

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

STAKEHOLDER TOUR/VISIT NOTIFICATION FLYER

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- ICE and the facility staff may not retaliate against you for speaking with the group.
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- The visiting group will provide you with a consent form for your signature prior to any conversation.
- Please let ICE or facility know if you have any additional questions.

DETAILS ABOUT DETENTION FACILITY VISITORS

1. Name of organization: New Mexico Faith Coalition for Immigrant Justice
2. Brief description of organization or group: Pastors, staff from the Archdiocese of Santa Fe, a rabbi and other lay leaders will offer pastoral care and hear stories so as to share with others. The group offers direct service and education in NM. Pastores, una rabbi, personas del Arquidiocesis ofrecen consejería pastoral y escuchar historias.
3. Purpose of tour or visit: Learn about the facility from residents & ICE staff
4. Issues to be discussed with detainees: pastoral counseling, stories they would like to be shared with local churches, synagogues or groups.
5. Languages spoken by group: English & Spanish.

DATE AND TIME OF VISIT: WEDNESDAY OCT. 22, 2014 @ 1:45 PM

LOCATION OF MEETING: DAY ROOM

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

SIGN UP SHEET

Please include your information below if you would like to meet with the individuals described above who will be touring the facility.

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UPDATED LIST

10/16/11

(b)(6), (b)(7)(C)

(505) 307 (b)(6), (b)(7)(C)



Here is an updated list of participants of the facility tour of the Family Residential Facility in Artesia, NM for October 22 at 1:00 PM.

Name	Date of Birth	Affiliation	Passport/Driver's License #	Immigration Status
(b)(6), (b)(7)(c)		NM Faith Coalition	(b)(6), (b)(7)(c)	citizen
		NM Faith Coalition		citizen
		Southwest Conference United Church of Christ		citizen
		El Centro de Igualdad		citizen
		Archdiocese of Santa Fe		citizen
		Lutheran Advocacy Ministry		citizen
		NM Faith Coalition		citizen
		NM Faith Coalition/ Border Servant Corps		citizen
		NM Faith Coalition		citizen
		NM Faith Coalition		citizen
		NM Faith Coalition		citizen
		Camino de Vida Hispanic/Latino Ministry		citizen

NM FCH 305 @ GMAIL, COM

(b)(6), (b)(7)(c)
(505) 307 (b)(6), (b)(7)(c)



(b)(6), (b)(7)(c)

Assistant Field Office Director
El Paso Field Office
1545 Hawkins Boulevard
El Paso, TX 79925

September 26, 2014

Dear (b)(6), (b)(7)(c)

The New Mexico Faith Coalition for Immigrant Justice (the Faith Coalition) respectfully requests a facility tour and stakeholder visitation meeting with immigrant residents housed at the Family Residential Facility in Artesia, NM.

The members of the Faith Coalition requesting this tour are largely faith leaders: pastors, a rabbi and staff of New Mexico's Archdiocese and Protestant headquarters. We hope to learn about the conditions and needs of both ICE staff and residents of FLETC. Furthermore, we believe visiting those in detention is an expression of our many faiths. A friendly visitor can help detained immigrants cope with the anxiety of being separated from family members and their community. Visitation can be beneficial for facility officers as well. Morale and communication improve among residents. Time with attorneys and facility employees is made more efficient.

Our preference is to visit on Wednesday, October 22nd at 1:00 PM. Alternately we are available at 1:00 PM on Monday, October 20th or Tuesday October 21st. If 1:00 is not the most convenient time, we could arrive between 11:30 AM and 3:00 PM. We are requesting a facility tour and visitation. We do not have any identifying information for persons currently at this facility, but would like the opportunity to talk with anyone willing to meet with us.

Below is the personal information for the proposed visitors, as required by this facility. Also attached are copies of each individual's driver's license or passport.

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		NM Faith Coalition		citizen
		Southwest Conference United Church of Christ		citizen
		Archdiocese of Santa Fe		citizen
		Lutheran Advocacy Ministry		citizen

2014 OCT - 1 A
RECEIVED
FOD OFFICE
DHS, ICE

(b)(6), (b)(7)(c)	El Centro de Igualdad y Derechos	(b)(6), (b)(7)(c)	citizen
	NM Faith Coalition		citizen
	NM Faith Coalition		citizen
	First Christian Church		citizen
	NM Faith Coalition		citizen
	NM Faith Coalition		citizen
	Camino de Vida Hispanic/Latino Ministry		citizen

Attached you will find a signed/completed copy of:

- 1) ICE Standard Stakeholder Tour/Visit Notification Flyer and Sign-Up Sheet;
- 2) ICE Standard Stakeholder Visitor Code of Conduct for each participant;
- 3) Our detainee consent form for review by the field office.

If you need any additional information, or have questions or concerns regarding this request please feel

free to contact (b)(6), (b)(7)(c) of the Faith Coalition at (b)(6), (b)(7)(c) or 505-307-

(b)(6), (b)(7)(c)

Sincerely,

(b)(6), (b)(7)(c)

Program Director

The New Mexico Conference of Churches (NMFCIJ's fiscal agent) is a non-profit organization, exempt under Section 501(c)3 of the Internal Revenue Code.

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(b)(6), (b)(7)(c)

(505) 307 (b)(6), (b)(7)(c)



Visitation Consent Form / Formulario de Consentimiento de Visitación

I grant the New Mexico Faith Coalition for Immigrant Justice to visit with me in ICE detention. I understand that my personally identifying information will not be shared with anyone beyond the authorized visitor(s) and kept confidential, including no inclusion in any print, electronic or video media, current and future educational, editorial or promotional publications. The pastors and religious staff visiting will only share my story with my consent, using no personal identifying information.

Concedo que la Coalición de Fe para la Justicia del Migrante visite conmigo en este centro de ICE. Entiendo que mi información personal no será compartida con nadie más que el visitante autorizado(s) y se mantendrá confidencial. No será impreso ni incluida en ningún medio electrónico, medio de vídeo, o en publicaciones promocionales, educativas o editoriales ahora o en el futuro. Los pastores y el personal religioso visitando sólo compartirán mi historia con mi consentimiento, sin usar información de identificación personal.

Print Name / Nombre

Signature and Date / Firma y Fecha

The New Mexico Conference of Churches (NMFCIJ's fiscal agent) is a non-profit organization, exempt under Section 501(c)3 of the Internal Revenue Code.

La Conferencia de Iglesias es una organización sin fines de lucro bajo el IRS, Sección 501(c)3.

**STAKEHOLDER VISITOR
CODE OF CONDUCT**

U.S. Immigration and Customs Enforcement (ICE) is committed to maintaining safe and secure detention facilities. To ensure security and avoid any disruptions in daily operations, all agency stakeholders¹ touring and/or conducting visitation with detainees shall maintain proper and appropriate decorum, adhere to applicable ICE and facility standards, and abide by this Stakeholder Visitor Code of Conduct (Code).

Any person or group that violates any part of the Code set forth below may be subject to immediate removal from the facility and may be denied future access to ICE detention facilities.

Stakeholders entering the facility to participate in a tour or conduct a visit with an ICE detainee(s) are subject to a standard search of their person and belongings for security reasons. ICE or the Facility Administrator have the discretion to cancel, reschedule or terminate a tour or visit if: 1) an emergency arises; 2) the safety, security, and orderly operations of the facility are potentially jeopardized; or 3) any violations of this Code or ICE and facility standards are observed.

Stakeholders shall:

- Follow all applicable facility rules, standards, and policies.
- Behave in a respectful and courteous manner towards detainees, staff, and other visitors at all times.
- Comply with instructions given by facility and ICE staff.
- Follow the facility's Dress Code.
- Sign a waiver of liability, if required.

Stakeholders shall not:

- Bring any electronic/recording devices, cell phones, laptops, or smart phone/wireless communication devices into the secure areas of the facility.
- Engage in any activity for the purpose of financial gain.
- Solicit legal clients in violation of applicable attorney Rules of Professional Conduct.
- Distribute legal solicitation materials, to include business cards and/or marketing materials, in violation of applicable attorney Rules of Professional Conduct.
- Coerce or intimidate any ICE detainee.

¹ "Stakeholders" shall include, but are not limited to, non-governmental organizations, community service organizations, intergovernmental entities (e.g. United Nations High Commissioner for Refugees), faith-based organizations, members of academia, and legal representative/associations/groups (e.g. pro bono legal service provider groups). This guidance does not apply to (1) Legal Orientation Program or Know Your Rights presentation providers; (2) law firms, organizations, or sole attorney practitioners providing or seeking to provide legal representation; (3) family members or friends of detainees; (4) religious service providers and, (5) physicians with a request from a detainee's counsel to conduct an examination relevant to the detainee's case.

- Have any physical contact with ICE detainees.
- Counsel or assist any ICE detainee(s) in conduct that
 - o is illegal, criminal or fraudulent;
 - o disrupts the daily and orderly operations of the facility; or
 - o appears to endanger the security and safety of the detainee, other detainees, staff, and visitors.
- Distribute any item to an ICE detainee unless the item has been pre-approved by ICE or the Facility Administrator. ICE will seize as contraband any unapproved items provided to an ICE detainee.
- Distribute material that depicts, describes, encourages, or promotes activities that could lead to physical violence or group disruptions.²
- Enter, move about the facility or leave without being properly escorted by ICE or facility staff.

I acknowledge and accept responsibility for adhering to this Code and I understand that any violation or suspected violation may result in immediate termination of the scheduled tour or visit or tour, removal of visitor(s) from the facility, and the denial of future tour or visitation requests.

PRINTED NAME: _____ DATE: _____

(b)(6), (b)(7)(c) (b)(6), (b)(7)(c) 10/16/14

ORGANIZATION: _____ CONTACT NUMBER AND EMAIL: _____

New Mexico Faith (971) 219- (b)(6), (b)(7)(c) - (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)

Coalition/AILA

² Reports and/or materials that have been pre-approved by the facility administrator or ICE staff are acceptable for distribution.

Federal Law Enforcement Training Center
Badge Application Form

PRINT ALL ANSWERS UNLESS SIGNATURE REQUESTED

Information provided by those completing this form may be used to conduct background checks on the applicant in accordance with FLETC Directive 71-01, Access Control. Privacy Act Statement: This information is provided in accordance with the Privacy Act of 1974 (5 USC 552a). Authority for this information is 5 USC 301, 5 USC 4101 et seq., Executive Order No. 11348, and Department of Homeland Security Delegation 7050. Disclosure of this information is voluntary. Failure to provide requested information may result in denial of access to the FLETC property.

SECTION A - To be completed by Applicant

1. Applicants Full Name (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) Middle
Last First
Aliases Used (nicknames, maiden names, etc.)

2. Residential Address: Street and house number: (b)(6), (b)(7)(c)
Mailing Address (if different):
City, State and Zip Code: ALBUQUERQUE, NM (b)(6), (b)(7)(c)

3. Country of Citizenship: USA List more than one if applicable.
If not a U.S. Citizen by Birth, you must complete and attach required Addendum
 Attached FTC-SEM-17 Addendum

4. Race/Ethnicity: American Indian or Alaska Native Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
5. Gender: Male Female
6. Date of Birth: (b)(6), (b)(7)(c)
7. Social Security Number: (b)(6), (b)(7)(c)

8. Driver's License Number: (b)(6), (b)(7)(c) State: NM
9. Have you been ARRESTED for any misdemeanor or felony offenses in the last seven (7) years? YES NO
If yes, please explain:

10. Type of Badge Requested:
 New Badge - never before issued for this applicant Reissue for expired badge
 New employment; applicant has held badge previously at FLETC Reissue for lost badge (Fee paid, receipt attached)

11. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in this document is a violation of 18 US Code Section 1001.
Applicant's Signature: (b)(6), (b)(7)(c) Date: 10/14/14
Home or cell phone number: 505 379 (b)(6), (b)(7)(c) Email: (b)(6), (b)(7)(c)

SECTION B - To be Completed by Contractor or Contractor's Representative if Applicant is Contractor Employee

12. Employer Information
Prime Contractor: _____
Subcontractor: _____
Applicant Position/Title: _____
13. Contract Information:
Contract/PO Number: _____
Contract End Date: _____
Contract Description: _____

14. Applicant Work Schedule:
 Full Time
 Part Time
 Temporary/Intermittent
15. Applicant Start and End Dates:
Applicant to begin work on: _____
Applicant to end work on: _____

16. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.
Contractor's Printed Name: _____ Office/Cell Number: _____
Contractor's Signature: _____ Date: _____

Continued (Page 2)

SECTION I: To be completed by Sponsor (Must be a Federal Employee)

17. Spons Name: (b)(6), (b)(7)(c) Agency: ICE Office/Cell Number: 843-735 (b)(6), (b)(7)(c)

18. Type of Access Requested: Contractor, FLETC Government Staff Member, Partner Organization Government Staff Member, Visitor, Vendor, Retired Staff. 19. Background Investigation Requirement Code: 1N Staff/Contractors with no access to PII, 5N Staff/Contractors with access to PII, 5C IT Staff/Contractors with Administrator Privileges, 3C IT Staff with Top Secret Clearance, 3N Security Staff with Top Secret Clearance, Name check and fingerprint check.

20. Dates Requested: Requested Start Date: 10/22/2014 Requested Expiration Date: 10/23/2014

21. I certify that the information provided is true and accurate to the best of my knowledge. If I am not a FLETC employee, I certify that my agency has conducted the required background checks or investigations on any individual I am sponsoring. I acknowledge that knowingly or willfully falsifying information in the document is a violation of 18 US Code Section 1001. Sponsor Signature: (b)(6), (b)(7)(c) Date: 10/16/2014

SECTION II: To be completed by either personnel security, Registrar

22. Type of Badge to be Issued: FLETC Staff Card, FLETC Partner Organization Staff Card, Contractor, Visitor, Vendor, PIV, FLETC Staff Card - Retired. Approved Start Date, Approved Expiration Date, Fingerprinting Required: YES NO. Security Registrar's Name, Security Registrar's Signature, Date.

SECTION III: To be completed by Security Personnel Issuing Badge

23. Identification Provided by Applicant: (a) Type, Number, Expiration; (b) Type, Number, Expiration. 24. Fingerprints submitted to OPM: (DATE) Badge Issued by (Printed Name), (Signature), Date.

* Acceptable forms of identification include: U.S. Passport (unexpired or expired); Unexpired foreign passport with I-551 stamp or attached Form I-94 indicating unexpired employment authorization; Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-551); Unexpired Temporary Resident Card (Form I-688A); Unexpired Employment Authorization Document issued by DHS that contains a photo (Form I-688B); Driver's License or ID card issued by state or outlying possession of the U.S. provided it contains a photograph; ID card issued by federal, state or local government agencies or entities, provided it contains a photograph; or Military Dependent's ID Card. For (b) only with one acceptable identification for (a) above: U.S. Social Security Card issued by the Social Security Administration (must not be marked invalid for employment and must not be laminated); Certificate of Birth Abroad issued by Department of State (Form FS-545 or Form DS-1350); Original or certified copy of a Birth Certificate issued by a state, county, municipal authority or outlying possession of the U.S. bearing an official seal; U.S. Citizen ID Card (Form I-197); or ID Card for Use of Resident Citizen in the U.S. (Form I-179).

For Official Use Only

Federal Law Enforcement Training Center
Badge Application Form

Addendum for Non-U.S. Citizens, Legal Permanent Residents and Naturalized U.S. Citizens

TO BE COMPLETED BY APPLICANT

1. Applicant's Full Name: (b)(6), (b)(7)(c) _____
Last First Middle

Aliases Used (nicknames, maiden names, etc.): (b)(6), (b)(7)(c) _____

2. Country of Citizenship: USA, MEXICO
(List more than one if applicable)

Place of Birth: GUADALAJARA, MEXICO
(City and Country)

3. Status:

- U.S. Citizen (Naturalized)
- Permanent Resident A# _____
- Non-Immigrant Status I-94# _____
- Employment Authorization Card Holder A# _____
- Border Crossing Card Holder # _____
- Other Status: _____

4. Non-U.S. Citizens must provide copies of documentation related to their status in the U.S., including employment authorization, passport and visa.

If Applicable

Attached: Copy of Passport _____
Country of Issue Passport Number Expiration Date

If no passport exists, insert "None" in provided space.

Copy of U.S. Visa _____
Visa Number Visa Type Expiration Date

If no Visa exists, insert "None" in provided space.

- Copy of Permanent Resident/Resident Alien Card
- Copy of Employment Authorization Card
- Border Crossing Card
- Other document verifying non-immigrant status

5. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) _____ Date: 04/14/14

For Official Use Only

- Have any physical contact with ICE detainees.
- Counsel or assist any ICE detainee(s) in conduct that
 - o is illegal, criminal or fraudulent;
 - o disrupts the daily and orderly operations of the facility; or
 - o appears to endanger the security and safety of the detainee, other detainees, staff, and visitors.
- Distribute any item to an ICE detainee unless the item has been pre-approved by ICE or the Facility Administrator. ICE will seize as contraband any unapproved items provided to an ICE detainee.
- Distribute material that depicts, describes, encourages, or promotes activities that could lead to physical violence or group disruptions.²
- Enter, move about the facility or leave without being properly escorted by ICE or facility staff.

I acknowledge and accept responsibility for adhering to this Code and I understand that any violation or suspected violation may result in immediate termination of the scheduled tour or visit or tour, removal of visitor(s) from the facility, and the denial of future tour or visitation requests.

PRINTED NAME:

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

DATE:

9/22/14

ORGANIZATION:

ARCHDIOCESE OF SANTA FE
NEW MEXICO FAITH COALITION FOR
IMMIGRANT JUSTICE (NMFCIJ)

CONTACT NUMBER AND EMAIL:

505 379 (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)

² Reports and/or materials that have been pre-approved by the facility administrator or ICE staff are acceptable for distribution.



NEW MEXICO

DRIVER'S LICENSE

License # (b)(6), (b)(7)(c) ISSUED 07/28/2014
Date of Birth (b)(6), (b)(7)(c) EXPIRES 06/06/2018

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

SEX F HEIGHT (M) (b)(6), (b)(7)(c)
WEIGHT 150 EYES BRO
CLASS CD ENDORSE
DONOR RESTRICTIONS NONE

Federal Law Enforcement Training Center
Badge Application Form

PRINT ALL ANSWERS UNLESS SIGNATURE REQUESTED

Information provided by those completing this form may be used to conduct background checks on the applicant in accordance with FLETC Directive 71-01, Access Control. Privacy Act Statement: This information is provided in accordance with the Privacy Act of 1974 (5 USC 552a). Authority for this information is 5 USC 301, 5 USC 4101 et seq., Executive Order No. 11348, and Department of Homeland Security Delegation 7050. Disclosure of this information is voluntary. Failure to provide requested information may result in denial of access to the FLETC property.

