals will also be provided during Passover.

All Jewish residents observing Passover shall be served the same Kosher-for-Passover meals, whether or not participating in the Common Fare program.

## **3) Lent**

During the Christian season of Lent, a meatless meal (lunch or dinner) shall be served on the main line on Fridays and on Ash Wednesday.

## **I. Common Fare Record-keeping and Costs**

The FSA shall estimate quarterly costs for the Common Fare program, including this figure in the quarterly budget. The FSA shall maintain a record of the actual costs of both food and non-food items.

## **7. Medical Diets**

### **a. Therapeutic Diets**

Residents with certain conditions -- chronic or temporary; medical, dental, or psychological -- shall be prescribed special diets as appropriate.

Special (therapeutic) diets shall be authorized by the clinical director (CD) on Form I-819, *Resident Special Need(s)*. The form shall specify the type of therapeutic diets to be prescribed and, if necessary, shall be renewable every 30 days.

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:

- Resident name and A-number
- Type of diet

- Duration (up to 30 days)
- CD signature

The CD shall contact the appropriate individual or department to obtain a photo of the resident 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 resident, 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 resident on a therapeutic diet refuses the special meal or accepts the regular main-line meal.

The second copy of the consultation sheet shall be filed in the resident's file.

**b. Snacks or Supplemental Feedings**

The physician may order snacks or supplemental feedings for such reasons as:

- Insulin-dependent diabetes
- A need to increase protein or calories for pregnancy, cancer, AIDS, etc.
- Prescribed medication that must be taken with food

**8. Specialized Food Service Programs**

**a. Snack Menus**

The FSA shall ensure availability of snacks, fruits, juice and milk - particularly for the minor population. These snacks shall be available via self-service within each housing unit. Snack items shall be restocked twice daily. Snack items shall not count against a daily calorie count. It is the responsibility of the FSA to ensure removal of all expired items.

**b. Toddler and Infant meals**

The FSA shall develop and implement a food service program that provides for the minimum nutritional needs of toddlers and infants, ranging in age from newborn to four years old. The FSA shall ensure that its menu programs meet recommended government guidelines for well-baby and well-child growth and development. The FSA is also responsible for insuring that infant and toddler bottles and utensils are properly sterilized.

**c. Sack Meals**

**All meals shall be served from established menus in the dining room or housing units. In some circumstances, residents may be provided sack meals.**

Sack meals shall be provided for: residents being transported from the facility; residents arriving/departing between scheduled meal hours; and residents in transit during scheduled meal hours.

**1) Quality**

Sack meals shall be of the same quality as other meals prepared by the food service.

## **2) Preparation**

Members of the food service staff shall prepare sack meals for bus or air service. While resident volunteers assigned to the food service shall not be involved in preparing meals for transportation, they may prepare sack meals for on-site consumption.

A designated member of the bus or plane crew shall pick up from the food service all sack meals prepared to be used during transportation. Before departing, this crewmember shall inspect the sacks for:

- Quality of contents
- Proper wrapping
- Correct individual counts

## **3) Contents**

For any resident who will be transported by JPATS, the sack lunch must comply with JPATS criteria. Otherwise, the following requirements are applicable:

Each sack shall contain at least two sandwiches per meal, of which at least one shall be meat (non-pork). Commercial bread or rolls may be preferable because they include preservatives. To ensure freshness, 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 deteriorating. 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 (paper cup with lid), complete with a plastic spoon.
- One ration of a dessert item, for example, cookies, doughnuts, and fruit bars.

Extremely perishable items, for example, fruit pie, cream pie, other items made with milk, cream, or other dairy ingredients shall be excluded.

- Such extras as:
  - Properly packaged fresh vegetables, for example, celery sticks, and carrot sticks.
  - Commercially packaged "snack foods," for example, peanut butter crackers, cheese crackers, and individual bags of potato chips. These items enhance the overall acceptance of the lunches.

## **4) Packaging**

Preferably, the food service shall pack sack meals intended for bus or air service in disposable "snack boxes," 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.

## **9. Safety and Sanitation**

### **a. General Policy**

All food service employees are responsible for maintaining a high level of sanitation in the food service department.

Food service staff shall teach resident 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.

An effective food sanitation program both prevents health problems and creates a positive environment of pride and cooperation, as evidenced in the wearing of uniforms by food service staff and residents, including hats, hair nets, plastic gloves, and any other items that are useful in proper preparation and delivery of food service in a safe and sanitary environment..

Head coverings, gloves, and beard guards are encouraged, but not required, when covered serving trays are distributed by staff.

### **b. Personal Hygiene of Staff and Residents**

- 1) All food service personnel shall wear clean garments, maintain a high level of personal cleanliness, and practice good hygiene while on duty. 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.
- 2) Staff and residents 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.
- 3) All staff and residents working in food preparation and service areas shall use effective hair restraints. Personnel with hair that cannot be adequately restrained shall be prohibited from food service operations.
- 4) Resident food service workers shall be provided with and use clean white uniforms while working in a food preparation area or on the serving line.
- 5) Approved rubber soled safety shoes shall be provided and used by all food service personnel working in food service.
- 6) To prevent cross-contamination, staff and residents who prepare or serve food shall not be assigned to clean latrines, garbage cans, sewers, drains, grease traps, or for other duties during the period of food preparation. (For instance, persons just finishing cleaning garbage cans would not go directly to preparing food without bathing and changing clothes.)
- 7) Only authorized food service personnel shall be used to prepare and serve food.
- 8) Authorization to work in food service is based on approval from the facility's

Health Services Department.

- 9) Only authorized personnel shall be allowed in the food preparation, storage, or utensil cleaning areas of the food service area.

**c. Medical Examination**

- 1) All food service personnel (both staff and resident) shall receive a pre-employment medical examination. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition. Residents 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.
- 2) The food service workers' examination shall be conducted in sufficient detail to determine absence of:
  - Acute or chronic inflammatory condition of the respiratory system
  - Acute or chronic infectious skin disease
  - Communicable disease
  - Acute or chronic intestinal infection

**d. Daily Health Checks**

The CF shall inspect all resident food service workers daily at the start of each work period. Residents 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 residents shall return to work only after the FSA has received written clearance from Health Services staff.

**e. Environmental Sanitation and Safety**

All facilities shall meet the following environmental standards in food service areas:

- 1) Clean, well-lit, and orderly work and storage areas.
- 2) Overhead pipes removed or covered, to eliminate the food-safety hazard posed by leaking or dusty pipes.
- 3) Routinely cleaned walls, floors, and ceilings in all areas.
- 4) Ventilation hoods, to prevent grease buildup and wall or 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.
- 5) A minimum 18-inch clearance underneath sprinkler deflectors.

Hazard-free storage areas:

Bags, containers, bundles, etc., stored in tiers; stacked, blocked, interlocked; and limited in height for stability and security against sliding or collapsing.

- 6) No flammable material; no loose cords, debris, or other obvious accident-causers (stumbling, tripping, falling, etc.); no pest harborage.
- 7) Aisles and passageways shall be kept clear and in good repair, with no obstruction that could create a hazard or hamper egress.
- 8) 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.
- 9) A ready supply of hot water (105°-120° F).
- 10) Garbage and other trash shall be collected and removed as often as possible. The garbage/refuse containers shall have sufficient capacity for the volume of garbage, 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 Residential Standard on "Environmental Health and Safety."
- 11) The premises shall be maintained in a condition that precludes harboring or feeding of insects and rodents. Outside openings shall be protected by tight-fitting screens, windows, and doors that are self-closing; controlled air curtains; etc.

**f. Equipment Sanitation**

Information about the operation, cleaning, and care of equipment shall be obtained from manufacturers or their local distributors. A file of this reference material should be maintained in the food service department, and used in developing training procedures for equipment cleaning. In the purchase and placement of equipment, sanitation shall be a primary consideration.

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 supervising.

The FSA shall develop a schedule for the routine cleaning of equipment.

## **g. Equipment and Utensils**

### **1) Information**

All food service equipment and utensils shall meet the National Sanitation Foundation International (NSF) standards or equivalent standards of other agencies.

### **2) Materials**

- a) Materials used in the construction or repair of multi-use equipment and utensils shall:
  - Be nontoxic, corrosion-resistant, nonabsorbent, durable under normal use, smooth, and easily cleanable.
  - Impart no odors, color, or taste
  - Retain their original properties under repeated use, creating no risk of food-adulteration as they deteriorate
- b) Paint on any surface that could come into contact with food is prohibited.
- c) Milk-dispensing tubes shall be cut diagonally about two inches from the cutoff valve. Bulk milk dispensers shall be equipped with thermometers.

## **h. Design and Fabrication**

- a. All food service equipment and utensils (including non-disposable plastic ware) shall be designed and fabricated for durability under normal use.

Such equipment shall be readily accessible, easy to clean, and resistant to denting, buckling, pitting, chipping, and cracking.

- b. 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, and with upkeep that contributes to cleanliness and sanitation.

## **i. Installation**

- a. Equipment shall be installed in accordance with the manufacturer's instructions and good engineering practices.
- b. 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.

## **j. General Cleaning Procedures**

- a. 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.



- b. Moist cloths used for non-food-contact surfaces, such as 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.
- c. Detergents and sanitizers must have U.S. Food and Drug Administration approval for food service uses.

**k. Manual Cleaning and Sanitizing**

- a. 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.
- b. Drain boards or easily movable dish tables shall be provided for utensils and equipment before and after cleaning.
- c. Equipment and utensils shall be pre-flushed, pre-scraped, and, when necessary, presoaked to remove gross food particles. A fourth sink compartment, with garbage-disposer, is useful for these purposes, and shall be included in plans for facilities being built or renovated.
- d. Except for fixed equipment and utensils too large to be cleaned in sink compartments, the following procedures apply:
  - 1) Wash in the first sink compartment, using a hot detergent solution changed frequently to keep it free from soil and grease.
  - 2) Rinse in or under hot water in the second compartment, changing the rinse water frequently. This compartment should be kept empty, and a sprayer used for rinsing, to prevent rinse water from becoming soapy or contaminated.
  - 3) Sanitize in the third compartment using one of the following methods:
    - i. Immerse for at least 30 seconds in clean water at a constant temperature of 171° F, maintained with a heating device and frequently checked with a thermometer. Use dish baskets to immerse items completely.
    - ii. Immerse for at least 60 seconds in a sanitizing solution containing at least 50 parts per million (ppm) chlorine and at a temperature of at least 75° F.
    - iii. 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.
    - iv. Immerse in a sanitizing solution containing an equivalent sanitizing chemical at strengths recommended by the Public Health Service.
    - v. Periodically check, and adjust as necessary, the chemical concentrations in a sanitizing solution, using a test kit.

- vi. Air-dry utensils and equipment after sanitizing.
- vii. 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.

#### **I. 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.
- 3) Use baffles, curtains, etc., to prevent wash water from entering rinse-water tanks. Time conveyors to ensure adequate exposure during each cycle.
- 4) Place equipment and utensils on conveyors or in racks, trays, baskets to expose all food-contact surfaces to detergent and wash and clean-rinse waters without obstruction and to facilitate free draining.
- 5) Maintain the following temperatures for hot-water sanitizing:
  - a. Single-tank, stationary rack, dual-temperature machine: wash temperature of 150° F; final rinse at 180° F.
  - b. Single-tank, stationary rack, single-temperature machine: wash and rinse temperature of 165° F.
  - c. Multi-tank, conveyor machine: wash temperature of 150° F; pumped rinse, 160° F; final rinse at 180° F.
  - d. Single-tank, pot/pan/utensil washer (stationary or moving rack): wash temperature of 140° F; final rinse at 180° F.
    - When using a chemical spray in a single-tank, stationary rack, glass-washer, maintain a wash temperature of at least 120° F 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.

#### **m. 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.

**n. Storage of Clothing and Personal Belongings**

Clothes and other personal belongings, for example, 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 resident belongings.

**o. Lavatories**

Adequate and conveniently located toilet facilities shall be provided for all food service staff and resident workers.

- Toilet fixtures shall be of sanitary design and readily cleanable.
- 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.

**p. 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.

**q. Hazardous Materials**

Only those toxic and caustic materials required for sanitary maintenance of the food service facility, equipment, and utensils shall be used in the food service department.

- All food service staff shall know the location and amount of toxic, flammable, or caustic materials that are available, and be aware that their use must be controlled and accounted for daily.
- Residential-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 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 residents working with or consuming food service products.
- A system for intermediate storage of received hazardous substances shall secure the materials from the time of receipt to the 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, in accordance with the requirements of the Residential Standard on **"Environmental Health and Safety."**

**r. General Safety Guidelines**

- 1) Extension cords shall be UL-listed and UL-labeled and may not be used in tandem.
- 2) 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 that are guarded by their location need not be protected from contact.
- 3) 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 the protection for the FSA.
- 4) 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.

- 5) 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.
- 6) 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 enunciator panel.

Hood systems shall be cleaned after each use to prevent grease accumulation, which constitute fire risks. All deep-fryers and grills shall be equipped with automatic fuel or energy shut-off controls.

**s. Mandatory Inspection**

The facility shall implement written procedures for administrative, medical, and/or dietary personnel to conduct weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.

All components of the food service department (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, recording the results.

The FSA or CS shall inspect food service areas weekly.

An independent, external source 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 needed 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.

Daily checks of equipment temperatures shall follow this schedule:

- Dishwashers: during every meal period
- 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 80° F
- 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.

## **10. Food Storage, Receiving, and Inventory**

### **1. General Policy**

Since control and location for storing and receiving food is 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 that are considered contraband if found in a resident's possession), the FSA shall mark them "hot," signaling the need for special handling.

### **2. Receiving**

The first step in receiving is matching incoming items with vendor, 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 will involve time-consuming tests, the vendor shall receive a receipt confirming delivery of a particular number or gross weight of containers in good condition (noting any 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:

- 1). Inspect the incoming shipment for damage, contamination, and pest infestation. Rats, mice, or insects may be hiding in the middle of a pallet. For example, look for fecal droppings or chewed bits of food at or near food sources.
- 2). 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 products highly susceptible to contamination.
- 3). Contact the FSA/CS for instructions on the next course of action upon finding that an incoming food shipment is contaminated.
- 4). 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.
- 5). Store food items at least two inches from the walls and 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.

- 6). Store perishables at 35° - 40° F to prevent spoilage and bacterial action; maintain frozen foods at or below zero degrees Fahrenheit.
- 7). Prevent cross-contamination by storing foods requiring washing or cooking separately from those that do not.
- 8). For rapid cooling, use shallow pans (depth not exceeding four inches). Cover or otherwise shield refrigerated food from contamination.
- 9). Do not store food in locker rooms, toilet rooms, dressing rooms, garbage rooms, or mechanical rooms; or 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 distribution to 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**

The process of recording details of all purchases and food is called keeping a perpetual inventory. 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 give direction 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 taken annually.

All food service departments shall complete a physical inventory of the warehouse quarterly.

#### **7. Housekeeping: Storeroom/Refrigerator**

- a. **The Dry Storeroom.** Proper care and control of the dry storeroom involves

the following.

- Keeping it dry and cool (45°-80° F) 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, with the FSA responsible for key distribution.

**b. 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 incorporates, 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 after-market, the inside lever of a hasp-type lock must be able to disengage locking devices and provide egress. The FSA, along with the facility safety manager, shall review the walk-in freezers and refrigerators to ensure they operate properly.

**Standard Approved:**



**John P. Torres**  
**Director**  
**Office of Detention and Removal**

**DEC 21 2007**

**Date**



## **AUTHORIZATION FOR COMMON FARE PARTICIPATION**

**Name of Resident** \_\_\_\_\_

**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 main-line 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 Resident** \_\_\_\_\_

**A-Number** \_\_\_\_\_

**Signature of Chaplain** \_\_\_\_\_ **Date** \_\_\_\_\_

**Record Copy – Resident Residential File; Copy - Chaplaincy File; Copy – Resident**

# **ICE/DRO RESIDENTIAL STANDARD**

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## **HUNGER STRIKES**

**I. PURPOSE AND SCOPE.** The health and well-being of adult residents is protected by monitoring, counseling, and, when appropriate, treatment of any adult resident on a hunger strike.

Nothing in this Residential Standard is intended to limit or override the exercise of sound medical judgment by the medical authority responsible for a resident'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.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Residential Standard are as follows:

1. Any resident who does not eat for 72 hours will be referred to the medical department for evaluation and possible treatment.
2. When medically advisable, a resident on a hunger strike will be placed under close supervision for observation and monitoring.
3. The Chief, JFRMU and ICE/DRO Field Office Director will be notified when a resident is on a hunger strike.
4. The resident's health will be carefully monitored and documented, along with the resident's intake of food and liquids.
5. A resident on a hunger strike will be counseled and advised of the medical risks, and will be encouraged to end the hunger strike or to accept medical treatment.
6. Medical treatment will be administered against a resident's will only with the medical, psychiatric, and legal safeguards specified herein.
7. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
8. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED.** None

## **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that

deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4th Edition, Standards for Adult Detention Facilities: 4-ALDF-2A-52, 4D-15.

## **V. EXPECTED PRACTICES**

### **1. Staff Training**

All staff shall be initially and annually trained to recognize the signs of a hunger strike and to follow the procedures for medical assessment referral.

### **2. Initial Referral**

Procedures for identifying and referring to medical staff a resident suspected or announced to be on a hunger strike shall include obtaining a medical assessment. This assessment shall be made by qualified medical personnel, and shall include a statement of whether the resident's action is reasoned and deliberate, or is a manifestation of mental illness. Upon medical recommendation, the resident may be placed in close supervision for observation and monitoring.

When an ICE/DRO resident is on a hunger strike, the facility shall notify ICE/DRO, which shall notify DIHS.

a. Any resident observed to have not eaten for 72 hours shall be immediately referred to the medical department for an evaluation of whether the resident is on a hunger strike, or in need of medical or mental health intervention.

- Any minor observed or known to have missed three consecutive meals or four meals in any two day period shall be referred to the medical unit for examination and evaluation to determine if medical or mental health intervention is required.

b. When medically advisable, medical personnel may place the resident in a single-occupancy observation room, for the purpose of measuring food and liquid intake and output.

c. The facility administrator shall immediately report the hunger strike to the Chief JFRMU and ICE/DRO Field Office Director, who shall follow standard policy for reporting significant incidents to headquarters.

### **3. Initial Medical Evaluation and Management**

Medical staff shall monitor the health of a resident on a hunger strike. If the resident is engaging in a hunger strike due to a mental condition, appropriate medical action shall be taken.

- a. During the initial evaluation of a resident on a hunger strike, medical staff shall:
- 1) Measure and record his or her height and weight.
  - 2) Measure and record resident vital signs;

- 3) Conduct a urinalysis of the resident.
  - 4) Conduct a psychological or psychiatric evaluation of the resident;.
  - 5) Assess the resident's general physical condition.
  - 6) If clinically indicated, proceed with radiographs and/or laboratory studies.
- b. Medical staff shall take and record weight and vital signs at least once every 24 hours during the hunger strike, and repeat other medical procedures as indicated.
  - c. The Clinical Director (CD), or equivalent medical authority, may modify or augment standard procedures when medically indicated.
  - d. Medical staff shall record all examination results in the resident's medical file.
  - e. All physical and mental examinations, treatments, and other medical procedures require the informed consent of the resident.
    - If the resident refuses the initial medical evaluation, medical staff must attempt to secure the resident's signature on a "Refusal of Treatment" form.
    - If the resident will not cooperate by signing, staff shall note this on the "Refusal of Treatment" form.
  - f. If medically indicated, the resident may be transferred to a community hospital or an alternate ICE facility that is appropriately equipped for treatment.
  - g. After the hunger strike, medical staff shall provide follow-up medical and psychiatric care as long as necessary. Only the medical authority may order a resident's release from hunger strike treatment, and shall document that order in the resident's medical record.

#### **4. Food and Liquid Intake and Output**

After consultation with the CD, the facility administrator may require staff to measure and record food and water intake and output, using the following procedure:

- a. Record intake and output on the Hunger Strike Monitoring Form (*DIHS-839 in DIHS-staffed facilities*), until this record-keeping is terminated by the CD.
- b. Deliver three meals per day to the resident's room, unless otherwise directed by the medical staff. Regardless of the resident's response to a verbally offered meal, staff shall deliver each meal to the resident.
- c. Provide an adequate supply of drinking water, and offer to provide other beverages.
  - Remove all food items not authorized by the medical staff from the resident's room. During the hunger strike, the resident's purchase of commissary or vending machine food and beverages shall be documented, and this information be provided daily to medical.

#### **5. Refusal To Accept Treatment**

Staff shall make reasonable efforts to convince the resident to accept treatment

voluntarily. Forced medical treatment shall not be administered at a family residential facility. Residents requiring forced medical treatment shall be transferred to an alternate ICE facility or other facility, as appropriate for intervention. The transfer of a resident who is a part of a family unit shall not adversely affect the housing assignment of that family unit, of and by itself.

- a. Staff shall explain to the resident medical risks associated with the refusal of treatment and document their treatment efforts in the resident's medical record.
- b. The CD may recommend involuntary treatment when clinical assessment and available laboratory results indicate the resident's weakening condition threatens the life or long term health of the resident.

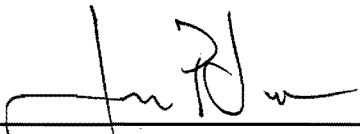
The CD shall notify the JFRMU in writing of the proposed plan for force-feeding the resident, and the requirement to transfer the resident immediately to an alternate ICE facility for treatment.

- c. Medical staff shall:
  - Document all treatment efforts in the resident's medical record.
  - Continue clinical and laboratory monitoring as necessary, until the resident's life or permanent health is out of danger - ordinarily, until adequate oral intake of food and liquid is achieved.
  - Continue medical, psychiatric, and/or mental health follow-up as necessary.

#### **6. Release from Treatment**

The CD may order that a resident be released from hunger strike evaluation and treatment. That order shall be documented in the resident's medical record.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

DEC 21 2007  
\_\_\_\_\_  
**Date**

# **ICE/DRO RESIDENTIAL STANDARD**

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## **MEDICAL CARE**

**I. PURPOSE AND SCOPE.** Residents have access to health care maintenance services, including those related to mental health, dental care, prevention, health education, and emergency care in a timely and efficient manner.

In many facilities, medical care for ICE/DRO residents is provided by the Public Health Service's Division of Immigration Health Services (DIHS). The term "DIHS-staffed facility" refers to a residential facility in which medical care is provided by DIHS.

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

1. Residents will have access to health care education and maintenance services that are determined by the health care authority to be necessary and appropriate. Services will include prevention, diagnosis, and treatment of medical, dental, and mental health conditions.
2. Newly admitted residents will be informed how to access health services, in a language they can understand.
3. Residents will be able to initiate requests for health services.
4. Residents will have access to the care determined necessary by the health care authority from a resident's admission to the residential facility until they are discharged from treatment, transferred to another facility, or removed from the United States. When indicated, care shall include referral to community-based providers.
5. A transportation system will be available that ensures timely access to health care services, determined necessary by the health care authority, that are only available outside the facility.
6. A resident who requires close, chronic or convalescent medical supervision will be treated in accordance with a plan approved by licensed physician, dentist, or mental health practitioner that includes directions to health care providers and other involved personnel.
7. Residents will have access to specified 24-hour emergency medical, dental, and mental health services.

8. Female residents will have access to pregnancy testing and specified pregnancy management services.
9. All possible steps will be taken to ensure infectious and communicable diseases, including tuberculosis, hepatitis, and HIV/AIDS, are prevented or managed.
10. New direct-care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter, and will be required to obtain the hepatitis B vaccine series.
11. Biohazard waste will be managed and medical and dental equipment decontaminated in accordance with sound medical standards and in compliance with applicable local, state, and federal regulations.
12. Residents with chronic conditions (such as hypertension and diabetes) will receive chronic care and treatment that includes monitoring of medications, laboratory testing, and chronic care clinics. Other residents will be scheduled for routine medical examinations, as determined by the health authority.
13. The facility administrator, or other designated staff, will be notified in writing of any resident whose medical or mental health needs require special consideration in such matters as housing, transfer, or transportation.
14. Residents will have access to emergency and specified routine dental care, provided under direction and supervision of a licensed dentist.
15. Residents will be provided health education and wellness information.
16. Each newly admitted resident (including transfers) will immediately receive a documented medical and mental health screening. Each facility's health care provider shall conduct a health appraisal and physical examination on each adult resident within 7 days of arrival, and on each minor within 24 hours of arrival.
17. Residents with mental health conditions will be referred, as necessary, for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined.
18. Crisis intervention services will be available for residents who experience acute mental health episodes.
19. Restraints for medical or mental health purposes will be authorized only by a qualified medical or mental health provider, in accordance with the requirements specified in this Residential Standard.
20. Residents whose mental health needs exceed the capabilities of the facility will be transferred to facility with the capacity to meet their needs.

21. Prior to placement in a non-residential facility specifically designated for the care of the severely mentally ill or developmentally disabled, a resident shall be afforded due process in compliance with applicable federal, state, and local laws.
22. Prescription and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards, and facility needs for safety and security.
23. Health care services will be provided by a designated health authority, and clinical decisions will be the sole province of the responsible clinician.
24. Health care services will be provided by trained and qualified personnel whose duties are governed by job descriptions and who are properly licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.
25. Residential and health care personnel will be trained, at least annually, to respond to health-related emergency situations within four minutes of notification, and to properly use first aid kits, available in designated areas.
26. Information about each resident's health status will be treated as confidential. Active health records will be maintained in accordance with accepted standards, separate from other residents' residential files, and shall be accessible only in accordance with written procedures and applicable laws.
27. The informed consent standards of the facility's jurisdiction will be observed and adequately documented at the facility.
28. Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect residents' privacy, and a female resident will be provided with a female observer for health care performed by male health care providers.
29. Health record files on each resident will be well organized, available to all practitioners, and properly maintained and safeguarded.
30. When a resident is transferred to another facility, the transferring facility will ensure appropriate records are transferred in accordance with established ICE policy.
31. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
32. The standard complies with federal laws and with DHS regulations regarding residents with special needs.



### III. DIRECTIVES AFFECTED. None

### 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.

Residential Standard on “**Admission and Release.**”

Residential Standard on “**Environmental Health and Safety,**” particularly in regard to:

- Storing, inventorying, and handling needles and other sharp instruments,
- Standard (“universal”) 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.

Residential Standard on “**Sexual Abuse and Assault Prevention and Intervention.**”

Residential Standard on “**Suicide Prevention and Intervention.**”

Residential Standard on “**Hunger Strikes.**”

Residential 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, Standards for Health Services in Jails.

Flores v. Reno

### V. EXPECTED PRACTICES

#### 1. General

Every facility shall directly or contractually provide to its resident population:

- Initial medical screening
- Cost-effective primary medical and dental care as required by the health authority to maintain the health of the resident.
- Emergency care

- Specialized health care, as deemed necessary by the health authority to maintain the health of the resident
- Mental health care
- Hospitalization as needed within the local community

A designated health authority shall have the overall responsibility for health care services pursuant to a written agreement, contract, or job description. The health authority may be a physician, health services administrator, or health agency. When the health authority is other than a physician, final clinical judgment shall rest with a single, designated, responsible physician, referred to in this Residential Standard as the clinical director.

The 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.

All facilities shall employ, at a minimum, a medical staff and support personnel large enough to perform basic exams and treatments for all residents. The essential positions needed to perform the health services mission and provide the required scope of services shall be described in a staffing plan that is reviewed at least annually by the health authority.

Health care personnel shall perform duties for which they are qualified by training, licensure, certification, job descriptions, and/or written standing, or by direct orders by personnel authorized by law to give such orders. The facility administrator, with the cooperation of the health care authority, shall negotiate and keep current arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility, including securing appropriate custodial staffs to transport and remain with residents for the duration of any off-site treatment or hospital admission.

Ordinarily, clinical decisions shall be made by the responsible physician and shall not be countermanded by non-clinicians. If there is disagreement on the type or extent of treatment that is medically necessary, JFRMU shall make the determination, in consultation with the clinical director and in accordance with the policies and procedures of DIHS. The health care program and the medical facilities shall be under the direction of a health services administrator (HSA) and shall be accredited and maintain compliance with the standards of the Joint Commission on the Accreditation of Health Care Organizations (JCAHO).