SECTION A - To be completed by Applicant

1. Applicants Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last Middle
Aliases Used (nicknames, maiden names, etc.): (b)(6), (b)(7)(c)

2. Residential Address: Street and house number: (b)(6), (b)(7)(c)
Mailing Address (if different): (b)(6), (b)(7)(c)
City, State and Zip Code: Albuquerque NM (b)(6), (b)(7)(c)

3. Country of Citizenship: U.S.
List more than one if applicable.
If not a U.S. Citizen by Birth, you must complete and attach required Addendum
 Attached FTC-SEM-17 Addendum

4. Race/Ethnicity: American Indian or Alaska Native Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
 Other: _____
5. Gender: Male Female
6. Date of Birth: (b)(6), (b)(7)(c)
Month Day Year
7. Social Security Number: (b)(6), (b)(7)(c)

8. Driver's License Number: (b)(6), (b)(7)(c) State: NM

9. Have you been ARRESTED for any misdemeanor or felony offenses in the last seven (7) years? YES NO
If yes, please explain: N/A

10. Type of Badge Requested:
 New Badge - never before issued for this applicant Reissue for expired badge
 New employment; applicant has held badge previously at FLETC Reissue for lost badge (Fee paid, receipt attached)

11. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in this document is a violation of 18 US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) Date: 10/10/14
Home or cell phone number: 505 319 (b)(6), (b)(7)(c) Email: N/A

SECTION B - To be Completed by Contractor or Contractor's Representative if Applicant is Contractor Employee

12. Employer Information: Prime Contractor: _____ Subcontractor: _____ Applicant Position/Title: _____
13. Contract Information: Contract/PO Number: _____ Contract End Date: _____ Contract Description: _____

14. Applicant Work Schedule: Full Time Part Time Temporary/Intermittent
15. Applicant Start and End Dates: Applicant to begin work on: _____ Applicant to end work on: _____

16. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Contractor's Printed Name: _____ Office/Cell Number: _____
Contractor's Signature: _____ Date: _____

For Official Use Only

Continued (Page 2)

SECTION I To be completed by Sponsor (Must be a Federal Employee)

17. Sponsor Name: (b)(6), (b)(7)(c) Agency: ICE
(Last) (First) Office/Cell Number: 843-735 (b)(6), (b)(7)(c)

18. Type of Access Requested:
 Contractor
 FLETC Government Staff Member (Work assignment must be FLETC Location)
 Partner Organization Government Staff Member (Work Assignment must be FLETC Location)
 Visitor Vendor Retired Staff
19. Background Investigation Requirement Code:
 1N Staff/Contractors with no access to PII
 5N Staff/Contractors with access to PII
 5C IT Staff/Contractors with Administrator Privileges
 3C IT Staff with Top Secret Clearance
 3N Security Staff with Top Secret Clearance
 Name check and fingerprint check

20. Dates Requested:
Requested Start Date: 10/22/2014 Requested Expiration Date: 10/23/2014

21. I certify that the information provided is true and accurate to the best of my knowledge. If I am not a FLETC employee, I certify that my agency has conducted the required background checks or investigations on any individual I am sponsoring. I acknowledge that knowingly or willfully falsifying information in the document is a violation of 18 US Code Section 1001.
Sponsor Signature: (b)(6), (b)(7)(c) Date: 10/16/2014

SECTION II To be completed by FLETC Personnel Security Registrar

22. Type of Badge to be Issued:
 FLETC Staff Card
 FLETC Partner Organization Staff Card
 Contractor
 Visitor Vendor
 PIV FLETC Staff Card - Retired
Approved Start Date: _____
Approved Expiration Date: _____
Fingerprinting Required: YES NO
Security Registrar's Name: _____
Security Registrar's Signature: _____ Date: _____

SECTION III To be completed by Security Personnel Issuing Badge

23. Identification Provided by Applicant: *
(a) Type: _____ Number: _____ Expiration: _____
(b) Type: _____ Number: _____ Expiration: _____
24. Fingerprints submitted to OPM: _____ (DATE)
Badge Issued by _____ (Printed Name) _____ (Signature) Date: _____

* Acceptable forms of identification include:
For (a) or (b): U.S. Passport (unexpired or expired); Unexpired foreign passport with I-551 stamp or attached Form I-94 indicating unexpired employment authorization; Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-551); Unexpired Temporary Resident Card (Form I-688A); Unexpired Employment Authorization Document issued by DHS that contains a photo (Form I-688B); Driver's License or ID card issued by state or outlying possession of the U.S. provided it contains a photograph; ID card issued by federal, state or local government agencies or entities, provided it contains a photograph; or Military Dependent's ID Card.
For (b) only with one acceptable identification for (a) above: U.S. Social Security Card issued by the Social Security Administration (must not be marked invalid for employment and must not be laminated); Certificate of Birth Abroad issued by Department of State (Form FS-545 or Form DS-1350); Original or certified copy of a Birth Certificate issued by a state, county, municipal authority or outlying possession of the U.S. bearing an official seal; U.S. Citizen ID Card (Form I-197); or ID Card for Use of Resident Citizen in the U.S. (Form I-179).

For Official Use Only

Federal Law Enforcement Training Center
Badge Application Form

Addendum for Non-U.S. Citizens, Legal Permanent Residents and Naturalized U.S. Citizens

TO BE COMPLETED BY APPLICANT

1. Applicant's Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle

Aliases Used (nicknames, maiden names, etc.): (b)(6), (b)(7)(c)

2. Country of Citizenship: U.S.A.
(List more than one if applicable)

Place of Birth: LIMA, PERU
(City and Country)

3. Status:

- U.S. Citizen (Naturalized)
- Permanent Resident A# _____
- Non-Immigrant Status I-94# _____
- Employment Authorization Card Holder A# _____
- Border Crossing Card Holder # _____
- Other Status: _____

4. Non-U.S. Citizens must provide copies of documentation related to their status in the U.S., including employment authorization, passport and visa information.

If Applicable

Attached: Copy of Passport (b)(6), (b)(7)(c)

Country of Issue	Passport Number	Expiration Date
------------------	-----------------	-----------------

If no passport exists, insert "None" in provided space.

<input type="checkbox"/> Copy of U.S. Visa	_____	_____	_____
Visa Number	Visa Type	Expiration Date	

If no Visa exists, insert "None" in provided space.

- Copy of Permanent Resident/Resident Alien Card
- Copy of Employment Authorization Card
- Border Crossing Card
- Other document verifying non-immigrant status

5. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) Date: 10/10/14

For Official Use Only

- Have any physical contact with ICE detainees.
- Counsel or assist any ICE detainee(s) in conduct that
 - o is illegal, criminal or fraudulent;
 - o disrupts the daily and orderly operations of the facility; or
 - o appears to endanger the security and safety of the detainee, other detainees, staff, and visitors.
- Distribute any item to an ICE detainee unless the item has been pre-approved by ICE or the Facility Administrator. ICE will seize as contraband any unapproved items provided to an ICE detainee.
- Distribute material that depicts, describes, encourages, or promotes activities that could lead to physical violence or group disruptions.²
- Enter, move about the facility or leave without being properly escorted by ICE or facility staff.

I acknowledge and accept responsibility for adhering to this Code and I understand that any violation or suspected violation may result in immediate termination of the scheduled tour or visit or tour, removal of visitor(s) from the facility, and the denial of future tour or visitation requests.

PRINTED NAME: _____ (b)(6), (b)(7)(c)	SIGNATURE: _____ (b)(6), (b)(7)(c)	DATE: _____ 9/25/14
ORGANIZATION: <u>MM Faith Coalition</u>	CONTACT NUMBER AND EMAIL: <u>805-319</u> _____ (b)(6), (b)(7)(c)	

² Reports and/or materials that have been pre-approved by the facility administrator or ICE staff are acceptable for distribution.

NEW MEXICO DRIVER LICENSE

(b)(6), (b)(7)(c)

Expires
04/05/2016

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

ALBUQUERQUE NM (b)(6), (b)(7)(c)
SEX F HEIGHT 5'02 WEIGHT 135 EYES BRO
ISSUED 04/16/2008 CLASS D
ENDORSEMENTS RESTRICTIONS

(b)(6), (b)(7)(c)

Date of Birth
(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

SEE PAGE 27

Endorsements / Menciones Especiales / Añotaciones
07 Apr 2020

Date of expiration / Fecha de caducidad
08 Apr 2010

Date of issue / Fecha de expedición
PERU

Place of birth / Lieu de naissance / Lugar de nacimiento
(b)(6), (b)(7)(c)

Date of birth / Fecha de nacimiento
(b)(6), (b)(7)(c)

Nationality / Nacionalidad
UNITED STATES OF AMERICA

Given Names / Prénoms / Nombres
(b)(6), (b)(7)(c)

Surname / Nom / Apellido
(b)(6), (b)(7)(c)

Type / Type / Tipo
P

USA

UNITED STATES OF AMERICA

PASSPORT

PASSAPORTE

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

SIGNATURE OF B... TTULAR

(b)(6), (b)(7)(C)

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity do ordain and establish this
Constitution for the United States of America.*

The People

Federal Law Enforcement Training Center
Badge Application Form

PRINT ALL ANSWERS UNLESS SIGNATURE REQUESTED

Information provided by those completing this form may be used to conduct background checks on the applicant in accordance with FLETC Directive 71-01, Access Control. Privacy Act Statement: This information is provided in accordance with the Privacy Act of 1974 (5 USC 552a). Authority for this information is 5 USC 301, 5 USC 4101 et seq., Executive Order No. 11348, and Department of Homeland Security Delegation 7050. Disclosure of this information is voluntary. Failure to provide requested information may result in denial of access to the FLETC property.

SECTION A - To be completed by Applicant

1. Applicants Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle

Aliases Used (nicknames, maiden names, etc.):

2. Residential Address: Street and house number: (b)(6), (b)(7)(c)

Mailing Address (if different):
City, State and Zip Code: ALBUQUERQUE, NM (b)(6), (b)(7)(c)

3. Country of Citizenship: UNITED STATES
List more than one if applicable.

If not a U.S. Citizen by Birth, you must complete and attach required Addendum
 Attached FTC-SEM-17 Addendum

4. Race/Ethnicity: American Indian or Alaska Native Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
 Other: _____
5. Gender: Male Female
6. Date of Birth: (b)(6), (b)(7)(c)
Month Day Year
7. Social Security Number: (b)(6), (b)(7)(c)

8. Driver's License Number: (b)(6), (b)(7)(c) State: NM

9. Have you been ARRESTED for any misdemeanor or felony offenses in the last seven (7) years? YES NO
If yes, please explain: _____

10. Type of Badge Requested:
 New Badge - never before issued for this applicant Reissue for expired badge
 New employment; applicant has held badge previously at FLETC Reissue for lost badge (Fee paid, receipt attached)

11. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in this document is a violation of 18 US Code Section 1001.
Applicant's Signature: (b)(6), (b)(7)(c) Date: 10/13/2014
Home or cell phone number: _____ Email: (b)(6), (b)(7)(c)

SECTION B - To be completed by Contractor or Contractor's Representative if Applicant is Contractor Employee

12. Employer Information
Prime Contractor: PRESBYTERY OF SANTA FE
Subcontractor: _____
Applicant Position/Title: _____
13. Contract Information:
Contract/PO Number: (505) 345 (b)(6), (b)(7)(c)
Contract End Date: _____
Contract Description: _____

14. Applicant Work Schedule: Full Time Part Time Temporary/Intermittent
15. Applicant Start and End Dates:
Applicant to begin work on: _____
Applicant to end work on: _____

16. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.
Contractor's Printed Name: _____ Office/Cell Number: _____
Contractor's Signature: _____ Date: _____

For Official Use Only

Continued (Page 2)

SECTION I: To be completed by Sponsor (Must be a Federal Employee)

17. Spons Name: (b)(6), (b)(7)(c) Agency: ICE Office/Cell Number: 843-735 (b)(6), (b)(7)(c)

18. Type of Access Requested: Contractor, FLETC Government Staff Member, Partner Organization Government Staff Member, Visitor, Vendor, Retired Staff

19. Background Investigation Requirement Code: 1N Staff/Contractors with no access to PII, 5N Staff/Contractors with access to PII, 5C IT Staff/Contractors with Administrator Privileges, 3C IT Staff with Top Secret Clearance, 3N Security Staff with Top Secret Clearance, Name check and fingerprint check

20. Dates Requested: Requested Start Date: 10/22/2014 Requested Expiration Date: 10/23/2014

21. I certify that the information provided is true and accurate to the best of my knowledge. If I am not a FLETC employee, I certify that my agency has conducted the required background checks or investigations on any individual I am sponsoring. I acknowledge that knowingly or willfully falsifying information in the document is a violation of 18 US Code Section 1001.

Sponsor Signature: (b)(6), (b)(7)(c) Date: 10/16/2014

SECTION II: To be completed by FLETC Personnel Security Registrar

22. Type of Badge to be Issued: FLETC Staff Card, FLETC Partner Organization Staff Card, Contractor, Visitor, Vendor, PIV, FLETC Staff Card - Retired. Approved Start Date, Approved Expiration Date, Fingerprinting Required: YES NO

Security Registrar's Name, Security Registrar's Signature, Date

SECTION III: To be completed by Security Personnel Issuing Badge

23. Identification Provided by Applicant: (a) Type, Number, Expiration; (b) Type, Number, Expiration

24. Fingerprints submitted to OPM: (DATE) Badge Issued by (Printed Name), (Signature), Date

*Acceptable forms of identification include: U.S. Passport, Unexpired foreign passport with I-551 stamp, Permanent Resident Card, Unexpired Temporary Resident Card, Driver's License or ID card, ID card issued by federal, state or local government agencies, Military Dependent's ID Card. For (b) only with one acceptable identification for (a) above: U.S. Social Security Card, Certificate of Birth Abroad, Birth Certificate, U.S. Citizen ID Card, ID Card for Use of Resident Citizen in the U.S.

For Official Use Only

Federal Law Enforcement Training Center Badge Application Form

Addendum for Non-U.S. Citizens, Legal Permanent Residents and Naturalized U.S. Citizens

TO BE COMPLETED BY APPLICANT

1. Applicant's Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle

Aliases Used (nicknames, maiden names, etc.): _____

2. Country of Citizenship: UNITED STATES
(List more than one if applicable)

Place of Birth: GUATEMALA CITY, GUATEMALA
(City and Country)

3. Status:

- U.S. Citizen (Naturalized)
- Permanent Resident A# _____
- Non-Immigrant Status I-94# _____
- Employment Authorization Card Holder A# _____
- Border Crossing Card Holder # _____
- Other Status: _____

If applicable

4. Non-U.S. Citizens must provide copies of documentation related to their status in the U.S., including employment authorization, passport and visa.

- Attached: Copy of Passport _____
Country of Issue Passport Number Expiration Date *If no passport exists, insert "None" in provided space.*
- Copy of U.S. Visa _____
Visa Number Visa Type Expiration Date *If no Visa exists, insert "None" in provided space.*
- Copy of Permanent Resident/Resident Alien Card
- Copy of Employment Authorization Card
- Border Crossing Card
- Other document verifying non-immigrant status

5. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Applicant's Signature: _____ (b)(6), (b)(7)(c) _____ Date: 10/13/2014

For Official Use Only

- Have any physical contact with ICE detainees.
- Counsel or assist any ICE detainee(s) in conduct that
 - o is illegal, criminal or fraudulent;
 - o disrupts the daily and orderly operations of the facility; or
 - o appears to endanger the security and safety of the detainee, other detainees, staff, and visitors.
- Distribute any item to an ICE detainee unless the item has been pre-approved by ICE or the Facility Administrator. ICE will seize as contraband any unapproved items provided to an ICE detainee.
- Distribute material that depicts, describes, encourages, or promotes activities that could lead to physical violence or group disruptions.²
- Enter, move about the facility or leave without being properly escorted by ICE or facility staff.

I acknowledge and accept responsibility for adhering to this Code and I understand that any violation or suspected violation may result in immediate termination of the scheduled tour or visit or tour, removal of visitor(s) from the facility, and the denial of future tour or visitation requests.

PRINTED NAME:

(b)(6), (b)(7)(c)

SIGNATURE:

(b)(6), (b)(7)(c)

DATE:

9/25/2014

ORGANIZATION:

CAMINO DE VIDA
HISPANIC/LATINO MINISTRY

CONTACT NUMBER AND EMAIL:

(505) 514 (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)

² Reports and/or materials that have been pre-approved by the facility administrator or ICE staff are acceptable for distribution.

NEW MEXICO

DRIVER'S LICENSE

License # (b)(6), (b)(7)(c) ISSUED 03/28/2012

Date of Birth (b)(6), (b)(7)(c) EXPIRES 02/23/2016

(b)(6), (b)(7)(c) (b)(6), (b)(7)(c)

5101 WATERCRESS DR NE
ALBUQUERQUE NM 87113

SEX M

HEIGHT 59

WEIGHT 158

EYES BRO

CLASS CD

ENDORSEMENTS NONE

RESTRICTIONS NONE

Federal Law Enforcement Training Center
Badge Application Form

PRINT ALL ANSWERS UNLESS SIGNATURE REQUESTED

Information provided by those completing this form may be used to conduct background checks on the applicant in accordance with FLETC Directive 71-01, Access Control, Privacy Act Statement. This information is provided in accordance with the Privacy Act of 1974 (5 USC 552a). Authority for this information is 5 USC 301, 5 USC 4101 et seq., Executive Order No. 11348, and Department of Homeland Security Delegation 7050. Disclosure of this information is voluntary. Failure to provide requested information may result in denial of access to the FLETC property.

SECTION A - To be completed by Applicant

1. Applicant's Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle

Aliases Used (nicknames, maiden names, etc.): (b)(6), (b)(7)(c)

2. Residential Address: Street and house number: (b)(6), (b)(7)(c)
Mailing Address (if different): (b)(6), (b)(7)(c)
City, State and Zip Code: ALBUQ (b)(6), (b)(7)(c)

3. Country of Citizenship: US List more than one if applicable.

If not a U.S. Citizen by Birth, you must complete and attach required Addendum

Attached FTC-SEM-17 Addendum

4. Race/Ethnicity:
 American Indian or Alaska Native Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
 Other: JEWISH

5. Gender: Male Female

6. Date of Birth: (b)(6), (b)(7)(c)
Month

7. Social Security Number: (b)(6), (b)(7)(c)

8. Driver's License Number: (b)(6), (b)(7)(c) State: NM

9. Have you been ARRESTED for any misdemeanor or felony offenses in the last seven (7) years? YES NO
If yes, please explain:

10. Type of Badge Requested:
 New Badge - never before held by this applicant
 New employment; applicant is not currently employed by FLETC
 Reissue for expired badge
 Reissue for lost badge (Fee paid, receipt attached)

11. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information is a violation of 18 US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) Date: 10-9-14
Home or cell phone number: 205 934 (b)(6), (b)(7)(c) Email: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)

SECTION B - To be Completed by Contractor or Contractor's Representative if Applicant is Contractor Employee

12. Employer Information
Prime Contractor: _____
Subcontractor: _____
Applicant Position/Title: _____

13. Contract Information:
Contract/PO Number: _____
Contract End Date: _____
Contract Description: _____

14. Applicant Work Schedule:
 Full Time
 Part Time
 Temporary/Intermittent

15. Applicant Start and End Dates:
Applicant to begin work on: _____
Applicant to end work on: _____

16. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Contractor's Printed Name: _____ Office/Cell Number: _____
Contractor's Signature: _____ Date: _____

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Continued (Page 2)

SECTION C: To be completed by Sponsor (Must be a Federal Employee)

17. Sponsor Name: (b)(6), (b)(7)(c) Agency: ICE Office/Cell Number: 843-735 (b)(6), (b)(7)(c)

- 18. Type of Access Requested: Contractor, FLETC Government Staff Member, Partner Organization Government Staff Member, Visitor, Vendor, Retired Staff
19. Background Investigation Requirement Code: 1N Staff/Contractors with no access to PII, 5N Staff/Contractors with access to PII, 5C IT Staff/Contractors with Administrator Privileges, 3C IT Staff with Top Secret Clearance, 3N Security Staff with Top Secret Clearance, Name check and fingerprint check

20. Dates Requested: Requested Start Date: 10/22/2014 Requested Expiration Date: 10/23/2014

21. I certify that the information provided is true and accurate to the best of my knowledge. If I am not a FLETC employee, I certify that my agency has conducted the required background checks or investigations on any individual I am sponsoring. I acknowledge that knowingly providing false information in the document is a violation of 18 US Code Section 1001.

Sponsor Signature: (b)(6), (b)(7)(c) Date: 10/16/2014

SECTION D: To be completed by FLETC Personnel Security Registrar

22. Type of Badge to be Issued: FLETC Staff Card, FLETC Partner Organization Staff Card, Contractor, Visitor, Vendor, PIV, FLETC Staff Card - Retired
Approved Start Date: Approved Expiration Date: Fingerprinting Required: YES NO
Security Registrar's Name: Security Registrar's Signature: Date:

SECTION E: To be completed by Security Personnel Issuing Badge

23. Identification Provided by Applicant: (a) Type: Number: Expiration: (b) Type: Number: Expiration:

24. Fingerprints submitted to OPM: (DATE) Badge Issued by (Printed Name) (Signature) Date:

* Acceptable forms of identification include: For (a) or (b): U.S. Passport (unexpired or expired); Unexpired foreign passport with I-551 stamp or attached Form I-94 indicating unexpired employment authorization; Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-551); Unexpired Temporary Resident Card (Form I-688A); Unexpired Employment Authorization Document issued by DHS that contains a photo (Form I-688B); Driver's License or ID card issued by state or outlying possession of the U.S. provided it contains a photograph; ID card issued by federal, state or local government agencies or entities, provided it contains a photograph; or Military Dependent's ID Card. For (b) only with one acceptable identification for (a) above: U.S. Social Security Card issued by the Social Security Administration (must not be marked invalid for employment and must not be laminated); Certificate of Birth Abroad issued by Department of State (Form FS-545 or Form DS-1350); Original or certified copy of a Birth Certificate issued by a state, county, municipal authority or outlying possession of the U.S. bearing an official seal; U.S. Citizen ID Card (Form I-197); or ID Card for Use of Resident Citizen in the U.S. (Form I-179).

For Official Use Only

Federal Law Enforcement Training Center
Badge Application Form

Addendum for Non-U.S. Citizens, Legal Permanent Residents and Naturalized U.S. Citizens

TO BE COMPLETED BY APPLICANT

1. Applicant's Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle

Aliases Used (nicknames, maiden names, etc.):

2. Country of Citizenship: US (List more than one if applicable)

Place of Birth: MINNEAPOLIS, MN USA
(City and Country)

3. Status:

- U.S. Citizen (Naturalized)
- Permanent Resident A# _____
- Non-Immigrant Status I-94# _____
- Employment Authorization Card Holder A# _____
- Border Crossing Card Holder # _____
- Other Status: _____

4. Non-U.S. Citizens must provide copies of documentation related to their status in the U.S., including employment authorization, passport and visa.

If Applicable

- Attached: Copy of Passport _____ *If no passport exists, insert "None" in provided space.*
- | | | |
|------------------|-----------------|-----------------|
| Country of Issue | Passport Number | Expiration Date |
|------------------|-----------------|-----------------|
- Copy of U.S. Visa _____ *If no Visa exists, insert "None" in provided space.*
- | | | |
|-------------|-----------|-----------------|
| Visa Number | Visa Type | Expiration Date |
|-------------|-----------|-----------------|
- Copy of Permanent Resident/Resident Alien Card
- Copy of Employment Authorization Card
- Border Crossing Card
- Other document verifying non-immigrant status

5. I certify that the information provided is accurate to the best of my knowledge. I acknowledge that this document is a violation of 18 US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) Date: 10-9-14

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- Have any physical contact with ICE detainees.
- Counsel or assist any ICE detainee(s) in conduct that
 - is illegal, criminal or fraudulent;
 - disrupts the daily and orderly operations of the facility; or
 - appears to endanger the security and safety of the detainee, other detainees, staff, and visitors.
- Distribute any item to an ICE detainee unless the item has been pre-approved by ICE or the Facility Administrator. ICE will seize as contraband any unapproved items provided to an ICE detainee.
- Distribute material that depicts, describes, encourages, or promotes activities that could lead to physical violence or group disruptions.²
- Enter, move about the facility or leave without being properly escorted by ICE or facility staff.

I acknowledge and accept responsibility for adhering to this Code and I understand that any violation or suspected violation may result in immediate termination of the scheduled tour or visit or tour, removal of visitor(s) from the facility, and the denial of future visits.

PRINTED NAME:

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

DATE:

9-24-14

ORGANIZATION:

NM FATH COALITION

CONTACT NUMBER AND EMAIL:

505 934 (b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

² Reports and/or materials that have been pre-approved by the facility administrator or ICE staff are acceptable for distribution.



NEW MEXICO

DRIVER'S LICENSE

License # (b)(6), (b)(7)(c) ISSUED 10/19/2009
Date of Birth (b)(6), (b)(7)(c) EXPIRES 11/08/2017

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)
ALBUQUERQUE, NM (b)(6), (b)(7)(c)

SEX F HEIGHT 5' (b)(6), (b)(7)(c)
WEIGHT 150 EYES BRO
CLASS - D ENDORSEM
RESTRICTIONS NONE

Federal Law Enforcement Training Center
Badge Application Form

PRINT ALL ANSWERS UNLESS SIGNATURE REQUESTED

Information provided by those completing this form may be used to conduct background checks on the applicant in accordance with FLETC Directive 71-01: Access Control Privacy Act Statement. This information is provided in accordance with the Privacy Act of 1974 (5 USC 552a). Authority for this information is 5 USC 301, 5 USC 4101 et seq., Executive Order No. 11348, and Department of Homeland Security Delegation 7050. Disclosure of this information is voluntary. Failure to provide requested information may result in denial of access to the FLETC property.

SECTION A - To be completed by Applicant

1. Applicants Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Middle

Aliases Used (nicknames, maiden names, etc.):

2. Residential Address: Street and house number: (b)(6), (b)(7)(c)

Mailing Address (if different):

City, State and Zip Code: Los Alamos NM (b)(6), (b)(7)(c)

3. Country of Citizenship: USA List more than one if applicable.

If not a U.S. Citizen by Birth, you must complete and attach required Addendum

Attached FTC-SEM-17 Addendum

4. Race/Ethnicity:
 American Indian or Alaska Native Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
 Other:

5. Gender: Male Female

6. Date of Birth: (b)(6), (b)(7)(c)
Month Day Year

7. Social Security Number: (b)(6), (b)(7)(c)

8. Driver's License Number: (b)(6), (b)(7)(c) State: NM

9. Have you been ARRESTED for any misdemeanor or felony offenses in the last seven (7) years? YES NO

If yes, please explain:

10. Type of Badge Requested:
 New Badge - never before issued for this applicant Reissue for expired badge
 New employment; applicant has held badge previously at FLETC Reissue for lost badge (Fee paid, receipt attached)

11. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in this document is a violation of 18 U.S. Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) Date: 10/13/2014

Home or cell phone number: (505) 699-(b)(6), (b)(7)(c) Email: (b)(6), (b)(7)(c)

SECTION B - To be Completed by Contractor or Contractor's Representative if Applicant is Contractor Employee

12. Employer Information
Prime Contractor: _____
Subcontractor: _____
Applicant Position/Title: _____

13. Contract Information:
Contract/PO Number: _____
Contract End Date: _____
Contract Description: _____

14. Applicant Work Schedule:
 Full Time
 Part Time
 Temporary/Intermittent

15. Applicant Start and End Dates:
Applicant to begin work on: _____
Applicant to end work on: _____

16. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 U.S. Code Section 1001.

Contractor's Printed Name: _____ Office/Cell Number: _____
Contractor's Signature: _____ Date: _____

Continued (Page 2)

SECTION I To be completed by Sponsor (Must be a Federal Employee)

17. Sponsor Name: (b)(6), (b)(7)(c) Agency: ICE Office/Cell Number: 843-735 (b)(6), (b)(7)(c)

18. Type of Access Requested: Contractor, FLETC Government Staff Member, Partner Organization Government Staff Member, Visitor, Vendor, Retired Staff. 19. Background Investigation Requirement Code: 1N Staff/Contractors with no access to PII, 5N Staff/Contractors with access to PII, 5C IT Staff/Contractors with Administrator Privileges, 3C IT Staff with Top Secret Clearance, 3N Security Staff with Top Secret Clearance, Name check and fingerprint check.

20. Dates Requested: Requested Start Date: 10/22/2014 Requested Expiration Date: 10/23/2014

21. I certify that the information provided is true and accurate to the best of my knowledge. If I am not a FLETC employee, I certify that my agency has conducted the required background checks or investigations on any individual I am sponsoring. I acknowledge that knowingly falsifying information in the document is a violation of 18 US Code Section 1001.

Sponsor Signature: (b)(6), (b)(7)(c) Date: 10/16/2014

SECTION II To be completed by FLETC Personnel Security Registrar

22. Type of Badge to be Issued: FLETC Staff Card, FLETC Partner Organization Staff Card, Contractor, Visitor, Vendor, PIV, FLETC Staff Card - Retired. Approved Start Date, Approved Expiration Date, Fingerprinting Required: YES NO. Security Registrar's Name, Security Registrar's Signature, Date.

SECTION III To be completed by Security Personnel Issuing Badge

23. Identification Provided by Applicant: (a) Type, Number, Expiration; (b) Type, Number, Expiration. 24. Fingerprints submitted to OPM: (DATE). Badge Issued by (Printed Name), (Signature), Date.

*Acceptable forms of identification include: U.S. Passport (unexpired or expired); Unexpired foreign passport with I-551 stamp or attached Form I-94 indicating unexpired employment authorization; Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-551); Unexpired Temporary Resident Card (Form I-688A); Unexpired Employment Authorization Document issued by DHS that contains a photo (Form I-688B); Driver's License or ID card issued by state or outlying possession of the U.S. provided it contains a photograph; ID card issued by federal, state or local government agencies or entities, provided it contains a photograph; or Military Dependent's ID Card. For (b) only with one acceptable identification for (a) above: U.S. Social Security Card issued by the Social Security Administration (must not be marked invalid for employment and must not be laminated); Certificate of Birth Abroad issued by Department of State (Form FS-545 or Form DS-1350); Original or certified copy of a Birth Certificate issued by a state, county, municipal authority or outlying possession of the U.S. bearing an official seal; U.S. Citizen ID Card (Form I-197); or ID Card for Use of Resident Citizen in the U.S. (Form I-179).

For Official Use Only

Federal Law Enforcement Training Center
Badge Application Form

Addendum for Non-U.S. Citizens, Legal Permanent Residents and Naturalized U.S. Citizens

TO BE COMPLETED BY APPLICANT

1. Applicant's Full Name: (b)(6), (b)(7)(c)

Aliases Used (nicknames, maiden names, etc.):

2. Country of Citizenship: USA (List more than one if applicable)

Place of Birth: Narsarsuaq US AFB, Greenland (City and Country)

3. Status: U.S. Citizen by birth.
 U.S. Citizen (Naturalized)
 Permanent Resident A#
 Non-Immigrant Status I-94#
 Employment Authorization Card Holder A#
 Border Crossing Card Holder #
 Other Status:

-if applicable

4. Non-U.S. Citizens must provide copies of documentation related to their status in the U.S., including employment authorization, passport and visa.

- Attached: Copy of Passport Country of Issue Passport Number Expiration Date If no passport exists, insert "None" in provided space.
- Copy of U.S. Visa Visa Number Visa Type Expiration Date If no Visa exists, insert "None" in provided space.
- Copy of Permanent Resident/Resident Alien Card
- Copy of Employment Authorization Card
- Border Crossing Card
- Other document verifying non-immigrant status

5. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) Date: 10/15/2014

For Official Use Only

- Have any physical contact with ICE detainees.
- Counsel or assist any ICE detainee(s) in conduct that
 - o is illegal, criminal or fraudulent;
 - o disrupts the daily and orderly operations of the facility; or
 - o appears to endanger the security and safety of the detainee, other detainees, staff, and visitors.
- Distribute any item to an ICE detainee unless the item has been pre-approved by ICE or the Facility Administrator. ICE will seize as contraband any unapproved items provided to an ICE detainee.
- Distribute material that depicts, describes, encourages, or promotes activities that could lead to physical violence or group disruptions.²
- Enter, move about the facility or leave without being properly escorted by ICE or facility staff.

I acknowledge and accept responsibility for adhering to this Code and I understand that any violation or suspected violation may result in immediate termination of the scheduled tour or visit or tour, removal of visitor(s) from the facility, and the denial of future tour or visitation requests.

PRINTED NAME:

(b)(6), (b)(7)(c)

SIGNATURE:

(b)(6), (b)(7)(c)

DATE:

09/23/2014

ORGANIZATION:

NM Faith Coalition for Immigration Justice

CONTACT NUMBER AND EMAIL:

505 699 (b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

² Reports and/or materials that have been pre-approved by the facility administrator or ICE staff are acceptable for distribution.

NEW MEXICO

DRIVER'S LICENSE

License (b)(6), (b)(7)(c) ISSUED 08/28/2011
Date of Birth (b)(6), (b)(7)(c) EXPIRES 01/17/2019

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

SEX F HEIGHT 5'0" (b)(6), (b)(7)(c)
WEIGHT 140 EYES HAZ
CLASS 4D EYES HAZ
DONOR RESTRICTIONS B

Federal Law Enforcement Training Center
Badge Application Form

PRINT ALL ANSWERS UNLESS SIGNATURE REQUESTED

Information provided by those completing this form may be used to conduct background checks on the applicant in accordance with FLETC Directive 71-01 Access Control Privacy Act Statement. This information is provided in accordance with the Privacy Act of 1974 (5 USC 552a). Authority for this information is 5 USC 301, 5 USC 4101 et seq., Executive Order No. 11348, and Department of Homeland Security Delegation 7050. Disclosure of this information is voluntary. Failure to provide requested information may result in denial of access to the FLETC property.

SECTION A - To be completed by Applicant

1. Applicant's Full Name: Last (b)(6), (b)(7)(c) First (b)(6), (b)(7)(c) Middle

Aliases Used (nicknames, maiden names, etc.):

2. Residential Address: Street and house number: (b)(6), (b)(7)(c)

Mailing Address (if different):

City, State and Zip Code: Albuquerque, NM (b)(6), (b)(7)(c)

3. Country of Citizenship: United States
List more than one if applicable.

If not a U.S. Citizen by Birth, you must complete and attach required Addendum

Attached FTC-SEM-17 Addendum

4. Race/Ethnicity:
 American Indian or Alaska Native
 Hispanic or Latino
 Asian
 Native Hawaiian or Other Pacific Islander
 Black or African American
 White
 Other:

5. Gender: Male Female

6. Date of Birth: (b)(6), (b)(7)(c)
Month Day Year

7. Social Security Number: (b)(6), (b)(7)(c)

8. Driver's License Number: (b)(6), (b)(7)(c) State: NM

9. Have you been ARRESTED for any misdemeanor or felony offenses in the last seven (7) years? YES NO

If yes, please explain:

10. Type of Badge Requested:
 New Badge - never before issued for this applicant
 New employment; applicant has held badge previously at FLETC
 Reissue for expired badge
 Reissue for lost badge (fee paid, receipt attached)

11. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information is a violation of 18 US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) Date: 10/12/2014

Home or cell phone number: (787) 342 (b)(6), (b)(7)(c) Email: (b)(6), (b)(7)(c)

SECTION B - To be Completed by Contractor or Contractor's Representative if Applicant is Contractor Employee

12. Employer Information:
Prime Contractor:
Subcontractor:
Applicant Position/Title:

13. Contract Information:
Contract/PO Number:
Contract End Date:
Contract Description:

14. Applicant Work Schedule:
 Full Time
 Part Time
 Temporary/Intermittent

15. Applicant Start and End Dates:
Applicant to begin work on:
Applicant to end work on:

16. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Contractor's Printed Name: Office/Cell Number:

Contractor's Signature: Date:

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Continued (Page 2)

SECTION I: To be completed by Sponsor (Must be a Federal Employee)

17. Spons Name: (b)(6), (b)(7)(c) Agency: ICE Office/Cell Number: 843-735 (b)(6), (b)(7)(c)

18. Type of Access Requested: Contractor, FLETC Government Staff Member, Partner Organization Government Staff Member, Visitor, Vendor, Retired Staff. 19. Background Investigation Requirement Code: 1N Staff/Contractors with no access to PII, 5N Staff/Contractors with access to PII, 5C IT Staff/Contractors with Administrator Privileges, 3C IT Staff with Top Secret Clearance, 3N Security Staff with Top Secret Clearance, Name check and fingerprint check.

20. Dates Requested: Requested Start Date: 10/22/2014 Requested Expiration Date: 10/23/2014

21. I certify that the information provided is true and accurate to the best of my knowledge. If I am not a FLETC employee, I certify that my agency has conducted the required background checks or investigations on any individual I am sponsoring. I acknowledge that knowingly or willfully falsifying information in the document is a violation of 18 US Code Section 1001. Sponsor Signature: (b)(6), (b)(7)(c) Date: 10/16/2014

SECTION II: To be completed by FLETC Personnel/Security Registrar

22. Type of Badge to be Issued: FLETC Staff Card, FLETC Partner Organization Staff Card, Contractor, Visitor, Vendor, PIV, FLETC Staff Card - Retired. Approved Start Date, Approved Expiration Date, Fingerprinting Required: YES NO. Security Registrar's Name, Security Registrar's Signature, Date.

SECTION III: To be completed by Security Personnel Issuing Badge

23. Identification Provided by Applicant: (a) Type, Number, Expiration; (b) Type, Number, Expiration. 24. Fingerprints submitted to OPM: (DATE). Badge Issued by (Printed Name), (Signature), Date.

*Acceptable forms of identification include: For (a) or (b): U.S. Passport (unexpired or expired); Unexpired foreign passport with I-551 stamp or attached Form I-94 indicating unexpired employment authorization; Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-551); Unexpired Temporary Resident Card (Form I-688A); Unexpired Employment Authorization Document issued by DHS that contains a photo (Form I-688B); Driver's License or ID card issued by state or outlying possession of the U.S. provided it contains a photograph; ID card issued by federal, state or local government agencies or entities, provided it contains a photograph; or Military Dependent's ID Card. For (b) only with one acceptable identification for (a) above: U.S. Social Security Card issued by the Social Security Administration (must not be marked invalid for employment and must not be laminated); Certificate of Birth Abroad issued by Department of State (Form FS-545 or Form DS-1350); Original or certified copy of a Birth Certificate issued by a state, county, municipal authority or outlying possession of the U.S. bearing an official seal; U.S. Citizen ID Card (Form I-197); or ID Card for Use of Resident Citizen in the U.S. (Form I-179).