## **2. Communicable Disease and Infection Control**

### **a. General**

Each facility shall have a written plan (or 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 residents
- Control, treatment, and prevention strategies
- Protection of individual confidentiality
- Media relations
- Management of tuberculosis; hepatitis A, B, and C; HIV infection; and avian influenza
- Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations

In regard to the avian influenza, reference is made to the March 2006 32-page Avian Influenza Implementation Plan from DRO Director John P. Torres. The plan establishes guidelines and procedures in anticipation of an influenza pandemic in North America.

In the Quarterly Administrative Meetings described later in this Residential Standard, communicable disease and infectious control activities shall be reviewed and discussed.

In accordance with the Residential Standard on “**Environmental Health and Safety**,” management of biohazard waste and decontamination of medical and dental equipment shall comply with applicable local, state, and federal regulations.

#### **b. Additional Requirements Regarding Tuberculosis**

As indicated below in the section on **Medical Screening of New Arrivals**, screening for tuberculosis is initiated at intake, and in accordance with CDC guidelines.

For all **confirmed and suspected** active tuberculosis cases, designated medical staff shall report:

- All cases to local and/or state health departments in accordance with local and state regulations, identified by the custodial agency and the resident's identifying number of that agency. (ICE residents are reported as being in ICE custody and identified by their Alien Numbers.)
- All ICE residents, as well as residents expected to transfer into ICE custody, cases to the DIHS Epidemiology Unit,:
  - By phone to (202) 732-0070, -0071, or -0100, or
  - By faxing a health department notification form to (202) 732-0095.

Reporting shall include identifying information, Alien Number, case status, available diagnostic results, and treatment status.

- Any movement of ICE residents, including hospitalizations, facility transfers, releases, or removals/deportations shall be reported to the local and/or state health department and the DIHS Epidemiology Unit. If any confirmed or suspected active ICE resident is released or removed prior to the completion of treatment, designated medical staff shall facilitate post-custody case management and continuity of therapy by coordinating with the Epidemiology Unit and the local and/or state health department.

Designated medical staff shall collaborate with the local and/or state health department on tuberculosis and other communicable disease contact investigations.

#### **c. Varicella (chickenpox)**

Designated medical staff shall notify DIHS of any varicella cases among ICE residents, and of any ICE residents exposed to active varicella who do not have a history of prior varicella or varicella immunization.

#### **d. Employee Health**

The medical authority shall:

- Ensure that all new direct care medical staff members are tested for tuberculosis prior to their job assignments and periodically thereafter.
- Ensure that all new medical staff members have received the hepatitis B vaccine series.

The facility administrator shall:

- Ensure that all new direct care program staff are tested for tuberculosis prior to their job assignments and periodically thereafter.
- Ensure that all new direct care program staff have received the hepatitis B vaccine series. If required staff who are not medical providers, it shall be conducted through an independent health provider service.

### **3. Notifying Residents About Health Care Services**

In accordance with the Residential Standard on “**Resident Handbook**,” the facility shall provide each resident, upon admittance, a copy of the resident handbook or equivalent, in which procedures for access to health care services are explained.

In accordance with the section on **Orientation** in the Residential Standard on “**Admission and Release**,” access to health care services shall be included in the orientation curriculum for newly admitted residents.

### **4. Facilities**

#### **a. Examination and Treatment Area**

Adequate space and equipment shall be furnished in all facilities so that all residents may be provided basic health examinations and treatment in private.

The medical facility shall:

- Be located within the primary perimeter, in an area restricted from general resident access.
- Have its own perimeter to ensure restricted access.

A waiting area shall be located at the entrance to the medical facility that is under the direct supervision of custodial staffs and not medical staff. A resident toilet and drinking fountain shall be accessible from the waiting area.

## **b. Medical Records**

Medical records shall be kept separate from residents' residential records, and stored in a securely locked area within the medical unit.

## **c. Medical Housing**

If there is a specific area, separate from other housing areas, where residents are admitted for health observation and care under the supervision and direction of health care personnel, the following minimum standards shall be met:

### **1). Care**

- A clearly defined scope of care services available.
- A physician on call or available 24 hours per day.
- Health care personnel have access to a physician or registered nurse and are on duty 24 hours per day when patients are present.
- All patients within sight or sound of a staff member.
- A care manual that includes nursing care procedures.
- A housing record that is a separate and distinct section of the complete medical record.
- Compliance with applicable federal and state statutes and local licensing requirements.

### **2). Wash Basins, Bathing Facilities, and Toilets**

- Residents have access to operable washbasins with hot and cold running water at a minimum ratio of one for every 12 occupants, unless state or local building codes specify a different ratio.
- Sufficient bathing facilities are provided to allow residents to bathe daily, and at least one bathing area is configured and equipped to accommodate residents with physical impairments or who need assistance to bathe. Water is thermostatically controlled to temperatures ranging from 100° F to 120° F degrees.
- Residents have access to 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

residents in male toilet facilities and one for every 8 in female toilet facilities.

- All housing units with three or more residents have a minimum of two toilets.

## **5. 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 obtaining medicines not on the formulary.
- Prescription practices, including requirements that medications are prescribed only when clinically indicated, and those prescriptions are reviewed before being renewed.
- Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications.
- Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles.

All pharmaceuticals shall be stored in a secure area with the following features:

- A secure perimeter
- Access limited to authorized medical staff (never residents)
- Solid walls from floor to ceiling and a solid ceiling
- A solid core entrance door with a high security lock (with no other access)
- A secure medication storage area

The pharmacy shall also have a locking pass-through window.

- Administration and management in accordance with state and federal law.
- Supervision by properly licensed personnel.
- Administration of medications by personnel properly trained, and under the supervision of the health services administrator, or equivalent.
- Accountability for administering or distributing medications in a timely manner and according to physician orders.

## **6. Nonprescription Medications**

Generally, all medications expected to be used by residents shall be approved by the medical department. Residents may, as needed, have access to general over the counter medications such as Tylenol, Motrin, or other nonprescription medications. Because children are routinely present in a family residential facility, care must be taken to provide lockable boxes or locations within each housing area to secure nonprescription medications that may be used by residents.

## **7. Medical Personnel**

All health care staff shall have valid professional licenses and/or certifications. DIHS shall be consulted to determine the appropriate credentials requirements for health care providers.

Medical personnel credentialing and verification shall comply with the standards established by JCAHO.

## **8. Medical Screening of New Arrivals**

### **a. Medical Screening**

Immediately upon their arrival, all newly admitted residents shall receive initial medical and mental health screening by a health care provider.

Screening shall include observation and interview items related to the resident's potential suicide risk and possible mental disabilities. For further information, see the Residential Standard on "**Suicide Prevention and Intervention.**"

If at any time during the screening process there is an indication of, or request for, mental health services, the health authority must be notified within 24 hours to assess whether a full mental health evaluation is indicated. See the section on **Mental Health Program** below.

To the extent practicable, medical and mental health interviews and examinations shall be conducted in settings that respect residents' privacy.

If language difficulties prevent the health care staff from sufficiently communicating with the resident complete the intake screening, the staff shall obtain interpreter assistance.

- Such assistance may be provided by another staff or by a professional service, such as a telephone interpreter service.
- Only in emergency situations may a resident be used for interpreter



assistance, and then only if the interpreter is proficient and reliable, and only with the consent of the resident being screened.

- During in-processing and prior to the resident's placement in a housing unit, the health care provider shall complete the Intake Screening form I-794 (or facility equivalent) and record all findings of the medical screening process.

#### **b. Physical Exam**

Each facility's health care provider shall conduct a physical examination on each adult resident within 7 days of arrival, and on each minor within 24 hours of arrival. Medical and mental health interviews, examinations, and procedures shall be conducted in settings that respect residents' privacy. All female residents should be provided with a female escort for medical examinations with male health care providers.

Residents diagnosed with a communicable disease shall be isolated according to local medical procedures.

#### **c. Tuberculosis Screening**

All new arrivals shall receive TB screening in accordance with guidelines of the Centers for Disease Control (CDC). A chest x-ray is the primary screening method. The PPD (mantoux method) shall be the secondary screening method.

Residents with symptoms suggestive of active TB shall be placed in a negative pressure isolation room and promptly evaluated for TB disease.

Also see the earlier section on **Communicable Diseases and Infection Control**, specifically the **Additional Requirements Regarding Tuberculosis**.

#### **d. Substance Abuse and Dependence**

All residents shall be evaluated through the initial intake screening for their use of or dependence on mood and mind-altering substances — such alcohol, opiates, hypnotics, sedatives, etc., that were not administered under a doctor's care. Any resident determined to be abusing or dependent on such substances will not be admitted to a family residential facility.

### **9. Mental Health Program**

#### **a. 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 for mental health or illness
- Referral, as needed, for detection, diagnosis, and treatment of mental conditions
- Crisis intervention and management of acute mental health episodes
- Stabilization of mentally ill residents and prevention of psychiatric deterioration while confined
- Transfer of residents whose mental health needs exceed the capability of the facility, to a facility with the capacity to meet those needs.

**b. Mental Health Provider**

The term “mental health provider” includes a psychiatrist, psychologist, social worker and other mental health practitioner.

**c. Mental Health Screening**

Newly admitted residents are to receive initial mental health screening by a health care provider as part of the overall medical intake screening. If there is indication of a thought or mood disorder, a referral shall be made to the mental health provider using form DIHS 812-1.

Screening is done prior to the resident's placement in a housing unit.

**d. Mental Health Examinations and Appraisal**

Based on in-processing screening, medical documentation, or subsequent observations by residential staff or medical personnel, the health authority shall immediately refer any resident who has or may have an acute or chronic mental illness or disability to a mental health provider for a mental health examination and appraisal.

Such examinations and appraisals shall:

- Review available documentation regarding such factors as mental health treatment, psychotropic medications, drug or alcohol treatment, and sexual abuse victimization.
- Review available documentation regarding predatory behavior.
- Assess for any differential diagnoses, such as pertinent physical

conditions, head traumas, or organic brain disorders.

- Assess the resident's current mental health status and condition; suicide and violence potential; and drug and alcohol abuse or addiction.
- Recommend an appropriate level of care, for example:
  - Remain in general population with appropriate treatment plan.
  - Transfer to a facility with the capacity to meet the needs of patients who cannot reside in a general population.
  - Short-term community hospitalization until a plan for the placement of the patient and remaining family members can be implemented.
- Recommend and/or implement a treatment plan, including such matters as transfer, housing, voluntary work, and other program participation.

#### **e. Referrals and Treatment**

Any resident referred for mental health treatment shall receive a comprehensive evaluation by a licensed mental health provider, as soon as possible and no later than 14 days.

The provider shall develop an overall treatment and management plan, which may include transfer to a mental health facility if the resident's mental illness or developmental disability needs exceed the treatment capability of the facility.

The medical authority shall ensure due process in compliance with applicable federal, state, and local laws prior to a transfer.

#### **f. At Risk Residents**

Residents who have been identified as posing a continuing risk to themselves or others shall be removed from a family residential facility and placed in an appropriate facility.

#### **g. Restraints**

Restraints for medical or mental health purposes may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful. The facility shall have written procedures that specify:

- The conditions under which restraints may be applied

- The types of restraints to be used
- How a resident in restraints is to be monitored
- The length of time restraints are to be applied
- Requirements for documentation, including efforts to use less restrictive alternatives
- After-incident review

In all facilities, the medical authority or mental health provider shall complete a Post-Restraints Observation Report.

#### **h. Involuntary Administration of Psychotropic Medications**

Involuntary administration of psychotropic medications will only occur under the care of a physician at a hospital or alternative medical facility appropriate to the needs of the resident.

The medical provider will provide emergency medical treatment to a resident who presents a risk to himself or others. The medical provider will not provide medical treatment to a resident solely for the purposes of restraint, unless a medical professional determines that they present a danger to themselves or to others.

If a resident is likely to present a safety concern to DRO or facility personnel, the Field Office should work with their Chief Counsel Office and the U.S. Attorney's Office to obtain a court order to authorize involuntary medical treatment to facilitate the removal process.

### **i. Telepsychiatry**

Telepsychiatry is the use of electronic communication and information technology to provide or support clinical care at a distance. For telepsychiatry consultation, informed consent from the resident is required, just as would be required for a face-to-face encounter with a mental health provider. See the section on **Informed Consent and Forced Treatment** later in this Residential Standard.

If telepsychiatry services are offered, the facility's medical authority shall have written procedures that cover such matters as authorization, resident consent, refusal of treatment (including premature termination of an interview), communication arrangements, resident privacy, medical records documentation, and follow-up.

## **10. Periodic Health Examinations**

The clinical director or health services administrator (or their equivalents) may determine that residents not covered below in the section on **Special Needs and Close Medical Supervision** are to be scheduled for periodic routine medical examinations (annually, for example).

## **11. Dental Treatment**

An initial dental screening exam should be performed within 14 days of the resident's arrival. The initial dental screening may be performed by a physician, physician's assistant, or nurse practitioner - if trained by a licensed dentist.

Residents shall be afforded only authorized dental treatment (in accordance with the DIHS dental benefits package):

- **Emergency dental treatment** shall be provided for:
  - Immediate relief of pain, trauma, and acute oral infection that endangers the health of the resident, and
  - Repair of prosthetic appliances when there is adequate documentation supporting the inability of the resident to maintain reasonable caloric intake.

**Routine dental treatment** may be provided to residents for whom dental treatment is inaccessible for prolonged periods of confinement, including amalgam and composite restorations, prophylaxis, selected root canals, extractions, x-rays, the repair and adjustment of prosthetic appliances, and other procedures required to maintain the

resident's health. Accessory dental treatment is not provided which includes: fixed prosthodontics (crowns, implants, etc), fabrication of complete and partial dentures, or orthodontic treatment.

## **12. Sick Call**

Each facility shall have:

- Regularly scheduled "sick call" times when medical personnel are available to see residents who have requested medical services.
- A procedure that allows residents the opportunity to request health care services (including mental health services) provided by qualified medical staff in a clinical setting.

If the procedure is a written request slip, they shall be provided in English and the most common languages spoken by the resident population of that facility. If necessary, residents, especially those illiterate or non-English speaking, shall be provided assistance to complete a request slip.

Request slips shall be:

- Freely available for residents to request health care services on a daily basis
- In English and the foreign languages most widely spoken among the residents
- Be completed by the resident or a minor's parent or guardian
- Contain the resident's name, A-number (or other facility ID number), gender, age, and reason for requesting a medical appointment
- Be dated and signed by the resident or a minor's parent or guardian.

All facilities must have a procedure in place to ensure that request slips are received by the medical department the same day that the resident submits the request, or no later than the following morning. For an urgent situation, the housing unit staff or other staff (such as a work detail supervisor) shall call the medical department or refer the matter to a staff supervisor.

The designated health care provider shall review the request slips and determine when the resident will be seen.

Sick call shall be held 7 days a week during regular working hours, except federal holidays.

All facilities shall maintain a permanent record of all sick call requests. The health

authority in DIHS-staffed facilities shall maintain sick call records within the resident's file.

### **13. 24-Hour Emergency Medical Treatment**

Each facility shall have a plan for the delivery of 24-hour emergency health care when immediate outside medical attention is required.

A plan shall be prepared in consultation with the facility's routine medical provider, to include:

- An on-call provider;
- A list, available to all staff, of telephone numbers for local ambulances and hospital services

### **14. First Aid and Medical Emergencies**

In each residential facility, the designated health authority and facility administrator shall determine the contents, number, location(s), use protocols, and monthly inspections procedures of first aid kits.

An automatic external defibrillator should be available for use at the facility.

Residential staff shall be trained at least annually to respond to health-related emergencies within four minutes of notification. The training shall be provided by a responsible medical authority in cooperation with the facility administrator and shall include:

- a. Recognizing of signs of potential health emergencies and the required responses.
- b. Administering first aid and cardiopulmonary resuscitation (CPR).
- c. Obtaining emergency medical assistance through the facility plan and its required procedures.
- d. Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency.

- e. The facility's established plan and procedures for providing emergency medical care including the safe and secure transfer of residents for appropriate hospital or other medical services, such as 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 the on-duty supervisor, and if the supervisor has any doubt about whether emergency care is required, he or she shall immediately contact a health care provider to make the determination.

#### **15. Delivery of Medication**

Distribution or administration of medication shall be in accordance with specific instructions and procedures established by the health care provider. Written records of all medication given to residents shall be maintained.

Medication may not be delivered or administered by residents.

#### **16. Health Education and Wellness Information**

The health authority shall provide residents with education and wellness information on such topics as self medication dangers, personal hygiene and dental care, prevention of communicable diseases, smoking cessation, family planning, self care for chronic conditions, self examination, and the benefits of physical fitness.

#### **17. Special Needs and Close Medical Supervision**

The medical care provider for each facility shall notify the ICE facility administrator in writing when a resident has been diagnosed as having a medical or psychiatric condition requiring special attention. Such conditions may include, for example, chronic illness, mental illness, physical disability, pregnancy, special diet, medical isolation, HIV/AIDS, etc.

When a resident has been diagnosed as having a medical or psychiatric condition requiring special attention, the medical care provider shall notify the facility administrator via a Resident Special Need(s) Form I-819 or similar form.

When a resident requires close medical supervision, including chronic and convalescent care, a treatment plan that includes directions to health care and other personnel regarding care and supervision shall be developed and approved by the appropriate physician, dentist, or mental health practitioner.



Female residents shall have access to pregnancy testing. Pregnant females will have access to pregnancy management services that include routine prenatal care, counseling and assistance, nutrition, and postpartum follow-up.

Exercise areas will be available to meet exercise and physical therapy requirements of individual's treatment plans.

## **18. HIV/AIDS**

An HIV/AIDS 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/AIDS infection, the following shall be implemented:

- 1). Clinical evaluation shall determine the medical need for isolation.

The health authority shall not recommend to ICE/DRO that the resident 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.

- 2). Following a clinical evaluation, if a resident manifests symptoms requiring treatment beyond the facility's capability, the provider shall recommend resident transfer to a hospital or other appropriate facility for further medical testing, final diagnosis, and acute treatment as needed, consistent with local medical procedures.

- 3). Any resident with active tuberculosis should also be evaluated for possible HIV/AIDS infection.

- 4). 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 clinical director is responsible for ensuring that all applicable state requirements are met.

### **b. Exposure**

Exposure of a resident to potentially infectious body fluids, such as needle sticks or bites, shall be reported as soon as possible to the clinical director.

Staff exposed to potentially infectious body fluids should seek medical assistance and report the incident as soon as possible to the clinical director.

### **c. Precautions**

All residents should be assumed to be infectious for blood-borne pathogens, and standard (“universal”) precautions are to be used at all times when caring for all residents. No additional special precautions are required for the care of HIV positive residents.

The **Standard Precautions** section of the Residential Standard on “**Environmental Health and Safety**” provides more detailed information.

## **19. Informed Consent and Forced Treatment**

As a rule, medical treatment shall not be administered against a resident’s will.

- Except in emergency circumstances, the facility health care provider shall obtain signed and dated consent forms from all residents, parents or guardians before administering any special medical procedures not delineated in the general consent form signed upon admission.
- Informed consent standards of the jurisdiction shall be observed, and consent forms shall either be in a language understood by the resident, or interpreter assistance shall be provided and documented on the form.

If the resident refuses to consent to treatment, medical staff shall make reasonable efforts to convince the resident to voluntarily accept treatment.

- Medical staff shall explain the medical risks if treatment is declined and shall document their efforts and the refusal of treatment in the resident’s medical record.
- When recommended by the medical staff, a resident who refuses examination or treatment may be removed from the facility if his or her refusal poses a risk to the general population, staff and visitors.
- Forced medical treatment shall not be conducted at family facilities. (See section on **Special Provisions for Care of Children**).
- In the event of a hunger strike, see the Residential Standard on “**Hunger Strikes**.”

The Residential Standard on “**Terminal Illness, Advance Directives, and Death**” provides details regarding living wills and advance directives, organ donations, and “do-not-resuscitate” orders.

## **20. Special provisions for care of children**

### **Medical Care of Children (infant to 11 years)**

Each child upon arrival at the facility will be enrolled in a Well Baby or Well Child Clinic. The physical exam and periodic well-child checks will follow the same format each visit. These exams shall be documented on the DIHS Pediatric Physical Assessment Form. These exams will start with the initial visit, then follow at regular intervals as follows: 2 to 4 weeks of age; 2 months old; 4 months; 6 months; 9 months; 12 months; 15 months; 18 months; 2 years; then annually from 3 to 10 years of age. At 11 years of age, the assessment will be documented on the adult physical exam sheet.

The format for the exams is the same at each age level but will put emphasis on the differences for each age group, and will include the following.

1. Developmental Tasks
  - Physical
  - Behavioral
  - Mental
2. Diet and Nutrition
  - Adequate
  - Appropriate for age/development
3. Immunizations
  - Up to date
  - Documentation
4. Subjective Data: includes previous medical history, any current medical problems, medications, and allergies
5. Objective Data:
  - a. Vital signs: includes blood pressure, temperature, pulse, respirations, height and weight. In children up to 23 months this will also include head circumference.
  - b. Physical exam, head to toe, to include dental health
6. Assessment: shall include a discussion of findings with the parent or guardian.
7. Plan: includes timing of follow up, medications and laboratory tests (if indicated), referral to next level of care (if indicated), and next exam.
8. Anticipatory guidance: instructions to parents on what to expect in their child's development and how to deal with changes in a residential setting. Includes injury prevention, nutrition, educating child.

9. Child and parent education regarding dental hygiene, use of any medications, follow-up, and sick call procedures

### **Medical Care of Adolescents (12 to 18 years)**

In addition to the above exam process, the adolescent exam shall include a special emphasis on preventive services in order to reduce serious morbidity and premature mortality. The five categories included in preventive services screening and counseling will include:

1. Screening for risk factors for injury, chronic illness, and need for immunizations

Counseling about the following to reduce health risks:

- Cardiovascular diseases
- Smoking cessation
- Obesity/Nutrition
- Hypertension
- Hyperlipidemia

2. Counseling regarding health risk behaviors:

- Alcohol and drug use
- Sexually Transmitted Diseases (age-appropriate)

3. Immunizations against HPV and Meningococcal meningitis

4. General health guidance and recommendation for frequency of health visits

5. Dental health.

Anticipatory Guidance for parents of adolescents will include but not be exclusive to:

- Appropriate parental decisions
- Adapting parental practices to meet changing needs of the child and the family
- Health guidance throughout child-rearing spectrum

## **21. Medical Records**

### **a. Health Record File**

The health authority shall maintain a complete health record file on each resident that is:

- Organized uniformly in accordance with recognized medical records standards.
- Available to all practitioners and used for all health care documentation.
- Properly maintained and safeguarded in a securely locked area within the medical unit.

### **b. Confidentiality and Release of Medical Records**

All medical providers shall protect the privacy of resident's medical information to the extent possible, while permitting the exchange of health information required to fulfill program responsibilities and to provide for the well-being of residents. These protections apply not only to records maintained on paper, but also to electronic records.

In general, information about resident's health status is confidential, and the active medical record shall be maintained separately from other residential records and be accessible in accordance with sound medical practice and applicable laws.

The health authority shall, however, provide the facility administrator and designated staff information that is necessary:

- To preserve the health and safety of the resident, other residents, staff, or any other person.
- For such administrative and residential decisions as housing, voluntary work assignments, security, and transport.
- For such management purposes as audits and inspections.

When information is covered by the Health Information Privacy Act (HIPA), specific legal restrictions govern the release of medical information or records.

Copies of health records may be released by the facility health care provider directly to a resident or any person designated by the resident, upon receipt by the facility health care provider of a written authorization from the resident. Form I-813 may be used for this purpose.

In absence of an I-813 Form, 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 facility health care provider):

- Address of the facility to release the information
- Name of the individual or institution to receive the information
- Resident's full name, A-number (or other facility identification number), date of birth, and nationality
- Purpose or need for the release
- Nature of the information to be released with inclusive dates of treatment
- Resident's signature and date

Following the release of health information, the written authorization shall be retained in the health record.

Facilities are required to notify JFRMU each time a resident's medical records are released.

Residents who indicate they wish to obtain copies of their medical records shall be provided with the appropriate form. The facility staff shall provide the resident with basic assistance in making the written request (if needed), and assist in transmitting the request to the facility health care provider.

If facility staff receives a request for a resident's medical records:

- The request shall be forwarded to the facility health care provider, or
- The requester (if other than the resident) shall be advised to redirect the request and be provided with the appropriate name and address.

#### **c. Inactive Health Record Files**

Inactive health record files shall be retained as permanent records in compliance with DIHS established procedures.

## **22.. Transfer and Release of Residents**

ICE/DRO shall make appropriate notifications to the facility and medical staff when residents are to be transferred or released.

**Medical/Psychiatric Alert.** Medical staff shall notify the facility administrator in writing when they determine that a resident's medical or psychiatric condition requires:

- Clearance by the medical staff prior to release or transfer, or
- Medical escort during removal or transfer.

**Notification of Transfers, Releases, and Removals.** The facility health care provider shall be given advance notice prior to the release, transfer, or removal of a resident, so that medical staff may determine and provide for any medical needs associated with the transfer or release.

**Transfer of Health Records.** In advance of a resident's transfer, the resident's medical records or copies shall be mailed to the receiving facility's medical department in a sealed envelope or other container, labeled with the resident's name and A-number and marked "MEDICAL CONFIDENTIAL." The medical records are to arrive at the receiving facility in advance of the resident's arrival.

Immunization records of a minor shall be provided to the parent or guardian upon release. Other requirements for the transfer of records are contained in the Residential Standard on "Transfers of Residents."

### **23. Terminal Illness, Fatal Injury, or Death of a Resident**

Procedures to be followed in the event of a resident's terminal illness, fatal injury, or death are in the Residential Standard on "Terminal Illness, Advance Directives, and Death." That Residential Standard also addresses resident organ donations.

### **24. Medical Experimentation**

Residents may not participate in medical, pharmaceutical or cosmetic experiments or research.

### **25. Administration of the Medical Department**

#### **Quarterly Administrative Meetings**

The facility administrator and health services administrator shall meet at least quarterly and include other facility and medical staff as appropriate.

The meeting agenda shall include, at a minimum:

- a. An account of the effectiveness of the facility health care program
- b. Discussions of health environment factors that may need improvement
- c. Review and discussion of communicable disease and infectious control activities

- d. Changes effected since the previous meetings
- e. Any necessary recommended corrective actions

Minutes of each meeting shall be recorded and kept on file.

### **Health Care Internal Review and Quality Assurance**

The 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 and analyzing data combined with planning, intervening, and reassessing.
- Evaluating defined data.
- On-site monitoring of health service outcomes on a regular basis through:
  - a. Chart reviews by the responsible physician or his or her designee, including investigation of complaints and quality of health records.
  - b. Review of prescribing practices and administration of medication practices.
  - c. Systematic investigation of complaints and grievances.
  - d. Monitoring of corrective action plans.
  - e. Reviewing all deaths, suicide attempts, and illness outbreaks.
  - f. Developing and implementing corrective action plans to address and resolve identified problems and concerns.
  - g. Re-evaluating problems or concerns to determine whether the corrective measures have achieved and sustained the desired results.
  - h. Incorporating findings of internal review activities into the organization's educational and training activities.
  - i. Maintaining appropriate records of internal review activities.
  - j. Issuing a quarterly report to the health services administrator and facility administrator of the findings of internal review activities.
  - k. Ensuring records of internal review activities comply with legal requirements on confidentiality of records.



### **Peer Review**

The health authority shall implement an external peer review program for physicians, mental health professionals, and dentists, with reviews conducted at least every two years.

### **26. 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 resident with information useful in administrative proceedings before the Executive Office for Immigration Review and ICE/DRO.

If a resident seeks an independent medical or mental health examination, the resident or his or her legal representative shall submit to the JFRMU a written request that details the reasons for such an examination. The Chief JFRMU shall approve the examination, as long as it would not present an unreasonable security risk. If a request is denied, the JFRMU 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 resident'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.

Should the independent examination result in treatment recommendations that would involve increased costs or services not covered by DIHS policy, the facility's medical authority shall consult with DIHS.