For Official Use Only

Federal Law Enforcement Training Center
Badge Application Form

Addendum for Non-U.S. Citizens, Legal Permanent Residents and Naturalized U.S. Citizens

TO BE COMPLETED BY A

1. Applicant's Full Name: (b)(6), (b)(7)(c)

Aliases Used (nicknames, maiden names, etc.):

2. Country of Citizenship: U.S. citizen
(List more than one if applicable)

Place of Birth: San Juan, Puerto Rico
(City and Country)

3. Status:

- U.S. Citizen (Naturalized)
- Permanent Resident A#
- Non-Immigrant Status I-94#
- Employment Authorization Card Holder A#
- Border Crossing Card Holder #
- Other Status:

4. Non-U.S. Citizens must provide copies of documentation related to their status in the U.S., including employment authorization, passport and visa.

If Applicable

- Attached: Copy of Passport _____
Country of Issue Passport Number Expiration Date *If no passport exists, insert "None" in provided space.*
- Copy of U.S. Visa _____
Visa Number Visa Type Expiration Date *If no Visa exists, insert "None" in provided space.*
- Copy of Permanent Resident/Resident Alien Card
- Copy of Employment Authorization Card
- Border Crossing Card
- Other document verifying non-immigrant status

5. I certify that the information provided is true and accurate to the best of my knowledge, I acknowledge that knowingly or willingly f _____ US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) Date: 10/12/2014

- Have any physical contact with ICE detainees.
- Counsel or assist any ICE detainee(s) in conduct that
 - is illegal, criminal or fraudulent;
 - disrupts the daily and orderly operations of the facility; or
 - appears to endanger the security and safety of the detainee, other detainees, staff, and visitors.
- Distribute any item to an ICE detainee unless the item has been pre-approved by ICE or the Facility Administrator. ICE will seize as contraband any unapproved items provided to an ICE detainee.
- Distribute material that depicts, describes, encourages, or promotes activities that could lead to physical violence or group disruptions.²
- Enter, move about the facility or leave without being properly escorted by ICE or facility staff.

I acknowledge and accept responsibility for adhering to this Code and I understand that any violation or suspected violation may result in immediate termination of the scheduled tour or visit or tour, removal of visitor(s) from the facility, and the denial of future tour or visitation requests.

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

DATE:

9/25/2014

ORGANIZATION:

AM Faith Coalition

CONTACT NUMBER AND EMAIL:

(505) 508- (b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

² Reports and/or materials that have been pre-approved by the facility administrator or ICE staff are acceptable for distribution.



NEW MEXICO



DRIVER'S LICENSE

License # (b)(6), (b)(7)(c)
Date of Birth (b)(6), (b)(7)(c)

ISSUED **10/03/2012**
EXPIRES **09/25/2016**

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

ALBUQUERQUE, NM (b)(6), (b)(7)(c)

SEX **F**

HEIGHT **5'0"**

WEIGHT **150**

EYES **BRO**

CLASS **B**

ENDORSEMENT

DONOR **♥**

RESTRICTIONS **B**

(b)(6), (b)(7)(c)

Federal Law Enforcement Training Center
Badge Application Form

PRINT ALL ANSWERS UNLESS SIGNATURE REQUESTED

Information provided by those completing this form may be used to conduct background checks on the applicant in accordance with FLETC Directive 71-01, Access Control. Privacy Act Statement: This information is provided in accordance with the Privacy Act of 1974 (5 USC 552a). Authority for this information is 5 USC 301, 5 USC 4101 et seq., Executive Order No. 11348, and Department of Homeland Security Delegation 7050. Disclosure of this information is voluntary. Failure to provide requested information may result in denial of access to the FLETC property.

SECTION A - To be completed by Applicant

1. Applicants Full Name: (b)(6), (b)(7)(c)
Last First Middle

Aliases Used (nicknames, maiden names, etc):

2. Residential Address: Street and house number: (b)(6), (b)(7)(c)

Mailing Address (if different):

City, State and Zip Code: ALBUQUERQUE, NM (b)(6), (b)(7)(c)

3. Country of Citizenship: UNITED STATES OF AMERICA

List more than one if applicable.

If not a U.S. Citizen by Birth, you must complete and attach required Addendum

Attached FTC-SEM-17 Addendum

4. Race/Ethnicity:

- American Indian or Alaska Native Hispanic or Latino
- Asian Native Hawaiian or Other Pacific Islander
- Black or African American White
- Other: _____

5. Gender: Male Female

6. Date of Birth: (b)(6), (b)(7)(c)
Month Day Year

7. Social Security Number (b)(6), (b)(7)(c)

8. Driver's License Number: (b)(6), (b)(7)(c) State: NM

9. Have you been ARRESTED for any misdemeanor or felony offenses in the last seven (7) years? YES NO

If yes, please explain: _____

10. Type of Badge Requested:

- New Badge - never before issued for this applicant Reissue for expired badge
- New employment; applicant has held badge previously at FLETC Reissue for lost badge (Fee paid, receipt attached)

11. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in this document is a violation of 18 USC Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) Date: 10-15-14
Home or cell phone number: _____ Email: _____

SECTION B - To be Completed by Contractor or Contractor's Representative if Applicant is Contractor Employee

12. Employer Information

Prime Contractor: _____
Subcontractor: _____
Applicant Position/Title: _____

13. Contract Information:

Contract/PO Number: _____
Contract End Date: _____
Contract Description: _____

14. Applicant Work Schedule:

- Full Time
- Part Time
- Temporary/Intermittent

15. Applicant Start and End Dates:

Applicant to begin work on: _____
Applicant to end work on: _____

16. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 USC Code Section 1001.

Contractor's Printed Name: _____ Office/Cell Number: _____
Contractor's Signature: _____ Date: _____

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Continued (Page 2)

SECTION 17: To be completed by Sponsor (Must be a Federal Employee)

17. Sponsor Name: (b)(6), (b)(7)(c) Agency: ICE Office/Cell Number: 843-735 (b)(6), (b)(7)(c)

- 18. Type of Access Requested: Contractor, FLETC Government Staff Member, Partner Organization Government Staff Member, Visitor, Vendor, Retired Staff
19. Background Investigation Requirement Code: 1N Staff/Contractors with no access to PII, 5N Staff/Contractors with access to PII, 3C IT Staff/Contractors with Administrator Privileges, 3C IT Staff with Top Secret Clearance, 3N Security Staff with Top Secret Clearance, Name check and fingerprint check

20. Dates Requested: Requested Start Date: 10/22/2014 Requested Expiration Date: 10/23/2014

21. I certify that the information provided is true and accurate to the best of my knowledge. If I am not a FLETC employee, I certify that my agency has conducted the required background checks or investigations on any individual I am sponsoring. I acknowledge that knowingly falsifying information in the document is a violation of 18 US Code Section 1001.

Sponsor Signature: (b)(6), (b)(7)(c) Date: 10/16/2014

SECTION 22: To be completed by FLETC or Partner Organization Security Registrar

- 22. Type of Badge to be Issued: FLETC Staff Card, FLETC Partner Organization Staff Card, Contractor, Visitor, Vendor, PIV, FLETC Staff Card - Retired
Approved Start Date:
Approved Expiration Date:
Fingerprinting Required: YES NO

Security Registrar's Name: Security Registrar's Signature: Date:

SECTION 23: To be completed by Security Personnel Issuing Badge

23. Identification Provided by Applicant: (a) Type: Number: Expiration: (b) Type: Number: Expiration:

24. Fingerprints submitted to OPM: (DATE) Badge Issued by (Printed Name) (Signature) Date:

*Acceptable forms of identification include: For (a) or (b): U.S. Passport (unexpired or expired); Unexpired foreign passport with I-551 stamp or attached Form I-94 indicating unexpired employment authorization; Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-551); Unexpired Temporary Resident Card (Form I-688A); Unexpired Employment Authorization Document issued by DHS that contains a photo (Form I-688B); Driver's License or ID card issued by state or outlying possession of the U.S. provided it contains a photograph; ID card issued by federal, state or local government agencies or entities, provided it contains a photograph; or Military Dependent's ID Card. For (b) only with one acceptable identification for (a) above: U.S. Social Security Card issued by the Social Security Administration (must not be marked invalid for employment and must not be laminated); Certificate of Birth Abroad issued by Department of State (Form FS-545 or Form DS-1350); Original or certified copy of a Birth Certificate issued by a state, county, municipal authority or outlying possession of the U.S. bearing an official seal; U.S. Citizen ID Card (Form I-197); or ID Card for Use of Resident Citizen in the U.S. (Form I-179).

For Official Use Only

Federal Law Enforcement Training Center
 Badge Application Form

Addendum for Non-U.S. Citizens, Legal Permanent Residents and Naturalized U.S. Citizens

TO BE COMPLETED BY APPLICANT

1. Applicant's Full Name: (b)(6), (b)(7)(c)
LAST FIRST MIDDLE

Aliases Used (nicknames, maiden names, etc.): _____

2. Country of Citizenship: UNITED STATES OF AMERICA
(List more than one if applicable)

Place of Birth: ALBUQUERQUE, NEW MEXICO
(City and Country)

3. Status:

- U.S. Citizen (Naturalized)
- Permanent Resident A# _____
- Non-Immigrant Status I-94# _____
- Employment Authorization Card Holder A# _____
- Border Crossing Card Holder # _____
- Other Status: _____

If Applicable

4. Non-U.S. Citizens must provide copies of documentation related to their status in the U.S., including employment authorization, passport and visa.

- Attached: Copy of Passport _____
Country of Issue Passport Number Expiration Date *If no passport exists, insert "None" in provided space.*
- Copy of U.S. Visa _____
Visa Number Visa Type Expiration Date *If no Visa exists, insert "None" in provided space.*
- Copy of Permanent Resident/Resident Alien Card
- Copy of Employment Authorization Card
- Border Crossing Card
- Other document verifying non-immigrant status

5. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) Date: 10-15-14

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- Have any physical contact with ICE detainees.
- Counsel or assist any ICE detainee(s) in conduct that
 - o is illegal, criminal or fraudulent;
 - o disrupts the daily and orderly operations of the facility; or
 - o appears to endanger the security and safety of the detainee, other detainees, staff, and visitors.
- Distribute any item to an ICE detainee unless the item has been pre-approved by ICE or the Facility Administrator. ICE will seize as contraband any unapproved items provided to an ICE detainee.
- Distribute material that depicts, describes, encourages, or promotes activities that could lead to physical violence or group disruptions.²
- Enter, move about the facility or leave without being properly escorted by ICE or facility staff.

I acknowledge and accept responsibility for adhering to this Code and I understand that any violation or suspected violation may result in immediate termination of the scheduled tour or visit or tour, removal of visitor(s) from the facility, and the denial of future tour or visitation requests.

PRINTED NAME: (b)(6), (b)(7)(c)	SIGNATURE: (b)(6), (b)(7)(c)	DATE: <u>9-21-14</u>
ORGANIZATION: <u>NM Faith Coalition for Immigrant Justice</u>	CONTACT NUMBER AND EMAIL: <u>505-307</u> (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)	

² Reports and/or materials that have been pre-approved by the facility administrator or ICE staff are acceptable for distribution.

NEW MEXICO

DRIVER'S LICENSE

License # (b)(6), (b)(7)(c) ISSUED 12/23/16
Date of Birth (b)(6), (b)(7)(c) EXPIRES 10/15/2018

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

ALBUQUERQUE, (b)(7)(c)

SEX M HEIGHT 5'11" (b)(6), (b)(7)(c)
WEIGHT 150 EYES BLUE
CLASSES ENDORSED
DONOR RESTRUCTIONS

(b)(6), (b)(7)(c)

Federal Law Enforcement Training Center
Badge Application Form

PRINT ALL ANSWERS UNLESS SIGNATURE REQUESTED

Information provided by those completing this form may be used to conduct background checks on the applicant in accordance with FLETG Directive 71-01, Access Control. Privacy Act Statement: This information is provided in accordance with the Privacy Act of 1974 (5 USC 552a). Authority for this information is 5 USC 301, 5 USC 4101 et seq., Executive Order No. 11348, and Department of Homeland Security Delegation 7050. Disclosure of this information is voluntary. Failure to provide requested information may result in denial of access to the FLETG property.

SECTION A - To be completed by Applicant

1. Applicants Full Name Lenander Kari Louise
Last First Middle

Aliases Used (nicknames, maiden names, etc.)

2. Residential Address: Street and house number: (b)(6), (b)(7)(c)

Mailing Address (if different):

City, State and Zip Code: Las Cruces, NM (b)(6), (b)(7)(c)

3. Country of Citizenship: United States of America
List more than one if applicable.

If not a U.S. Citizen by Birth, you must complete and attach required Addendum

Attached FTC-SEM-17 Addendum

4. Race/Ethnicity:
 American Indian or Alaska Native Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
Other: _____

5. Gender: Male Female

6. Date of Birth: (b)(6), (b)(7)(c)
Month Day Year

7. Social Security Number: (b)(6), (b)(7)(c)

8. Driver's License Number: (b)(6), (b)(7)(c) State: NM

9. Have you been ARRESTED for any misdemeanor or felony offenses in the last seven (7) years? YES NO

If yes, please explain: _____

10. Type of Badge Requested:
 New Badge - never before issued for this applicant Reissue for expired badge
 New employment; applicant has held badge previously at FLETG Reissue for lost badge (Fee paid, receipt attached)

11. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) Date: 10/14/14

Home or cell phone number: 816.646 (b)(6), (b)(7)(c) Email: (b)(6), (b)(7)(c)

SECTION B - To be Completed by Contractor or Contractor's Representative if Applicant is Contractor Employee

12. Employer Information
Prime Contractor: _____
Subcontractor: _____
Applicant Position/Title: _____
13. Contract Information:
Contract/PO Number: _____
Contract End Date: _____
Contract Description: _____

14. Applicant Work Schedule:
 Full Time
 Part Time
 Temporary/Intermittent
15. Applicant Start and End Dates:
Applicant to begin work on: _____
Applicant to end work on: _____

16. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Contractor's Printed Name: _____ Office/Cell Number: _____
Contractor's Signature: _____ Date: _____

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Continued (Page 2)

SECTION ONE: To be completed by Sponsor (Must be a Federal Employee)

17. Sponsor Name: _____ (b)(6), (b)(7)(c) Agency: ICE
 (Last) (First) Office/Cell Number: 843-735 (b)(6), (b)(7)(c)

18. Type of Access Requested:
 Contractor
 FLETC Government Staff Member (Work assignment must be FLETC Location)
 Partner Organization Government Staff Member (Work Assignment must be FLETC Location)
 Visitor Vendor Retired Staff

19. Background Investigation Requirement Code:
 1N Staff/Contractors with no access to PII
 5N Staff/Contractors with access to PII
 5C IT Staff/Contractors with Administrator Privileges
 3C IT Staff with Top Secret Clearance
 3N Security Staff with Top Secret Clearance
 Name check and fingerprint check

20. Dates Requested:
 Requested Start Date: 10/22/2014 Requested Expiration Date: 10/23/2014

21. I certify that the information provided is true and accurate to the best of my knowledge. If I am not a FLETC employee, I certify that my agency has conducted the required background checks or investigations on any individual I am sponsoring. I acknowledge that knowingly providing false information in the document is a violation of 18 US Code Section 1001.

Sponsor Signature: _____ (b)(6), (b)(7)(c) Date: 10/16/2014

SECTION TWO: To be completed by FLETC or personnel Security Registrar

22. Type of Badge to be Issued:
 FLETC Staff Card
 FLETC Partner Organization Staff Card
 Contractor
 Visitor Vendor
 PIV FLETC Staff Card - Retired

Approved Start Date: _____
 Approved Expiration Date: _____
 Fingerprinting Required: YES NO

Security Registrar's Name: _____
 Security Registrar's Signature: _____ Date: _____

SECTION THREE: To be completed by Security Personnel Issuing Badge

23. Identification Provided by Applicant: *
 (a) Type: _____ (b) Type: _____
 Number: _____ Number: _____
 Expiration: _____ Expiration: _____

24. Fingerprints submitted to OPM: _____ (DATE)
 Badge Issued by _____ (Printed Name) _____ (Signature) Date: _____

*** Acceptable forms of identification include:**

For (a) or (b): U.S. Passport (unexpired or expired); Unexpired foreign passport with I-551 stamp or attached Form I-94 indicating unexpired employment authorization; Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-551); Unexpired Temporary Resident Card (Form I-688A); Unexpired Employment Authorization Document issued by DHS that contains a photo (Form I-688B); Driver's License or ID card issued by state or outlying possession of the U.S. provided it contains a photograph; ID card issued by federal, state or local government agencies or entities, provided it contains a photograph; or Military Dependent's ID Card.

For (b) only with one acceptable identification for (a) above: U.S. Social Security Card issued by the Social Security Administration (must not be marked invalid for employment and must not be laminated); Certificate of Birth Abroad issued by Department of State (Form FS-545 or Form DS-1350); Original or certified copy of a Birth Certificate issued by a state, county, municipal authority or outlying possession of the U.S. bearing an official seal; U.S. Citizen ID Card (Form I-197); or ID Card for Use of Resident Citizen in the U.S. (Form I-179).

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Federal Law Enforcement Training Center
Badge Application Form

Addendum for Non-U.S. Citizens, Legal Permanent Residents and Naturalized U.S. Citizens

TO BE COMPLETED BY APPLICANT

1. Applicant's Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle

Aliases Used (nicknames, maiden names, etc.):

2. Country of Citizenship: United States of America
(List more than one if applicable)

Place of Birth: Lincoln, Nebraska, U.S.A.
(City and Country)

3. Status:

- U.S. Citizen (Naturalized)
- Permanent Resident A# _____
- Non-Immigrant Status I-94# _____
- Employment Authorization Card Holder A# _____
- Border Crossing Card Holder # _____
- Other Status: _____

4. Non-U.S. Citizens must provide copies of documentation related to their status in the U.S., including employment authorization, passport and visa.

If Applicable

Attached: Copy of Passport _____
Country of Issue Passport Number Expiration Date

If no passport exists, insert "None" in provided space.

Copy of U.S. Visa _____
Visa Number Visa Type Expiration Date

If no Visa exists, insert "None" in provided space.

- Copy of Permanent Resident/Resident Alien Card
- Copy of Employment Authorization Card
- Border Crossing Card
- Other document verifying non-immigrant status

5. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Applicant's Signature (b)(6), (b)(7)(c) Date: 10/15/14

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

**STAKEHOLDER VISITOR
CODE OF CONDUCT**

U.S. Immigration and Customs Enforcement (ICE) is committed to maintaining safe and secure detention facilities. To ensure security and avoid any disruptions in daily operations, all agency stakeholders¹ touring and/or conducting visitation with detainees shall maintain proper and appropriate decorum, adhere to applicable ICE and facility standards, and abide by this Stakeholder Visitor Code of Conduct (Code).

Any person or group that violates any part of the Code set forth below may be subject to immediate removal from the facility and may be denied future access to ICE detention facilities.

Stakeholders entering the facility to participate in a tour or conduct a visit with an ICE detainee(s) are subject to a standard search of their person and belongings for security reasons. ICE or the Facility Administrator have the discretion to cancel, reschedule or terminate a tour or visit if: 1) an emergency arises; 2) the safety, security, and orderly operations of the facility are potentially jeopardized; or 3) any violations of this Code or ICE and facility standards are observed.

Stakeholders shall:

- Follow all applicable facility rules, standards, and policies.
- Behave in a respectful and courteous manner towards detainees, staff, and other visitors at all times.
- Comply with instructions given by facility and ICE staff.
- Follow the facility's Dress Code.
- Sign a waiver of liability, if required.