**Standard Approved:**

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**John P. Torres**

**Director**

**Office of Detention and Removal**

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**Date**

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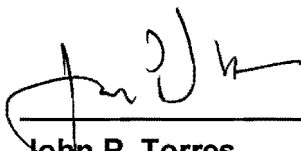
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### **Standard Approved:**



**John P. Torres**

**Director**

**Office of Detention and Removal**

**DEC 21 2007**

**Date**

# **ICE/DRO RESIDENTIAL STANDARD**

## **PERSONAL HYGIENE**

**I. PURPOSE AND SCOPE.** Each resident is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities, and the issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Residential 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 residents.
2. Each resident will have suitable clean bedding, linens, blankets, and towels.
3. Each resident will have sufficient clean clothing that is properly fitted, durable, presentable, and climatically suitable.
4. Residents will be held accountable for clothing, bedding, linens, and towels assigned to them.
5. Residents, including those with disabilities, will be able to maintain acceptable personal hygiene practices.
6. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
7. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED.** None

## **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

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**

### **1. Supply of Clothing, Bedding, Linens, Towels, and Personal Hygiene Items**

Residents will be provided the opportunity to maintain a combination of personal and

facility clothing, not to exceed ten sets at any one time. Arriving residents who do not have serviceable clothing shall be provided a minimum of six sets of clothing. Additionally, children will also be provided with up to three sets of pajamas upon parent's request. Issued clothing shall not resemble institutional-style clothing.

Each residential facility shall have a written policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items, to include diapers. Each facility shall have available, at all times, more clothing, bedding, linen and towels than needed to supply the maximum funded resident capacity. This excess will allow for the immediate replacement of items that are lost, destroyed, or worn out.

To be prepared for unforeseen circumstances, it is good practice for a residential facility to maintain an excess clothing inventory that is at least 200 percent of the maximum funded resident capacity.

## **2. Issuance of Clothing**

All new residents shall be issued clean, temperature-appropriate, presentable clothing during in-take.

Additional clothing shall be issued as necessary for changing weather conditions, or as seasonally appropriate.

Facilities will issue only new and unused undergarments.

## **3. Special Uniforms and Protective Equipment**

Each adult resident assigned to a special work area shall be clothed in accordance with the requirements of the job, including any appropriate protective clothing and equipment.

Residents employed as food service workers shall be issued white uniforms.

## **4. Personal Hygiene Items**

Staff shall provide residents with personal hygiene items appropriate for their gender, and shall replenish supplies as needed.

Each resident shall receive, at a minimum, the following:

- One bar of bath soap, or equivalent
- One comb
- One tube of toothpaste
- One toothbrush
- One bottle of shampoo, or equivalent
- One container of skin lotion
- Any other item designated as necessary by JFRMU

The facility administrator may modify this list, for example, to accommodate use of bulk liquid-soap and shampoo dispensers.

Feminine hygiene products shall be accessible as needed.

Issuance of unbreakable brushes with soft, synthetic bristles to replace combs is permitted.

## **5. Bathing and Toilet Facilities**

Residents shall be provided:

- a. An adequate number of toilets 24 hours per day that can be used without staff assistance. (Minimum 1 toilet to 8 residents ratio)
- b. An adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day. (Minimum 1 basin to 8 residents ratio)
- c. Operable showers that are thermostatically controlled to temperatures between 100° and 120° Fahrenheit, to ensure safety and promote hygiene. (Minimum 1 shower to 6 residents ratio)
- d. Adequate facilities for bathing infants and toddlers.

Measurement and documentation of water temperature in housing units is considered good practice.

Residents with disabilities are provided the facilities and support needed for self-care and personal hygiene in a reasonably private environment, allowing the individual to maintain personal dignity. When necessary, assistance to disabled residents 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.

## **6. Hair Care**

Residents are allowed freedom in personal grooming, unless a valid safety, security, or medical interest requires an exception that is justified and documented.

Residents 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 Residential Standard on "Environmental Health and Safety."

## **7. Issuance of Bedding, Linen and Towels**

All residents shall be issued clean bedding, linens, and a towel, and shall be accountable for those items.

The standard issued items are:

- Bedding - one mattress, one blanket, and one pillow. Additional blankets shall be issued upon request, or based on weather conditions.
- Linens - two sheets and one pillowcase.
- Towel - one towel.

## **8. Exchange Requirements**

Residents shall be provided with clean clothing, linen, and towels on a regular basis,

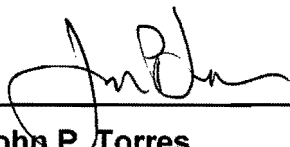
according to the following schedule:

- Daily exchange of socks and undergarments
- Daily exchange of outer garments
- At least weekly exchange of sheets, towels, and pillowcases

More frequent exchanges of outer garments may be appropriate, especially in hot and humid climates.

Residents 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 its use. Any washing and drying policies and procedures shall be posted in the washing area, and shall be included in the resident handbook.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

DEC 21 2007

\_\_\_\_\_  
**Date**

# **ICE/DRO RESIDENTIAL STANDARD**

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## **SUICIDE PREVENTION AND INTERVENTION**

**I. PURPOSE AND SCOPE.** Residential Staff are trained to prevent suicide by recognizing potential risk signs and situations, and to intervene with appropriate sensitivity, supervision, referral, and treatment.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Residential Standard are as follows:

1. All staff with responsibility for resident supervision will be trained, at least annually, to identify warning signs and symptoms of impending suicidal behavior; demographic, cultural, and precipitating factors of suicidal behavior; how to respond to suicidal and depressed residents; communication between residential staff and health care personnel; referral procedures; housing observation and suicide-watch level procedures; and follow-up monitoring of residents who have attempted suicide.
2. Staff will act to prevent suicides with appropriate sensitivity, supervision, and referrals.
3. Any identified clinically suicidal resident will receive preventative supervision, treatment, and follow-up.

**III. DIRECTIVES AFFECTED.** None

## **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4th Edition, Standards for Adult Detention Facilities: 4-ALDF-4C-32, 4C-33, 2A-52.

## **V. EXPECTED PRACTICES**

### **1. Suicide Prevention and Intervention Program Required**

Each facility shall have a written suicide prevention and intervention program approved and signed by the health authority and facility administrator, and reviewed annually.

At a minimum, the program shall include procedures to address:

- a. Intake screening
- b. Identifying and supervising a suicide-prone resident
- c. Staff training
- d. Management of suicidal incidents, suicide watch, and deaths
- e. Review of critical incidents by administrative, security, and health services staff
- f. Guidelines for returning a previously suicidal resident to the general population, following written authorization by the clinical director

## **2. Training**

All staff with responsibility for resident supervision shall be trained, during orientation and at least annually, on:

- a. Identification of the warning signs and symptoms of impending suicidal behavior
- b. Demographic, cultural, and precipitating factors of suicidal behavior
- c. Interaction with suicidal and depressed residents
- d. Communication between residential staff and health care personnel
- e. Referral procedures
- f. Housing observation and suicide-watch level procedures
- g. Follow-up monitoring of residents who have attempted suicide

## **3. Identification and Intervention**

Suicide potential shall be an element of the initial health screening of a new resident, conducted by the health care provider. Any residents identified as being at-risk for suicide shall be promptly referred to medical staff for evaluation.

Upon change of custody, the staff with custody shall inform the staff assuming custody of the resident's indications of suicide risk.

All staff working with residents shall keep current on the proper course of intervention and referral for a resident who demonstrates signs of suicide risk.

This screening shall be documented on DIHS-794, *In-Processing Health Screening Form*, and forwarded to the medical unit. Medical staff shall immediately follow up with residents identified as at-risk. All staff working with residents shall be trained to recognize and watch for such signs of residents.

Facilities shall document their screening on a form equivalent to DIHS-794.

## **4. Housing and Hospitalization**

The facility administrator may allow a potentially suicidal resident who presents no imminent danger to life or property (as determined by medical staff), to remain in the general population, but only under close observation, and only upon the written recommendation of the clinical director (CD), or equivalent medical authority. Staff shall monitor such residents at intervals ordered by, and in the manner ordered by, the CD.




Precautions must be taken with any personal possessions that could aid in a suicide attempt. If danger to life or property appears imminent, the medical staff has the authority to isolate and transfer the resident from the general population to the nearest hospital. Medical staff must create written documentation of the incident. Medical staff will generate a Treatment Authorization Request TAR for this hospital admission.

Observation of imminently suicidal residents by medical or residential staff shall be one-to-one until the resident is transferred or released by the medical authority. Medical staff shall document the status of the resident in observation at the facility every two hours.

The Health Services Administrator HSA or CD shall report to the ICE facility administrator and JFRMU any resident clinically diagnosed as suicidal or requiring observation for suicide risk.

A resident formerly under a suicide watch may be returned to general population only if it can be reasonably presented that the resident does not pose a danger to himself or herself, or others, and upon written authorization from the CD.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

**DEC 21 2007**  
\_\_\_\_\_  
**Date**

# **ICE/DRO RESIDENTIAL STANDARD**

## **TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH**

**I. PURPOSE AND SCOPE.** Health care services of the facility address terminal illness, fatal injury, and advance directives, and provide specific guidance in the event of a resident's death.

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

1. Health care services will provided residents information and assistance on issues that address terminal illness, fatal injury, and advance directives.
2. Each resident who has a terminal illness or potentially fatal injury will receive appropriate medical care.
3. In the event of a resident's death, specified ICE/DRO officials and the resident's immediate family will be immediately notified.
4. In the event of a resident's death, required notifications will be made to ICE/DRO and to authorities outside of ICE/DRO (such as the coroner), and required procedures will be followed regarding such matters as autopsies, death certificates, burials, and the deceased's property.
5. The medical records of residents addressed herein will be complete.
6. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
7. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED.** None

## **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities: 4-ADLF-4C-19, 4D-23, 4D-26.

## **V. EXPECTED PRACTICES**

### **1. Terminal Illness**

When a resident's medical condition becomes life-threatening, the facility's Clinical Director (CD), Health Services Administrator (HSA), or equivalent shall:

- Notify the facility administrator of the resident's condition by phone or in person, and document the resident's condition in a memorandum to the facility administrator, briefly describing the illness and prognosis.
- Arrange the transfer of the resident to an appropriate off-site medical facility.
- Notify family members, if known.

The facility administrator, or designee, shall immediately notify ICE/DRO.

The JFRMU in consultation with the Field Office Director shall review and determine custody disposition of remaining family members when terminal illness is involved.

### **2. Living Wills and Advance Directives**

Facilities shall use an Advance Directive form, or its equivalent, of the state in which the facility is located. Guidelines for implementing Living Wills and Advance Directives will include instructions for residents who wish to:

- Have a Living Will other than the generic form the DIHS provides, or
- Appoint another individual to make advance decisions for him or her.

When a resident requests a Living Will other than the generic DIHS form, the opportunity to have an attorney prepare the documents (at the resident's expense), shall be facilitated.

When the medical professional responsible for the resident's care determines that the terms and conditions of the resident's advance directive should be implemented, he or she shall contact the CD/HSA and the respective ICE/DRO Chief Counsel.

ICE/DRO may seek judicial or administrative review of a resident's Advance Directive.

### **3. Do-Not-Resuscitate Orders (DNR)**

Each facility holding ICE/DRO residents shall establish written policy and procedures governing DNR orders, in accordance with the laws of the state in which the facility is located.

### **4. Organ Donation by Residents**

If a resident wants to donate an organ:

- a. The organ recipient must be a member of the donor's immediate family.
- b. All costs associated with the organ donation (hospitalization, fees, etc.) shall incur no Government expense.
- c. The resident 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, and a statement that the decision has been made of his or her own free will.
- Understanding that the Government shall not be held responsible for any medical complications or financial responsibilities.

## **5. Death of a Resident in ICE/DRO Custody**

Each facility shall immediately notify JFRMU and the Field Office Director (FOD) of a resident's death.

In the event of a resident's death, the following protocols will be followed:

### **a. Residential Facilities**

JFRMU and the Field Office shall follow established procedures to notify ICE/DRO officials, next-of-kin, and consulate officials of a resident's death.

### **b. During Transit in a Land Vehicle**

The transporting staffs shall notify the originating or receiving Field Office as soon as possible, including the resident's name and A-number; and the date, time, place, and apparent cause of death.

The closest ICE/DRO Field Office shall arrange for the local coroner and the Federal Bureau of Investigation (FBI) to meet the vehicle. 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 in order that local law enforcement can coordinate action, including rendezvous point with the FBI.

The interagency rendezvous point, the location at which the coroner shall remove the body from the vehicle, must be in the state where the death occurred. The transporting staff shall obtain a coroner's receipt in exchange for the body.

### **c. During Transit via Commercial Flight**

The escorting staff shall notify the FOD of the resident's in-flight death. If the aircraft makes a landing on foreign soil following the death, the staff shall contact the nearest U.S. consulate or embassy for immediate assistance before contacting the FOD.

### **d. During Transit via JPATS**

Established JPATS protocols shall be followed.

### **e. Vital Information**

The FOD shall assemble the following information concerning the deceased resident:

- Name
- Alien registration number (A-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

**f. Notification of ICE/DRO Officials**

**1). Immediate Notifications**

**a). Headquarters**

The FOD (or designee), or Chief, JFRMU, shall immediately telephone the DRO Assistant Director for Operations.

During non-business hours, the Assistant Director may be reached via the ICE/DRO Joint Intake Center (JIC).

In all instances, follow up via a Significant Event Notification (SEN) e-mail is required.

**b). Medical Reports**

Within 48 hours, the FOD shall send all available medical reports to the DIHS Director (or designee).

**2). Notification of Family**

Each FOD shall have written procedures that provide for:

- Communicating news of a resident's serious illness or death to the resident's next-of-kin and other immediate family.
- Coordinating religious rituals, if requested.

**a). Immediate Telephonic Notification**

The facility 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 appropriate consulate.

**b). Letter of Condolences**

As soon as practical, the FOD shall send a condolence letter to the next-of-kin, 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.

**g. Notification of Consulate Officials**

The FOD (or designee) shall notify, by telephone, the respective consulate, with an official follow-up letter that explains the circumstances of the death.

**6. 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 deceased in accordance with the ***Abandoned Property*** section of the Residential Standard on “**Funds and Personal Property**.”

Facilities shall turn over the property to ICE/DRO for processing and disposition.

**7. 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 is responsible for researching and complying with airline rules and federal regulations on transporting the body; however, ICE/DRO shall coordinate the logistical details involved in returning the remains.

If family members cannot be located or decline to claim the remains, orally or in writing, ICE/DRO shall notify the consulate in writing. The consulate shall have seven calendar days after the written notification to claim the remains. The consulate shall be responsible for making the necessary arrangements and paying all costs incurred (transporting 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 resident's record indicates U.S. military service, however, ICE/DRO shall first contact the Department of Veterans Affairs to determine if the deceased 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.

## **8. Case Closure**

Procedures for closing the case of a deceased resident include the following:

- Sending the resident's fingerprint card to the FBI, stamped "Deceased," and identifying the place of death.
- Placing the resident'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).
- Closing any electronic files on the resident

## **9. Death Certificate**

The facility administrator shall specify policy and procedures identifying the staff member responsible for proper distribution of the death certificate, including:

- Sending the original to the person who claimed the body, with a certified copy in the A-file on the deceased, or
- If the deceased received an indigent's burial, placing the original death certificate in the A-file.

## **10. 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.
- Since state laws vary greatly, including when to contact the coroner, the respective Chief Counsel shall be contacted when legal questions arise.
- 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, in accordance with state law and guidelines
- Scheduling the autopsy
- Identifying the person who will perform the autopsy
- Obtaining the official death certificate
- Transporting the body to the coroner's office

### **a. Who May Order an Autopsy**

The FBI, local coroner, or DIHS may order an autopsy and related scientific or medical tests to be performed in a homicide, suicide, fatal accident, or an unexplained death.

DIHS 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 coroner or next-of-kin). With such consent, DIHS may also authorize a

tissue transfer authorized in advance by the deceased.

**b. Making Arrangements for an Autopsy**

Medical staff (DIHS) shall arrange for the approved autopsy to be performed.


- Time is a critical factor in arranging for an autopsy, as this ordinarily must be performed within 48 hours of the death.
- 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 deceased was otherwise unattended by a physician.

**c. Religious Considerations**

It is critical that the FOD or designee verify the resident's religious preference prior to final authorizations for autopsies or embalming.

- Religions such as Judaism and Islam forbid embalming.
- There are other religious-specific requirements involving autopsies and embalming.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

**DEC 21 2007**  
\_\_\_\_\_  
**Date**



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## **ICE/DRO RESIDENTIAL STANDARD**

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### **CORRESPONDENCE AND OTHER MAIL**

**I. PURPOSE AND SCOPE.** Residents will be able to maintain ties with their families, the community, legal representatives, and consular officials through correspondence.

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

1. Residents will be able to maintain ties with their families, the community, legal representatives, and consular officials through correspondence.
2. Residents will become aware of the facility's rules on Correspondence and Other Mail through information contained in the Resident Handbook or another form of communication that is provided to each resident upon admittance in English, Spanish, and other languages most widely spoken among residents. Translation or interpretation services will be provided to residents who are not proficient in English.
3. The amount and content of correspondence residents send at their own expense will not be limited except if needed for order and security.
4. Indigent residents will receive a specified postage allowance to maintain community ties and the necessary postage for privileged correspondence.
5. Residents will have access to publications.
6. Incoming and outgoing mail will be opened to inspect for contraband and to intercept cash, checks, and money orders.
7. General correspondence will not be read or rejected, except if needed for order and security, and residents will be notified in writing when correspondence is withheld in part or in full.
8. Residents will be permitted to send and receive Special Correspondence to persons and organizations as identified in this standard. Outgoing and incoming correspondence from persons and organizations as identified in this standard will be opened to inspect for contraband only in the presence of the resident, unless waived by the resident or unless contamination of the correspondence is suspected.
9. Incoming and outgoing letters will be held for no more than 24 hours and packages no more than 48 hours, excluding weekends, holidays, and emergency situations.
10. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
11. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

### **III. DIRECTIVES AFFECTED. None**

### **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

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-02, 6A-04, 6A-06, 6A-09.

### **V. EXPECTED PRACTICES**

#### **1. General**

Each facility shall have written policy and procedures relating to resident correspondence and other mail.

The amount of correspondence a resident may receive or send at his or her own expense shall not be limited; however, 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.

#### **2. Indigent Residents**

Indigent residents may mail correspondence and packages at government expense, in accordance with the following guidelines:

- a. Reasonable correspondence relating to a legal matter. OCC shall be consulted prior to any determination that the amount of legal mail is not "reasonable."
- b. Three one-ounce letters per week
- c. Packages deemed necessary by ICE/DRO such as clothing, personal items, items needed for return to country of origin, etc.

#### **3. Resident Notification**

The facility shall notify residents of its rules on correspondence and other mail through a resident handbook, or equivalent, provided to each resident upon admittance.

At a minimum, the notification shall include the following:

- a. That a resident may receive mail.

- b. The mailing address of the facility and instructions on how envelopes should be addressed.
- c. That a resident may send mail, the procedure for sending mail, and instructions on how outgoing mail must be addressed.
- d. That general correspondence and other mail addressed to residents will be opened and inspected in the resident's presence, unless waived by the resident or unless the facility administrator authorizes inspection without the resident being present, for security reasons.
- e. The definition of Special Correspondence, including instructions on the proper labeling of mail as "Special Correspondence." If not properly labeled, correspondence will not be treated as "Special Correspondence." The notification shall clearly state that it is the resident's responsibility to inform those outside the facility of this labeling requirement who wish to send "Special Correspondence" to the resident.
- f. That Special Correspondence may only be opened in the resident's presence, and may be inspected for contraband, but not read.
- g. That a package may neither be sent nor received without advance arrangements approved by the facility administrator, as well as the mechanism for obtaining such approval.
- h. A description of the type of mail that may be rejected by the facility or the type mail that the facility will not allow a resident to keep in his or her possession at the facility.
- i. That identity documents (passports, birth certificates, etc.) mailed to the resident will be turned over to ICE/DRO for placement in the resident's Alien file. Upon request, the resident will be provided a copy of each document, certified by an ICE/DRO staff to be a true and correct copy.
- j. The procedure for obtaining writing instruments, paper, and envelopes.
- k. The procedure for purchasing postage, and the rules for providing indigent and certain other residents free postage.

The facility shall make all reasonable effort to provide key information, in writing, to residents in languages spoken by any significant portion of the facility's resident population. All residents will receive this information through an oral orientation as described in the Residential Standard for "Admission and Release."

#### **4. Mail Processing**

Resident correspondence and other mail shall be delivered to the resident and to the postal service on regular schedules.

- a. Incoming correspondence shall be distributed to residents on the day it is received.
- b. 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 resident 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. Under exceptional circumstances, Special Correspondence may be held for 48 hours, to verify the status of the addressee or recipient.

- c. Incoming priority, overnight, certified mail, and deliveries from a private package delivery service, etc. shall be recorded in a logbook maintained by the facility.

## **5. Packages**

Each facility shall implement policies and procedures concerning resident packages.

## **6. Inspection of Incoming Correspondence and Other Mail**

### **a. General Correspondence and Other Mail**

Staff shall open and inspect incoming general correspondence and other mail (including packages and publications) in the presence of the resident. 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 documented security concern arises with respect to an individual resident, to reveal such information as: escape plots, plans to commit illegal acts, plans to violate institution rules, etc.

### **b. Special Correspondence**

"Special Correspondence" is the term for residents' 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; the Department of Homeland Security; the U.S. Public Health Service; and representatives of the news media.

Correspondence shall only be treated as Special Correspondence if the title and office of the sender (for incoming correspondence) or addressee (for outgoing correspondence) are unambiguously identified on the envelope, and the envelope is labeled as "Special Correspondence."

All facilities shall implement procedures for inspecting Special Correspondence for contraband in the presence of the resident.

Staff shall neither read nor copy Special Correspondence. The inspection shall be limited to the purposes of detecting physical contraband and confirming that any enclosures qualify as Special Correspondence.

## **7. Inspection of Outgoing Correspondence and Other Mail**

### **a. General Correspondence and Other Mail**

Outgoing general correspondence and other mail may be inspected and read if:

- 1) The addressee is another resident, or an alien detained in a detention or other facility operated by or on behalf of a law enforcement agency.

- 2) There is reason to believe the item might present a threat to the facility's secure and orderly operation, endanger the recipient or the public, or facilitate criminal activity.

**b. Special Correspondence**

Outgoing Special Correspondence shall not be opened, inspected, or read.

Staff shall treat outgoing correspondence as Special Correspondence only if the name, title, and office of the recipient are clearly identified on the envelope, and the envelope is labeled as "Special Correspondence."

**8. Rejection of Incoming and Outgoing Mail**

All facilities shall implement policies and procedures addressing mail that will be accepted and mail that will be rejected by the facility.

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 resident shall be notified and be given a receipt.

Correspondence and publications that may be rejected include, but are not limited to:

- a. Material that depicts, describes, or encourages activities that could lead to physical violence or group disruption, for example, material dealing with the subjects of self-defense, survival, weaponry, armaments, explosives, and incendiary devices.
- b. Information regarding escape plots, plans to commit illegal activities, or to violate ICE/DRO rules or facility guidelines.
- c. Information regarding the production of drugs or alcohol.
- d. Sexually explicit material.
- e. Threats, extortion, obscenity, or gratuitous profanity.
- f. A code, cipher, or other form of encryption.
- g. Other contraband. A package received without the facility administrator's prior authorization is considered contraband.

Rejected mail shall be considered contraband and handled as detailed below.

Both sender and addressee shall be provided written notice, signed by the authorizing official, with an explanation, when the facility rejects incoming or outgoing mail. The facility administrator shall ordinarily consult a religious authority before the confiscation of a religious article that is considered "soft contraband."

**9. Contraband Recording and Handling**

When staff finds an item that must be removed from a resident's mail, he, or she shall make a written record including the following:

- a. The resident's name and A-number

- b. The name of the sender and recipient
- c. A description of the mail in question
- d. A description of the action taken and the reason for it (including significant dates)
- e. The disposition of the item and the date of disposition
- f. The staff's signature
- g. Prohibited items discovered in the mail shall be handled as follows:
  - 1) A receipt shall be issued to the resident for all cash, which shall be safeguarded and credited to the resident's account in accordance with the Residential Standard on **"Funds and Personal Property."**
  - 2) Identity documents (passports, birth certificates, etc.) shall be placed in the resident's A-file. Upon request, the resident shall be provided with a copy of the document, certified by an ICE/DRO staff to be a true and correct copy.
  - 3) Other prohibited items found in the mail shall be handled in accordance with the Residential Standard on **"Contraband"**; however, at the discretion of the facility administrator, soft contraband may be returned to the sender.
  - 4) The facility administrator shall ensure that facility records of the discovery and disposition of contraband are accurate and current.

#### **10. Postage Costs**

The facility shall generally not limit the amount of correspondence residents 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:

- a. The resident is indigent.
- b. The facility does not have a system for residents to purchase stamps, so all residents receive a postage allowance.

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.

Residents who qualify for a postage allowance, as defined above, shall be permitted to mail at government expense:

- a. A reasonable amount of mail each week, including at least five pieces of Special Correspondence and five pieces of general correspondence.
- b. All correspondence related to a legal matter, including correspondence to a legal representative, potential legal representative, and any court.
- c. 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 Residential Standard on **"Funds and Personal Property"** for detailed information.

### **11. Writing Instruments, Paper, and Envelopes**

The facility shall provide writing paper, writing implements, and envelopes at no cost to residents.

### **12. Correspondence with Representative of the News Media**

A resident may use Special Correspondence to communicate with the news media.

A resident may not receive compensation or anything of value for correspondence with the news media. A resident may not act as a reporter or publish under a byline.

Representatives of the news media may initiate correspondence with a resident; 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, and clearly labeled as "Special Correspondence."

### **13. Notaries, Certified Mail, and Miscellaneous Needs Associated With Legal Matters**

If a resident without legal representation requests certain services in connection with a legal matter (notary public, certified mail, etc.), and has no family member, friend, or community organization able to provide assistance, the facility shall assist the resident.

If it is unclear whether the requested service is necessary in pursuit of a legal matter, the respective Chief Counsel should be consulted.

**Standard Approved:**

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**John P. Torres**  
**Director**  
**Office of Detention and Removal**

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**Date**

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## **ICE/DRO RESIDENTIAL STANDARD**

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### **CORRESPONDENCE AND OTHER MAIL**

**I. PURPOSE AND SCOPE.** Residents will be able to maintain ties with their families, the community, legal representatives, and consular officials through correspondence.

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

1. Residents will be able to maintain ties with their families, the community, legal representatives, and consular officials through correspondence.
2. Residents will become aware of the facility's rules on Correspondence and Other Mail through information contained in the Resident Handbook or another form of communication that is provided to each resident upon admittance in English, Spanish, and other languages most widely spoken among residents. Translation or interpretation services will be provided to residents who are not proficient in English.
3. The amount and content of correspondence residents send at their own expense will not be limited except if needed for order and security.
4. Indigent residents will receive a specified postage allowance to maintain community ties and the necessary postage for privileged correspondence.
5. Residents will have access to publications.
6. Incoming and outgoing mail will be opened to inspect for contraband and to intercept cash, checks, and money orders.
7. General correspondence will not be read or rejected, except if needed for order and security, and residents will be notified in writing when correspondence is withheld in part or in full.
8. Residents will be permitted to send and receive Special Correspondence to persons and organizations as identified in this standard. Outgoing and incoming correspondence from persons and organizations as identified in this standard will be opened to inspect for contraband only in the presence of the resident, unless waived by the resident or unless contamination of the correspondence is suspected.
9. Incoming and outgoing letters will be held for no more than 24 hours and packages no more than 48 hours, excluding weekends, holidays, and emergency situations.
10. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
11. The standard complies with federal laws and with DHS regulations regarding residents with special needs.



### **III. DIRECTIVES AFFECTED. None**

### **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

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### **V. EXPECTED PRACTICES**

#### **1. General**

Each facility shall have written policy and procedures relating to resident correspondence and other mail.

The amount of correspondence a resident may receive or send at his or her own expense shall not be limited; however, 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.

#### **2. Indigent Residents**

Indigent residents may mail correspondence and packages at government expense, in accordance with the following guidelines:

- a. Reasonable correspondence relating to a legal matter. OCC shall be consulted prior to any determination that the amount of legal mail is not "reasonable."
- b. Three one-ounce letters per week
- c. Packages deemed necessary by ICE/DRO such as clothing, personal items, items needed for return to country of origin, etc.

#### **3. Resident Notification**

The facility shall notify residents of its rules on correspondence and other mail through a resident handbook, or equivalent, provided to each resident upon admittance.

At a minimum, the notification shall include the following:

- a. That a resident may receive mail.