Stakeholders shall not:

- Bring any electronic/recording devices, cell phones, laptops, or smart phone/wireless communication devices into the secure areas of the facility.
- Engage in any activity for the purpose of financial gain.
- Solicit legal clients in violation of applicable attorney Rules of Professional Conduct.
- Distribute legal solicitation materials, to include business cards and/or marketing materials, in violation of applicable attorney Rules of Professional Conduct.
- Coerce or intimidate any ICE detainee.

¹ "Stakeholders" shall include, but are not limited to, non-governmental organizations, community service organizations, intergovernmental entities (e.g. United Nations High Commissioner for Refugees), faith-based organizations, members of academia, and legal representative/associations/groups (e.g. pro bono legal service provider groups). This guidance does not apply to (1) Legal Orientation Program or Know Your Rights presentation providers; (2) law firms, organizations, or sole attorney practitioners providing or seeking to provide legal representation; (3) family members or friends of detainees; (4) religious service providers and, (5) physicians with a request from a detainee's counsel to conduct an examination relevant to the detainee's case.

- Have any physical contact with ICE detainees.
- Counsel or assist any ICE detainee(s) in conduct that
 - o is illegal, criminal or fraudulent;
 - o disrupts the daily and orderly operations of the facility; or
 - o appears to endanger the security and safety of the detainee, other detainees, staff, and visitors.
- Distribute any item to an ICE detainee unless the item has been pre-approved by ICE or the Facility Administrator. ICE will seize as contraband any unapproved items provided to an ICE detainee.
- Distribute material that depicts, describes, encourages, or promotes activities that could lead to physical violence or group disruptions.²
- Enter, move about the facility or leave without being properly escorted by ICE or facility staff.

I acknowledge and accept responsibility for adhering to this Code and I understand that any violation or suspected violation may result in immediate termination of the scheduled tour or visit or tour, removal of visitor(s) from the facility, and the denial of future tour or visitation requests.

PRINTED NAME:

(b)(6), (b)(7)(c)

SIGNATURE:

(b)(6), (b)(7)(c)

DATE:

10/14/14

ORGANIZATION:

Border Servant Corps

CONTACT NUMBER AND EMAIL:

816.646 (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)

² Reports and/or materials that have been pre-approved by the facility administrator or ICE staff are acceptable for distribution.

NEW MEXICO

DRIVER'S LICENSE

ISSUED 12/02/2011

EXPIRES 01/31/2016

License # (b)(6), (b)(7)(c)

Date of Birth (b)(6), (b)(7)(c)

SEX F (b)(6), (b)(7)(c)

WEIGHT 160 (b)(6), (b)(7)(c)

HEIGHT 5 (b)(6), (b)(7)(c)

EYES BRO (b)(6), (b)(7)(c)

ENDORSEMENTS (b)(6), (b)(7)(c)

RESTRICTIONS B (b)(6), (b)(7)(c)

LAS CRUCES, NM (b)(6), (b)(7)(c)

DONOR (b)(6), (b)(7)(c)

CLASS: D-1 veh less than 28,001 lb. GVWR. May not tow > lbs. than veh except class 4 equalizer hitch or 5th wheel

RESTRICTIONS: B-Corr Lenses

ENDORSEMENTS: NONE



Federal Law Enforcement Training Center
Badge Application Form

PRINT ALL ANSWERS UNLESS SIGNATURE REQUESTED

Information provided by those completing this form may be used to conduct background checks on the applicant in accordance with FLETC Directive 71-01. Access Control Privacy Act Statement. This information is provided in accordance with the Privacy Act of 1974 (5 USC 552a). Authority for this information is 5 USC 301, 5 USC 4101 et seq., Executive Order No. 11348, and Department of Homeland Security Delegation 7050. Disclosure of this information is voluntary. Failure to provide requested information may result in denial of access to the FLETC property.

SECTION A - To be completed by Applicant

1. Applicants Full Name (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle

Aliases Used (nicknames, maiden names, etc.)

2. Residential Address: Street and house number: (b)(6), (b)(7)(c)
Mailing Address (if different):
City, State and Zip Code: Albuquerque, NM (b)(6), (b)(7)(c)

3. Country of Citizenship: USA
List more than one if applicable.

If not a U.S. Citizen by Birth, you must complete and attach required Addendum

Attached FTC-SEM-17 Addendum

4. Race/Ethnicity:
 American Indian or Alaska Native Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
 Other:

5. Gender: Male Female

6. Date of Birth (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Month Day Year

7. Social Security Number: 509-54 (b)(6), (b)(7)(c)

8. Driver's License Number: (b)(6), (b)(7)(c) State: NM

9. Have you been ARRESTED for any misdemeanor or felony offenses in the last seven (7) years? YES NO

If yes, please explain:

10. Type of Badge Requested:

New Badge - never before issued for this applicant Reissue for expired badge
 New employment; applicant has held badge previously at FLETC Reissue for lost badge (Fee paid, receipt attached)

11. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information is a violation of 18 US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) Date: Oct 15 2014

Home or cell phone number: (b)(6), (b)(7)(c) 505-220 (b)(6), (b)(7)(c) Email: (b)(6), (b)(7)(c)

SECTION B - To be Completed by Contractor or Contractor's Representative if Applicant is Contractor Employee

12. Employer Information
Prime Contractor:
Subcontractor:
Applicant Position/Title:

13. Contract Information:
Contract/PO Number:
Contract End Date:
Contract Description:

14. Applicant Work Schedule:
 Full Time
 Part Time
 Temporary/Intermittent

15. Applicant Start and End Dates:
Applicant to begin work on:
Applicant to end work on:

16. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Contractor's Printed Name: Office/Cell Number:
Contractor's Signature: Date:

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Continued (Page 2)

SECTION C: To be completed by Sponsor (Must be a Federal Employee)

17. Sponsor Name: (b)(6), (b)(7)(c) Agency: ICE
 Office/Cell Number: 843-735(b)(6), (b)(7)(c)

18. Type of Access Requested:
 Contractor
 FLETC Government Staff Member (Work assignment must be FLETC Location)
 Partner Organization Government Staff Member (Work Assignment must be FLETC Location)
 Visitor Vendor Retired Staff

19. Background Investigation Requirement Code:
 1N Staff/Contractors with no access to PII
 5N Staff/Contractors with access to PII
 5C IT Staff/Contractors with Administrator Privileges
 3C IT Staff with Top Secret Clearance
 3N Security Staff with Top Secret Clearance
 Name check and fingerprint check

20. Dates Requested:
 Requested Start Date: 10/22/2014 Requested Expiration Date: 10/23/2014

21. I certify that the information provided is true and accurate to the best of my knowledge. If I am not a FLETC employee, I certify that my agency has conducted the required background checks or investigations on any individual I am sponsoring. I acknowledge that knowingly or willfully falsifying information in the document is a violation of 18 US Code Section 1001.

Sponsor Signature: (b)(6), (b)(7)(c) Date: 10/16/2014

SECTION D: To be completed by FLETC Personnel Security Registrar

22. Type of Badge to be Issued:
 FLETC Staff Card
 FLETC Partner Organization Staff Card
 Contractor
 Visitor Vendor
 PIV FLETC Staff Card - Retired

Approved Start Date: _____
 Approved Expiration Date: _____
 Fingerprinting Required: YES NO

Security Registrar's Name: _____
 Security Registrar's Signature: _____ Date: _____

SECTION E: To be completed by Security Personnel Issuing Badge

23. Identification Provided by Applicant: *
 (a) Type: _____ (b) Type: _____
 Number: _____ Number: _____
 Expiration: _____ Expiration: _____

24. Fingerprints submitted to OPM: _____
 (DATE)

Badge Issued by _____ (Printed Name) _____ (Signature) Date: _____

*** Acceptable forms of identification include:**
 For (a) or (b): U.S. Passport (unexpired or expired); Unexpired foreign passport with I-551 stamp or attached Form I-94 indicating unexpired employment authorization; Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-551); Unexpired Temporary Resident Card (Form I-688A); Unexpired Employment Authorization Document issued by DHS that contains a photo (Form I-688B); Driver's License or ID card issued by state or outlying possession of the U.S. provided it contains a photograph; ID card issued by federal, state or local government agencies or entities, provided it contains a photograph; or Military Dependent's ID Card.
 For (b) only with one acceptable identification for (a) above: U.S. Social Security Card issued by the Social Security Administration (must not be marked invalid for employment and must not be laminated); Certificate of Birth Abroad issued by Department of State (Form FS-545 or Form DS-1350); Original or certified copy of a Birth Certificate issued by a state, county, municipal authority or outlying possession of the U.S. bearing an official seal; U.S. Citizen ID Card (Form I-197); or ID Card for Use of Resident Citizen in the U.S. (Form I-179).

For Official Use Only

Federal Law Enforcement Training Center
Badge Application Form

Addendum for Non-U.S. Citizens, Legal Permanent Residents and Naturalized U.S. Citizens

TO BE COMPLETED BY APPLICANT

1. Applicant's Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle

Aliases Used (nicknames, maiden names, etc.): _____

2. Country of Citizenship: USA
(List more than one if applicable)

Place of Birth: Liberal, Ks USA
(City and Country)

3. Status:

- U.S. Citizen (Naturalized)
- Permanent Resident A# _____
- Non-Immigrant Status I-94# _____
- Employment Authorization Card Holder A# _____
- Border Crossing Card Holder # _____
- Other Status: _____

4. Non-U.S. Citizens must provide copies of documentation related to their status in the U.S., including employment authorization, passport and visa.

If Applicable

- Attached: Copy of Passport _____
Country of Issue Passport Number Expiration Date *If no passport exists, insert "None" in provided space.*
- Copy of U.S. Visa _____
Visa Number Visa Type Expiration Date *If no Visa exists, insert "None" in provided space.*
- Copy of Permanent Resident/Resident Alien Card
- Copy of Employment Authorization Card
- Border Crossing Card
- Other document verifying non-immigrant status

5. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c)

Date: Oct 15, 2014

For Official Use Only

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

**STAKEHOLDER VISITOR
CODE OF CONDUCT**

U.S. Immigration and Customs Enforcement (ICE) is committed to maintaining safe and secure detention facilities. To ensure security and avoid any disruptions in daily operations, all agency stakeholders¹ touring and/or conducting visitation with detainees shall maintain proper and appropriate decorum, adhere to applicable ICE and facility standards, and abide by this Stakeholder Visitor Code of Conduct (Code).

Any person or group that violates any part of the Code set forth below may be subject to immediate removal from the facility and may be denied future access to ICE detention facilities.

Stakeholders entering the facility to participate in a tour or conduct a visit with an ICE detainee(s) are subject to a standard search of their person and belongings for security reasons. ICE or the Facility Administrator have the discretion to cancel, reschedule or terminate a tour or visit if: 1) an emergency arises; 2) the safety, security, and orderly operations of the facility are potentially jeopardized; or 3) any violations of this Code or ICE and facility standards are observed.

Stakeholders shall:

- Follow all applicable facility rules, standards, and policies.
- Behave in a respectful and courteous manner towards detainees, staff, and other visitors at all times.
- Comply with instructions given by facility and ICE staff.
- Follow the facility's Dress Code.
- Sign a waiver of liability, if required.

Stakeholders shall not:

- Bring any electronic/recording devices, cell phones, laptops, or smart phone/wireless communication devices into the secure areas of the facility.
- Engage in any activity for the purpose of financial gain.
- Solicit legal clients in violation of applicable attorney Rules of Professional Conduct.
- Distribute legal solicitation materials, to include business cards and/or marketing materials, in violation of applicable attorney Rules of Professional Conduct.
- Coerce or intimidate any ICE detainee.

¹ "Stakeholders" shall include, but are not limited to, non-governmental organizations, community service organizations, intergovernmental entities (e.g. United Nations High Commissioner for Refugees), faith-based organizations, members of academia, and legal representative/associations/groups (e.g. pro bono legal service provider groups). This guidance does not apply to (1) Legal Orientation Program or Know Your Rights presentation providers; (2) law firms, organizations, or sole attorney practitioners providing or seeking to provide legal representation; (3) family members or friends of detainees; (4) religious service providers and, (5) physicians with a request from a detainee's counsel to conduct an examination relevant to the detainee's case.

- Have any physical contact with ICE detainees.
- Counsel or assist any ICE detainee(s) in conduct that
 - o is illegal, criminal or fraudulent;
 - o disrupts the daily and orderly operations of the facility; or
 - o appears to endanger the security and safety of the detainee, other detainees, staff, and visitors.
- Distribute any item to an ICE detainee unless the item has been pre-approved by ICE or the Facility Administrator. ICE will seize as contraband any unapproved items provided to an ICE detainee.
- Distribute material that depicts, describes, encourages, or promotes activities that could lead to physical violence or group disruptions.²
- Enter, move about the facility or leave without being properly escorted by ICE or facility staff.

I acknowledge and accept responsibility for adhering to this Code and I understand that any violation or suspected violation may result in immediate termination of the scheduled tour or visit or tour, removal of visitor(s) from the facility, and the denial of future tour or visitation requests.

PRINTED NAME:

(b)(6), (b)(7)(c)

SIGNATURE: (b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

DATE:

Oct 15, 2014

ORGANIZATION:

New Mexico Faith Coalition for
Immigrant Justice

CONTACT NUMBER AND EMAIL:

cell 505-220 (b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

² Reports and/or materials that have been pre-approved by the facility administrator or ICE staff are acceptable for distribution.

We the People

Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.



SIGNATURE OF

(b)(6), (b)(7)(C)

NEW MEXICO
License (b)(6), (b)(7)(C) DRIVER'S LICENSE
Date of Birth (b)(6), (b)(7)(C) ISSUED 10/26/2009
(b)(6), (b)(7)(C) EXPIRES 11/02/2017
ALBUQUERQUE NM
SEX M HEIGHT (b)(6), (b)(7)(C)
WEIGHT 180 EYES HAZ
CLASS D ENDORSEMENTS NONE
DONOR DONOR RESTRICTIONS B

PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA

Type / Tipo / Tipo / Code / Código / Passport No. / No. du passeport / No. do passaporte

(b)(6), (b)(7)(C)

Surname / Nom / Apellido

(b)(6), (b)(7)(C)

Given Names / Prénoms / Nombres

(b)(6), (b)(7)(C)

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / fecha de nacimiento

(b)(6), (b)(7)(C)

Place of birth / Lieu de naissance / Lugar de nacimiento

KANSAS, U.S.A.

Sex / Sexe / Sexo

M

Date of issue / Date de délivrance / Fecha de expedición

27 Mar 2013

Authority / Autorité / Autoridad

United States

Date of expiration / Date d'expiration / Fecha de caducidad

26 Mar 2023

Department of State

Endorsements / Mentions spéciales / Anotaciones

SEE PAGE 27

USA

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

Federal Law Enforcement Training Center
Badge Application Form

PRINT ALL ANSWERS UNLESS SIGNATURE REQUESTED

Information provided by those completing this form may be used to conduct background checks on the applicant in accordance with FLETC Directive 71-01. Access Control. Privacy Act Statement: This information is provided in accordance with the Privacy Act of 1974 (5 USC 552a). Authority for this information is 5 USC 301, 5 USC 4101 et seq., Executive Order No. 11348, and Department of Homeland Security Delegation 7050. Disclosure of this information is voluntary. Failure to provide requested information may result in denial of access to the FLETC property.

SECTION A: To be completed by Applicant

1. Applicants Full Name (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle

Aliases Used (nicknames, maiden names, etc.)

2. Residential Address: Street and house number: (b)(6), (b)(7)(c)
Mailing Address (if different): (b)(6), (b)(7)(c)
City, State and Zip Code: SANTA FE, NM (b)(6), (b)(7)(c)

3. Country of Citizenship: U.S.A. List more than one if applicable.
If not a U.S. Citizen by Birth, you must complete and attach required Addendum
 Attached FTC-SEM-17 Addendum

4. Race/Ethnicity:
 American Indian or Alaska Native Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
 Other:

5. Gender: Male Female
6. Date of Birth: (b)(6), (b)(7)(c)
Month Day Year
7. Social Security Number: (b)(6), (b)(7)(c)

8. Driver's License Number: (b)(6), (b)(7)(c) State: NM

9. Have you been ARRESTED for any misdemeanor or felony offenses in the last seven (7) years? YES NO
If yes, please explain:

10. Type of Badge Requested:
 New Badge - never before issued for this applicant Reissue for expired badge
 New employment; applicant has held badge previously at FLETC Reissue for lost badge (Fee paid, receipt attached)

11. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information is a violation of 18 US Code Section 1001.
Applicant's Signature (b)(6), (b)(7)(c) Date: 10-13-14
Home or cell phone number: (b)(6), (b)(7)(c) SPS-660 (b)(6), (b)(7)(c) Email: (b)(6), (b)(7)(c)

SECTION B: To be Completed by Contractor or Contractor's Representative if Applicant is Contractor Employee

12. Employer Information
Prime Contractor: _____
Subcontractor: _____
Applicant Position/Title: _____
13. Contract Information:
Contract/PO Number: _____
Contract End Date: _____
Contract Description: _____

14. Applicant Work Schedule:
 Full Time
 Part Time
 Temporary/Intermittent
15. Applicant Start and End Dates:
Applicant to begin work on: _____
Applicant to end work on: _____

16. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.
Contractor's Printed Name: _____ Office/Cell Number: _____
Contractor's Signature: _____ Date: _____

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Continued (Page 2)

SECTION 17: To be completed by Sponsor (Must be a Federal Employee)

17. Sponsor Name: (b)(6), (b)(7)(c) Agency: ICE
(Last) (First) Office/Cell Number: 843-735 (b)(6), (b)(7)(c)

18. Type of Access Requested:
 Contractor
 FLETC Government Staff Member (Work assignment must be FLETC Location)
 Partner Organization Government Staff Member (Work Assignment must be FLETC Location)
 Visitor Vendor Retired Staff

19. Background Investigation Requirement Code:
 1N Staff/Contractors with no access to PII
 5N Staff/Contractors with access to PII
 5C IT Staff/Contractors with Administrator Privileges
 3C IT Staff with Top Secret Clearance
 3N Security Staff with Top Secret Clearance
 Name check and fingerprint check

20. Dates Requested:
Requested Start Date: 10/22/2014 Requested Expiration Date: 10/23/2014

21. I certify that the information provided is true and accurate to the best of my knowledge. If I am not a FLETC employee, I certify that my agency has conducted the required background checks or investigations on any individual I am sponsoring. I acknowledge that knowingly falsifying information in the document is a violation of 18 US Code Section 1001.
Sponsor Signature: (b)(6), (b)(7)(c) Date: 10/16/2014

SECTION 22: To be completed by FLETC Personnel Security Registrar

22. Type of Badge to be Issued:
 FLETC Staff Card
 FLETC Partner Organization Staff Card
 Contractor
 Visitor Vendor
 PIV FLETC Staff Card - Retired

Approved Start Date: _____
Approved Expiration Date: _____
Fingerprinting Required: YES NO

Security Registrar's Name: _____
Security Registrar's Signature: _____ Date: _____

SECTION 23: To be completed by Security Personnel Issuing Badge

23. Identification Provided by Applicant: *
(a) Type: _____ (b) Type: _____
Number: _____ Number: _____
Expiration: _____ Expiration: _____

24. Fingerprints submitted to OPM: _____ (DATE)
Badge Issued by: _____ (Printed Name) _____ (Signature) Date: _____

*** Acceptable forms of identification include:**
For (a) or (b): U.S. Passport (unexpired or expired); Unexpired foreign passport with I-551 stamp or attached Form I-94 indicating unexpired employment authorization; Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-551); Unexpired Temporary Resident Card (Form I-688A); Unexpired Employment Authorization Document issued by DHS that contains a photo (Form I-688B); Driver's License or ID card issued by state or outlying possession of the U.S. provided it contains a photograph; ID card issued by federal, state or local government agencies or entities, provided it contains a photograph; or Military Dependent's ID Card.
For (b) only with one acceptable identification for (a) above: U.S. Social Security Card issued by the Social Security Administration (must not be marked invalid for employment and must not be laminated); Certificate of Birth Abroad issued by Department of State (Form FS-545 or Form DS-1350); Original or certified copy of a Birth Certificate issued by a state, county, municipal authority or outlying possession of the U.S. bearing an official seal; U.S. Citizen ID Card (Form I-197); or ID Card for Use of Resident Citizen in the U.S. (Form I-179).