- b. The mailing address of the facility and instructions on how envelopes should be addressed.
- c. That a resident may send mail, the procedure for sending mail, and instructions on how outgoing mail must be addressed.
- d. That general correspondence and other mail addressed to residents will be opened and inspected in the resident's presence, unless waived by the resident or unless the facility administrator authorizes inspection without the resident being present, for security reasons.
- e. The definition of Special Correspondence, including instructions on the proper labeling of mail as "Special Correspondence." If not properly labeled, correspondence will not be treated as "Special Correspondence." The notification shall clearly state that it is the resident's responsibility to inform those outside the facility of this labeling requirement who wish to send "Special Correspondence" to the resident.
- f. That Special Correspondence may only be opened in the resident's presence, and may be inspected for contraband, but not read.
- g. That a package may neither be sent nor received without advance arrangements approved by the facility administrator, as well as the mechanism for obtaining such approval.
- h. A description of the type of mail that may be rejected by the facility or the type mail that the facility will not allow a resident to keep in his or her possession at the facility.
- i. That identity documents (passports, birth certificates, etc.) mailed to the resident will be turned over to ICE/DRO for placement in the resident's Alien file. Upon request, the resident will be provided a copy of each document, certified by an ICE/DRO staff to be a true and correct copy.
- j. The procedure for obtaining writing instruments, paper, and envelopes.
- k. The procedure for purchasing postage, and the rules for providing indigent and certain other residents free postage.

The facility shall make all reasonable effort to provide key information, in writing, to residents in languages spoken by any significant portion of the facility's resident population. All residents will receive this information through an oral orientation as described in the Residential Standard for "Admission and Release."

#### **4. Mail Processing**

Resident correspondence and other mail shall be delivered to the resident and to the postal service on regular schedules.

- a. Incoming correspondence shall be distributed to residents on the day it is received.
- b. 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 resident 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. Under exceptional circumstances, Special Correspondence may be held for 48 hours, to verify the status of the addressee or recipient.

- c. Incoming priority, overnight, certified mail, and deliveries from a private package delivery service, etc. shall be recorded in a logbook maintained by the facility.

## **5. Packages**

Each facility shall implement policies and procedures concerning resident packages.

## **6. Inspection of Incoming Correspondence and Other Mail**

### **a. General Correspondence and Other Mail**

Staff shall open and inspect incoming general correspondence and other mail (including packages and publications) in the presence of the resident. 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 documented security concern arises with respect to an individual resident, to reveal such information as: escape plots, plans to commit illegal acts, plans to violate institution rules, etc.

### **b. Special Correspondence**

"Special Correspondence" is the term for residents' 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; the Department of Homeland Security; the U.S. Public Health Service; and representatives of the news media.

Correspondence shall only be treated as Special Correspondence if the title and office of the sender (for incoming correspondence) or addressee (for outgoing correspondence) are unambiguously identified on the envelope, and the envelope is labeled as "Special Correspondence."

All facilities shall implement procedures for inspecting Special Correspondence for contraband in the presence of the resident.

Staff shall neither read nor copy Special Correspondence. The inspection shall be limited to the purposes of detecting physical contraband and confirming that any enclosures qualify as Special Correspondence.

## **7. Inspection of Outgoing Correspondence and Other Mail**

### **a. General Correspondence and Other Mail**

Outgoing general correspondence and other mail may be inspected and read if:

- 1) The addressee is another resident, or an alien detained in a detention or other facility operated by or on behalf of a law enforcement agency.

- 2) There is reason to believe the item might present a threat to the facility's secure and orderly operation, endanger the recipient or the public, or facilitate criminal activity.

**b. Special Correspondence**

Outgoing Special Correspondence shall not be opened, inspected, or read.

Staff shall treat outgoing correspondence as Special Correspondence only if the name, title, and office of the recipient are clearly identified on the envelope, and the envelope is labeled as "Special Correspondence."

**8. Rejection of Incoming and Outgoing Mail**

All facilities shall implement policies and procedures addressing mail that will be accepted and mail that will be rejected by the facility.

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 resident shall be notified and be given a receipt.

Correspondence and publications that may be rejected include, but are not limited to:

- a. Material that depicts, describes, or encourages activities that could lead to physical violence or group disruption, for example, material dealing with the subjects of self-defense, survival, weaponry, armaments, explosives, and incendiary devices.
- b. Information regarding escape plots, plans to commit illegal activities, or to violate ICE/DRO rules or facility guidelines.
- c. Information regarding the production of drugs or alcohol.
- d. Sexually explicit material.
- e. Threats, extortion, obscenity, or gratuitous profanity.
- f. A code, cipher, or other form of encryption.
- g. Other contraband. A package received without the facility administrator's prior authorization is considered contraband.

Rejected mail shall be considered contraband and handled as detailed below.

Both sender and addressee shall be provided written notice, signed by the authorizing official, with an explanation, when the facility rejects incoming or outgoing mail. The facility administrator shall ordinarily consult a religious authority before the confiscation of a religious article that is considered "soft contraband."

**9. Contraband Recording and Handling**

When staff finds an item that must be removed from a resident's mail, he, or she shall make a written record including the following:

- a. The resident's name and A-number

- b. The name of the sender and recipient
- c. A description of the mail in question
- d. A description of the action taken and the reason for it (including significant dates)
- e. The disposition of the item and the date of disposition
- f. The staff's signature
- g. Prohibited items discovered in the mail shall be handled as follows:
  - 1) A receipt shall be issued to the resident for all cash, which shall be safeguarded and credited to the resident's account in accordance with the Residential Standard on **"Funds and Personal Property."**
  - 2) Identity documents (passports, birth certificates, etc.) shall be placed in the resident's A-file. Upon request, the resident shall be provided with a copy of the document, certified by an ICE/DRO staff to be a true and correct copy.
  - 3) Other prohibited items found in the mail shall be handled in accordance with the Residential Standard on **"Contraband"**; however, at the discretion of the facility administrator, soft contraband may be returned to the sender.
  - 4) The facility administrator shall ensure that facility records of the discovery and disposition of contraband are accurate and current.

#### **10. Postage Costs**

The facility shall generally not limit the amount of correspondence residents 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:

- a. The resident is indigent.
- b. The facility does not have a system for residents to purchase stamps, so all residents receive a postage allowance.

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.

Residents who qualify for a postage allowance, as defined above, shall be permitted to mail at government expense:

- a. A reasonable amount of mail each week, including at least five pieces of Special Correspondence and five pieces of general correspondence.
- b. All correspondence related to a legal matter, including correspondence to a legal representative, potential legal representative, and any court.
- c. 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 Residential Standard on **"Funds and Personal Property"** for detailed information.

### **11. Writing Instruments, Paper, and Envelopes**

The facility shall provide writing paper, writing implements, and envelopes at no cost to residents.

### **12. Correspondence with Representative of the News Media**

A resident may use Special Correspondence to communicate with the news media.

A resident may not receive compensation or anything of value for correspondence with the news media. A resident may not act as a reporter or publish under a byline.

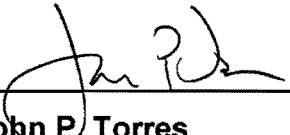
Representatives of the news media may initiate correspondence with a resident; however, it shall be treated as Special Correspondence only if the envelope is properly addressed with the name, title, and office of the media representative, and clearly labeled as "Special Correspondence."

### **13. Notaries, Certified Mail, and Miscellaneous Needs Associated With Legal Matters**

If a resident without legal representation requests certain services in connection with a legal matter (notary public, certified mail, etc.), and has no family member, friend, or community organization able to provide assistance, the facility shall assist the resident.

If it is unclear whether the requested service is necessary in pursuit of a legal matter, the respective Chief Counsel should be consulted.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

**DEC 21 2007**  
\_\_\_\_\_  
**Date**

# **ICE Family Residential Standard**

## **EDUCATIONAL POLICY**

- I. PURPOSE AND SCOPE.** All children residing in an ICE Residential Family Facility who reach the minimum age required by applicable state law shall be provided with educational services and programming appropriate to the minor's level of development and communication skills in a structured classroom setting.
- II. EXPECTED OUTCOMES:** The expected outcomes of this Standard are as follows:
1. All eligible juveniles will be administered an Initial Educational Assessment within three days of their arrival to the facility.
  2. All eligible juveniles will be provided with a minimum of one-hour daily instruction in each of the core subjects, Monday through Friday, on a year-round schedule.
  3. All teaching staffs are qualified to teach in accordance with state licensing requirements.
  4. All curricula and associated texts and learning materials are based on state requirements and best practices.
  5. Comprehensive education files will be maintained on each student.
  6. All children with disabilities and/or in need of special education and related services are identified, located, evaluated, and referred to an appropriate agency for intervention.
  7. All facilities shall convene an IEP Team, consisting of staff from the following disciplines: education, medical, mental health, administration, social work, and physical education.
  8. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
  9. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED** None

**IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

Individuals with Disabilities Education Improvement Act of 2004.

#### **IV. STANDARDS AND PROCEDURES**

##### **1. Guidelines**

- a. Each residential family facility will have an Education Department that is structured to provide comprehensive educational services and programs to children eligible for formal education as defined by applicable state laws and regulations.
- b. Educational services will be provided in a structured classroom setting Monday through Friday, excluding holidays and are modeled after a year-round program in accordance with applicable State regulations.
- c. Children not eligible for formal education as defined by applicable state laws and regulations shall be provided with age-appropriate child development toys and reading materials, to be made readily available in housing and common areas.
- d. Students will be provided with a minimum of one-hour daily instruction in each of the following core subjects; Science, Social Studies, Math, Language Arts (Reading/Writing), and Physical Education.
- e. While education services will focus primarily on the development of basic academic competencies, the secondary focus shall be on English Language Training. Teaching staff are required to be certified ESL instructors, or actively enrolled in an ESL certification program.
- f. Each student shall be administered an Individuals Educational Assessment within three days of his/her arrival at the facility. Assessments will be re-administered on a 90-day rotation to track individual student progress. Copies of all assessments will be filed in the student's individual education files.
- g. A Special Needs Assessment shall be administered to each student upon arrival, and included in each Individual Education File. If special needs are identified during the intake process, copies of the assessment will be provided to all members of the multidisciplinary special needs team for intensive oversight.
- h. Pre-Kindergarten instruction shall be provided to eligible four-year-old children in accordance with State requirements. Pre-K instruction shall provide comprehensive child development services such as educational, health, nutritional, and social services to eligible four-year-old children and their families.
- i. A Code of Conduct for both students and staff will be made available to staff, students and their families, in English and Spanish, and will be posted in common areas in both the school and housing units. Other translation services will be provided on an as-needed basis.
- j. Educational field trips shall be provided for knowledge reinforcement; field trips may occur either on or off-site.



## **2. Individual Needs Assessments**

- a. All children eligible for educational services will be administered an Initial Educational Assessment within three days of their arrival at the facility.
- b. The assessment tool will be in keeping with state and local requirements, will be universally applied to all eligible children, and will include nationally accepted, scientifically valid testing methods.
- c. Assessments will be administered by either a state-certified teacher, a teacher in a state-approved certification program, or a staff member otherwise eligible to teach in that respective state.
- d. All assessments will be conducted in a location and manner that supports the individual privacy of each juvenile.
- e. Assessment interviews will be conducted in the child's primary language. Only qualified interpreters shall be used when the interviewer does not speak the language of the juvenile. To protect the juvenile's privacy, potential interpreters shall not be current residents of the facility. Should an appropriate interpreter not be available, telephonic translation services shall be utilized.
- f. When applicable, students will be re-tested utilizing the same testing instrument every 90 days to monitor academic progress.
- g. Copies of all assessments will be made available to parents for their review upon request.
- h. Copies of all assessments will be placed in the student's education file, and will be available for review by ICE/DRO staff upon request.

## **3. Placement**

- a. Students will be assigned to a specific grade or grade cluster based on educational assessment outcomes.
- b. Should a conflict occur whereby a student is on a significantly different developmental level than his or her age would otherwise suggest, the student shall be assigned primarily on age range. This decision will be made in coordination with the facility's Multidisciplinary Special Needs Team. In the event a student is placed in a classroom with students learning markedly more advanced techniques and theories than he or she is capable of learning, an Individual Education Plan IEP will be created for that student following special education testing. The IEP will be reviewed every 30 days by the Special Needs Team.

#### **4. General Education Services**

- a. Educational services are provided in a structured classroom setting Monday through Friday, excluding holidays, and are modeled after a year-round program in accordance with applicable State regulations. Classroom environments will be modeled after traditional school settings. Learning environments will reflect students' positive learning accomplishments and shall display learning materials that reflect cultural diversity.
- b. Educational services will be designed to meet the unique educational needs of the immigrant juvenile population. Linguistically appropriate educational materials shall be available.
- c. Students files shall contain the following documents, as applicable: Initial and subsequent Assessments; progress reports; requests for parent-teacher conference and follow-up notes; Special Needs Assessments; Individual Education Plans; follow-up reviews.
- d. Lesson plans and curricula are developed by teaching staff, are based on a state approved model program, and are available for review in each classroom. All teaching staff will submit weekly lessons plans to the Administrator for his or her review and approval.
- e. Educational field trips are provided for subject-oriented activities involving art, career education, home economics, technical education, mathematics, music, science, social studies, physical education, acculturation, and interdisciplinary trips. Field trips can occur either on or off-site. No fewer than four field trips per year per grade cluster shall occur. All proposed field trips must receive the approval of Chief, JFRMU and parental consent must be given prior to a child's participation in any event not part of the daily curricula whether that event occurs on or off-campus.
- f. Student files include the following documentation for each student: Initial and subsequent Individual Educational Assessment; Special Needs Assessment; Progress Reports; Report Cards.
- g. Acculturation services and learning will be incorporated into lessons plans, activities and seminars on a daily basis.
- h. Telephonic translation services will be available in each classroom.

#### **5. Evaluation and Reporting**

- a. Student attendance is recorded twice daily for morning and afternoon sessions, and records of attendance are maintained and available for review upon request.
- b. Student progress reports are distributed to all students on a regular and consistent schedule, and facility policy encourages the scheduling of parent-teacher conferencing to discuss student achievement.

- c. Any student that completes the learning requirements for the maximum learning level shall be provided the opportunity for learning advancement such as independent study, special projects, pre-GED classes, and college preparatory tutorial, among others.
- d. In accordance with applicable state law and upon the recommendation of teaching staff, a student may request to be administered the Government Equivalency Degree (GED) test. Those students approved for testing must first be administered the GED pre-test to assess suitability and possible remedial tutoring. Copies of all requests for GED testing and test results will be filed in the student's educational file.
- e. A memorandum confirming a student's dates of enrollment will be provided to all students at the time of their departure. An educational assessment and/or transcripts will be provided upon request to institutions of learning on behalf of the student.

## **6. Staffing Requirements and Training**

- a. Teaching staff is qualified and certified to teach in accordance with State regulations.
- b. The student/teacher ratio does not exceed 20:1, or is in compliance with State policy and requirements.
- c. Teaching staff is ESL certified, or enrolled in an ESL certification program.
- d. The Education Department is administered and supervised by a person qualified and trained as an Administrator, in accordance with State requirements.
- e. There is on file and available for review a Staff Development Plan that includes, at a minimum, the following topics: ESL strategies and materials; Instructional best practices; No Child Left Behind (NCLB) rules and regulations; and Lesson Plan development. The Staff Development Plan shall be in accordance with prescribed state requirements.
- f. Written policy ensures that staff is provided with pre-service and ongoing training on mental health issues, including but not limited to how to respond to emergencies such as suicide attempts or threats; how to observe, prevent, document and respond to signs and symptoms of depression, PTSD, physical and sexual abuse, and behavior management approaches. Refresher training occurs no less than twice yearly.
- g. Written policy ensures that staff is provided with pre-service and ongoing training on cultural awareness and sensitivity, child development theory, and acculturation training. Refresher training occurs no less than twice yearly.
- h. Written policy ensures that staff is provided with pre-service and ongoing training in First Aid, CPR, and AED. Ongoing and additional training is in accordance with applicable State requirements.

- i. Written policy ensures that staff is provided with pre-service and continuing training in ICE policies and procedures, prohibition against providing legal advice or counsel to facility residents, and the privacy rights of residents
- j. All training sessions are documented in staff personnel files and are available for review upon request.

## **7. Equipment and Supplies**

- a. Classrooms will be equipped with textbooks based on the respective state's educational policy and directives for each of the core subjects excluding Physical Education.
- b. Each child shall be issued a textbook that is appropriate for classroom use, and teaching staff will be provided with the Instructor's Edition. Should a state curriculum require additional materials to complete the goals and objectives of that particular course of study, the facility will ensure that these materials are provided to each student and teacher as needed. If the materials are perishable, they will be replaced on a rotating basis commensurate with the curriculum timeline and rotation of students.
- c. All classrooms will be equipped with a desktop computer with Internet access, and attendance and grading software.
- d. Classrooms will have manipulatives readily available and developmentally appropriate to each classroom and as required by lesson plans and curricula. Each student shall have the tools necessary to complete a particular task on their own, except when the curriculum calls for a group or partnered activity.
- e. Classrooms shall have writing instruments to include colored pencils and crayons, writing paper, drawing paper, construction paper, and graph paper as needed and required by curricula tasks and objectives.

## **8. Library Services**

- a. Library services shall be provided and available to all residents. The library shall provide residents with appropriate reading material in languages other than English for use during leisure time. Reading material shall reflect racial and ethnic diversity and interests and be appropriate for various levels of competency.
- b. Every effort shall be made to become part of a local library system and participate in a lending program that will be utilized to augment on-site library services. Participation in a local library system will not supplant an on-site residential library.
- c. Each facility shall utilize the U.S. Department of Education's Blue Ribbon School Program's best practices library benchmark in determining the number of items in per library based on how many patrons are eligible to utilize the library. In facilities with less than 200 students, the total size of the library collection will number 3,000. While it is recommended that a book that has aged 20 years should be replaced, each area of the collection should be evaluated by the staff librarian before any books are rotated out of the library,

and replaced. Each facility shall have a written policy outlining the policies and procedures for library services, to include hours of operation, length of time a patron may reserve a book, and penalties for misuse of library services.

## **9. Student Files**

- a. Student files shall be securely maintained in the Education Department to ensure the privacy of the juvenile. Files will be available for review at all times by ICE/DRO staff.
- b. Should a parent schedule a conference to discuss his or her child's academic progress, the file shall be made available during the conference for review.
- c. Student files shall contain the following documents, as applicable: Initial and subsequent Assessments; progress reports; requests for parent-teacher conference and follow-up notes; Special Needs Assessments; Individual Education Plans; follow-up reviews.

## **10. Terms Used Concerning Special Education**

**Certain terms are defined as follows for purposes of interpreting and administering special education.**

- ARD refers to the Admission, Review, and Dismissal Committee assigned to a student.
- IDEA means the Individuals with Disabilities Education Improvement Act of 2004, and any subsequent amendments to the statute.
- IEP means the Individual Education Program established for an eligible student pursuant to IDEA.
- IFSP refers to the Individualized Family Service Program.
- LEA means the Local Education Agency, responsible for furnishing special education services for all eligible children in its jurisdiction.
- SEA refers to the State Education Agency.

## **11. Special Education Services - Facilities**

All facilities shall coordinate and therefore provide the following special education services to eligible children:

- a. Routine Screening at Intake: Facility Staff will fill out the Preliminary Questions section of the Educational Services Eligibility Worksheet Form for each person for whom it seeks the assistance of the LEA and deliver or make the form available to LEA within 2 days. In addition, Facilities will develop and implement a public awareness effort that focuses on the early identification of children who are eligible for services. Facility staff will also attend training to familiarize them with the process involved in identifying and assessing children potentially in need of early intervention or special

education services. Facilities will utilize standardized screening tools as approved by the respective state and in use by the LEA

- b. Furnishings and Equipment: Facility Staff will provide the LEA with necessary space, furnishings, and equipment located within the facility, including, but not limited to, desks, chairs, or any other furnishings or equipment that the LEA deems necessary for the proper delivery of services.
- c. Access to Students by LEA: Facility Staff will permit access to students by the LEA instructional and assessment personnel and ARD Committee members as required for instruction, assessment, testing, participation in ARD meetings, and other matters required for provision of educational services under IDEA or other state or federal statutes.
- d. Access During Normal School Hours: The LEA will be presumed to require access to students during normal student hours. For purposes of this standard, normal school hours will be 8:00 am until 4:00 pm, Monday through Friday, on a year-round schedule.
- e. Off-site Availability of Services: Transportation services will be provided for those eligible students whose special education needs cannot be met onsite at the facility, or whose ARD Committee members have determined would be better served off-site or at a designated LEA location.
- f. LEA Access to Student Records: The facility will provide designated LEA personnel with appropriate student information, including educational records, for purposes of determining eligibility for educational services; to the extent such provisions are permitted without violating the student's privacy rights.
- g. Classrooms and Related Facilities: Facility Staff will make available for the LEA's use of a space for instruction, testing, or assessment, and an ARD Committee meeting room. Such facilities will be made available for use by the LEA according to a mutually agreed upon schedule.

## **12. Special Education Services – Procedures with LEA**

A member of the IEP Team will participate in ARD Committee meetings when LEA assistance has been requested.

Facility Staff will assure procedural safeguards required by IDEA are following on all matters on which LEA's assistance has been requested, including, but not limited to:

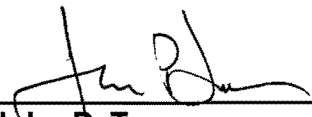
- a. Notification to LEA and parents of change in conditions of residency affecting a student's participation in educational or other activities as specified in the student's IEP.
- b. Notice to the student and parent of ARD meetings.
- c. Notice to students of procedural safeguards on forms to be provided by LEA.
- d. Assist LEA in obtaining consent from students and parents for assessment, initial placement, and reevaluation.
- e. Notify LEA of student communications to Facility Staff regarding IDEA or other educational services.

**13. Special Education Services – Coordination with LEA**

Facility staff will coordinate with the LEA to provide for the education and related services for eligible students. The following services shall be provided:

- a. Determination of Eligibility for Services and Curriculum: For students identified by the Facility IEP Team, the facility will coordinate with the LEA to determine whether the students are eligible to receive educational services under IDEA and/or other statutes through the LEA, and will provide a free and appropriate public education for all students determined by LEA to be eligible for such services.
- b. Classroom Instruction: For students with an IEP, the Facility will coordinate with the LEA to provide classroom teachers and other personnel necessary to meet the requirements of IDEA and other state or federal requirements applicable to the LEA. Such services will be provided as dictated by the conditions of the IEP and the requirements of IDEA.
- c. Instructional Materials: For identified and eligible students, the Facility will coordinate with the LEA to provide books and other instructional and evaluation materials, including computer software that is necessary as determined by an ARD Committee, to provide services sufficient to meet IDEA and other applicable state and federal requirements during the Leas's normal school year.
- d. ARD Committee Meeting and Notices: The Facility will coordinate with the LEA to provide an IEP for each identified and eligible student, and will convene ARD Committee meetings as required to meet IDEA requirements. The LEA will provide notice of all meetings to the Facility, and the Facility IEP Team will provide notice directly to the student and parents.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

**DEC 21 2007**  
\_\_\_\_\_  
**Date**

# **ICE/DRO RESIDENTIAL STANDARD**

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## **ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES**

**I. PURPOSE AND SCOPE.** Residents may visit critically ill members of their immediate family or attend their funerals under certain circumstances through emergency staff-escorted trips into the community.

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

1. Within the constraints of safety and security and while under constant staff supervision, selected residents will be able to visit critically-ill members of their immediate family or attend family member's funerals.
2. Safety and security will be primary considerations in planning, approving, and escorting a resident from a facility for a non-medical emergency.
3. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
4. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED.** None

## **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities: 4-ALDF-1B-06.

ICE/DRO Residential Standard on "Searches of Residents"

ICE/DRO Residential Standard on "Land Transportation"

ICE/DRO Residential Standard on "Use of Force"



## **V. EXPECTED PRACTICES**

### **1. Non-Medical Emergency Trip Requests and Approvals**

On a case-by-case basis, and with approval of the JFRMU and in collaboration with the respective Field Office, the ICE facility administrator may allow a resident who is an immediate family member – under ICE/DRO staff escort – to visit:

- a. A critically-ill member of his or her immediate family, or
- b. A funeral of an immediate family member.

"Immediate family member" is defined as a parent (including stepparent or foster parent), brother, sister, biological, step- or adopted child, and spouse (including common-law spouse).

"Critically Ill" is defined as a family member who is confined to a hospital and whose condition is life threatening or has the immediate potential to become life threatening.

The Chief JFRMU is the approving official for non-medical emergency escorted trips, and may delegate in writing this authority to the ICE facility administrator for any resident who is determined by ICE/DRO as a resident not requiring a high degree of control and supervision.

The facility administrator shall designate staff to help residents prepare requests for non-medical emergency trip requests.

The designated staff member shall forward the completed resident request to ICE/DRO, so that the ICE facility administrator may make an informed recommendation to JFRMU. ICE/DRO staff shall review the merits of the request and consult with Immigration Enforcement Agents, medical staff, the resident's family, and any other people deemed by ICE to be able to provide relevant information. On the basis of the information collected, the ICE/DRO staff shall report to the ICE facility administrator on the appropriateness of the resident's travel plan and the amount of supervision it would entail.

### **2. Types of Trips and Travel Arrangements**

#### **a. Local Trip**

A "local" trip is travel that involves up to a 10-hour absence from the facility.

#### **b. Extended Trip**

An "extended" trip is travel, which involves more than a 10-hour absence including overnight stays.

#### **c. Travel Arrangements and Costs**

ICE/DRO shall make all travel arrangements; however, travel involving a commercial carrier may not commence until the resident or person acting on his or her behalf has submitted an open paid-in-full ticket or electronic-ticket voucher in the resident's name. The cost of the resident's round-trip transportation on a commercial carrier must be paid by the resident, the resident's family, or other approved source by the JFRMU. ICE/DRO assumes all other costs.

As needed, ICE/DRO shall provide overnight housing. ICE/DRO shall pay the travel costs incurred by the transporting staffs.

### **3. Selection of Escorts**

No fewer than two escorts are required for each trip. The ICE facility administrator shall select and assign the roles of the transporting staff (escorts) and delegate to one staff member the decision-making authority for the trip. Ordinarily, probationary staff members may not be assigned, and in no case may more than one probationary staff member be on an escort team.

### **4. Supervision and Restraint Requirements**

Except during any period that the resident is housed in a residential facility, transporting staff shall maintain constant and immediate visual supervision of a resident under escort, and shall follow the policy and procedures in:

- a. The ICE/DRO Residential Standards on "**Transportation (By Land)**" and "**Use of Physical Force and Restraints**"
- b. The ICE Enforcement Standards on "**Escorts**" and "**Use of Restraints**"
- c. The ICE Enforcement Standard on "**Use of Firearms**," if the escorts are armed during the trip

In all circumstances involving the travel of minors, staff must take into account the special needs of minors such as travel seats, meals, access to medicine, etc.

### **5. Training**

Escort staffs and others, as appropriate, shall receive training on:

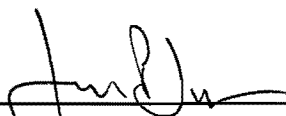
- a. This Residential Standard
- b. The other standards, policies, and procedures listed above

### **6. Escort Instructions**

- a. Escorts shall follow the applicable policies, standards, and procedures listed above.
- b. Routes, meals, and lodging (if necessary) shall be arranged prior to departure.
- c. Escorts shall follow the schedule included in the trip authorization, arriving at and departing from the places and events at the specific times listed.
- d. For security reasons, the trip route and schedule shall be kept confidential.
- e. The responsible transporting staff shall report unexpected developments to the Control Center of 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.