For Official Use Only

Federal Law Enforcement Training Center
Badge Application Form

Addendum for Non-U.S. Citizens, Legal Permanent Residents and Naturalized U.S. Citizens

TO BE COMPLETED BY APPLICANT

1. Applicant's Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle

Aliases Used (nicknames, maiden names, etc.): _____

2. Country of Citizenship: U.S.A.
(List more than one if applicable)

Place of Birth: ALBUQUERQUE, NM U.S.A.
(City and Country)

3. Status:

- U.S. Citizen (Naturalized)
- Permanent Resident A# _____
- Non-Immigrant Status I-94# _____
- Employment Authorization Card Holder A# _____
- Border Crossing Card Holder # _____
- Other Status: _____

If Applicable

4. Non-U.S. Citizens must provide copies of documentation related to their status in the U.S., including employment authorization, passport and visa.

- Attached: Copy of Passport _____
Country of Issue Passport Number Expiration Date *If no passport exists, insert "None" in provided space.*
- Copy of U.S. Visa _____
Visa Number Visa Type Expiration Date *If no Visa exists, insert "None" in provided space.*
- Copy of Permanent Resident/Resident Alien Card
- Copy of Employment Authorization Card
- Border Crossing Card
- Other document verifying non-immigrant status

5. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) _____ Date: 10-16-14
(b)(6), (b)(7)(c)

- Have any physical contact with ICE detainees.
- Counsel or assist any ICE detainee(s) in conduct that
 - is illegal, criminal or fraudulent;
 - disrupts the daily and orderly operations of the facility; or
 - appears to endanger the security and safety of the detainee, other detainees, staff, and visitors.
- Distribute any item to an ICE detainee unless the item has been pre-approved by ICE or the Facility Administrator. ICE will seize as contraband any unapproved items provided to an ICE detainee.
- Distribute material that depicts, describes, encourages, or promotes activities that could lead to physical violence or group disruptions.²
- Enter, move about the facility or leave without being properly escorted by ICE or facility staff.

I acknowledge and accept responsibility for adhering to this Code and I understand that any violation or suspected violation may result in immediate termination of the scheduled tour or visit or tour, removal of visitor(s) from the facility, and the denial of future tour or visitation requests.

PRINTED NAME:

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

DATE:

09/25/2014

ORGANIZATION:

Lutheran Advocacy Ministry-N

CONTACT NUMBER AND EMAIL:

505-650, (b)(7)(c) (b)(6), (b)(7)(c)

² Reports and/or materials that have been pre-approved by the facility administrator or ICE staff are acceptable for distribution.



NEW MEXICO

DRIVER'S LICENSE

License # (b)(6), (b)(7)(c)

ISSUED 05/17/2010

Date of Birth (b)(6), (b)(7)(c)

EXPIRES 05/24/2018

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

SANTA FE, NM (b)(6), (b)(7)(c)

SEX F

HEIGHT 5' (b)(6), (b)(7)(c)

WEIGHT 245

EYES BLU

CLASS D

ENDORSEM

DONOR ♥

RESTRICTIONS B

Federal Law Enforcement Training Center
Badge Application Form

PRINT ALL ANSWERS UNLESS SIGNATURE REQUESTED

Information provided by those completing this form may be used to conduct background checks on the applicant in accordance with FLETC Directive 71-01, Access Control Privacy Act Statement. This information is provided in accordance with the Privacy Act of 1974 (5 USC 552a). Authority for this information is 5 USC 301, 5 USC 4101 et seq., Executive Order No. 11348, and Department of Homeland Security Delegation 7050. Disclosure of this information is voluntary. Failure to provide requested information may result in denial of access to the FLETC property.

SECTION A - To be completed by Applicant

1. Applicants Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) Middle

Aliases Used (nicknames, maiden names, etc.):

2. Residential Address: Street and house number: (b)(6), (b)(7)(c)

Mailing Address (if different):

City, State and Zip Code: Albuquerque NM (b)(6), (b)(7)(c)

3. Country of Citizenship: United States of America

(List more than one if applicable)

If not a U.S. Citizen by Birth, you must complete and attach required Addendum

Attached FTC-SEM-17 Addendum

4. Race/Ethnicity:
 American Indian or Alaska Native Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
 Other:

5. Gender: Male Female

6. Date of Birth: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Month

7. Social Security Number: (b)(6), (b)(7)(c)

8. Driver's License Number: (b)(6), (b)(7)(c) State: New Mexico

9. Have you been ARRESTED for any misdemeanor or felony offenses in the last seven (7) years? No

If yes, please explain:

10. Type of Badge Requested:
 New Badge - never before issued for this applicant Reissue for same applicant
 New Employment; applicant has held badge previously at FLETC Reissue for new employer (attach)

11. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c)

Date: 12-15-10

Home or cell phone number: 505 675 (b)(6), (b)(7)(c)

Email: (b)(6), (b)(7)(c)

SECTION B - To be Completed by Contractor or Contractor's Representative if Applicant is Contractor

12. Employer Information:
Prime Contractor: _____
Subcontractor: _____
Applicant Position/Title: _____

13. Contract Information:
Contract/PO Number: _____
Contract End Date: _____
Contract Description: _____

14. Applicant Work Schedule:
 Full Time
 Part Time
 Temporary/Intermittent

15. Applicant Start and End Dates:
Applicant to begin work on: _____
Applicant to end work on: _____

16. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Contractor's Printed Name: _____ Office/Cell Number: _____

Contractor's Signature: _____ Date: _____

Continued (Page 2)

SECTION I To be completed by Sponsor (Must be a Federal Employee)

17. Sponsor Name: (b)(6), (b)(7)(c) Agency: ICE
(Last) (First) Office/Cell Number: 843-735(b)(6), (b)(7)(c)

18. Type of Access Requested:
 Contractor
 FLETC Government Staff Member (Work assignment must be FLETC Location)
 Partner Organization Government Staff Member (Work Assignment must be FLETC Location)
 Visitor Vendor Retired Staff
19. Background Investigation Requirement Code:
 1N Staff/Contractors with no access to PII
 5N Staff/Contractors with access to PII
 5C IT Staff/Contractors with Administrator Privileges
 3C IT Staff with Top Secret Clearance
 3N Security Staff with Top Secret Clearance
 Name check and fingerprint check

20. Dates Requested:
Requested Start Date: 10/22/2014 Requested Expiration Date: 10/23/2014

21. I certify that the information provided is true and accurate to the best of my knowledge. If I am not a FLETC employee, I certify that my agency has conducted the required background checks or investigations on any individual I am sponsoring. I acknowledge that knowingly or willfully falsifying information in the document is a violation of 18 US Code Section 1001.
Sponsor Signature: (b)(6), (b)(7)(c) Date: 10/16/2014

SECTION II To be completed by Sponsor, Personnel Security Registrar

22. Type of Badge to be Issued:
 FLETC Staff Card
 FLETC Partner Organization Staff Card
 Contractor
 Visitor Vendor
 PIV FLETC Staff Card - Retired
Approved Start Date: _____
Approved Expiration Date: _____
Fingerprinting Required: YES NO
Security Registrar's Name: _____
Security Registrar's Signature: _____ Date: _____

SECTION III To be completed by Security/Personnel Issuing Badge

23. Identification Provided by Applicant: *
(a) Type: _____ Number: _____ Expiration: _____
(b) Type: _____ Number: _____ Expiration: _____
24. Fingerprints submitted to OPM: _____ (DATE)
Badge Issued by _____ (Printed Name) _____ (Signature) Date: _____

* Acceptable forms of identification include:
For (a) or (b): U.S. Passport (unexpired or expired); Unexpired foreign passport with I-551 stamp or attached Form I-94 indicating unexpired employment authorization; Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-551); Unexpired Temporary Resident Card (Form I-688A); Unexpired Employment Authorization Document issued by DHS that contains a photo (Form I-688B); Driver's License or ID card issued by state or outlying possession of the U.S. provided it contains a photograph; ID card issued by federal, state or local government agencies or entities, provided it contains a photograph; or Military Dependent's ID Card.
For (b) only with one acceptable identification for (a) above: U.S. Social Security Card issued by the Social Security Administration (must not be marked invalid for employment and must not be laminated); Certificate of Birth Abroad issued by Department of State (Form FS-545 or Form DS-1350); Original or certified copy of a Birth Certificate issued by a state, county, municipal authority or outlying possession of the U.S. bearing an official seal; U.S. Citizen ID Card (Form I-197); or ID Card for Use of Resident Citizen in the U.S. (Form I-179).

For Official Use Only

Federal Law Enforcement Training Center
Badge Application Form

Addendum for Non-U.S. Citizens, Legal Permanent Residents and Naturalized U.S. Citizens

TO BE COMPLETED BY APPLICANT

1. Applicant's Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) Middle
FIRST

Aliases Used (nicknames, maiden names, etc.): _____

2. Country of Citizenship: United States of America
(List more than one if applicable)

Place of Birth: Chicago, IL
(City and Country)

3. Status:

- U.S. Citizen (Naturalized)
- Permanent Resident A# _____
- Non-immigrant Status I-94# _____
- Employment Authorization Card Holder A# _____
- Border Crossing Card Holder # _____
- Other Status: _____

4. Non-U.S. Citizens must provide copies of documentation related to their status in the U.S., including employment authorization, passport and visa.

- if applicable*
- Attached: Copy of Passport _____ Expiration Date _____
Country of Issue Passport Number Expiration Date
If no passport exists, insert "None" in provided space.
- Copy of U.S. Visa _____ Expiration Date _____
Visa Number Visa Type Expiration Date
If no Visa exists, insert "None" in provided space.
- Copy of Permanent Resident/Resident Alien Card
- Copy of Employment Authorization Card
- Border Crossing Card
- Other document verifying non-immigrant status

5. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) Date: 10-15-14

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

**STAKEHOLDER VISITOR
CODE OF CONDUCT**

U.S. Immigration and Customs Enforcement (ICE) is committed to maintaining safe and secure detention facilities. To ensure security and avoid any disruptions in daily operations, all agency stakeholders¹ touring and/or conducting visitation with detainees shall maintain proper and appropriate decorum, adhere to applicable ICE and facility standards, and abide by this Stakeholder Visitor Code of Conduct (Code).

Any person or group that violates any part of the Code set forth below may be subject to immediate removal from the facility and may be denied future access to ICE detention facilities.

Stakeholders entering the facility to participate in a tour or conduct a visit with an ICE detainee(s) are subject to a standard search of their person and belongings for security reasons. ICE or the Facility Administrator have the discretion to cancel, reschedule or terminate a tour or visit if: 1) an emergency arises; 2) the safety, security, and orderly operations of the facility are potentially jeopardized; or 3) any violations of this Code or ICE and facility standards are observed.

Stakeholders shall:

- Follow all applicable facility rules, standards, and policies.
- Behave in a respectful and courteous manner towards detainees, staff, and other visitors at all times.
- Comply with instructions given by facility and ICE staff.
- Follow the facility's Dress Code.
- Sign a waiver of liability, if required.

Stakeholders shall not:

- Bring any electronic/recording devices, cell phones, laptops, or smart phone/wireless communication devices into the secure areas of the facility.
- Engage in any activity for the purpose of financial gain.
- Solicit legal clients in violation of applicable attorney Rules of Professional Conduct.
- Distribute legal solicitation materials, to include business cards and/or marketing materials, in violation of applicable attorney Rules of Professional Conduct.
- Coerce or intimidate any ICE detainee.

¹ "Stakeholders" shall include, but are not limited to, non-governmental organizations, community service organizations, intergovernmental entities (e.g. United Nations High Commissioner for Refugees), faith-based organizations, members of academia, and legal representative/associations/groups (e.g. pro bono legal service provider groups). This guidance does not apply to (1) Legal Orientation Program or Know Your Rights presentation providers; (2) law firms, organizations, or sole attorney practitioners providing or seeking to provide legal representation; (3) family members or friends of detainees; (4) religious service providers and, (5) physicians with a request from a detainee's counsel to conduct an examination relevant to the detainee's case.

- Have any physical contact with ICE detainees.
- Counsel or assist any ICE detainee(s) in conduct that
 - is illegal, criminal or fraudulent;
 - disrupts the daily and orderly operations of the facility; or
 - appears to endanger the security and safety of the detainee, other detainees, staff, and visitors.
- Distribute any item to an ICE detainee unless the item has been pre-approved by ICE or the Facility Administrator. ICE will seize as contraband any unapproved items provided to an ICE detainee.
- Distribute material that depicts, describes, encourages, or promotes activities that could lead to physical violence or group disruptions.²
- Enter, move about the facility or leave without being properly escorted by ICE or facility staff.

I acknowledge and accept responsibility for adhering to this Code and I understand that any violation or suspected violation may result in immediate termination of the scheduled tour or visit or tour, removal of visitor(s) from the facility, and the denial of future tour or visitation requests.

PRINTED NAME: (b)(6), (b)(7)(c) DATE: 10-15-14

(b)(6), (b)(7)(c) (b)(6), (b)(7)(c)

ORGANIZATION: El Centro de Igualdad y Derechos CONTACT NUMBER AND EMAIL: 505 246 (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)

² Reports and/or materials that have been pre-approved by the facility administrator or ICE staff are acceptable for distribution.

MEXICO



DRIVER'S LICENSE
ISSUED 07/30/2014
EXPIRES 08/02/2018

License # (b)(6), (b)(7)(c)

Date of Birth (b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

SEX (b)(6), (b)(7)(c)

SEX M

HEIGHT 5'0"

(b)(6), (b)(7)(c)

EYES BRO

ENDORSEM

RESTRICTIONS NONE

Federal Law Enforcement Training Center
Badge Application Form

PRINT ALL ANSWERS UNLESS SIGNATURE REQUESTED

Information provided by those completing this form may be used to conduct background checks on the applicant in accordance with FLETC Directive 71-01, Access Control Privacy Act Statement: This information is provided in accordance with the Privacy Act of 1974 (5 USC 552a). Authority for this information is 5 USC 301, 5 USC 4101 et seq., Executive Order No. 11348, and Department of Homeland Security Delegation 7050. Disclosure of this information is voluntary. Failure to provide requested information may result in denial of access to the FLETC property.

SECTION A - To be completed by Applicant

1. Applicants Full Name (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle

Aliases Used (nicknames, maiden names, etc.) (b)(6), (b)(7)(c)

2. Residential Address: Street and house number: (b)(6), (b)(7)(c)
Mailing Address (if different):
City, State and Zip Code: SILVER CITY, NM (b)(6), (b)(7)(c)

3. Country of Citizenship: UNITED STATES
List more than one if applicable.

If not a U.S. Citizen by Birth, you must complete and attach required Addendum
 Attached FTC-SEM-17 Addendum

4. Race/Ethnicity:
 American Indian or Alaska Native Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
 Other: _____

5. Gender: Male Female

6. Date of Birth: (b)(6), (b)(7)(c)
Month Day Year

7. Social Security Number: (b)(6), (b)(7)(c)

8. Driver's License Number: (b)(6), (b)(7)(c) State: NM

9. Have you been ARRESTED for any misdemeanor or felony offenses in the last seven (7) years? YES NO
If yes, please explain: _____

10. Type of Badge Requested:
 New Badge - never before issued for this applicant Reissue for expired badge
 New employment; applicant has held badge previously at FLETC Reissue for lost badge (Fec paid, receipt attached)

11. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in this document is a violation of 18 US Code Section 1001.
Applicant's Signature: (b)(6), (b)(7)(c) Date: 10/13/14
Home or cell phone number: 575-956-(b)(6), (b)(7)(c) Email: _____

SECTION B - To be Completed by Contractor or Contractor's Representative if Applicant is Contractor Employee

12. Employer Information
Prime Contractor: _____
Subcontractor: _____
Applicant Position/Title: _____

13. Contract Information:
Contract/PO Number: _____
Contract End Date: _____
Contract Description: _____

14. Applicant Work Schedule:
 Full Time
 Part Time
 Temporary/Intermittent

15. Applicant Start and End Dates:
Applicant to begin work on: _____
Applicant to end work on: _____

16. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.
Contractor's Printed Name: _____ Office/Cell Number: _____
Contractor's Signature: _____ Date: _____

For Official Use Only

Continued (Page 2)

SECTION C: To be completed by Sponsor (Must be a Federal Employee)

17. Sponsor Name: (b)(6), (b)(7)(c) Agency: ICE Office/Cell Number: 843-735 (b)(6), (b)(7)(c)

18. Type of Access Requested: Contractor, FLETC Government Staff Member, Partner Organization Government Staff Member, Visitor, Vendor, Retired Staff. 19. Background Investigation Requirement Code: 1N Staff/Contractors with no access to PII, 5N Staff/Contractors with access to PII, 5C IT Staff/Contractors with Administrator Privileges, 3C IT Staff with Top Secret Clearance, 3N Security Staff with Top Secret Clearance, Name check and fingerprint check.

20. Dates Requested: Requested Start Date: 10/22/2014 Requested Expiration Date: 10/23/2014

21. I certify that the information provided is true and accurate to the best of my knowledge. If I am not a FLETC employee, I certify that my agency has conducted the required background checks or investigations on any individual I am sponsoring. I acknowledge that knowingly or willfully falsifying information in the document is a violation of 18 US Code Section 1001. Sponsor Signature: (b)(6), (b)(7)(c) Date: 10/16/2014

SECTION D: To be completed by FLETC Personnel Security Registrar

22. Type of Badge to be Issued: FLETC Staff Card, FLETC Partner Organization Staff Card, Contractor, Visitor, Vendor, PIV, FLETC Staff Card - Retired. Approved Start Date, Approved Expiration Date, Fingerprinting Required: YES NO. Security Registrar's Name, Security Registrar's Signature, Date.

SECTION E: To be completed by Security Personnel Issuing Badge

23. Identification Provided by Applicant: (a) Type, Number, Expiration; (b) Type, Number, Expiration. 24. Fingerprints submitted to OPM: (DATE). Badge Issued by (Printed Name), (Signature), Date.