- f. Escorts shall deny the resident access to any intoxicant, narcotic, drug paraphernalia, or drug not prescribed for his or her use by the medical staff.
- g. Residents shall not be placed in restraints unless exigent circumstances necessitate their use. If necessary, the transporting staff may increase the minimum restraints placed on adult residents at the outset of the trip when it can be shown that staff safety is at issue. The resident shall visit the deathbed or attend the funeral in restraints only when the use for restraints can reasonably be articulated as necessary for the safety of the resident and staff. Residents under the age of 18 shall not be placed in restraints without written authorization from the ICE facility administrator. Such authorization must show cause for the need of restraints and must outline the limitations on their use.
- h. Prior to commencing the trip, escorts shall advise residents, including minors, of the rules that will be effective during the trip.
- i. The escorted resident may not:
  - 1) Bring discredit to ICE/DRO
  - 2) Violate any federal, state, or local law
  - 3) Make unauthorized phone call(s)
  - 4) Arrange any visits without the express permission of the facility administrator
- j. If the resident breaches any of these rules, the responsible staff may decide to abort the trip and immediately return to the facility.
- k. Residents shall not be subject to any form of random testing upon return from a non-medical emergency escort; however, they shall be referred to medical authority for consultation in circumstances that warrant further medical attention.
- l. Staffs may not accept gifts or gratuities from the resident or any other person in appreciation for performing escort duties or for any other reason.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

**DEC 21 2007**

\_\_\_\_\_  
**Date**

# **ICE/DRO RESIDENTIAL STANDARD**

## **MARRIAGE REQUESTS**

**I. PURPOSE AND SCOPE.** Each marriage request from an ICE/DRO resident receives a case-by-case review, based on internal guidelines for approval of such requests.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Residential Standard are as follows:

1. Each marriage request from an ICE/DRO resident 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. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
4. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED.** None

## **IV. REFERENCES.**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner.

There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

## **V. EXPECTED PRACTICES**

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

All facilities shall have in place written policy and procedures to enable eligible ICE/DRO residents to marry.

### **2. Resident Notification**

The resident handbook (or equivalent) provided each resident upon admittance shall advise residents of the facility's marriage request procedures.

### **3. Resident Request to Marry**

A resident, or his or her legal representative, may submit the request to marry to the Chief,

JFRMU. The request must specifically state:

- a. That the resident is legally eligible to be married
- b. That he or she is mentally competent, as determined by a qualified medical practitioner
- c. That the intended spouse wants to marry the resident, as attested by a written affirmation of intent to marry the resident by the intended spouse, and that affirmation is included as part of the request.

#### **4. Consideration and Approval**

JFRMU has complete discretion to approve or deny a marriage request. If the request is denied, ICE/DRO shall notify the resident, in writing, of the reasons for the denial.

#### **5. Guidelines**

When a resident requests permission to marry:

- a. The JFRMU shall consider each marriage request on a case-by-case basis.
- b. A resident's request for permission to marry will generally be denied if:
  - 1) The resident is not legally eligible to be married;
  - 2) The resident is not mentally competent, as determined by a qualified medical practitioner;
  - 3) The intended spouse has not affirmed, in writing, his or her intent to marry the resident;
  - 4) The marriage would present a threat to the security or orderly operation of the facility; or
  - 5) There are compelling government interests for denying the request.
- c. Any decision to deny a request and the reason(s) for that decision shall be provided in writing to the resident (and his or her legal representative, if applicable).
- d. When a request is approved, the resident, legal representative, or other individual(s) acting on his or her behalf must make all the marriage arrangements, including, but not limited to:
  - 1) Blood tests
  - 2) Obtaining the marriage license
  - 3) Retaining an official to perform the marriage ceremony

ICE/DRO personnel may not participate in making marriage arrangements.

- e. The facility administrator shall notify the resident of a time and place for the ceremony.

The marriage may have no effect on regular or scheduled processing or action in a resident's legal case. Specifically, it may neither interrupt, nor stay, any hearing, facility transfer, or removal from the United States.

- f. Ordinarily, arrangements made by the resident or persons acting in his or her

behalf shall be accommodated, consistent with the security and orderly operation of the facility:

- 1) The ceremony shall take place inside the facility, and the resident may not leave the facility to make arrangements.
- 2) All expenses relating to the marriage shall be borne by the resident or person(s) acting on his or her behalf.
- 3) The ceremony shall be private, with no media publicity, and only essential individuals for the marriage ceremony may attend.

The JFRMU reserves the right of final approval concerning the time, place, and manner of all arrangements.

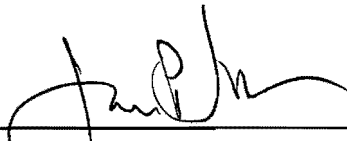
**f. Revocation of Approval**

The Chief JFRMU may revoke approval of a marriage under the terms identified in Section E of this standard. The affected resident shall be provided with written notification regarding the reason for revocation. There is no appeal of this decision.

**g. Documentation in Residential File**

After the marriage ceremony, the facility administrator shall forward original copies of all documentation to the resident's A-file and maintain copies in the facility's Residential File.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

DEC 21 2007  
\_\_\_\_\_  
**Date**

# **ICE/DRO RESIDENTIAL STANDARD**

## **RECREATION**

**I. PURPOSE AND SCOPE.** Each resident has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Residential Standard are as follows:

1. Residents will have daily opportunities to participate in leisure-time activities outside their housing areas.
2. Residents will have access to exercise opportunities and equipment.
3. 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 as an agreement to comply with them.
4. Each recreational program will provide for specialized needs of adults and children in a residential environment.
5. Structured physical activities are provided for children when not in school, such as organized sports, physical activities such as dance, intellectually stimulating activities, arts and crafts, and music.
6. Facilities provide recreational opportunities that are age appropriate for children, including for children with disabilities.
7. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
8. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED.** None

## **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities: 4-5C-01, 5C-02, 5C-03, 5C-04, 2A-66, 5A-01, 6B-04, 7B-03, 7C-02, 7F-05.

## **V. EXPECTED PRACTICES**

### **1. Indoor and Outdoor Recreation**

- a. Every facility will provide indoor and outdoor recreation, the size of which shall include consideration of state requirements for similar facilities. Additionally, each **outdoor** exercise area must provide ample outdoor green space for use by children and adults. This space should include shaded areas with seating, commercial-grade, age-appropriate play areas, a soccer-style field, and other athletic activity areas at the discretion of the facility administrator.
- b. Each **indoor** exercise area must provide a minimum of 2500 square feet of unencumbered space that provides access to age-appropriate play and physical education areas. Space considerations should include each facility allowing open access during daylight hours of operation. Indoor areas must provide at least 18-foot ceilings.
- c. Indoor and outdoor areas shall provide adjacent access to male and female restroom facilities.

### **2. Access to Structured Activities**

Residents shall be provided with access to structured activities and programs. In particular, these programs and activities should be structured towards growth, development, and healthy living.

Facilities must provide daily indoor and outdoor recreational and other activities appropriate to the needs, interests, and abilities of families and children, so that every adult and child is able to participate.

### **3. Recreation Schedule**

Every resident shall have daily access to indoor and/or outdoor recreation from 8:00 a.m. to dusk.

### **4. Physical Education Instructor**

All facilities shall have an individual responsible for the development and oversight of the recreation program.

- a. Every facility shall employ a full-time physical education instructor with special training in implementing and overseeing a recreation program.
- b. The Physical Education Instructor shall be responsible for development and oversight of the recreational program.
- c. The Physical Education Instructor shall assess the recreation needs and interests of the residents.

### **5. General Requirements**

- a. All facilities shall provide recreational opportunities for residents with disabilities.
- b. Recreation areas shall offer a variety of equipment.



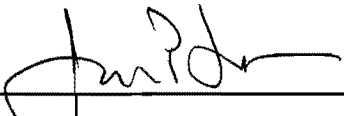
- c. With the facility administrator's approval, recreational activities may include limited-contact sports, such as soccer, basketball, volleyball, and table games; and may include intramural competitions among units.
- d. Dayrooms shall offer board games, television, and other sedentary recreation activities. Residential staff shall supervise dayroom activities, distributing games and other recreation materials daily.
- e. All residents participating in recreation shall have access to drinking water and toilet facilities.
- f. Residential or recreation staff shall search recreation areas before and after their use to detect altered or damaged equipment. They shall also issue all portable equipment items, and check each item for damage and its general condition, upon its return.
- g. Recreation areas shall be under continuous supervision by staff equipped with radios or other communication devices, to ensure the safety of the residents.
- h. Residents may engage in independent recreation activities, such as board games and small-group activities.
- i. 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.

#### **6. Volunteer Program Involvement**

A volunteer group may provide a special recreational or educational program consistent with availability of residential personnel to supervise the participating residents, with sufficient advance notification to the facility administrator.

The Residential Standard on "**Visitation**" details requirements that must be met for a volunteer to be approved to visit with and/or provide recreation activities for residents, including advance notice, identification, a background check, an orientation to the facility, and a written agreement to comply with applicable rules and procedures.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

DEC 21 2007  
\_\_\_\_\_  
**Date**

# **ICE/DRO RESIDENTIAL STANDARD**

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## **RELIGIOUS PRACTICES**

**I. PURPOSE AND SCOPE.** Residents 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, the orderly operation of the facility.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Residential Standard are as follows:

1. Residents will have opportunities to participate in practices of their religious faith that are deemed essential by the faith's judicatory, limited only by a documented threat to the safety of persons involved in an activity or to the order of the facility.
2. All religions represented in a resident population will have equal status without discrimination based on race, 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. Residents of faiths not directly represented by chaplaincy staff will be assisted in contacting external representatives.
6. Each facility's religious program will be augmented and enhanced by community clergy, contractors, volunteers and groups that provide individual and group religious services and counseling.
7. Special diets will be provided for residents whose religious beliefs require the adherence to religious dietary laws.
8. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
9. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED.** None

#### **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

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.

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

##### **1. Religious Opportunities and Limitations**

Residents shall have opportunities to engage in practices of their religious faith that are deemed essential by the faith's judicatory, consistent with safety, security, and the orderly operation of the facility. Attendance at religious activities is voluntary.

Religious activities shall be open to the entire resident population, without discrimination based on race, religion, national origin, gender, sexual orientation, or disability. When necessary for the security or good order of the facility, however, the facility administrator may discontinue a religious activity or practice or limit participation to a reasonable number of residents, or to members of a particular religious group.

The facility chaplain should 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 with access to the service should they wish to participate.

Ordinarily, when the nature of the activity or practice (fasts, ceremonial meals, headwear requirements, work proscriptions, etc.) indicates a need for such limitation, only those residents whose files reflect the pertinent religious preference will be included.

##### **2. Religious Preferences**

Each resident may designate any or no religious preference during intake. Staff, contractors, and volunteers may not disparage the religious beliefs of a resident, nor coerce, harass, or attempt to proselytize a resident to change religious affiliation.

A resident may request to change his or her religious preference 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 residents of religious practice or observance, the chaplain shall monitor patterns of changes in declarations of religious preference.

In determining whether to allow a resident to participate in specific religious activities, staff may refer to the initial religious preference information and any subsequent changes in the resident's religious designation. Residents showing "No Preference" may be restricted from participation in those activities deemed appropriate only for those who have expressed a preference for that particular religion.

### **3. Chaplains or Other Religious Coordinators**

The facility administrator shall make every attempt to recruit and hire a full-time chaplain. The chaplain shall manage and coordinate religious activities for residents. The facility chaplain shall plan, direct, and supervise all aspects of the religious program, including approval and training of clergy and lay volunteers from faiths represented in the resident population. The facility administrator shall provide non-resident clerical staff support for confidential materials.

A chaplain shall have the minimum qualifications of clinical pastoral education or equivalent specialized training, and the endorsement of the appropriate religious certifying body.

The chaplain, regardless of his or her specific religious affiliation, 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 residents and staff.

He or she shall be available to provide pastoral care and counseling to residents who request it, through group programs and individual services. Residents 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 term "individual services" includes counseling services provided to individual residents and/or members of their families in personal crisis and family emergency situations.

When efforts to recruit a chaplain are unsuccessful, the facility administrator shall designate a staff member to oversee this program.

### **4. Schedules and Facilities**

All facilities shall designate space for religious activities.

This designated space must be sufficient to accommodate the needs of all religious

groups in the resident population fairly and equitably. 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 resident bulletin boards.

When 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.

The Chaplain shall ensure the religious needs of minors are considered when determining what religious programming shall be made available for residents and their minor children.

## **5. 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 augments and enhances the religious program. When recruiting citizen volunteers, the chaplain and other staff shall be cognizant of the need for representation from all cultural and socio-economic parts of the community. Each facility shall provide security, including staff escorts, to allow such individuals and groups facility access for religious programs and activities.

The Residential Standard on "**Visitation**" details requirements that must be met for a volunteer to be approved to visit with or to provide religious activities for residents, including advance notice, identification, background check, orientation to the facility, and a written agreement to comply with applicable rules and procedures.

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.

Religious groups and individuals may be compensated for assisting volunteer clergy or spiritual advisors with religious services and programs, and for providing religious publications and religiously symbolic items without charge to the residents.

"Representatives of faith groups" includes both clergy and spiritual advisors. All contractual representatives of resident faith groups shall be afforded equal status and treatment to assist residents in observing their religious beliefs, unless the security and good order of the facility warrant 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 before approving their entry into the facility.

Residents who are members of faiths not represented by clergy may conduct their own services, provided they do not interfere with facility operations.

## **6. Pastoral Visits**

If requested by a resident, the chaplain or designee shall facilitate arrangements for pastoral visits by a clergyperson or representative of the resident'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.

## **7. Introduction of New and Unfamiliar Religious Components**

If a resident requests the introduction of a new or unfamiliar religious practice, the chaplain may ask the resident to provide additional information. No resident shall be prohibited from exercising their faith of choice, provided it meets the remaining requirements provided for in this standard, and does not jeopardize the safety and welfare of staff and residents.

Residents 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 resident to provide additional information to aid in the decision of whether to include the practice. Ordinarily, the practice 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 JFRMU for approval. Such decisions are subject to the facility's availability of staff for supervision. JFRMU shall forward the final decision to the facility administrator and the chaplain shall communicate the decision to the resident.

There shall be no administrative appeal relief from any final decision rendered by JFRMU.

## **8. Religious Holy Days**

Each facility shall have written policy and procedures to facilitate resident observance of important holy days, consistent with maintaining safety, security, and orderly operations; and the chaplain shall work with residents to accommodate proper observances.

The facility administrator shall endeavor to 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 resident's faith group or other appropriate sources.

## **9. Religious Property**

Each facility administrator shall allow residents access to personal religious property, as consistent with safety, security, and good order.

If necessary, the religious significance of such items shall be verified by the chaplain prior to facility administrator approval.

Resident religious property includes, but is not limited to, rosaries and prayer beads, oils, prayer rugs, phylacteries, medicine pouches, and religious medallions. Such items are part of a resident's personal property and are subject to normal considerations.

As consistent with safety considerations of the facility, the facility administrator:

- Shall ordinarily allow a resident to wear or use personal religious items during religious services, ceremonies, and meetings in the chapel.
- May, upon request of a resident, allow a resident 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 resident'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 the following:

- Prayer shawls and robes
- Kurda or ribbon shirts
- Medals and pendants
- Beads
- 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, including inspection by staff.

A resident 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 residents of religious literature purchased by or donated to the ICE/DRO is contingent on approval from the chaplain.

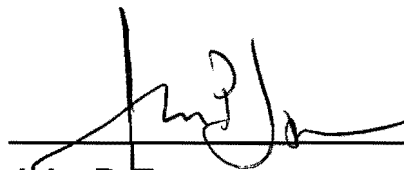
## 10. Dietary Requirements

When a resident's religion requires special food services daily or during certain holy days or fasting periods, restricted diets, etc., staff shall make all reasonable efforts to accommodate those requirements (for example, modifying menus to exclude certain foods or food combinations, providing meals at unusual hours, etc.).

A resident 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 Residential Standard on "Food Service." That Residential Standard also details how a resident may be removed from a special religious diet when he or she has failed to observe those dietary restrictions.

When there is a question about whether a requested diet is nutritious or healthy, the chaplain shall consult with the medical department.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

DEC 21 2007

\_\_\_\_\_  
**Date**



### **Questionnaire Regarding New or Unfamiliar Religious Practices**

Residents requesting the introduction of a new component to a facility's religious services program (such as schedule, meeting time and space, religious items, and attire) shall provide to the chaplain a comprehensive response to each of the following questions, for consideration at the facility and the JFRMU. The process of necessary review may require up to 120 days for completion. The committee recommendation shall be forwarded to the facility administrator and copied to JFRMU. Committee recommendations shall be communicated to the resident by the chaplain.

- What is the official name of the faith group?
- Who is the head of the faith group in the United States?
- What is the address and telephone number of the faith group headquarters in the United States?
- What are the basic teachings of the faith group? Please provide titles or attach particular reference material that would be useful for researching this group.
- Does the faith group have ministers or teachers?
- Are ministers or teachers available to visit members of the faith group residing in family residential facilities?
- Are there religious holidays to be observed by members? If so, when are the holidays, and what religious practices are necessary for the observance?
- Are there any necessary religious items, and what is the religious significance of each item?
- Are there time and space requirements for the group?
- Are you aware of related faith groups or other groups with similar practices?
- Is the religion open to all residents?

# ICE/DRO RESIDENTIAL STANDARD

## TELEPHONE ACCESS

**I. PURPOSE AND SCOPE.** Residents may, through the reasonable and equitable access to telephone services, maintain ties with their families and others in the community.

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

1. Residents will have reasonable and equitable access to reasonably-priced telephone services.
2. Residents with hearing or speech disabilities will be provided reasonable accommodations.
3. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
4. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED.** None

## **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

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 Residential Standard on "**Staff-Detention Communication**," in regard to monitoring and documenting telephone serviceability.

## **V. EXPECTED PRACTICES**

### **1. Telephones and Telephone Services**

#### **a. Number**

To ensure sufficient access, each facility shall provide at least one telephone for every 16 residents.

#### **b. Costs**

Generally, residents 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 residents have access to telephone services at a cost that mirrors community standards. Contracts for such services shall comply with all applicable state and federal regulations, and shall be based on rates and surcharges commensurate with those charged to the general public. Any deviations shall reflect actual costs associated with the provision of services in a residential setting. Contracts shall also provide the broadest range of calling options that are determined by the facility administrator to be consistent with the requirements of sound residential facility management.

#### **c. Special Services**

Accommodations shall be made for residents with hearing or speech disabilities, or residents who wish to communicate with such persons. Such accommodations may include, for example, telephones with volume controls, TDD (Telecommunications Device for the Deaf) or comparable equipment. These services shall be provided to ensure these residents are provided effective access.

#### **d. Maintenance**

Each facility shall maintain resident 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.

### **2. Monitoring of Resident Telephone Calls**

Each facility shall have a written policy on the monitoring of resident telephone calls. If telephone calls are monitored, the facility shall:

- Notify residents in the resident handbook or equivalent, provided upon admission.
- At each monitored telephone, place a notice that states:
  - That resident calls are subject to monitoring.
  - The procedure for obtaining an unmonitored call to a court or legal representative, or for the purposes of obtaining legal representation.

Absent a court order, a resident's call to a court or a legal representative or for the purposes of obtaining legal representation may not be aurally monitored.

### **3. Resident Notification**

Each facility shall provide telephone access rules in writing to each resident upon admission, and also shall post these rules where residents can easily see them.

### **4. Resident Access**

Each facility administrator shall establish and oversee rules and procedures that provide residents reasonable and equitable access to telephones during established facility

“waking hours” (which exclude the hours between lights-out and morning resumption of scheduled activities).

Ordinarily, a facility may restrict the number and duration of general telephone calls only for the following reasons:

a. **Availability.** When required by resident telephone use demands, rules and procedures may include, but are not limited to, reasonable limitations on the duration and the number of calls per resident, the use of predetermined time-blocks, and advance sign-up.

b. **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.

## **5. Direct or Free Calls**

In addition to the requirements above, each facility shall permit residents to make **direct or free** calls to the offices and individuals listed below. Current telephone numbers for the following will be posted in all housing areas and/or by public access telephones. 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 resident’s attempting to obtain legal representation.

- The local immigration court and the Board of Immigration Appeals
- Federal and state courts where the resident is in, 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
- The United Nations High Commissioner for Refugees
- Legal representatives, to obtain legal representation, or for consultation, when a resident is subject to Expedited Removal. Any facility restrictions on other direct or free calls must not unduly limit a resident’s attempt to obtain legal representation.
- A government office, to obtain documents relevant to his or her immigration case
- Immediate family or others, for residents in personal or family emergencies, or who otherwise demonstrate a compelling need (to be interpreted liberally)

### **a. Request Forms**

Where access to free telephone calls is limited by technology, residents may complete request forms to make direct or free calls. Facility staff shall assist them as needed, especially illiterate or non-English speaking residents. All requests for assistance shall be reviewed and responded to within one calendar day. All denials shall be documented and a copy forwarded to the resident and ICE/JFRMU for

review.

**b. Time Requirements**

Staff shall allow residents to make such calls as soon as possible after the requests, factoring in the urgency stated by the resident. Access shall always be granted within 24 hours of the request, but ordinarily, within 8 facility-established "waking hours."

Staff must document and report to ICE/DRO any incident of delay beyond eight "waking hours."

**c. Indigent Residents**

A facility may not require indigent residents to pay for the types of calls listed above if they are local calls, nor for non-local calls if there is a compelling need. Each facility shall enable all residents to make calls to the ICE/DRO-provided list of free legal service providers and consulates at no charge to the resident or the receiving party.

**6. Legal Calls**

**a. Restrictions**

A facility may neither restrict the number of calls a resident places to his or 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 less than 20 minutes, and the resident shall be allowed to continue the call at the first available opportunity, if desired.

Any facility restrictions on other direct or free calls must not unreasonably limit a resident's attempt to obtain legal representation.

**b. Privacy**

For resident telephone calls regarding legal matters, each facility shall ensure privacy by providing a reasonable number of telephones on which residents can make such calls without being overheard by staff or other residents. Absent a court order, staff may not monitor those calls.

The facility shall inform residents to contact staff if they have difficulty making a confidential call relating to a legal proceeding. If so notified, the staff 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 residents may be permitted to make such calls.

Telephones shall not be placed near television sets or in any area where it can be reasonably expected that excessive noise may interfere with the caller ability to communicate privately.

#### **7. Inter-facility Telephone Calls**

Upon a resident's request, facility staff shall make special arrangements to permit the resident 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 biological or adopted children.

Reasonable limitations may be placed on the frequency and duration of such calls.

Facility staff shall liberally grant such requests when they involve discussion of legal matters, and shall afford the resident privacy to the extent practical.

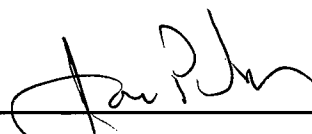
#### **8. Incoming Calls**

Facility staff shall take and deliver **emergency** telephone messages to residents as promptly as possible.

When a call concerns an **emergency**, facility staff shall:

- Record the caller's name and telephone number.
- Deliver the message to the resident as soon as possible.
- Permit the resident to return the call as soon as reasonably possible, within the constraints of security and safety.
- If the resident is indigent, enable him or her to make a free return call.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

**DEC 21 2007**  
\_\_\_\_\_  
**Date**



## ICE/DRO RESIDENTIAL STANDARD

### VISITATION

**I. PURPOSE AND SCOPE.** Residents will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety and good order.

Conjugal visits for ICE/DRO residents are prohibited.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Residential Standard are as follows:

1. Residents will be able to receive contact visits from their families, associates, legal representatives, consular officials, and others in the community.
2. Residents will be advised of visiting privileges and procedures as part of the facility's admission and orientation program in a language he or she can understand.
3. Information about visiting policies and procedures will be readily available to the public.
4. The number of visitors a resident 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 60 minutes.
5. Visitors will be required to adequately identify themselves and register in order to be admitted into a facility; and safety, security, and good order will be maintained.
6. A background check will be conducted on all new volunteers prior to their being approved to provide services to residents.
7. 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 an agreement to comply with them.
8. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
9. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED.** None

### IV. REFERENCES

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that



deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

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-02, 6A-06, 7B-03, 7C-02, 7F-05, 7F-06.

## **V. EXPECTED PRACTICES**

### **1. Overview**

Facilities that house ICE/DRO residents provide visiting facilities and procedures for residents to maintain communication with persons in the community. Safety, security, and good order are always primary considerations in a residential facility. Visitors must be properly identified and attired, and are subject to search upon entering the facility and at any other time while in the facility. Except as otherwise permitted herein, visitors may not give anything directly to a resident, although it may be permissible to leave certain items and funds for a resident. All visits in residential facilities shall be contact visits.

Any violation of the visitation rules may result in corrective action against the resident. Introduction of contraband or other criminal violations may lead to criminal prosecution of a visitor and/or resident. Violations may also be grounds for visitor's to be permanently barred from eligibility to visit residents.

As detailed later in this Residential Standard, the category of visitation requested will determine conditions of visitation, including visitors permitted, hours of visitation, the approval process, and the location in the facility for the visit. Visits are categorized as one of the following:

- a. Social Visitation. Family, relatives, friends and associates. Children may be subject to special restrictions. (Paragraph 9)
- b. Legal Visitation. Attorneys, other legal representatives, and legal assistants. (Paragraph 10)
- c. Consultation Visitation. For residents subject to Expedited Removal. (Paragraph 11)
- d. Consular Visitation. Similar to legal visitation but with consular officials who have U.S. Department of State identification. (Paragraph 12)
- e. Non-Governmental Organization Visitation and Tours. (Paragraph 13)
- f. Community Service Organization Visitation. Representatives of civic, religious, cultural groups, etc. (Paragraph 14)
- g. Other Special Visitation. (Paragraph 15)

### **2. General**

Each facility shall establish written visiting procedures, including a schedule and hours of visitation.

All visits shall be contact visits within a residential center.



A facility administrator may temporarily restrict visiting when necessary to ensure the safety and good order of the facility.

### 3. Notification of Visiting Rules and Hours

Each facility shall:

- a. Provide written notification of visitation rules and hours in the resident handbook (or equivalent) given each resident upon admission.
- b. Post the rules and hours in common areas and each housing unit, where they can easily be seen by residents.
- c. 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.
- d. Post visiting rules and hours in the visitor waiting area.

### 4. Visitor Logs

Each facility shall maintain a log of all general visitors, and a separate log of legal visitors, as described below.

Facility staff shall record the following information in the **general visitor's log**:

- a. The name and alien registration number (A-number) of the resident visited
- b. The visitor's name and address
- c. The visitor's immigration status
- d. The visitor's relationship to the resident
- e. The date and time in and time out

See 10 n for the procedures for the **legal visitor's log**.

### 5. Incoming Property and Funds for Residents Brought by Visitors

In accordance with the Residential Standard on "**Funds and Personal Property**," each facility shall have written procedures regarding incoming property and money for residents. The facility administrator may allow a visitor to leave cash or a money order with a designated staff member for deposit in a resident's account, and shall provide the visitor with a receipt for money and property left at the facility. **Under no circumstances may visitors give property or money directly to a resident.**

The shift supervisor must approve all items that visitors bring for residents. The visiting room staff may not accept articles or gifts of any kind for a resident, unless the facility administrator and/or shift supervisor has approved them.

Residents may receive only minimal amounts of personal property, including:

- a. Small religious items
- b. Religious and secular reading material (soft cover)
- c. Legal documents and papers

- d. Pictures (10 maximum), measuring 5" x 7" or smaller
- e. Prescription glasses
- f. Dentures
- g. Personal address book or pages
- h. Correspondence
- i. Wedding rings
- j. Other items approved by the facility administrator

## **6. Consequences of Violation of Visitation and Contraband Rules**

Any violation of the visitation rules may result in corrective action against the resident, which may include the loss of visitation privileges. Visiting privileges can be revoked only through the formal resident review process; however, the facility administrator has the authority to restrict or suspend a resident's ordinary visiting privileges temporarily when there is reasonable suspicion that the resident has acted in a way that threatens the safety, security, or good order of the facility. Ordinarily, the restriction or suspension should be limited to the time required to investigate and initiate the corrective action.

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 and/or resident.

## **7. Dress Codes for Visitors**

The facility shall establish and maintain a dress code for visitors over the age of five (5) years. A written copy shall be available to the public upon request.

The minimum dress code is as follows.

### **a. Female Visitors**

- 1) Shorts shall cover customarily covered areas of the anatomy, including the buttocks and crotch area, both when standing and sitting. Shorts no higher than mid-thigh comply. "Short shorts," jogging shorts, cut-offs, and other obviously inappropriate short garments are prohibited.
- 2) Skirts and dresses shall extend no higher than mid-thigh when the wearer is seated.
- 3) Slits in skirts and dresses shall rise no higher than mid-thigh when the wearer is seated.
- 4) Sheer (see-through) clothing is prohibited.
- 5) The top of shirts and dresses (excluding straps) shall be no lower than the underarm in the front and back. Bare midriffs and strapless tops, tube tops, and swimsuits are prohibited.
- 6) Shoes shall be worn at all times.



- 7) Gang "colors" and other gang displays are prohibited.

**b. Male Visitors**

- 1) Shorts shall cover customarily covered areas of the anatomy, including the buttocks and crotch area, both when standing and sitting. Shorts no higher than mid-thigh comply. "Short shorts," jogging shorts, cut-offs, and other obviously inappropriate short garments are prohibited.
- 2) Shirts shall be worn at all times. Muscle shirts, bare midriff shirts and sleeveless shirts are prohibited.
- 3) Shoes shall be worn at all times.
- 4) Gang "colors" and other gang displays are prohibited.

**8. Visiting Room Conditions**

The facility's visiting areas shall be appropriately furnished and arranged, and as comfortable and pleasant as practicable. Also, as 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 staff shall ensure that all visits are conducted in a quiet, orderly, and dignified manner.

**9. Visits by Family and Friends**

**a. Hours and Time Limits**

Each facility shall establish a daily visiting schedule based on the resident population and the demand for visits. Visits shall be permitted daily during set hours. The facility may 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 safety, the facility administrator may restrict visits. The facility's written rules shall specify time limits for visits -- 60 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.

**b. Persons Allowed to Visit:**

Family, relatives, friends and associates unless they would pose a threat to the security and good order of the institution

**c. Visitor Identification and Search**

Staff shall verify each visitor's identity before admitting him or her to the facility. No adult visitor may be admitted without verified photo identification, such as a driver's

license or other photo identification card. Staff shall contact the supervisor on duty when a visitor's identity is in question. At the supervisor's discretion, a minor (under the age of 18) without positive identification may be admitted if the accompanying adult visitor vouches for his or her identity. Children must remain under the direct supervision of an adult visitor, so not to disturb other visitors; and excessively disruptive conduct by children may result in termination of the visit.

The ICE facility administrator may establish a procedure for limited random criminal background and warrant checks, for the purpose of ensuring facility safety and security.

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.

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. Staff who believe a situation poses such a threat shall alert the shift supervisor or equivalent, who may prevent, cancel, or terminate the visit.

Inspecting staff may ask the visitor to open a container for visual inspection of its contents. If warranted, staff may ask the visitor to remove the contents and place them on a table; however, the staff may not place his or her hands inside the container. Facilities shall provide and promote visitors' use of lockers or a secure area provided for safekeeping of personal belongings during visits.

Only a staff member with the rank of supervisor or above may deny or cancel a visit. In these cases, the staff member shall document his or her action in a memorandum sent through official channels to the facility administrator. The visiting room staff, with concurrence from the shift supervisor, may terminate visits involving inappropriate behavior.

Facilities shall not require approved visitor lists from ICE/DRO residents.

#### **d. 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 during the visit; however, staff may limit physical contact to minimize opportunities for contraband introduction and otherwise maintain the orderly operation of the visiting area. Liberal application of this standard is encouraged,

For further information see the Residential Standard on "**Searches of Residents.**"

### **10. Visits by Legal Representatives and Legal Assistants**

#### **a. General**

In visits referred to as "legal visitation," each resident may meet privately with current or prospective legal representatives and their legal assistants.



**b. 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, 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, and 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 resident shall receive a meal tray after the visit.

**c. Persons Allowed to Visit**

Subject to the restrictions stated below, individuals in the following categories may visit residents to discuss legal matters:

**1). 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 legal representative is 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" (8 CFR 292.1), accredited representatives, accredited officials, and attorneys from other countries. See 8 CFR 292.1 for more detailed definitions of these terms.

**2). 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 resident 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 resident(s).

**3). 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.

**4). 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 residents.

**d. Identification of Legal Representatives and Assistants**

Prior to each visit, all legal representatives and assistants shall be required to

provide identification.

State bar cards are the preferred forms of identification, 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 representative and legal assistants may not be asked to state the legal subject matter of the meeting.

Legal representatives and assistants are subject to a search at any time of his or her person and belongings for the purpose of ascertaining the presence of contraband.

**e. Identification of Resident To Be Visited**

The facility may not require legal representatives and assistants to submit a resident's A-number as a condition of visiting, and shall make a good-faith effort to locate a resident if provided with any other information about the resident.

**f. 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 resident, 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, if a 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 resident in legal proceedings.

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 resident for the disclosure of residential 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 resident. In such circumstances, ICE/DRO staff may request further information to allay the security concerns raised and may seek the resident's consent to the disclosure.

**g. Pre-Representation Meetings**

During the regular hours for legal visitation, the facility shall permit residents to meet with prospective legal representatives or legal assistants. The facility shall document such "pre-representation meetings" in the logbook for legal visitation.



At the "pre-representation" stage no attorney-client relationship exists. Therefore, to meet with a resident, legal service providers need not complete a Form G-28 to state that they are legal representatives of the resident).

**h. Form G-28 Required for Attorney-Client Meetings**

Attorneys representing residents 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, which shall be 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 resident's A-file, and it remains valid until ICE/DRO receives written notice of the relationship's termination from the resident or the legal representative. Staff shall place such notices in the A-file on top of the Form G-28.

**i. Private Meeting Room**

Visits between legal representatives or assistants and a resident are confidential, and shall not be subject to auditory supervision. Private consultation rooms shall be available for such meetings.

Staff shall not be present in the confidential area during the meeting unless the legal representative or assistant requests the presence of staff; 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.

Due to the presence of children and the requirement to provide for attorney-client visitation, visitation areas shall be constructed in a manner that allows for parents to view the activities of their minor children within the visitation area. When necessary each facility is required to provide a means where a parent can talk privately out of the hearing range of the children.

**j. Materials Provided to Residents by Legal Representatives**

The facility's written legal visitation procedures must provide for the exchange of documents between a resident and the legal representative or assistant.

Documents or other written material provided to a resident during a visit with a legal representative shall be inspected but not read. Residents 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 resident with his or her stored property. The resident shall be permitted access to these documents, through the established avenues of communication.

**k. Resident Search**

Each facility shall have written procedures to govern resident searches. Each

resident shall receive a copy of these search procedures in the resident handbook (or equivalent) given to each resident upon admission.

#### **l. Group Legal Meetings**

Upon the request of a legal representative or assistant, the facility administrator may permit a confidential meeting (with no staff present) involving the requester and two or more residents. This may be for various purposes: pre-representational, representational, removal-related, etc. The facility should grant such requests to the greatest extent practicable; that is, if it has the physical capacity and the meeting would not unduly interfere with security and good order. Each facility administrator shall limit resident attendance according to the practical concerns of the facility, or the security concerns associated with the meeting in question.

See also the Residential Standard on "**Legal Rights Group Presentations.**"

#### **m. Pro Bono List and Resident Sign-Up**

ICE/DRO shall provide each facility the official list of local *pro bono* legal organizations, which is updated quarterly by the local DOJ Executive Office for Immigration Review. The facility shall promptly and prominently post the current list in resident 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 residents of the sign-up sheet's availability and, according to established procedures, ensure coordination with the *pro bono* organization.

#### **n. Legal Visitation Log**

Staff shall maintain a separate log to record all legal visitors, including those denied access to the resident. The log shall include the reason(s) for denying access.

Log entries shall include: the date; time of arrival; visitor's name; visitor's address; supervising attorney's name (if applicable); resident'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.

#### **o. Availability of Legal Visitation Policy**

The facility's written legal visitation policy shall be available upon request and posted in all common areas and housing units. The site-specific policy shall detail the 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 and search of visitors; materials provided to residents by legal representatives; confidential group legal meetings; and resident sign-up.



## 11. Consultation Visits for Residents Subject to Expedited Removal

### a. General

Residents subject to Expedited Removal who have been referred to Asylum Officers are entitled by statute and regulation to consult with persons of the resident's choosing, both prior to the interview, and while the Asylum Staff's decision is under review. Such consultation visitation is for the purpose of discussing immigration matters, not for social visits.

- The consultation visitation period **begins** before any interview with Asylum staff, and continues while the Asylum staff's determination undergoes review by the Supervisory Asylum Staff or Immigration Judge.
- The consultation visitation period **ends** when a Notice to Appear is issued and the resident is placed in removal proceedings before an immigration judge; however, the resident retains legal and other visitation privileges, in accordance with this Residential Standard.
- Consultation visitation may neither incur Government expense nor unduly delay the removal process.

### b. Method of Consultation

Because expedited removal procedures occur within short time frames, each facility shall develop procedures that liberally allow an opportunity for consultation visitation, in order to ensure compliance with statutory and regulatory requirements and to prevent delay in the Expedited Removal process. Given the time constraints, consultation by mail will generally not prove viable.

The facility shall facilitate consultation visitation by telephone and face-to-face, and staff 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 shall be ensured only during legal visitation hours. If necessary to meet demand, the facility administrator shall increase the facility's consultation visiting hours.

### c. Persons Allowed To Visit for Consultation Purposes

Residents subject to Expedited Removal may consult whomever they choose, in person or by phone, at any time, during the first 48 hours following notification of Expedited Removal. Consultants might include, but are not limited to, attorneys and other legal representatives, prospective legal representatives, legal assistants, members of non-governmental organizations (NGOs), friends, and family members.

Consultation visitors are subject to the same identification and security screening procedures as general visitors. If documented security concerns preclude an in-person visit with an 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.

**d. Privacy**

Consultation visits, in person or by telephone, receive the same privacy as communications between legal representatives and residents.

**e. Admittance for Asylum Staff Interview**

Residents subject to Expedited Removal may bring and consult advisors during the Asylum staff 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.

**f. Log**

Staff shall record consultation visits in the legal visitation log.

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 resident's A-file, or place a copy of the visitation log page in the resident's A-file.

**g. Form G-28 for Consultation Visits**

Visitors are not required to file a Form G-28 to participate in a consultation visit or provide consultation during an Asylum staff interview or immigration judge's review of a negative credible fear determination. This applies even if the visitor is an attorney or legal representative.

**h. 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, see policies for Group Legal Meetings, Call-Ahead Inquiries, Searches, Identification of Resident to be Visited, Materials Provided to Residents by Legal Representatives, *Pro Bono* List and Resident Sign-Up, and Availability of Legal Visitation Policy.

## **12. Consular Protection<sup>1</sup>**

According to international agreements, residents must be advised of their right to consular access, and the ICE/DRO must facilitate this access. Therefore, it is ICE/DRO policy and practice that all detained individuals shall be provided with notice of their right to contact their consular representatives and to receive visits from their consulate's staff during intake orientation and in the resident handbook.

The facility administrator shall ensure that all residents are notified of and afforded the right to contact and receive visits from their consular staffs. The same hours, privacy, and conditions that govern legal visitation guide consular visitation. Consular visits may be permitted at additional times with the facility administrator's prior authorization.

To visit, consular staffs must present U.S. Department of State identification.

## **13. Non-Government Organization Visitation with Residents and Tours of**

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<sup>1</sup> For additional guidance, ICE officers should consult ICE Office of Investigations Directive 73001.1 "Consular Notification of Detained or Arrested Foreign Nationals."



## Facilities

All requests by NGOs and other organizations to send representatives to visit residents must be submitted in writing to JFRMU. The written request must state the 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 submit in a timely manner the personal information needed for their background checks.

Tours shall be scheduled at the convenience of the residential facility, so as not to disrupt normal operations and to be in compliance with facility security requirements.

Written requests from domestic or international organizations associated with residential issues shall be submitted to JFRMU.

### 14. Visits from Representatives of Community Service Organizations

The facility administrator, in consultation with ICE/DRO, may approve visits to one or more residents 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:

- a. Safety and security considerations
- b. Availability of personnel to supervise the activity
- c. Sufficient advance notification to the facility administrator

Residents' immediate family and other relatives, friends, and associates, as detailed above under **Persons Allowed to Visit**, may not serve as volunteers.

To assist 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 type of service.

Groups must:

- a. **Provide the facility with advance notification** of the names, dates of birth, and Social Security numbers of the group members who will be visiting.

All volunteers, regardless of title or position, are subject to a minimal background check that includes, but is not limited to, a criminal history check, verification of identity, occupation, and credentials for the type of activity involved.

- b. **Provide identification** for the individual members of the group upon arrival at the facility.

- c. **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, particularly in regard to permissible behavior and relationships with residents. 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 resident or a resident's immediate family

All volunteers shall be held accountable for compliance with the rules and procedures.

d. **Read and sign a waiver of liability** from each group member 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 residents are present.

## 15. Other Special Visits

### a. Law Enforcement Officials' Visits

Facility visitation procedures shall cover law enforcement officials requesting interviews with residents and requires notification to the Field Office Director, Chief Counsel, and JFRMU.


### b. Visitation by Former Residents or Aliens in Proceedings

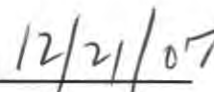
Former ICE/DRO-residents, individuals with criminal records, and individuals in deportation proceedings shall not be automatically excluded from visiting. Individuals in any of these categories must so notify the facility administrator before registering for visitation privileges. To determine visitation privileges, the ICE facility administrator shall weigh the nature and extent of an individual's criminal record and/or prior conduct against the benefits of visitation.

### c. Visiting Rules Regarding Animals

Each facility shall establish and disseminate a policy and implementing procedures governing under what circumstances, if any, animals may accompany human visitors onto or into facility property.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

  
\_\_\_\_\_  
**Date**

# **ICE/DRO RESIDENTIAL STANDARD**

## **GRIEVANCE SYSTEM**

**I. PURPOSE AND SCOPE.** Residents are provided a procedure by which they may file formal grievances and receive timely responses.

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

1. Residents will be informed about the facility's informal and formal grievance system.
2. Staff and residents will mutually resolve most complaints and grievances orally and informally in their daily interaction.
3. Residents will be able to file formal grievances, and receive written responses, in a timely manner.
4. Residents will be able to file emergency grievances that involve an immediate threat to their safety or welfare.
5. Residents will be able to appeal decisions on grievances to a higher level (Resident Grievance Committee or designated single Grievance Staff) and, if still not satisfied, to the facility administrator.
6. Accurate records will be maintained on grievances filed and their resolution.
7. No resident will be harassed, disciplined, punished, or otherwise retaliated against for filing a complaint or grievance.
8. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
9. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED.** None

### **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association Standards for Adult Local Residential Facilities, 4<sup>th</sup> Edition: 4-ALDF-2A-27, 6A-07, 6B-01.

## **V. EXPECTED PRACTICES**

### **1. Written Procedures Required**

Each facility shall have written policy and procedures for a resident grievance system that:

- Establishes a procedure available to all residents to file a formal grievance
- Establishes reasonable time limits for:
  - Processing, investigating, and responding to grievances
  - Convening a grievance committee to review formal complaints
  - Providing written responses to residents who filed formal grievances, including the basis for the decision
- Establishes a special procedure for time-sensitive emergency grievances; and defines an “emergency grievance”
- Ensures each grievance receives supervisory review
- Provides at least one level of appeal
- Includes guarantees against reprisal.
- Ensures information, advice, and directions are provided to detainees in a language they can understand, or that interpretation/translation services are utilized.

### **2. Informing Residents About Grievance Procedures**

The facility shall provide each resident, upon admittance, a copy of the resident handbook or equivalent form of communication, which provides notice of the following in English, Spanish, and other languages most widely spoken among the residents. Interpretation or translation services will be provided to residents who are not proficient in English. This shall contain a grievance section that provides notice of:

- The expectation that many complaints and grievances can and should be handled orally and informally by staff in their daily interaction with residents.
- The opportunity to file a grievance, both informal and formal.
- The procedures for filing a grievance and an appeal, including the availability of assistance in preparing a grievance.
- The procedures for resolving a grievance or appeal, including the right to have the grievance referred to higher levels if the resident is not satisfied that the grievance has been adequately resolved.
- The procedures for contacting the ICE/DRO to appeal a grievance decision of the facility administrator.
- The policy prohibiting staff from harassing, disciplining, punishing, or otherwise retaliating against any resident for filing a grievance

- The opportunity to file a complaint about staff misconduct directly to the Department of Homeland Security, Office of the Inspector General by calling (800) 323-8603, or by writing to:

Department of Homeland Security  
245 Murray Drive, S.E., Building 410  
Washington, DC 20538  
Attn: Office of Inspector General

Email to: [DHSOIGHOTLINE@DHS.GOV](mailto:DHSOIGHOTLINE@DHS.GOV)

### **3. Grievance Procedure**

#### **a. Informal/Oral Grievance**

Staff at every facility shall make every effort to resolve a resident's complaint or grievance at the lowest level possible, in an orderly and timely manner.

Staff who receive a resident's oral complaint or grievance shall:

- 1) Attempt to resolve the issue informally if the issue is within his or her scope of responsibility, or
- 2) Notify the appropriate supervisor of the grievance as soon as practical.

The supervisor may try to resolve the matter or advise the resident to initiate a written grievance.

Informal oral resolution offers the resident the opportunity to resolve his or her cause for complaint before resorting to the more time-consuming written formal procedure.

The facility administrator, or designee, shall establish procedures for residents to orally present the issue of concern informally (as addressed in the Staff-Resident Communication Residential Standard.) Translating assistance shall be provided upon request.

If an oral grievance is resolved, the staff member need not provide the resident written confirmation of the outcome, but shall document the result for the record in the resident's residential file and in any logs or data systems the facility has to track such actions.

A resident is free to bypass or terminate the informal grievance process, and proceed to the formal grievance stage.

#### **b. Formal/Written Grievance**

The facility administrator, or designee, shall allow a resident to submit a formal, written grievance to the facility's grievance committee, or a single designated grievance staff. A supply of grievance forms shall be available in each dayroom/common area, along with a locked box where residents may deposit grievances. The facility's designated grievance officer shall collect the grievances on a daily basis. Residents shall be given the opportunity to obtain preparation assistance from another resident or from facility staff.

Illiterate, disabled, or non-English speaking residents shall be provided additional assistance, upon request.

The resident may file a formal grievance after the event or unsuccessful conclusion of an informal grievance:

- 1) The facility administrator or designee shall ensure that procedures accommodate the need for special assistance to residents who are disabled, illiterate, or limited in English in preparing and pursuing a grievance.
- 2) Staff shall advise the resident that the grievance form may cover a single complaint, or a cluster of **closely related** issues that fall under a single subject. Each form should clearly state the resident's issues of concern, otherwise the form shall be returned to the resident for clarification. Staff shall provide the number of forms and envelopes the resident requests.
- 3) To prepare a grievance, a resident may obtain assistance from another resident in the same housing unit, the housing staff, other facility staff, family members, or legal representatives.

A resident may not submit a grievance on another resident's behalf, except a parent on behalf of his or her child.

- 4) If the resident claims that the issue is sensitive, or if the resident's safety or well-being would be jeopardized if others in the facility learn of the grievance, the resident has the right to seal the grievance in an envelope, clearly marked "Sensitive," and submit it directly to the facility administrator, or designee. The resident must include the reason for circumventing the usual grievance process.
- 5) Each grievance form shall be delivered without delay by authorized personnel (not residents), and will not be read or reviewed until received by the person designated to receive grievances.
- 6) The shift supervisor or other staff member designated to receive grievances shall accept the grievance form, signed and dated by the resident, and shall officially meet with the resident to attempt to resolve the issue.
- 7) If the grievance cannot be resolved to the satisfaction of the resident, the supervisor shall annotate the resident 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.
- 8) The next level of supervisor in the chain of command shall act on the grievance within five working days through informal or formal resolution. The responsible department head shall provide the resident a written decision that includes the basis for the decision. If the resident is illiterate or disabled 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. If the resident is not English-speaking, the written response should be interpreted in the native language. If the grievance is resolved at the informal level, the staff who resolved the issue shall document the circumstances and resolution in the resident's residential File.
- 9) If the resident does not accept the resolution, he or she may appeal to a Resident Grievance Committee (RGC), or a single designated Grievance



Officer (GO) who shall respond within five days.

No one named in the complaint, or involved with earlier resolution attempts or with helping prepare the written grievance, may participate in the appeal process.

The DGC or GO may call witnesses, inspect evidence or otherwise gather facts essential to an impartial decision. The resident shall be provided with an opportunity to appear before the committee or officer to present his or her case, answer questions, and respond to conflicting evidence or testimony.

Within five working days of reaching a decision, the DGC or GO shall provide the resident, in writing, the decision and basis of that decision.

#### **4. Emergency Grievances**

Each facility shall implement procedures for identifying and processing an emergency grievance that involves an immediate threat to a resident's safety or welfare. Once the receiving staff member who is approached by a resident determines that he or she is, in fact, raising an issue requiring urgent attention, emergency grievance procedures shall apply.

The emergency grievance procedure shall bring the matter to the immediate attention of the facility administrator and ICE/DRO, even if it is later determined that it is not a true emergency (and the grievance is subsequently routed through normal, non-emergency channels). The resident may elect to present his or her emergency grievance to any supervisor or manager of the facility or ICE/DRO. All emergency grievances shall receive immediate attention, and at a minimum shall be reviewed by a facility administrator or assistant facility administrator. Responsibility for these reviews shall not be delegated.

If the matter is resolved by staff at the shift level, the supervisor involved shall prepare a report for the facility administrator or assistant facility administrator describing the problem and resolution. Emergency grievances not resolved at the shift level shall be sent up the chain of command until the matter is resolved.

If the shift supervisor or contract equivalent determines the matter is not an emergency, standard grievance procedures shall apply.

#### **5. Appeal**

If the resident does not accept the DGC or GO's decision, he or she may appeal it to the facility administrator or ICE/DRO. All facilities shall implement procedures for addressing resident appeals.

After reviewing the finding of the DGC or GO, the facility administrator or ICE/DRO may uphold, modify, or reverse it.

- a. The facility administrator, or designee, shall provide the resident a written decision within five days of receiving the appeal.
- b. The decision shall be in writing, and shall contain a discussion of the decision and the facts upon which it is based.
- c. If the resident is illiterate or disabled, the decision shall be read to him or her. If

the resident is not English-speaking, the written response should be interpreted to the native language

- d. The facility administrator, or designee, shall use the normal routing system of the facility to send the written decision to the resident.

*This decision is final and cannot be further appealed within the grievance system.*

*A copy of each grievance final decision shall be forwarded to JFRMU.*

## **6. Resident Retaliation Prohibited**

Staff shall not harass, discipline, punish, or otherwise retaliate against a resident who files a complaint or grievance.

## **7. Established Pattern of Abuse of the Grievance System**

If an individual 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. Records must be maintained, however, of grievances thus "rejected." This authority may not be delegated, even to an acting facility administrator. JFRMU must receive a copy of every nuisance complaint.

## **8. Record-Keeping and File Maintenance**

Each facility shall devise a method for documenting resident grievances, at a minimum, with a Resident Grievance Log.

Staff shall assign each grievance a log number, enter it in the space provided on the Resident Grievance Form, and record it in the Resident Grievance Log in chronological order.

- a. The log entry number and the resident grievance number must match.
- b. The log shall include the receipt date, and the date and outcome of the resolution.
- c. Nuisance or petty grievances, and grievances rejected or denied must on procedural grounds (for example, filed after the deadline), must also be logged with the appropriate notation and justification (for example, "Petty").


A copy of the grievance disposition shall remain in the resident's residential file and provided to the resident.

### **9. Allegations of Staff Misconduct**

Staff must forward a copy of all resident grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command, and a copy to ICE/JFRMU.

Resident facility staff must comply with all DHS and ICE requirements to report allegations of staff misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility, and/or to the DHS Inspector General. This reporting requirement applies without exception to all resident allegations of staff misconduct, whether formally or informally submitted.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

DEC 21 2007  
\_\_\_\_\_  
**Date**

# **ICE/DRO RESIDENTIAL STANDARD**

## **LAW LIBRARIES AND LEGAL MATERIAL**

**I. PURPOSE AND SCOPE.** Residents will have access to courts, counsel, and legal materials.

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

1. Resident rights will be protected.
2. Residents will have access to courts and counsel.
3. Residents will be able to confidentially correspond with attorneys and/or the attorneys' authorized representatives.
4. Residents will have access to a law library, legal materials, and equipment to facilitate the preparation of documents.
5. Residents who are illiterate, non-English-speaking, or indigent will receive appropriate special assistance.
6. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
7. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED.** None

### **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities: 4-ALDF-6A-01, 6A-02, 6A-03, 6A-09, 2A-62.

Residential Standard on "Correspondence and Other Mail," in regard to correspondence with attorneys and other legal representatives, judges, courts, embassies, and consulates.

Residential Standard on "Telephone Access," in regard to phone calls to legal representatives or to obtain legal representation.

Residential Standard on **"Visitation,"** in regard to visits from attorneys, other legal representatives, and legal assistants.

Residential Management (Access times and parental supervision)

## **V. EXPECTED PRACTICES**

### **1. Law Library**

Each facility shall provide a law library in a designated, well-lit room that is reasonably isolated from noisy areas and large enough to provide reasonable access to all residents who request it. It shall be furnished with a sufficient number of tables and chairs to facilitate residents' legal research and writing.

### **2. Supervision**

The facility shall develop procedures that effectively prevent residents from damaging, destroying, or removing equipment, materials, or supplies from the law library.

Facilities are encouraged to monitor resident use of legal materials to prevent vandalism.

### **3. Hours of Access**

Each facility administrator shall devise a flexible schedule that:

- a. Permits all residents to use the law library on a regular basis.
- b. 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 8:00 a.m. and 8:00 p.m. daily.
- c. Establishes the maximum number of residents permitted to use the law library simultaneously.

Each resident shall be permitted to use the law library as needed, but no less than ten hours per week. Staff shall accommodate resident requests for additional law library time to the extent that is consistent with the needs of the residents and orderly operation of the facility, with priority given to requests from a resident with an impending court deadline.

### **4. Equipment**

Each facility administrator shall designate an employee to inspect the equipment at least weekly, to ensure that it is in good working order, and to stock sufficient supplies.

In order to prepare documents for legal proceedings, the law library shall provide the following for residents' use:

- Typewriters, with replacement typewriter ribbon and correction tape
- Computers and printers
- A copier.
- Writing implements

- Writing tablets
- Non-toxic correction fluid

## **5. Maintaining Up-to-Date Legal Materials**

### **a. ICE/DRO Headquarters Coordinator**

At ICE/DRO Headquarters, JFRMU is designated as the coordinator to assist facilities and Field Offices in maintaining up-to-date law library materials.

### **b. Updating and Replacing Legal Materials**

Each facility administrator shall designate an employee to be responsible for updating legal materials, inspecting them weekly, maintaining them in good condition, and replacing them promptly, when needed.

#### **1). Materials for Law Libraries (*Attachment A*)**

Each law library shall contain the materials listed in *Attachment A* (except any materials subsequently no longer published).

JFRMU shall request that the ICE Office of the Principle Legal Advisor (OPLA) review and update the contents of *Attachment A* at least annually. JFRMU shall add information to libraries on significant statutory and regulatory changes regarding detention and removal of aliens, in a timely manner, and provide copies to all facilities.

ICE/DRO shall arrange a subscription to the updating service, if available, for each publication on the list.

#### **2). Sources for Publications**

##### **a). List of Publishers (*Attachment B*)**

Information regarding updating of materials can be obtained directly from the publishers listed in *Attachment B*. 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 JFRMU.

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 residents to report missing or damaged materials. The facility may obtain replacements by contacting JFRMU.

If materials from outside organizations need to be replaced, the facility shall contact ICE/DRO to obtain replacements from the submitting organization.

**b). Electronic media i.e. Lexis/Nexus CD-ROM**

A facility will provide publications listed in **Attachment A** on CD-ROM if available in that format, or if not, with printed publications.

The facility administrator must certify to JFRMU that the facility provides residents sufficient:

- Operable computers and printers
- Photocopiers
- Supplies for both
- Residents shall be provided with the opportunity to save their work on a disk.

Where the Lexis/Nexus CD-ROM is not available or the other conditions for resident access and use are insufficient, the materials listed in **Attachment A** are required to be available in printed form in the facility law library.

**6. 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.

**Published/Unpublished Material**

If a facility receives such material, the ICE facility administrator shall forward it to JFRMU for review. If materials related to immigration law or procedures are declined, JFRMU shall notify in writing the submitter of the reasons.

Unpublished material must have a cover page that:

- a. Identifies the submitter and the preparer of the material.
- b. States clearly that ICE/DRO did not prepare and is not responsible for the contents.
- c. Provides the date of preparation.

ICE/DRO shall expeditiously make its decision, ordinarily within 45 days. ICE/DRO may object in whole or in part to materials that may pose a threat to the security or good order of the facility, or that misstate immigration law, policies, or procedures. JFRMU shall consult with the OPLA and other appropriate ICE/DRO and facility staff to determine whether to approve the materials.

If approved, JFRMU shall notify the facility administrator and the submitter.