* Acceptable forms of identification include: For (a) or (b): U.S. Passport (unexpired or expired); Unexpired foreign passport with I-551 stamp or attached Form I-94 indicating unexpired employment authorization; Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-551); Unexpired Temporary Resident Card (Form I-688A); Unexpired Employment Authorization Document issued by DHS that contains a photo (Form I-688B); Driver's License or ID card issued by state or outlying possession of the U.S. provided it contains a photograph; ID card issued by federal, state or local government agencies or entities, provided it contains a photograph; or Military Dependent's ID Card. For (b) only with one acceptable identification for (a) above: U.S. Social Security Card issued by the Social Security Administration (must not be marked invalid for employment and must not be laminated); Certificate of Birth Abroad issued by Department of State (Form FS-545 or Form DS-1350); Original or certified copy of a Birth Certificate issued by a state, county, municipal authority or outlying possession of the U.S. bearing an official seal; U.S. Citizen ID Card (Form I-197); or ID Card for Use of Resident Citizen in the U.S. (Form I-179).

For Official Use Only

Federal Law Enforcement Training Center
Badge Application Form

Addendum for Non-U.S. Citizens, Legal Permanent Residents and Naturalized U.S. Citizens

TO BE COMPLETED BY APPLICANT

1. Applicant's Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle

Aliases Used (nicknames, maiden names, etc.): (b)(6), (b)(7)(c)

2. Country of Citizenship: UNITED STATES
(List more than one if applicable)

Place of Birth: BARTLESVILLE OKLAHOMA
(City and Country)

3. Status:

- U.S. Citizen (Naturalized)
- Permanent Resident A# _____
- Non-Immigrant Status I-94# _____
- Employment Authorization Card Holder A# _____
- Border Crossing Card Holder # _____
- Other Status: _____

4. Non-U.S. Citizens must provide copies of documentation related to their status in the U.S., including employment authorization, passport and visa.

If applicable

Attached: Copy of Passport _____

Country of Issue Passport Number Expiration Date

If no passport exists, insert "None" in provided space.

Copy of U.S. Visa _____
Visa Number Visa Type Expiration Date

If no Visa exists, insert "None" in provided space.

Copy of Permanent Resident/Resident Alien Card

Copy of Employment Authorization Card

Border Crossing Card

Other document verifying non-immigrant status

5. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Applicant's Signature (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)

Date: 10/3/14

(b)(6), (b)(7)(c)

For Official Use Only

- Have any physical contact with ICE detainees.
- Counsel or assist any ICE detainee(s) in conduct that
 - is illegal, criminal or fraudulent;
 - disrupts the daily and orderly operations of the facility; or
 - appears to endanger the security and safety of the detainee, other detainees, staff, and visitors.
- Distribute any item to an ICE detainee unless the item has been pre-approved by ICE or the Facility Administrator. ICE will seize as contraband any unapproved items provided to an ICE detainee.
- Distribute material that depicts, describes, encourages, or promotes activities that could lead to physical violence or group disruptions.²
- Enter, move about the facility or leave without being properly escorted by ICE or facility staff.

I acknowledge and accept responsibility for adhering to this Code and I understand that any violation or suspected violation may result in immediate termination of the scheduled tour or visit or tour, removal of visitor(s) from the facility, and the denial of future tour or visitation requests.

PRINTED NAME: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) DATE: 9/25/19

ORGANIZATION: SOUTHWEST CONFERENCE CONTACT NUMBER AND EMAIL: 575-756-(b)(6), (b)(7)(c)

UNITED CHURCH OF CHRIST (b)(6), (b)(7)(c)

² Reports and/or materials that have been pre-approved by the facility administrator or ICE staff are acceptable for distribution.

NEW MEXICO

DRIVER'S LICENSE

License (b)(6), (b)(7)(c) ISSUED 05/31/2011
Date of Birth (b)(6), (b)(7)(c) EXPIRES 05/07/2019

(b)(6), (b)(7)(d) (b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)
SILVER CITY, NM (b)(6), (b)(7)(c)

SEX M HEIGHT (b)(6), (b)(7)(c)
WEIGHT 135 EYES BLU
HAIR BRN (b)(6), (b)(7)(c)
RESTRICTIONS

(b)(6), (b)(7)(c)

From: (b)(6), (b)(7)(c)
Sent: Wednesday, October 08, 2014 2:46 PM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: RE: Correspondence 15-002

Thank You (b)(6), (b)(7)(c)

From: (b)(6), (b)(7)(c)
Sent: Wednesday, October 08, 2014 2:21 PM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: RE: Correspondence 15-002

(b)(6), (b)(7)(c)

AFRC has reached out to FLETC to complete checks on the Faith Coalition folks.

(b)(6), (b)(7)(c)

From: (b)(6), (b)(7)(c)
Sent: Wednesday, October 08, 2014 4:13 PM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: RE: Correspondence 15-002

Thank You, HQ portion and concurrence completed waiting for AFRC vetting so approval may go out to the NGO.

(b)(6), (b)(7)(c)

CoS/AFOD
El Paso Field Office
915-225-(b)(6), (b)(7)(c) office)
915-208-(b)(6), (b)(7)(c) cell)

(b)(6), (b)(7)(c)

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From: (b)(6), (b)(7)(c)
Sent: Wednesday, October 08, 2014 1:54 PM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: FW: Correspondence 15-002

(b)(6), (b)(7)(c)

Forwarding attached to you for your action.

(b)(6), (b)(7)(c)

Special Assistant

El Paso Field Office, 915-225-(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

From: (b)(6), (b)(7)(c)

Sent: Wednesday, October 08, 2014 10:45 AM

To: (b)(6), (b)(7)(c)

Subject: FW: Correspondence 15-002

FYI

From: (b)(6), (b)(7)(c)

Sent: Tuesday, October 07, 2014 11:15 AM

To: (b)(6), (b)(7)(c)

Cc: (b)(6), (b)(7)(c)

Subject: FW: Correspondence 15-002

(b)(6), (b)(7)(c)

Attached you will find a request that will require further action and a response to El Paso Outreach.

(b)(6), (b)(7)(c)

From: (b)(6), (b)(7)(c)

Sent: Tuesday, October 07, 2014 12:58 PM

To: (b)(6), (b)(7)(c)

Cc: (b)(6), (b)(7)(c)

Subject: Correspondence 15-002

Good Morning,

Please see attached; for vetting and response date for the tour.

Thank You,

(b)(6), (b)(7)(c)

Mission Support Assistant

DHS/ICE/ERO

El Paso Field Office

1545 Hawkins Blvd.

El Paso, TX 79925

(915) 225-(b)(6), (b)(7)(c)

Fax: (915) 225-(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)
El Paso, TX (b)(6), (b)(7)(c)

Office: 915.532.0524 (b)(6), (b)(7)(c)
www.iglesiacristorev.wix.com/luterana

Fax: 915.532.0524
(b)(6), (b)(7)(c)



(b)(6), (b)(7)(c)

Assistant Field Office Director
El Paso Field Office
1545 Hawkins Boulevard
El Paso, TX 79925

October 28, 2014

Dear (b)(6), (b)(7)(c)

Iglesia Luterana Cristo Rey and the Evangelical Lutheran Church in America respectfully request a facility tour and stakeholder visitation meeting with immigrant residents housed at the Family Residential Facility in Artesia, NM.

The members of this group requesting this tour are largely faith leaders: bishops, pastors, and staff of the Evangelical Church in America. We hope to learn about the conditions and needs of both ICE staff and residents of FLETC. Furthermore, we believe visiting those in detention will help us to seek ways to better serve them spiritually and learn through them what other resources they might need. A visit from a religious leader can help detained immigrants cope with the anxiety of being separated from family members, their community and all their support system they had back home. Additionally, we hope to speak with ICE staff and with residents about the food, education, and mental/physical health services offered, especially for women and children.

Our preference is to visit on Tuesday, November 18th at either 9:30 AM or 1:30 PM. If these are not the most convenient times, we could arrive between 9:30 AM and 3:30 PM. We are requesting a facility tour and visitation. We do not have any identifying information for persons currently at this facility, but would like the opportunity to talk with anyone willing to meet with us.

Below is information for the proposed visitors. We will send the participants' identifying documents and necessary forms.

Name	Date of Birth	Affiliation	Passport/Driver's License #	Immigration Status
(b)(6), (b)(7)(c)		Pastor, Mount Hope Lutheran Church, El Paso, TX	(b)(6), (b)(7)(c)	US Citizen
		Evangelical Lutheran Church in America, Chicago, IL		US Citizen

(b)(6), (b)(7)(c)

Office: 915.546. (b)(7)(c)

Fax: 915.532.0524

El Paso, TX (b)(6), (b)(7)(c)

www.iglesiacristorey.wix.com/luterana

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)	Evangelical Lutheran Church in America, Chicago, IL	(b)(6), (b)(7)(c)	US Citizen
	Evangelical Lutheran Church in America, Chicago, IL		US Citizen
	Bishop, Rocky Mountain Synod, Denver, CO		US Citizen
	Iglesia Luterana Cristo Rey, El Paso, TX		US Citizen
	Pastor, Iglesia Luterana Cristo Rey, El Paso, TX		US Citizen
	Evangelical Lutheran Church in America, Chicago, IL		US Citizen

Attached you will find a signed/completed copy of:

- 1) ICE Standard Stakeholder Tour/Visit Notification Flyer and Sign-Up Sheet;
- 2) Our detainee consent form for review by the field office.

If you need any additional information, or have questions or concerns regarding this request please feel to contact (b)(6), (b)(7)(c) of Iglesia Luterana Cristo Rey at

(b)(6), (b)(7)(c)

or 915-422 (b)(6), (b)(7)(c)

Sincerely,

(b)(6), (b)(7)(c)

Pastor

(b)(6), (b)(7)(c)

From: (b)(6), (b)(7)(c)
Sent: Monday, November 10, 2014 12:43 PM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: RE: Request for Visit to Artesia Facility

Thank you

From: (b)(6), (b)(7)(c)
Sent: Monday, November 10, 2014 12:36 PM
To: (b)(6), (b)(7)(c)
Subject: RE: Request for Visit to Artesia Facility

No concerns on my end.

(b)(6), (b)(7)(c)

Chief
Juvenile and Family Residential Management Unit
Custody Management Division
Enforcement and Removal Operations
Immigration and Customs Enforcement
(202) 732-
(202) 422- (b)(6), (b)(7)(c)

From: (b)(6), (b)(7)(c)
Sent: Monday, November 10, 2014 2:12 PM
To: (b)(6), (b)(7)(c)
Subject: FW: Request for Visit to Artesia Facility

Tour request for vetting protocols and approval

From: (b)(6), (b)(7)(c)
Sent: Tuesday, October 28, 2014 2:37 PM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: RE: Request for Visit to Artesia Facility

Hello again,

Thank you for your response. Attached you will find our revised letter of request for a visit to the Family Residential Center in Artesia, NM, along with forms from the participants. The forms include:

1) Badge Application Form (FTC-SEM-17)

2) Stakeholder Visitor Code of Conduct

3) Copy of government-issued photo identification document (passport/driver's license)

Please review the request and let us know if you need any additional information.

Thank you so much for your consideration and your help. Our church has had wonderful experiences working with the field office here in El Paso, and we look forward to the opportunity to continue our relationship with you and the possibility of visiting your site in Artesia.

Sincerely,

(b)(6), (b)(7)(c)

Iglesia Luterana Cristo Rey

(b)(6), (b)(7)(c)

El Paso, TX (b)(6), (b)(7)(c)

(915) 422- (b)(6), (b)(7)(c)

From (b)(6), (b)(7)(c)

To: (b)(6), (b)(7)(c)

CC: (b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

Subject: RE: Request for Visit to Artesia Facility

Date: Fri, 24 Oct 2014 21:36:52 +0000

Greetings (b)(6), (b)(7)(c)

Thank you for contacting U.S. Immigration and Customs Enforcement (ICE), Enforcement and Removal Operations (ERO) El Paso Field Office with your request to visit and tour the Artesia Family Residential Center (AFRC). ERO is dedicated to ensuring that the community is fully informed of our programs and processes, and all efforts shall be made to accommodate requests for facility tours in a timely manner. 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.

To properly vet and schedule your tour, the request must be complete with all required forms submitted for each tour participant and should also include a photo copy of a government issued photo identification document with biographical information, such as a passport and/or driver's license. This will be required on the date of the tour. Foreign born participants will require the Foreign Visitor Form completed, and this will require about 45 to 60 days for the required DHS vetting. All tour participants must be adults (18+) to be eligible.

Your tour request cannot be scheduled at this time until all required documentation is received and properly vetted. Once the application is completely submitted and your tour request granted by JFRMU, the El Paso Outreach office will serve as your point of contact.

In addition, please limit your group to a reasonable number of participants (5 to 7), due to the increasing number of visits and tours conducted of AFRC, and to maintain compliance with Family Residential Standards.

If you have any further questions please feel free to contact this office.

V/R
ERO Outreach
El Paso Field Office

(b)(6), (b)(7)(c)

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From: (b)(6), (b)(7)(c)
Sent: Wednesday, October 22, 2014 10:46 AM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: Request for Visit to Artesia Facility

Greetings,

Attached you will find a letter of request for a visit to the Family Residential Center in Artesia, NM. We are hoping to visit the facility on November 18th with a group of religious leaders from the Evangelical Lutheran Church in America.

Please review the request and let us know if you need any additional information.

Additionally, if our request is approved, we would like to know exactly what documents you will need from each participant prior to the visit. (All of our visitors are US citizens.) The documents we are currently collecting from participants are as follows:

- 1) Badge Application Form (FTC-SEM-17)
- 2) Stakeholder Visitor Code of Conduct
- 3) Copy of government-issued photo identification document

We have attached the forms we have received thus far from the participants. We will send the remaining forms as we receive them in the near future. Also, we do not have a *waiver of liability* for the participants, which we have been told is another required document. If so, we would appreciate if you could forward us this form so that we may have our participants complete it. Although our participant forms are incomplete, we wanted to send you a letter of request now, firstly to see if November 18th is a possible date for our group's visit.

Thank you so much for your consideration. Our church has had wonderful experiences working with the field office here in El Paso, and we look forward to the opportunity to continue our relationship with you and the possibility of visiting your site in Artesia.

Sincerely,

(b)(6), (b)(7)(c)

glesia Luterana Cristo Rey

(b)(6), (b)(7)(c)

El Paso, TX (b)(6), (b)(7)(c)

915) 422 (b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

From: (b)(6), (b)(7)(c)
Sent: Monday, November 10, 2014 12:11 PM
To: (b)(6), (b)(7)(c)
Subject: FW: Request for Visit to Artesia Facility
Attachments: IglesiaLuteranaCristoRey Letter of Request for Artesia Detention Center Visit.pdf; IglesiaLuteranaCristoRey Stakeholder Visit Notification.pdf; Consent Form for Artesia visit.pdf; (b)(6), (b)(7)(c).pdf; (b)(6), (b)(7)(c).pdf; (b)(6), (b)(7)(c).pdf; (b)(6), (b)(7)(c).pdf; (b)(6), (b)(7)(c).pdf; (b)(6), (b)(7)(c) document 1 of 3.pdf; (b)(6), (b)(7)(c) document 2 of 3.pdf; (b)(6), (b)(7)(c) document 3 of 3.pdf; (b)(6), (b)(7)(c) Badge App and DL.pdf; (b)(6), (b)(7)(c) Stakeholder Code of Conduct.pdf; (b)(6), (b)(7)(c).pdf

Tour request for vetting protocols and approval

From: (b)(6), (b)(7)(c)
Sent: Tuesday, October 28, 2014 2:37 PM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: RE: Request for Visit to Artesia Facility

Hello again,

Thank you for your response. Attached you will find our revised letter of request for a visit to the Family Residential Center in Artesia, NM, along with forms from the participants. The forms include:

- 1) Badge Application Form (FTC-SEM-17)
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Thank you so much for your consideration and your help. Our church has had wonderful experiences working with the field office here in El Paso, and we look forward to the opportunity to continue our relationship with you and the possibility of visiting your site in Artesia.

Sincerely,

(b)(6), (b)(7)(c)

Iglesia Luterana Cristo Rey

(b)(6), (b)(7)(c)

El Paso, TX (b)(6), (b)(7)(c)

(915) 422- (b)(6), (b)(7)(c)

From (b)(6), (b)(7)(c)
To (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
CC (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)

Subject: RE: Request for Visit to Artesia Facility

Date: Fri, 24 Oct 2014 21:36:52 +0000

Greetings (b)(6), (b)(7)(c)

Thank you for contacting U.S. Immigration and Customs Enforcement (ICE), Enforcement and Removal Operations (ERO) El Paso Field Office with your request to visit and tour the Artesia Family Residential Center (AFRC) . ERO is dedicated to ensuring that the community is fully informed of our programs and processes, and all efforts shall be made to accommodate requests for facility tours in a timely manner. 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.

To properly vet and schedule your tour, the request must be complete with all required forms submitted for each tour participant and should also include a photo copy of a government issued photo identification document with biographical information, such as a passport and/or driver's license. This will be required on the date of the tour. Foreign born participants will require the Foreign Visitor Form completed, and this will require about 45 to 60 days for the required DHS vetting. All tour participants must be adults (18+) to be eligible.

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In addition, please limit your group to a reasonable number of participants (5 to 7), due to the increasing number of visits and tours conducted of AFRC, and to maintain compliance with Family Residential Standards.

If you have any further questions please feel free to contact this office.

V/R
ERO Outreach
El Paso Field Office

(b)(6), (b)(7)(c)

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From: (b)(6), (b)(7)(c)
Sent: Wednesday, October 22, 2014 10:46 AM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: Request for Visit to Artesia Facility

Greetings,

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Additionally, if our request is approved, we would like to know exactly what documents you will need from each participant prior to the visit. (All of our visitors are US citizens.) The documents we are currently collecting from participants are as follows:

- 1) Badge Application Form (FTC-SEM-17)
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- 3) Copy of government-issued photo identification document

We have attached the forms we have received thus far from the participants. We will send the remaining forms as we receive them in the near future. Also, we do not have a *waiver of liability* for the participants, which we have been told is another required document. If so, we would appreciate if you could forward us this form so that we may have our participants complete it. Although our participant forms are incomplete, we wanted to send you a letter of request now, firstly to see if November 18th is a possible date for our group's visit.

Thank you so much for your consideration. Our church has had wonderful experiences working with the field office here in El Paso, and we look forward to the opportunity to continue our relationship with you and the possibility of visiting your site in Artesia.

Sincerely,

(b)(6), (b)(7)(c)

Iglesia Luterana Cristo Rey

(b)(6), (b)(7)(c)

El Paso, TX (b)(6), (b)(7)(c)

(915) 422- (b)(6), (b)(7)(c)

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

**STAKEHOLDER VISITOR
CODE OF CONDUCT**

U.S. Immigration and Customs Enforcement (ICE) is committed to maintaining safe and secure detention facilities. To ensure security and avoid any disruptions in daily operations, all agency stakeholders¹ touring and/or conducting visitation with detainees shall maintain proper and appropriate decorum, adhere to applicable ICE and facility standards, and abide by this Stakeholder Visitor Code of Conduct (Code).

Any person or group that violates any part of the Code set forth below may be subject to immediate removal from the facility and may be denied future access to ICE detention facilities.

Stakeholders entering the facility to participate in a tour or conduct a visit with an ICE detainee(s) are subject to a standard search of their person and belongings for security reasons. ICE or the Facility Administrator have the discretion to cancel, reschedule or terminate a tour or visit if: 1) an emergency arises; 2) the safety, security, and orderly operations of the facility are potentially jeopardized; or 3) any violations of this Code or ICE and facility standards are observed.