If not approved in all or part, JFRMU shall inform the submitter in writing of the reasons.

## **7. Requests for Additional Legal Material**

Residents 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 ICE facility administrator of the request as soon as possible.

The ICE facility administrator, with the assistance of the respective ICE Chief Counsel, shall respond to all requests. Requests from residents who are facing imminent deadlines shall receive priority. Requests for copies of court decisions shall normally be available within three business days.

## **8. Photocopying Legal Documents**

The facility shall ensure that residents can obtain photocopies of legal material, when such copies are reasonable and necessary for his or her legal proceeding. This may be accomplished by providing residents with access to a copier.

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 resident's personal use will determine the total number of photocopies required.

Requests for photocopies of legal material may be denied only if:

- a. The document might pose a risk to the security and orderly operation of the residential facility;
- b. There are other legitimate security reasons;
- c. Copying would constitute a violation of any law or regulation; or
- d. 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 related to a resident's ongoing legal proceeding.

## **9. Assistance from Other Residents**

The facility shall permit residents to assist other residents in researching and preparing legal documents upon request, except when such assistance poses a risk. Such assistance is voluntary, and no resident shall be allowed to charge a fee or accept anything of value for assistance.

The facility administrator may not pay compensation to a resident for researching or preparing legal documents.

## **10. Assistance to Illiterate and Non-English Speaking Residents**

Unrepresented illiterate or non-English speaking residents who request assistance in their immigration or detention proceedings, and who indicate difficulty in preparing and filing legal materials, must be provided with assistance as outlined below.

- a. Helping the resident obtain assistance in using the law library and drafting legal documents from residents with appropriate language and reading-writing abilities.



- b. Assisting in contacting *pro bono* legal-assistance organizations from the ICE/DRO-provided list.

If such attempts are unsuccessful in providing the resident sufficient assistance, the facility shall notify JFRMU, ICE/DRO Field Office, and ICE Chief Counsel.

#### **11. Personal Legal Materials**

For a resident with a large amount of personal legal material, the facility:

- a. May place a portion of it in their personal property storage., The resident is permitted access during designated hours.
- b. Shall grant requests for access as soon as feasible, but not later than 24 hours after receipt of a request.

#### **12. Envelopes and Stamps for Indigent Residents**

The facility shall provide indigent residents 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.

#### **13. Notaries, Certified Mail, and Miscellaneous Needs Associated With Legal Matters**

The facility shall provide assistance to any unrepresented resident who requests a notary public, certified mail, or similar services to pursue a legal matter, if the resident is unable 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.

#### **14. Notice to Residents**

The resident handbook (or equivalent) shall provide residents with the rules and procedures governing access to legal materials, including the following information:

- a. That a law library is available for resident use.
- b. The scheduled hours of access to the law library.
- c. The procedure for requesting additional time in the law library (beyond the 5-hour per week minimum).
- d. The procedure for requesting legal reference materials not maintained in the law library.
- e. The procedure for notifying a designated employee that library material is missing or damaged.


These policies and procedures shall also be posted in the law library along with a list of the law library's holdings.

### **15. Retaliation Prohibited**

Staff shall not permit a resident to be subjected to reprisals, retaliation, or penalties because of his or her decision to seek judicial relief on **any** matter, including, (but not limited to:

- a. The legality of his or her confinement;
- b. The legality of conditions or treatment while under detention;
- c. Any issue relating to his or her immigration proceedings; or
- d. Any allegation that the Government is denying rights protected by law.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

DEC 21 2007  
\_\_\_\_\_  
**Date**

# **ICE/DRO RESIDENTIAL STANDARD**

## **LEGAL RIGHTS GROUP PRESENTATIONS**

**I. PURPOSE AND SCOPE.** Residents are to be provided 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 safety and orderly operation of each facility, ICE/DRO encourages such presentations, and all facilities shall cooperate fully with authorized persons seeking to make such presentations.

**II. EXPECTED OUTCOMES.** The expected outcomes of this Residential Standard are as follows:

1. Residents will have access to group presentations on U.S. immigration law and procedures and an overview of available options under the law.
2. Persons and organizations wanting to make group presentations will be provided with information on procedures to follow and required conduct if requesting the opportunity to make a legal rights presentation.
3. Facility safety and good order will be maintained.
4. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
5. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED.** None

## **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities: 4-ALDF-6A-04, 6A-06.

## **V. EXPECTED PRACTICES**

### **1. Requests to Make Group Presentations on Legal Rights**

Attorneys or legal representatives interested in offering a group presentation on legal

rights under the INA must submit a written request to JFRMU.

Generally, requests must be submitted to JFRMU at least 10 business days in advance of the first proposed presentation at a residential facility. JFRMU shall take under consideration allowing a presentation to take place on shorter notice when expeditious handling is warranted due to ongoing agency operations or potential movement of residents from the facility on short notice.

The written request must contain the following information:

- a. A general description of the intended audience (for example, protection law cases from a group of applicants who speak the same language, removal cases where the respondents speak Spanish, etc.).
- b. A syllabus or outline of the presentation.
- c. An informational poster, as described below.
- d. The languages in which the presentation will be conducted
- e. The name, date of birth, Social Security number, profession, and specific function of each person requesting permission to enter the facility (including interpreters).
- f. Certification that each person making the presentation is an attorney, legal representative (including accredited representative), or legal assistant.
- g. A proposed date (or range of dates) for the presentation.
- h. A name of a contact person and telephone number.

### **Request Granted**

If the request is granted by JFRMU, the ICE facility administrator shall telephone the listed contact person to arrange a mutually acceptable date and time for the presentation.

### **Additional or Continuing Presentations**

To request JFRMU permission to conduct additional presentations, or for access to a facility on a continuing basis, the requestor may submit a letter to JFRMU that refers to previously-approved materials, notes, any proposed changes in the content or personnel, and proposed dates or continuing period. Any presenter granted recurring access must notify JFRMU in writing in advance of any subsequent proposed changes.

## **Request Denied**

If the request is denied after consultation with the respective ICE Office of Principal Legal Advisor (OPLA)/Office of the Chief Counsel, the JFRMU shall provide the requestor a written explanation for the denial.

## **Scheduling Presentations**

Presentations must be scheduled during legal visiting hours.

If no attorneys or legal representatives volunteer to provide presentations, then the facility is not required make additional arrangements for their provision.

Additionally, if ICE/DRO does not approve presentations, ICE/DRO is under no obligation to seek a replacement provider.

The Executive Office of Immigration Review (EOIR) was authorized by Congressional appropriations to provide Legal Orientation Programs (LOPs) for residents in residential facilities. Through contracts with non-governmental organizations (NGOs), EOIR has developed LOPs (also known as "Legal Rights Group Presentations") to provide a comprehensive explanation about immigration court procedures and other basic legal information to groups of detained illegal aliens. The LOPs are comprised of three components:

- a. An interactive group orientation
- b. An individual orientation
- c. A referral/self-help component

EOIR LOPs have been operating in a limited number of ICE/DRO facilities and, based on Congressional funding, will be developed and implemented in other facilities as designated by, and in cooperation with ICE/DRO. Groups seeking funding should be directed to this organization. This program continues to be developed, and is expanding as funds allow.

## **2. Resident Notification and Attendance**

The requestor must provide a one-page poster (no larger than 8.5 by 11 inches) to inform residents 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 residents to contact the housing staff if they wish to sign-up to attend. For poster text in languages other than English, an English translation must be provided.

JFRMU shall review the poster within three business days of submission to ensure that it meets the above requirements and that display of the posting will not endanger the safety or orderly operation of the facility. JFRMU shall contact the person listed in the request if additional information is required, or if the poster does not meet requirements. JFRMU shall make a good faith effort to work with the requestor to develop mutually acceptable materials.

Designated facility staff shall prominently display in housing units the informational posters provided by the presenter at least 48 hours before the scheduled presentation. Each housing unit staff shall make available a sign-up sheet for residents who plan to attend. Each presentation shall be open to all residents including residents who have not signed up in advance. For residents who fail to sign up, the decision to allow attendance shall be limited only by space available.

The facility administrator may limit the number of residents at a single session, based on the number of interested residents or the need to separate groups of residents for safety and security. Therefore, the presenter must be prepared to conduct several presentations and should contact the facility administrator the day before the presentation to determine the number of sessions that will be required.

### **3. Who May Present**

One or more legal assistants may help with a presentation if the supervising attorney/legal representative does the following:

- a. Submits a letter that identifies the legal assistant and affirms that the supervisory relationship directly relates to the presentation, and
- b. Attends any presentation in which any such assistant participates.

ICE/DRO is not responsible for providing interpreters for presenters; however, the facility shall admit properly identified interpreters to assist the presenters, in accordance with the Residential Standard on "Visitation."

As a general rule, presentation parties may not exceed four people (including legal assistants and interpreters); however, a facility may waive this rule upon advance receipt of a written request.

### **4. 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.

Group presenters are required to check into the facility as least 30 minutes prior to presentation. After check-in, facility staff shall escort the presenters to the presentation site.

### **5. Presentation Guidelines**

The facility shall select and provide an environment that is conducive to the presentation and is consistent with safety and good order. Once the residents have been assembled, the presenters ordinarily will have one hour for the presentation and 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 for visitors to

the facility, and presentations must be conducted in a manner consistent with the safe 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 may not interrupt a presentation, except for security purposes or if the allotted time has expired.

## **6. Written Materials**

If approved in advance by ICE/DRO, presenters may distribute brief written materials that inform residents 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:

- a. Identifies the submitter and the preparer of the material.
- b. Includes the date of preparation.
- c. States clearly that ICE/DRO did not prepare, and is not responsible for, the content 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:

- d. Pose a threat to the safety or good order of the facility, or
- e. Contain misstatements of immigration law or procedure, or ICE/DRO policy.

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 residents in the facility's law library.

When distributing materials, presenters shall distribute them to residents and ICE/DRO and/or facility staff at the same time.

## **7. Individual Counseling Following a Group Presentation**

Following a group presentation, as is consistent with safe and orderly operations, the facility shall permit presenters to meet with small groups of residents to discuss their cases.

ICE/DRO and facility staff may not be present during these meetings. The Residential Standard on "Visitation" standard sets forth the rules and procedures for **Visits by Legal Representatives and Legal Assistants**.

## **8. Suspension or Termination**

The facility may discontinue or temporarily suspend group presentations by any or all presenters, if they:

- a. Pose an unreasonable security risk;
- b. Interfere substantially with the facility's orderly operation;
- c. Deviate from approved material, procedures or presenters; or
- d. The facility is operating under emergency conditions.

The ICE facility administrator, after consultation with JFRMU and OPLA/OCC, shall notify the affected presenters in writing of the reasons for termination or suspension, with copies to the respective ICE/DRO Field Office Director, and Chief Counsel.

A presenter may appeal a suspension or termination to the Chief, JFRMU in writing. The Chief, JFRMU shall promptly consider the appeal and consult with OPLA and the ICE/DRO facility administrator regarding the concerns that caused the suspension or termination, and a potential means of addressing them so that the discontinued presentations may resume.

JFRMU shall inform the presenter in writing of the decision or additional requirements to rectify the situation.

## **9. Videotaped Presentations**

The requestor must submit the videotape, along with a transcript in English and in the language(s) used on the tape, to JFRMU. The videotaped presentation must clearly identify its preparer and must clearly state that ICE/DRO did not prepare and is not responsible for the contents.

ICE/DRO may object to all or part of the videotape, if:

- a. The material would present a threat to the safety or good order of a facility;
- b. It contains misstatements of ICE/DRO policy,
- c. It contains misstatements of immigration procedure or law; or
- d. Any part is inconsistent with this Residential Standard.

Within 45 days of receipt, the JFRMU shall, in writing, notify the submitter of his or her decision.

Once ICE/DRO has accepted a tape, the submitter may modify or revise it at any time by submitting a new tape and transcripts. If ICE/DRO believes that aspects of the presentation have become dated or inaccurate, ICE/DRO may discontinue showing the videotape and promptly send written notice to the submitter.

### **Resident Viewing of Approved Electronic Media Presentations**

Each facility shall play ICE/DRO-approved electronic presentations on legal rights. If it is not technically feasible to play such media, the facility shall contact ICE/DRO for equipment options.

The facility shall provide regular opportunities for residents to view the presentation.




The facility shall maintain media in good condition. In the event a presentation becomes unavailable or unusable, the facility shall promptly request that ICE/DRO obtain a replacement from the originating person or organization.

**10. Material for Nationwide Presentation**

Written and electronic media intended for nationwide presentation may be sent to the JFRMU. Once approved, the material may be used in any family residential facility.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

DEC 21 2007

**Date**

# **ICE/DRO RESIDENTIAL STANDARD**

## **RESIDENTIAL FILES**

**PURPOSE AND SCOPE.** A Residential File is maintained for each resident and includes all significant information about that person, thereby contributing to the safe and efficient operation of the facility. The Residential File is separate from the Alien File (or A-File), which is the legal file maintained by ICE/DRO for each resident.

**EXPECTED OUTCOMES.** The expected outcomes of this Standard are as follows:

1. Residential Files will be grouped by family and maintained on each resident admitted to a Residential facility.
2. Each Residential File will include all documents, forms, and other information specified herein
3. The security of each Residential File and its contents will be maintained.
4. Staff will have access to Residential Files, as needed for official purposes.
5. Release of information from the Residential File will be accomplished in accordance with applicable federal and state regulations.
6. Electronic record-keeping systems and data will be protected from unauthorized access.
7. Inactive, closed Residential Files will be properly archived.
8. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
9. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**DIRECTIVES AFFECTED.** None

## **REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association 4th Edition Standards for Adult Detention Facilities: 4-ALDF-7D-19, 7D-20, 7D-21, 7D-22.

## **EXPECTED PRACTICES**

### **1. Creation of a Residential File**

When a resident is admitted to a facility, staff shall create a Residential File for each resident as part of admissions processing.

For every new arriving family unit, the facility shall assign a family number, as well as an individual indicator, for each family member. Family files shall be grouped for filing purposes.

### **2. Required Contents of File**

- a. The Residential File shall contain either originals or copies of forms and other documents generated during the admissions process. If necessary, the Residential File may include copies of material contained in the resident's A-File.

The file shall, at a minimum, contain the following forms and documents, or facility equivalent:

- Resident Intake Form;
- I-385, Alien Booking Record; one or more original photograph(s) attached;
- Housing Work Sheet;
- Personal Property Inventory Sheet;
- Housing Identification Card;
- G-589, Property Receipt; 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;
- The original resident summary form.

#### **b. Additions to File**

During the course of the resident's stay at the facility, staff shall add documents related to resident activities, for example:

- Special requests;
- Any G-589s and/or I-77s closed-out during the resident's stay;
- Corrective action forms;
- Grievances, complaints, and the disposition(s) of same;
- Records of Counseling;

- Commissary records;
- Other approved documents, e.g., staff reports about the resident's behavior, attitude, etc.

**c. Location of Files**

- Active Residential Files shall be maintained in a secure area using lockable cabinets in the admissions processing area, unless the facility administrator designates otherwise. Cabinets shall remain locked when not in use.
- The Assistant Facility Administrator for Operations (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/yyyy] to [mm/dd/yyyy]). The facility administrator shall designate restricted access storage space.

**d. Access to File**

- 1) Residential file contents are subject to Privacy Act regulations. I. Where applicable, signed consent shall be obtained from the resident for release of his/her information and the original signed form shall be kept in the resident's Residential File.
- 2) Only staff with a documented need may have access to the Residential File.
- 3) Staff shall accommodate requests for a resident's Residential File from other departments that have a documented need for the material.

Each borrowed file must be returned by the end of the administrative workday.

The facility shall designate a staff member within the processing area who is responsible for issuing and retrieving resident files and ensuring proper documentation is completed.

At a minimum, a logbook entry recording the file's removal from the cabinet shall include the following:

- The resident's name and A-File number;
- Date and time Resident File 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.

**e. Archiving Files**

Each Residential File remains active during the resident's stay at a facility and will be closed and archived upon the resident's transfer, release, or removal. Facilities shall retain inactive Residential files and shall, when requested, make them available to ICE/DRO personnel.

1). Upon the resident's release from the facility, staff shall add final documents to the file before closing and archiving it. Before the file is closed, the following documents will be inserted in the Residential File:

- Residential 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 staff closing the Residential File shall make a notation (on the Acknowledgement form, if applicable) that the file is complete and ready for archiving.

3). The closed Residential File shall not be transferred with the resident to another facility; however, staff may forward copies of file documents at the request of supervisory personnel at the receiving facility/office. When forwarding such documents, staff shall update the archived file, noting the document request, and the name and title of the requester.

4). Hard copies of archived files may be purged after three years, and the material preferably burned, but at least shredded. However, prior to destruction of the documents, they shall be electronically archived, stored and provided to ICE/DRO.

5). ICE/DRO, JFRMU shall be contacted prior to the destruction of any archive files.

**f. Assistant Facility Administrator for Operations Electronic Files**

Electronic record-keeping systems and data shall be protected from unauthorized access. Electronic data on individual residents is subject to Privacy Act regulations.

Unless release of information is required by statute or regulation, a resident 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 resident's Residential File.

**g. Field Office Responsibilities**

JFRMU and Field Offices shall maintain files as needed to carry out their responsibilities and shall maintain them in accordance with standing governmental regulations referencing maintenance of archived records and files for auditing purposes.

Generally, there are two types of files:

- **A-Files**

Some Residential Standards and other ICE/DRO policies require copies of certain documents on individual residents be sent to Field Offices, especially where approval of the Field Office Director (or designee) is required. Some such material may duplicate material maintained in the facility Residential Files, but there is no intention to create a full duplicate

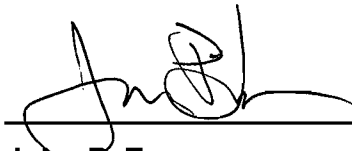
file.

For such purposes, where records are most easily retrieved by the resident's name, Field Office staff shall maintain those records in the A-file.

▪ **Process Files**

For some purposes, records contain information about more than one resident, and they are most easily retrieved by subject.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

**DEC 21 2007**

\_\_\_\_\_  
**Date**

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## **ICE/DRO RESIDENTIAL STANDARD**

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### **NEWS MEDIA INTERVIEWS AND TOURS**

**I. PURPOSE AND SCOPE.** This Residential 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 all Residential Facilities housing ICE/DRO detainees:

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.
3. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
4. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

### **III. DIRECTIVES AFFECTED. NONE**

### **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

American Correctional Association Standards for Adult Local Residential 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 Residential 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 Residential Standard on **Visitation** shall be permitted access to facilities only by special arrangement and with prior approval of the respective ICE/DRO Chief, Juvenile and Family Residential Management Unit (JFRMU).

## **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.

## **3. Residential 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 a Residential Facility, media representatives shall contact the ICE/DRO facility administrator. The Chief of Operations/Security is responsible for implementing the necessary security procedures. The facility administrator shall coordinate approval through the Chief, JFRMU coordinator of public affairs.

The Chief, JFRMU, may suspend visits for an appropriate period during and after an emergency, or when there are indications of possible unrest or 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 Warden/facility administrator and Chief, JFRMU, before taking photographs in or of an SPC.

The facility administrator shall advise both media representatives and residents that use of any resident's name, identifiable photo, or recorded voice requires his or her prior permission. Media representatives shall obtain a signed release from the resident 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 Resident File. When the resident is an accompanied minor, the media shall also obtain a signed release by the minor's parent or legal guardian before photographing or recording his or her voice.



Residents 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 and/or security of either the facility, its staff or its immigration residents, the Chief, JFRMU, may limit or prohibit the presence of video, film, or audio equipment or related personnel. For example, the Chief, JFRMU 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 Chief, JFRMU, preferably 48 hours and no less than 24 hours prior to the time slot requested. The Chief, JFRMU, may waive the 24-hour rule if convinced of the need for urgency.

Through facility staff, the Chief, JFRMU, shall inform the resident of the interview request. The resident must then indicate his or her willingness to be interviewed by signing a consent form before the Chief, JFRMU, considers the interview request. The original written consent is to be filed in the resident's A-file with a copy in the facility's Resident 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 resident's A-file with a copy in the facility's Resident File.

When the alien is the center of a controversy or of a special interest or high profile case, the Chief, JFRMU shall consult with the Headquarters Assistant Director for DRO, Management and Operations, before deciding whether to allow the interview.

Otherwise, the Chief, JFRMU, shall normally approve/disapprove of 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 does not agree to the conditions established by this policy or previously failed to abide by them.
- The resident 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.
- The resident is involved in a pending investigation/court action and the court with jurisdiction over the matter has issued a gag rule or the Chief, JFRMU, after consultation with OPLA, believes the proposed interview could affect the outcome of the court case.

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 Chief, JFRMU, 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 Chief, JFRMU, may restrict the time allotted to interviews.

ICE/DRO reserves the right to monitor and/or supervise, but not participate in, resident interviews.

A media representative interested in touring the facility and photographing or recording any other residents 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 Chief, JFRMU 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 Chief, JFRMU.

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 Chief, JFRMU shall, upon request, provide the media information about a resident, 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 resident(s) require that specific removal-related data remain confidential.

## **6. Special Conditions for Media Representatives**

To be approved to interview a resident 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 resident 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 resident. Consequently, the routine processing of ICE residents shall take precedence over media interviews.

**Standard Approved:**



**John P. Torres**  
**Director**  
**Office of Detention and Removal Operations**

DEC 21 2007

**Date**

# **ICE/DRO DETENTION STANDARD**

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## **STAFF HIRING AND TRAINING**

**I. PURPOSE AND SCOPE.** Staff responsible for the care of residents must be appropriately qualified, experienced, screened, and trained, to ensure that the organizational structure promotes best practices and facilitates the optimum delivery of services. In addition to the training requirements outlined in this standard, specific residential standards may include additional training requirements.

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

1. Care providers have an internal policies and procedures manual that is specific to the operations, goals, and objectives of each of their programs
2. Clear lines of authority and responsibility are reflected in the providers' organizational chart.
3. Key positions are approved by ICE prior to hiring and job placement.
4. Staff are properly qualified and have received appropriate security clearances prior to beginning to work in any family residential facility.
5. Each new employee, contractor, or volunteer will be provided an appropriate orientation to the facility and the Residential Standards before beginning to work in any family residential facility.
6. Staff, contractor, and volunteer training will be provided by staff who are qualified to conduct such training.
7. Staff who have minimal resident contact (such as clerical and other support staff) will receive initial and annual training commensurate with their position.
8. Professional, support, and health care staff and contractors who have regular or daily contact with detainees will receive initial and annual training commensurate with their position.
9. Security staff will receive initial and annual training commensurate with their position.
10. Facility management and supervisory staff will receive initial and annual training commensurate with their position.
11. Personnel assigned to emergency response units or teams will receive initial and annual training commensurate with their position.
12. Personnel 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.
13. Personnel authorized to use chemical agents will receive thorough training in their

use and in the treatment of individuals exposed to a chemical agent.

14. Security staff will be trained in self-defense and the authorized use of force to control all ages of residents.
15. Employees will be encouraged to continue their education and professional development through such incentives as salary enhancement, reimbursement of costs, and administrative leave.
16. Initial orientation, initial training, and annual training programs will include information on drug-free workplace requirements and procedures.
17. Initial orientation, initial training, and annual training programs will include information on the facility's written code of ethics.
18. 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.

### **III. DIRECTIVES AFFECTED**

None. This is a new Standard.

### **IV. REFERENCES**

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".

Pennsylvania Code Section 3800

Texas Welfare Code

### **V. EXPECTED PRACTICES – HIRING AND STAFFING**

#### **A. Organizational Structure**

The care provider's internal policies and procedures manual shall include a clear description of the organizational structure. There shall be clear lines of authority and responsibility reflected in the providers' organizational chart. The program director shall be responsible for the entire program and its outcomes. There shall be adequate staff available to adhere to the organizational structure and to deliver all services required in the ICE/DRO contract award. There shall also be adequate levels of relief staff available to cover illnesses, holidays, emergencies, and influxes (in cases where the care provider has developed an influx plan at the request of the ICE/DRO).

#### **B. Staffing Requirements**

##### **Key Positions**

Key personnel are: the Program Director, Assistant Program Director (if applicable), Clinicians/Lead Clinician, and Lead Case Manager. Prior to the hire of any key

personnel, a care provider must submit to the Juvenile and Family Residential Management Unit (JFRMU) Project Manager (PM) a request for the review and approval of the job description, resume, cover letter, application, and any other applicable documents.

### **1. Program Director**

The Program Director shall be responsible and accountable for the entire program and its outcomes, and shall be the primary liaison with the JFRMU. The Program Director shall coordinate both programmatic and financial elements of the services provided to residents in their care. The Program Director shall be responsible for creating an internal manual for each programmatic function, based on state licensing requirements as applicable, JFRMU policies and procedures, the Statement of Work, and the agency's internal policies and procedures. The Program Director shall also be responsible for all reporting requirements of the Statement of Work (i.e., programmatic and financial reports), and shall bring any issues or concerns to the designated Project Manager.

The Program Director shall possess the administrator's license for the care provider's facility, if applicable. The Program Director shall have at least a Master's Degree in social work (MSW) or an equivalent degree in education, psychology, sociology or other relevant behavioral science; or a Bachelor's Degree in one of the aforementioned sciences, plus five years of experience as the director of a licensed child care program, residential youth program, or similar program for children and adolescents; or plus five years of progressive project management experience on projects demonstrating advanced levels of financial and managerial responsibilities.

### **2. Assistant Program Director (optional)**

Care providers that employ a more than 75 employees and have more than 80 adult and minor residents may have an Assistant Program Director. The Assistant Program Director provides support to the Program Director and is a secondary liaison with the JFRMU. Not all care providers are required to have an Assistant Program Director.

The Assistant Program Director shall have at least a Bachelor's degree in a relevant behavioral or social sciences field, plus five years of progressive employment experience within a social services or child care agency, or plus three years of progressive project management experience on projects demonstrating advanced levels of financial and managerial responsibilities.

### **Lead Case Manager**

The Lead Case Manager shall be responsible for coordinating case management services and for training and supervising other case managers.

The Lead Case Manager's tasks shall include coordination and oversight of each accompanied child's assessment, individual service plan, and discharge.

The Lead Case Manager shall also ensure that all the services provided to each child are properly documented in the child's case file.

The Lead Case Manager shall have a Master's Degree in the behavioral sciences, human services, or social services fields; and at least three years of progressive employment experience in the aforementioned fields that demonstrates supervisory and case management experience; or a minimum of a bachelor's degree plus five years of progressive employment experience in the aforementioned fields that demonstrates supervisory and case management experience. Child welfare experience and professional licensure are strongly encouraged.

### **3. Clinician**

Clinicians shall conduct mental health assessments for all residents in care, as well as provide ongoing individual and crisis intervention. The clinicians shall be permanent staff members, unless prior authorization is received by smaller programs from the designated PM to obtain such services through community-based providers. When there are more than three clinicians on staff, a Lead Clinician shall be designated, with the added responsibility of coordinating clinical services and training and supervising staff clinicians.

The ratio of residents to clinicians shall not be greater than 25:1. In certain instances, it may be necessary for a care provider to adjust this ratio based on the needs of the specific program. In this type of situation, the ratio may be set higher or lower by the PM, who will provide the care provider with a rationale for the adjustment.

Clinicians shall have a Master's Degree in social work (MSW) and two years of postgraduate direct service delivery experience; a Master's Degree in psychology, sociology, or other relevant behavioral science in which clinical experience is a program requirement; or a Bachelor's Degree in one of the aforementioned sciences plus five years of progressive employment experience in this area. It is strongly encouraged that clinicians be licensed or licensed-eligible.

### **4. Lead Clinician**

The Lead Clinician shall have a Master's Degree in social work (MSW) and five years of postgraduate direct service delivery experience; or a Master's degree in psychology, counseling, or other relevant behavioral science in which clinical training and experience is a program requirement. Licensure and supervisory experience are required.

## **Other Positions**

### **5. Case Manager**

This position does not require approval from the ICE prior to hiring, but the Program Director must ensure that the following qualifications are met: a Bachelor's Degree in the behavioral sciences, human services, or social services fields; or a minimum of a high school diploma plus three to five years of progressive employment experience in the aforementioned fields. (Years of advanced education in aforementioned fields can be substituted for years of employment experience). Child welfare or case management experience is strongly encouraged.

The ratio of residents to case management staff shall be no greater than 30:1. In certain instances, it may be necessary for a care provider to adjust this ratio based on the needs of the specific program. In this situation, the ratio may be set higher or lower by the PM, and the PM will provide a rationale for the adjustment.

### **6. Recreation Specialist**

This position does not require approval from the ICE prior to hiring, but the Program Director must ensure that the following qualifications are met: a Bachelor's Degree in the physical education, or a minimum of a high school diploma plus five years of progressive employment experience in the aforementioned fields. (Years of advanced education in aforementioned fields can be substituted for years of employment experience). Child welfare or case management experience is strongly encouraged.

### **7. Family / Youth Care Specialist / Worker**

This position does not require approval from ICE prior to hiring, but the Program Director must ensure that the following qualifications are met: a high school diploma or equivalent degree, and a minimum of one year employment experience in the child welfare field working with children or adolescents in a social service setting.

### **8. Teacher**

This position does not require approval from DRO prior to hiring, but the Program Director must ensure that the following qualifications are met: a four-year college degree; and additional training to meet the special needs of school-aged children as outlined in staff training requirements. Certification by the state's department of education or other appropriate accrediting body is encouraged. Any requests for exceptions from these qualifications shall be submitted in writing to the designated PO for approval prior to hiring.

## **C. General Staffing Conditions**

Care providers shall ensure that the following conditions are met:

1. All staff positions shall possess a current job description that directly relates



- to the achievement of the care provider's performance goals.
2. Care providers conduct regular staff meetings that involve all staff and are the forum for updates and discussion of programmatic matters.
  3. Staff who are making and implementing decisions regarding residential care meet frequently, at a minimum weekly, to discuss service plans, progress, and other issues concerning residents.
  4. Employee educational or experience levels are commensurate with the responsibilities and expertise required for the position.
  5. Recruitment plans are developed to target potential staff members who are culturally sensitive and who speak the language of the residents.
  6. Staff training is provided in accordance with ICE, DRO, and JFRMU policies and procedures, as well as any applicable state licensing requirements.
  7. Staff are provided with adequate levels of individual leave, sick leave, and compensation time.
  8. All staff and volunteers provide the following documentation, maintained in their personnel files and updated as required:
    - a. Child Protective Services (CPS) or similar background investigations. Results of medical examinations (as specified by state licensing requirements), including updated documentation of immunizations and test results for tuberculosis
    - b. Criminal and other background checks: local police, state, and FBI. Must meet all state licensing requirements.
    - c. Professional references
    - d. Educational records
    - e. Driver's record, if expected to transport residents
    - f. Copies of professional licenses, if applicable
    - g. Resume and employment application.
  9. Care providers make every effort to recruit and retain a majority of direct-service staff who are bilingual in English and Spanish, and all staff shall be culturally sensitive.
  10. Staff in key areas, such as child care, education, and counseling, who are not bi-lingual have access to an interpreter or interpreter services. Only in exceptional circumstances, such as the arrival of a resident with an uncommon native language, will this resource not be immediately available. Care providers maintain a list of resources in the community covering the main languages of residents in its care and access the needed interpreter within eight hours of admission. The interpreter selected is never another child, resident, relative, or potential sponsor. If an interpreter is not available, care providers use telephonic language lines. Interpreters are advised that what they hear and interpret is strictly confidential, as well as advised regarding potential conflicts of interest.

#### **D. Handling Staff Incidents**

Staff and volunteers shall adhere to their State policy prohibiting child abuse and neglect. Signed Statements of Agreement shall outline actions that constitute child abuse and neglect and shall be located in personnel files. Policies shall include prohibiting corporal punishment. If the policies are violated, care providers shall follow the procedures indicated by state licensing standards and submit a copy of the documentation to the designated Project Manager.

All significant incidents involving allegations of physical abuse or neglect, or instances in which other staff or the institution itself may be in violation (see the definition in the "Program Management: Emergency and Incident Reporting" section) shall be reported to the local Child Protective Services agency for an independent investigation. The PM shall also be notified immediately. Results of the investigation shall be immediately forwarded to the PM. This is a corollary requirement to any state reporting laws applicable to child abuse and neglect.

Local law enforcement authorities shall be called if the adult resident or the parent or guardian of a minor resident involved wishes to press criminal charges. At this point, local authorities will be requested to conduct an investigation. The staff member(s) accused of the incident shall be not have contact with any resident until a final determination has been made. Care providers shall consult with the PM for additional guidance on this issue.

### **VI. EXPECTED PRACTICES - TRAINING**

#### **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.

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, full-time training personnel shall complete a 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 is 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, CPR, etc.
- Each trainee is required to pass a written and/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, CPR,

etc., and in areas of ethical conduct.

- The formal training received by each trainee is fully documented in permanent training records.
- Formal certificates of completion are issued, as is appropriate.

## **B. Staff Training and Development**

Introductory training for all staff having any contact with residents, whether minimal or daily, shall occur prior to the employee providing direct care to Families and Accompanied Children (AC). Documentation of this training shall be maintained in personnel files and will be subject to monitoring and review from the Juvenile and Family Residential Management Unit. In addition to state licensing requirements for training, the training for new staff shall include areas relevant to the care of Families with a special emphasis on AC. Training shall be pre-service and ongoing during employment. Areas of training shall include the following topics:

1. JFRMU National Residential Standards
2. Prohibition against providing legal advice or legal counsel
3. Cultural competence, including awareness of and sensitivity to different cultural backgrounds
4. Behavior management approaches, including conflict resolution, problem solving, negotiation, applying choices, and rewards and consequences (e.g., as in a structured level or point/token economy system)
5. Non-violent restraint techniques that have been approved by the JFRMU
6. Occupational Safety and Health Administration (OSHA) or equivalent course for residential care providers that covers blood-borne pathogens, airborne pathogens, and employee safety
7. Child development theory
8. Common health and mental health diagnoses of AC in program
9. Confidentiality
10. Child trafficking and smuggling
11. Child abuse reporting requirements

## **C. Initial Orientation/Training**

In addition, 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 ordinarily include, at a minimum:

1. Working conditions
2. Cultural diversity for understanding staff and detainees
3. Code of ethics
4. Personnel policy manual

5. Employees' rights and responsibilities
6. Drug-free Workplace
7. Health-related emergencies
8. Suicide prevention and intervention
9. Hunger strikes
10. Keys and Locks
11. Tour of the facility
12. Facility goals and objectives
13. Facility organization
14. Staff rules and regulations
15. Sexual harassment/sexual misconduct awareness
16. Personnel policies
17. Program overview

#### **D. 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 ordinarily include, at a minimum:

##### **1. Clerical/support employees who have minimal resident contact.**

- a. Working conditions
- b. Cultural diversity for understanding staff and detainees
- c. Code of ethics
- d. Personnel policy manual
- e. Employees' rights and responsibilities
- f. Overview of the criminal justice system
- g. Tour of the facility
- h. Facility goals and objectives
- i. Facility organization
- j. Staff rules and regulations
- k. Sexual harassment/sexual misconduct awareness
- l. Personnel policies
- m. Program overview

##### **2. Professional and support employees, including contractors, who have regular or daily detainee contact.**

At a minimum, this training covers the following areas:

- a. Security procedures and regulations
- b. Code of Ethics
- c. Health-related emergencies
- d. Drug-free workplace
- e. Supervision of detainees
- f. Signs of suicide risk and hunger strike
- g. Suicide precautions
- h. Report writing
- i. Detainee rules and regulations
- j. Key control
- k. Rights and responsibilities of detainees
- l. Safety procedures
- m. Emergency plan and procedures
- n. Interpersonal relations
- o. Social/cultural lifestyles of the resident population
- p. Cultural diversity for understanding staff and residents
- q. Communication skills
- r. Cardiopulmonary resuscitation (CPR)/First aid
- s. Counseling techniques
- t. Sexual harassment/sexual misconduct awareness.

**3. Full-time health care employees.**

In addition to the training areas above, the health-care employee orientation program includes instruction in the following:

- a. The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations
- b. Key control; appropriate conduct with detainees
- c. Responsibilities and rights of employees
- d. Standard precautions
- e. Occupational exposure
- f. Personal protective equipment
- g. Bio-hazardous waste disposal
- h. Overview of the resident operations.

**4. Family/Youth Care Specialist and Case Management personnel**

At a minimum, this training covers the following areas:

- a. Security procedures and regulations
- b. Supervision of residents
- c. Searches of residents, housing units, and work areas
- d. Signs of suicide risk
- e. Code of Ethics
- f. Health-related emergencies
- g. Drug-free workplace
- h. Suicide precautions
- i. Self-defense techniques
- j. Use-of-force regulations and tactics
- k. Report writing
- l. Resident rules and regulations
- m. Key control
- n. Rights and responsibilities of residents
- o. Safety procedures
- p. Emergency plans and procedures
- q. Interpersonal relations
- r. Social/cultural lifestyles of the resident population
- s. Cultural diversity for residents and staff
- t. Communication skills
- u. Cardiopulmonary resuscitation (CPR)/first aid
- v. Counseling techniques
- w. Sexual abuse/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**

The use of chemical agents by contract staff is prohibited in a family residential center.

**E. Initial and Annual Training for All Staff**

While various Residential Standards require specialized training for some staff, the following is an overview of general training requirements for all staff, initially and annually.

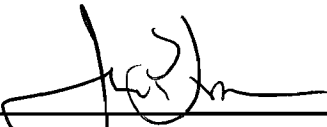
**F. Continued Education and Professional Development**

Employees should be encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.

**H. Internal Monitoring and Evaluation**

Care providers shall measure program performance through an internal monitoring system that considers baselines, objectives, and performance goals. These monitoring and evaluation plans shall be submitted to the designated PM with the submission of any request for continued funding beyond an initial grant period.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal Operations**

DEC 21 2007

\_\_\_\_\_  
**Date**

# **ICE/DRO RESIDENTIAL STANDARD**

## **TRANSFER OF RESIDENTS**

**I. PURPOSE AND SCOPE.** Transfers of residents from one facility to another are responsibly managed in regard to notifications, resident records, safety and security and protection of resident funds and personal property.

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

1. Decisions to transfer residents 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 that a resident is being transferred, in accordance with sound security practices.
3. The resident 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 resident.
5. Transfer of residents will be accomplished safely and securely, particularly those with special health care concerns.
6. Transferred residents funds, valuables, and other personal property will be safeguarded.
7. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
8. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED.** None

## **IV. REFERENCES**

The First Edition National Residential Standards were written using a variety of methodologies including previous and current practices, review and comment from various subject matter experts, review and comment from various government and non-government organizations, and a review of current state codes in Pennsylvania and Texas. Each standard is written in a manner that affords each resident admission and continuous housing to a family residential facility in a dignified and respectful manner. There are no specific codes, certifications, or accreditations that deal specifically with unique management requirements of families awaiting the outcome of their immigration proceeding in a non-secure custodial environment.

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.

Flores v. Reno



## **V. EXPECTED PRACTICES**

### **1. Types of Transfers**

ICE/DRO transfers residents from one facility to another for a variety of reasons. The transfer of a resident may never be based solely on residents' reporting of wrongdoing or alleging misconduct by or against staff members.

In deciding whether to transfer a resident, ICE/DRO will consider whether the resident is represented before the immigration court. In such cases, ICE/DRO shall consider alternatives to transfer, especially when the attorney is located within reasonable driving distance of the Residential facility and where immigration court proceedings are ongoing.

**a. Medical.** The Division of Immigration Health Services (DIHS) may recommend that a resident in need of specialized or long-term medical care be transferred to a facility that can 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.

**b. Change of Venue.** A resident may be transferred from one jurisdiction to another to accommodate a change in venue by the Executive Office of Immigration Review.

**Security.** A resident may be transferred to a higher-level facility, ordinarily because of circumstances that cannot adequately be controlled. Such security reasons might include, for example:

- When the resident becomes a threat to the security of the facility;
- When the resident is violent or has caused a major disturbance or is threatening to cause one; or
- When a resident's behavior or other circumstances are a threat to the safety of staff or other residents.
- When a resident no longer meets the minimum qualifications for placement in a residential family center

**c. Other Needs of ICE/DRO or a Particular Resident.** Residents may be transferred to another facility for various reasons, such as to eliminate overcrowding or to meet a particular resident's special needs.

### **2. Notification Procedure**

ICE/DRO shall make all necessary notifications when a resident is transferred.

When residents are being transported by Justice Prisoner Alien Transportation System (JPATS), ICE/DRO shall adhere to JPATS protocols.

#### **a. Attorney**

When a resident is represented by legal counsel, and a form G-28 has been properly executed and filed, the resident's Deportation Staff shall:

- Notify the representative of record that the resident 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 resident's A file, if available, or work file, and
  - The "comments" screen in DACS.

For security purposes, the attorney shall not be notified of the transfer until the resident is en route to the new Residential location, and the notification shall not include specific travel details (day of travel, mode of travel, etc.). In all cases notification will be made within 24 hours of the transfer.

When there are special security concerns, the Deportation Staff may delay the notification, but only for the period of time justified by those concerns.

#### **b. Family**

It is the responsibility of the attorney of record or the resident to notify any family members.

#### **c. Resident**

The resident 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 deported. Reasonable efforts should be made to advise the resident in a language the resident understands.

For security purposes, specific plans and time schedules shall never be discussed with the resident.

Following notification, the resident shall normally not be permitted to make or receive any telephone calls or have contact with any resident in the general population until the resident reaches the destination facility.

At the time of the transfer, ICE/DRO shall provide the resident, in writing, the name, address and telephone number of the facility to which he or she is being transferred, using the attached **Resident Transfer Notification** form. Staff shall place a copy of the form in the resident's Residential File. The resident shall also be advised that it is his or her responsibility to notify family members, if so desired.

#### **d. Unaccompanied Juveniles and Accompanied Juveniles**

Since special notification procedures may apply if the resident is under 18 years old, the Deportation Staff shall coordinate proposed transfers with the juvenile coordinator for the respective ICE/DRO Field Office.

Generally, minors who are part of a family unit shall be transported with at least one parent. Any exception must be noted and approved by ICE prior to performing any transport of an accompanied minor.

### **3. 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:

#### **a. Requesting Office Sends (via Fax) Form I-216 to the Receiving Field Office**

The requesting office shall ensure all Form I-216 boxes are completed.

- Complete information must be provided on criminal or aggravated felon status, including any medical/mental problems, security risks, etc.
- 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 resident is a juvenile, a copy of the age verification documentation must be attached.

No other forms are acceptable for recording the persons and property transferred.

If a facility in the receiving jurisdiction requires that its medical unit review medical histories prior to acceptance, a method of providing that information to the facility must be arranged between the two Field Offices.

#### **b. 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 may decline the transfer unless those issues are resolved.

Once the receiving Field Office has finally accepted the transfer, the sending Field Office shall provide via telephone or e-mail a mutually agreeable estimated time of arrival.

The sending Field Office **may not substitute** any resident on the I-216 without prior approval of the receiving Field Office.

#### **4. Preparation and Transfer of Records**

Sending facility staff shall complete the attached **Resident Transfer Checklist** to insure all procedures are completed.

- The sending facility staff shall place a copy of the Checklist in the resident's A file or work folder.
- The records must accompany the resident to the receiving facility.
- If any procedure cannot be completed prior to transfer, the resident may be transferred only if the authorized receiving Field Office official has expressly waived that procedure, and the sending facility staff shall note any such waivers on the checklist.

##### **a. 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 resident 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), Deportable Alien Control System (DACS), and the FBI's National Crime Information Center (NCIC) database,
- Copies of the EOIR's record of proceedings, and
- New photographs and fingerprints.

If applicable, copies of the following should also be included:

- Non-Immigrant Information System (NIIS),
- Computer Linked Application Information Management System (CLAIMS),
- National Automated Immigration Lookout System (NAILS),
- Reengineered Naturalization Application Casework System (RNACS),
- Refugee Asylum Processing System (RAPS), and
- Any other documents requested by the receiving Field Office which can be reasonably obtained.

The A file or proper work folder shall include copies of the following, properly executed, documents, and 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
- Original or photocopy of I-203/203A
- Checklist for Resident Transfer (an attachment to this Residential Standard)
- Age verification documents (if applicable)
- A 3.5" disk 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 residents or their files should be communicated to the receiving Field Office as soon as possible.

#### **b. 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 resident, 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 and/or copies shall be included, indicating proper service, in the A file or work folder.

Copies shall be provided the resident, who should be encouraged to keep them on his or her person, unless this would present a security problem.

#### **c. Fingerprint Cards**

The sending Field Office shall take three (plus R-84) sets of fingerprints (Note: Fingerprints are to be taken in accordance with ICE policy):

- The cards shall be signed by both the alien and the official taking the prints.
- 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 resident is a Room-and-Board case.
- For a Room-and-Board case, the sending Field Office may submit the prints to the FBI and Biometrics Support Center.
- One fingerprint card should remain in the A file at all times.

**d. 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.

**e. Medical Procedures and Information Required for Transfer**

**1). 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. In particular, the facility health care provider shall ensure that no resident is transferred without a sufficient supply of medication to facilitate the transfer process. Residents shall have available a minimum of three days medication on any transfer between facilities.

**2). Transfer of Health Records**

When a resident is transferred within the Detention Immigration Health Service (DIHS) system:

- A Transfer Summary and the resident's official health records shall accompany the resident.
- The official health records shall be placed in a sealed envelope or other container labeled with the resident's name and A-number and marked "MEDICAL CONFIDENTIAL."
- Non-medical staff is not permitted to read the official health record.

When a resident is transferred to a Residential facility, only the Transfer Summary shall accompany the resident.

**3). Transfer Summary**

**(a). 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.

**(b). Use During Transport**

Transportation staff may not transport a resident without the required Transfer Summary, which is essential for resident safety while in transit.

The transferring staff 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 on a **need-to-know** basis.

- Staff who review the transfer summary shall protect the privacy of the resident's medical information to the greatest extent possible.
- Medical information may not be shared with other residents or even with other staff unless it is needed to fulfill transportation responsibilities safely.

The section on **Confidentiality and Release of Medical Records** in the Residential Standard on **Medical Care** provides additional detail.

The transferring staff is responsible for delivering the Transfer Summary materials to medical personnel at the receiving facility.

**4). Medical/Psychiatric Alert**

Medical staff shall notify the facility administrator when they determine that a resident's medical or psychiatric condition requires:

- (a). Clearance by the medical staff prior to transfer, or
- (b). Medical escort during transfer.

**5). Medications**

Prior to transfer, medical personnel shall provide the transporting staff instructions and, if applicable, medication(s) for the resident's care in transit.

Medications shall:

- (a). Be placed in a property envelope with the resident's name and A number on it,
- (b). Accompany the transfer, and
- (c). If unused, be turned over to a staff at the receiving Field Office.

**f. Other Transfer Paperwork**

A properly executed I-203/I-203A, G-391 and I-216 shall accompany the transfer.

The I-203 shall:

- 1) Include the resident's Residential category,
- 2) Indicate if the resident has a history of violence at the family facility, is an escape risk or has special medical problems that may require attention during the transfer.
- 3) Be annotated if the resident is on prescription medication.
- 4) 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 be faxed directly from the sending Field Office to the receiving facility.

**g. G-391, "Official Detail"**

A resident may not be removed from any facility, including Field Office Residential areas, without a Form G-391 that authorizes the movement.

- 1) The G-391 must be properly signed and shall clearly indicate the name of the resident(s), the place or places to be escorted, the purpose of the trip and other information necessary to efficiently carry out the detail.
- 2) Facilities may use a local form as long as the form provides the required information.

*The Supervisory Immigration Enforcement Agent (SIEA) or Detention Operations Supervisor (DOS) 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 staff shall be warned to institute the necessary precautions.*

*Before beginning the detail, the escort and transportation staff shall read their instructions and clearly understand the purpose for which the resident is being removed from the facility. The staff shall also discuss emergency and alternate plans with the SIEA and/or DOS beforehand.*

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.

**h. Room-and-Board Cases**

Unless the receiving and sending Field Offices agree to reduced or modify 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:

- 1) Items listed above under **Alien File**, attached to the right side of the folder.
- 2) 4 new photographs,
- 3) 3 fingerprints cards (plus R-84)



- 4) Entire record of proceeding with all pertinent case documentation.
- 5) Interviews by the receiving Field Office under the Post Order Custody Review (POCR) process on a computer disk attached to the file.

## **5. Property**

### **a. Funds and Small Valuables**

Before transfer the sending facility shall return all funds and small valuables to the resident and close out all forms G-589 (or local facility funds and valuables receipts) in accordance with the Residential Standard on **Funds and Personal Property**.

During transport, residents 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 vehicle's storage area.

- 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 facility funds and valuables receipt) during admissions in-processing in accordance with the Residential Standard on **Funds and Personal Property**.

### **b. Large Valuables, Excess Luggage, and Other Bulky Items**

Resident 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 facility.

If the property accompanies the resident, in accordance with the Residential Standard on **Funds and Personal Property**:

- 1) The sending facility shall close out all forms G-589 (or local FACILITY property receipt forms), and
- 2) The receiving facility shall create a new G-589 and I-77 (or local FACILITY property receipt forms) during admissions in-processing.

If the facility does not accept excess, oversized, or bulky belongings (including, but not limited to, suitcases, cartons, televisions, etc.), the sending facility shall:

- 3) Arrange to store the property elsewhere, or
- 4) Process the excess property in accordance with the Residential Standard on **Funds and Personal Property**. Under those procedures, the facility

may send excess property to an address of the resident's choosing; however, the resident 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 and, if the resident cannot afford postage, pay for shipping.

- a) If the resident 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 resident written notice, in accordance with the Residential Standard on **Contraband**.
- b) If the resident's cannot provide an appropriate address because one does not exist:
  - (1). The transferee shall keep the property receipts for the stored items, and
  - (2). The facility shall store the property and notify the receiving facility, in writing, that it requires notice before the resident's release or transfer to ensure the resident receives the stored property.

## **6. Miscellaneous**

### **a. Resident Phone Calls**

Upon arrival at the final transfer destination, an indigent resident shall be permitted a minimum of one domestic phone call at the Government's expense, ordinarily using a PCS Emergency Card or government phone line. Where a PCS Emergency card is not available, the Field Office shall make arrangements for such phone calls.

Non-indigent residents may make phone calls at their own expense in accordance with the Residential Standard on **Telephone Access**.

### **b. DACS**

The sending Field Office shall:

- Ensure that all screens in DACS are completely updated and accurate, and
- Immediately make the appropriate database transfers (DACs/DETS/CIS).

Once the resident reaches his or her destination, the receiving Field Office "accepts" the transfer.

### **c. Food Service During Transfer**


Food shall be provided in accordance with the Residential Standard on **Transportation (By Land)**. The sending Field Office or facility is responsible for the preparation and delivery of proper meals prior to departure.

## **7. Accountability for Documentation When Resident Is Transported**

To ensure that the facility that is to receive a resident also receives the files and other documentation required herein, the Residential Standard on **Transportation (By Land)** prohibits the transportation of a resident without that documentation.

- a. Transportation staff **may not** accept a resident without the required documents.
- b. The receiving facility **may** refuse to accept a resident without the required documents.
- c. The receiving facility **must** report any exceptions to the Field Office and the Deputy Assistant Director, Detention Management Division.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

DEC 21 2007

\_\_\_\_\_  
**Date**

**DEPARTMENT OF HOMELAND SECURITY  
U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT**

**RESIDENT TRANSFER NOTIFICATION**

**RESIDENT 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.**

**RESIDENT SIGNATURE** \_\_\_\_\_ **A#** \_\_\_\_\_ **DATE** \_\_\_\_\_

**STAFF SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## CHECKLIST FOR RESIDENT TRANSFER

	Name			A-Number
Resident transferred from	_____ to _____	on	_____	_____
	Office 3-Letter Codes			Date

- \_\_\_\_\_ Resident's attorney notified
- \_\_\_\_\_ Resident'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
- \_\_\_\_\_ Name and telephone number of the point of contact for conviction records

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Name and telephone number of court clerk's office point of contact for conviction records

- \_\_\_\_\_ All DACS screen are accurate and complete
- \_\_\_\_\_ Case transferred in DACS/DETS
- \_\_\_\_\_ 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 resident is on medication, medications will accompany transfer

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The above-named staff from the receiving district waived parts of this transfer document as circled above.

---

Printed name and signature of staff responsible for compliance with requirements for Transfer of Residents.

# **ICE/DRO RESIDENTIAL STANDARD**

## **POST ORDERS**

**I. PURPOSE AND SCOPE.** Each staff assigned to a standing post knows the procedures, duties, and responsibilities of that post, enhancing security and good order.

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

1. Each staff member will have current written Post Orders that specifically apply to the assigned post, with step-by-step procedures in sufficient detail to guide a staff member assigned to that post for the first time.
2. Assigned staff will acknowledge that they read and understood the Post Orders by signing and dating records.
3. Post Orders will be formally reviewed annually and updated as needed.
4. Where required, residents have regular access to translation services and/or are provided information in a language that they understand.
5. The standard complies with federal laws and with DHS regulations regarding residents with special needs.

**III. DIRECTIVES AFFECTED.** None

## **IV. REFERENCES**

American Correctional Association 4th Edition Standards for Adult Local Detention Facilities. 4-ALDF-2A-04.

## **V. EXPECTED PRACTICES**

### **1. Post Orders Required**

The facility administrator shall ensure that:

- a. There are written Post Orders for each standing post,
- b. Copies of Post Orders are available to all employees,
- c. Written facility policy and procedures:
  - 1) Provide official time for staff to read the applicable Post Orders when assigned to a post, and
  - 2) Ensure that staff read those applicable Post Orders.
- d. 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.

## **2. Reading and Understanding of Post Orders**

Staff and supervisors shall use the Post Orders to familiarize themselves with the duties for which they are responsible and to stay abreast of changes that occur in the operation and duties of that post. Even if a staff employee has worked a post in the past, he or she should not assume the Post Orders have not changed.

Supervisors shall ensure that staff members understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.

Each time a staff member receives a different post assignment, he or she shall be required to read, sign, and date those Post Orders to indicate he or she has read and understands them.

## **3. Preparation of Post Orders**

The Assistant Facility Administrator for Operations shall supervise the preparation of all Post Orders, which shall:

- a. Be based on ICE/DRO Residential standards, ICE/DRO policies, and facility practices, and
- b. Specifically state the duty hours for each post.

The facility administrator (or designee) shall:

- a. Approve, sign, and date each Post Order on the last page of each section,
- b. Initial and date all other pages, and
- c. Initial and date any subsequent page changes.

## **4. Format of Post Orders**

The Post Orders for each post shall be issued in a six-part classification folder (stock number #7530-00-990-8884) and be organized as follows.

- |            |  |
|------------|--|
| Section 1: | Specific Post Orders, listing activities chronologically, with responsibilities clearly defined; |
| Section 2: | Special instructions, if any, relating to the specific post;                                     |
| Section 3: | General Post Orders applicable to all posts;   |
| Section 4: | Memoranda changing or updating the Post Orders;  |
| Section 5: | ICE/DRO Residential standards and policies and facility practices relevant to the post;          |
| Section 6: | Review and Signature Form, with the staff's name printed, signed and dated.                      |

## **5. Housing Unit Post Orders**

In addition to the above requirements for all Post Orders, housing unit Post Orders in facilities shall follow the event schedule format, for example, "0515-- Lights on" and shall direct the assigned staff to maintain a unit log of pertinent information regarding resident activity.

The shift supervisor shall visit each housing area and initial the log on each shift.

## **6. 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.

In Facilities:


- a. 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 residents.
- b. The Assistant Facility Administrator for Operations shall determine whether Post Orders need updating during the period between annual reviews. When a page is difficult to read, it shall be removed and replaced by a clean copy.
- c. 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 Assistant Facility Administrator for Operations for review and possible inclusion in Post Orders. All submissions shall be retained in a historical file for two years.

The Assistant Facility Administrator for Operations shall forward the updated Post Orders to the facility administrator for approval.

- d. Emergency changes may be made by memorandum and immediately placed in the Post Orders with notification to the union 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.
- e. A Post Orders master file shall be maintained in the office of the Assistant Facility Administrator for Operations and made available to all staff. Copies of the applicable Post Orders may be retained at the post only if secure from resident access.
- f. The Assistant Facility Administrator for Operations shall ensure that all Post Orders are transcribed on a computer and that all back-up devices are properly accounted for and maintained in a secure location.

**Standard Approved:**

  
\_\_\_\_\_  
**John P. Torres**  
**Director**  
**Office of Detention and Removal**

DEC 21 2007  
\_\_\_\_\_  
**Date**