Stakeholders shall:

- Follow all applicable facility rules, standards, and policies.
- Behave in a respectful and courteous manner towards detainees, staff, and other visitors at all times.
- Comply with instructions given by facility and ICE staff.
- Follow the facility's Dress Code.
- Sign a waiver of liability, if required.

Stakeholders shall not:

- Bring any electronic/recording devices, cell phones, laptops, or smart phone/wireless communication devices into the secure areas of the facility.
- Engage in any activity for the purpose of financial gain.
- Solicit legal clients in violation of applicable attorney Rules of Professional Conduct.
- Distribute legal solicitation materials, to include business cards and/or marketing materials, in violation of applicable attorney Rules of Professional Conduct.
- Coerce or intimidate any ICE detainee.

¹ "Stakeholders" shall include, but are not limited to, non-governmental organizations, community service organizations, intergovernmental entities (e.g. United Nations High Commissioner for Refugees), faith-based organizations, members of academia, and legal representative/associations/groups (e.g. pro bono legal service provider groups). This guidance does not apply to (1) Legal Orientation Program or Know Your Rights presentation providers; (2) law firms, organizations, or sole attorney practitioners providing or seeking to provide legal representation; (3) family members or friends of detainees; (4) religious service providers and, (5) physicians with a request from a detainee's counsel to conduct an examination relevant to the detainee's case.

- Have any physical contact with ICE detainees.
- Counsel or assist any ICE detainee(s) in conduct that
 - o is illegal, criminal or fraudulent;
 - o disrupts the daily and orderly operations of the facility; or
 - o appears to endanger the security and safety of the detainee, other detainees, staff, and visitors.
- Distribute any item to an ICE detainee unless the item has been pre-approved by ICE or the Facility Administrator. ICE will seize as contraband any unapproved items provided to an ICE detainee.
- Distribute material that depicts, describes, encourages, or promotes activities that could lead to physical violence or group disruptions.²
- Enter, move about the facility or leave without being properly escorted by ICE or facility staff.

I acknowledge and accept responsibility for adhering to this Code and I understand that any violation or suspected violation may result in immediate termination of the scheduled tour or visit or tour, removal of visitor(s) from the facility, and the denial of future tour or visitation requests.

PRINTED NAME

(b)(6), (b)(7)(c)

SIGNATURE

(b)(6), (b)(7)(c)

DATE:

10/23/14

ORGANIZATION:

Lutheran Church

CONTACT NUMBER AND EMAIL:

cell: 773-208-(b)(6), (b)(7)(c)

Email

(b)(6), (b)(7)(c)

² Reports and/or materials that have been pre-approved by the facility administrator or ICE staff are acceptable for distribution.

(b)(7)(E)

ILLINOIS Jesse White • Secretary of State
DRIVER'S LICENSE

(b)(6), (b)(7)(c)

Class: D
End:
Rest:
Type: DRB

Issued: 03-29-13

(b)(6), (b)(7)(c)

CHICAGO (b)(6), (b)(7)(c)

Male 6'00" 200 lbs BLUE Eyes (b)(6), (b)(7)(c)



WWW.ILLINOISDRIVERSLICENSE.COM



Stand Type RH Factor	Medical information/Living Will Seal Area
-------------------------	----------------------------------------------



Class: Single Van COME 15026 No Learner License
Restrict: 8 - Corrective Lenses

2011 01 01
10011001

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

**STAKEHOLDER VISITOR
CODE OF CONDUCT**

U.S. Immigration and Customs Enforcement (ICE) is committed to maintaining safe and secure detention facilities. To ensure security and avoid any disruptions in daily operations, all agency stakeholders¹ touring and/or conducting visitation with detainees shall maintain proper and appropriate decorum, adhere to applicable ICE and facility standards, and abide by this Stakeholder Visitor Code of Conduct (Code).

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Stakeholders shall:

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- Follow the facility's Dress Code.
- Sign a waiver of liability, if required.

Stakeholders shall not:

- Bring any electronic/recording devices, cell phones, laptops, or smart phone/wireless communication devices into the secure areas of the facility.
- Engage in any activity for the purpose of financial gain.
- Solicit legal clients in violation of applicable attorney Rules of Professional Conduct.
- Distribute legal solicitation materials, to include business cards and/or marketing materials, in violation of applicable attorney Rules of Professional Conduct.
- Coerce or intimidate any ICE detainee.

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- Distribute material that depicts, describes, encourages, or promotes activities that could lead to physical violence or group disruptions.²
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I acknowledge and accept responsibility for adhering to this Code and I understand that any violation or suspected violation may result in immediate termination of the scheduled tour or visit or tour, removal of visitor(s) from the facility, and the denial of future tour or visitation requests.

PRINTED NAME:

(b)(6), (b)(7)(c)

SIGN:

(b)(6), (b)(7)(c)

DATE:

10/17/2014

ORGANIZATION:

Mount Hope Lutheran Church

CONTACT NUMBER AND EMAIL:

719-482 (b)(6), (b)(7)(c)
 (b)(6), (b)(7)(c)

² Reports and/or materials that have been pre-approved by the facility administrator or ICE staff are acceptable for distribution.

IOWA

DRIVER LICENSE

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

DUBUQUE (b)(6), (b)(7)(c)

DL No. (b)(6), (b)(7)(c)

Iss 09/28/2011 Ex 016

Class C End L Sex M

Restrictions B (b)(6), (b)(7)(c) Hgt 6'-03"

DOB (b)(6), (b)(7)(c) Eyes BRO

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

(b)(7)(E)



Rev 07/25/2011
CLASS: C-Non-Commercial Vehicle
ENDORSEMENTS: L-Motorcycle
RESTRICTIONS: B-Corrective Lenses

(b)(6), (b)(7)(c)

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

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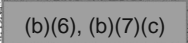
PRINTED NAME: _____ (b)(6), (b)(7)(c)	SIGNATURE: _____ (b)(6), (b)(7)(c)	DATE: <u>10/24/2014</u>
ORGANIZATION: <u>Rocky Mountain Snow</u>	CONTACT NUMBER AND EMAIL: <u>720-308</u> (b)(6), (b)(7)(c) _____ (b)(6), (b)(7)(c)	

² Reports and/or materials that have been pre-approved by the facility administrator or ICE staff are acceptable for distribution.

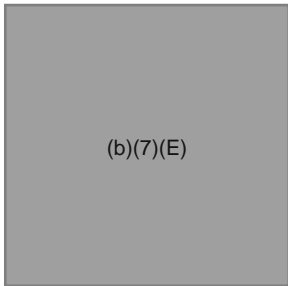
Colorado
Driver License



(b)(6), (b)(7)(c) Expires (b)(6), (b)(7)(c)
Class: R Issued: 07-31-2012
End: DOB: (b)(6), (b)(7)(c)
Rest: V Previous Type: A
Hi: 5'10" Wt: 160 Eyes: BRO Sex: M
Voter: Y



(b)(6), (b)(7)(c)
HIGHLND RCH (b)(6), (b)(7)(c)



(b)(7)(E)



Class R: Any motor vehicle with a GVWR of less than 26,001 lbs. as a single unit or in combination, designed to carry 15 or fewer passengers, including the driver, and does not carry hazardous material.

Restrictions:
V - Corrective Lenses

For more information on Organ & Tissue Donation:
www.DonorAlliance.org or Call 800.455.4557

Address Change: (b)(6), (b)(7)(c)

Endorsements:

(b)(6), (b)(7)(c) LITTLETON (b)(6), (b)(7)(c)



DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

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CODE OF CONDUCT**

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PRINTED NAME: _____ (b)(6), (b)(7)(c) _____

SIGNATURE: _____ (b)(6), (b)(7)(c) _____ (b)(6), (b)(7)(c) _____

DATE: 10-22-2014

ORGANIZATION: EVANGELICAL LUTHERAN CHURCH

CONTACT NUMBER AND EMAIL: 630-440 (b)(6), (b)(7)(c) _____ (b)(6), (b)(7)(c) _____

² Reports and/or materials that have been pre-approved by the facility administrator or ICE staff are acceptable for distribution.

ILLINOIS Jesse White - Secretary of State
DRIVER'S LICENSE

DONOR

Lic. No.: (b)(6), (b)(7)(c)
 DOB: (b)(6), (b)(7)(c)
 Expires: (b)(6), (b)(7)(c)
 Issued: 11-18-13
 Class: D
 End: *****
 Rest: *****
 Type: ORG

(b)(6), (b)(7)(c)
 CAROL STREAM (b)(6), (b)(7)(c)
 (b)(6), (b)(7)(c)
 Male 5'07" 181 lbs BRN Eyes (b)(6), (b)(7)(c)

www.illinois.gov

Blood Type
 RH Factor

Medical Information/Living Will
 Seal Area

Class: Single Veh CYWR 16000 or Less Except Cycles
 Restrict:

0259 848 08
 CDM00254

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

(b)(7)(E)

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

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PRINTED NAME:

(b)(6), (b)(7)(c)

SIGNATURE:

(b)(6), (b)(7)(c)

DATE:

10-21-14

ORGANIZATION:

Iglesia Luterana Cristo Rey

CONTACT NUMBER AND EMAIL:

915-544-(b)(6), (b)(7)(c)

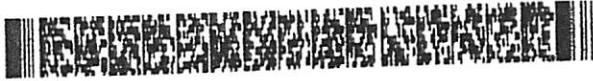
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CLASS: D license is authorized to operate an operator vehicle

ENDORSEMENTS:

RESTRICTIONS: A - None



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U.S. Immigration and Customs Enforcement

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PRINTED NAME:

SIGNATURE:

DATE:

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(c)

10-18-14

ORGANIZATION:

CONTACT NUMBER AND EMAIL:

Iglesia Luterana
Cristo Rey

915 422 (b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

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Texas

USA
TX

DRIVER LICENSE

(b)(6), (b)(7)(c)

DL (b)(6), (b)(7)(c) 9 Class C
a iss 01/18/2011 4b Exp (b)(6), (b)(7)(c)
DOB (b)(6), (b)(7)(c)
(b)(6), (b)(7)(c)
(b)(6), (b)(7)(c)
EL PASO TX (b)(6), (b)(7)(c)
12 Restrictions NONE 9a End NONE
16 Hgt 5-04 15 Sex F 18 Eyes BRO
(b)(6), (b)(7)(C)

(b)(7)(E)

Directive to physician
has been filed at tel #
RESTRICTIONS - NONE

Emergency
contact number

Allergic reaction
to drugs
TEXAS ROADSIDE
ASSISTANCE
1.800.435.5558

ENDORSEMENTS:
NONE

REV. 06/12/97



(b)(6), (b)(7)(c)

P. 2

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

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(b)(6), (b)(7)(c)	(b)(6), (b)(7)(c)	DATE: <u>10/22/14</u>
ORGANIZATION: <u>ELCA</u>	CONTACT NUMBER: <u>(773) 380-XXXX</u>	(b)(6), (b)(7)(c)

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(b)(7)(E)

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

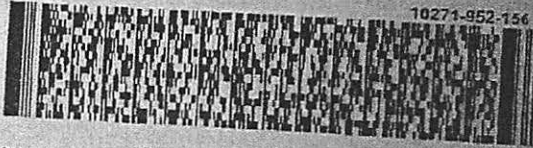
(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

TELEPHONE
8125 7110

\$ 34.00

10271-952-156



CLASS D - Non-Commercial Vehicles

Anatomical Gift Statement - Upon my death I wish to donate:
 All organs, tissues or eyes. I refuse to make an anatomical gift.
Except: _____

Signature: _____ Date: _____

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

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- Behave in a respectful and courteous manner towards detainees, staff, and other visitors at all times.
- Comply with instructions given by facility and ICE staff.
- Follow the facility's Dress Code.
- Sign a waiver of liability, if required.

Stakeholders shall not:

- Bring any electronic/recording devices, cell phones, laptops, or smart phone/wireless communication devices into the secure areas of the facility.
- Engage in any activity for the purpose of financial gain.
- Solicit legal clients in violation of applicable attorney Rules of Professional Conduct.
- Distribute legal solicitation materials, to include business cards and/or marketing materials, in violation of applicable attorney Rules of Professional Conduct.
- Coerce or intimidate any ICE detainee.

¹ "Stakeholders" shall include, but are not limited to, non-governmental organizations, community service organizations, intergovernmental entities (e.g. United Nations High Commissioner for Refugees), faith-based organizations, members of academia, and legal representative/associations/groups (e.g. pro bono legal service provider groups). This guidance does not apply to (1) Legal Orientation Program or Know Your Rights presentation providers; (2) law firms, organizations, or sole attorney practitioners providing or seeking to provide legal representation; (3) family members or friends of detainees; (4) religious service providers and, (5) physicians with a request from a detainee's counsel to conduct an examination relevant to the detainee's case.

- Have any physical contact with ICE detainees.
- Counsel or assist any ICE detainee(s) in conduct that
 - o is illegal, criminal or fraudulent;
 - o disrupts the daily and orderly operations of the facility; or
 - o appears to endanger the security and safety of the detainee, other detainees, staff, and visitors.
- Distribute any item to an ICE detainee unless the item has been pre-approved by ICE or the Facility Administrator. ICE will seize as contraband any unapproved items provided to an ICE detainee.
- Distribute material that depicts, describes, encourages, or promotes activities that could lead to physical violence or group disruptions.²
- Enter, move about the facility or leave without being properly escorted by ICE or facility staff.

I acknowledge and accept responsibility for adhering to this Code and I understand that any violation or suspected violation may result in immediate termination of the scheduled tour or visit or tour, removal of visitor(s) from the facility, and the denial of future tour or visitation requests.

PRINTED NAME: _____ (b)(6), (b)(7)(c)	_____ (b)(6), (b)(7)(c)	DATE: <u>10-17-14</u>
ORGANIZATION: <u>ELCA</u>	CONTACT NUMBER AND EMAIL: <u>773-706</u> (b)(6), (b)(7)(c) _____ (b)(6), (b)(7)(c)	

² Reports and/or materials that have been pre-approved by the facility administrator or ICE staff are acceptable for distribution.

ILLINOIS Jesse White - Secretary of State
DRIVER'S LICENSE

Lic. No: (b)(6), (b)(7)(c)
DOB: (b)(6), (b)(7)(c)
Expires: (b)(6), (b)(7)(c)
Issued: 06-18-13

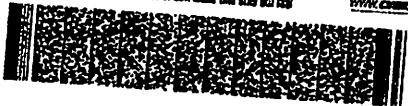
Class: D
Exp: *****
Rest: BF
Type: COR

(b)(6), (b)(7)(c)
SEX: (b)(6), (b)(7)(c)
Male 6'00" 225 lbs HZL Eyes (b)(6), (b)(7)(c)

(b)(7)(E)



WWW.COMMERCE.PIAA.LINDO.COM



Blood Type RH Factor	Medical Information/Living Will Seal Area
-------------------------	----------------------------------------------



Class: Single Yoke G7W7 10000 or Low Emission Cycle
 Restrict: 1 - Corrective Lenses 2 - Jaws And Right Outside Mirror

0073 222 08
 003480922

(b)(6), (b)(7)(C)

Federal Law Enforcement Training Center
Badge Application Form

PRINT ALL ANSWERS UNLESS SIGNATURE REQUESTED

Information provided by those completing this form may be used to conduct background checks on the applicant in accordance with FLETC Directive 71-01, Access Control Privacy Act Statement. This information is provided in accordance with the Privacy Act of 1974 (5 USC 552a). Authority for this information is 5 USC 301, 5 USC 4101 et seq., Executive Order No. 11348, and Department of Homeland Security Delegation 7050. Disclosure of this information is voluntary. Failure to provide requested information may result in denial of access to the FLETC property.

SECTION A - To be completed by Applicant

1. Applicant's Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle
Aliases Used (nicknames, maiden names, etc.):

2. Residential Address: Street and house number: (b)(6), (b)(7)(c)
Mailing Address (if different):
City, State and Zip Code: Niles IL (b)(6), (b)(7)(c)

3. Country of Citizenship: United States of America
List more than one if applicable.
If not a U.S. Citizen by Birth, you must complete and attach required Addendum
 Attached FTC-SEM-17 Addendum

4. Race/Ethnicity: American Indian or Alaska Native Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
Other: _____
5. Gender: Male Female
6. Date of Birth: (b)(6), (b)(7)(c)
Month Day Year
7. Social Security Number: (b)(6), (b)(7)(c)

8. Driver's License Number: (b)(6), (b)(7)(c) State: IL

9. Have you been ARRESTED for any misdemeanor or felony offenses in the last seven (7) years? YES NO
If yes, please explain: _____

10. Type of Badge Requested:
 New Badge - never before issued for this applicant Reissue for expired badge
 New employment; applicant has held badge previously at FLETC Reissue for lost badge (Fee paid, receipt attached)

11. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information is a violation of 18 US Code Section 1001.
Applicant's Signature: (b)(6), (b)(7)(c) Date: 10-17-14
Home or cell phone number: 773-700 (b)(6), (b)(7)(c) Email: (b)(6), (b)(7)(c)

SECTION B - To be Completed by Contractor or Contractor's Representative if Applicant is Contractor Employee

12. Employer Information
Prime Contractor: _____
Subcontractor: _____
Applicant Position/Title: _____
13. Contract Information:
Contract/PO Number: _____
Contract End Date: _____
Contract Description: _____

14. Applicant Work Schedule:
 Full Time
 Part Time
 Temporary/Intermittent
15. Applicant Start and End Dates:
Applicant to begin work on: _____
Applicant to end work on: _____

16. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.
Contractor's Printed Name: _____ Office/Cell Number: _____
Contractor's Signature: _____ Date: _____

For Official Use Only

Federal Law Enforcement Training Center
Badge Application Form

PRINT ALL ANSWERS UNLESS SIGNATURE REQUESTED

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SECTION A - To be completed by Applicant

1. Applicant's Full Name: (b)(6), (b)(7)(c) First (b)(6), (b)(7)(c) Middle (b)(6), (b)(7)(c)

Aliases Used (nicknames, maiden names, etc.):

2. Residential Address: Street and house number: (b)(6), (b)(7)(c)

Mailing Address (if different):

City, State and Zip Code: MILWAUKEE, WI (b)(6), (b)(7)(c)

3. Country of Citizenship: USA List more than one if applicable.

If not a U.S. Citizen by Birth, you must complete and attach required Addendum

Attached FTC-SEM-17 Addendum

4. Race/Ethnicity:
 American Indian or Alaska Native Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
 Other:

5. Gender: Male Female

6. Date of Birth: (b)(6), (b)(7)(c)
Month Day Year

7. Social Security Number: (b)(6), (b)(7)(c)

8. Driver's License Number: (b)(6), (b)(7)(c) State: WI

9. Have you been ARRESTED for any misdemeanor or felony offenses in the last seven (7) years? YES NO

If yes, please explain:

10. Type of Badge Requested:
 New Badge - never before issued for this applicant Reissue for expired badge
 New employment: applicant has held badge previously at FLETC Reissue for lost badge (Fee paid, receipt attached)

11. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information is a violation of 18 U.S. Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) Date: 10/21/2014

Home or cell phone number: (414) 257-3367 (b)(6), (b)(7)(c)

SECTION B - To be Completed by Contractor or Contractor's Representative if Applicant is Contractor Employee

12. Employer Information
Prime Contractor: ELCA
Subcontractor: Global Mission
Applicant Position/Title: Manager of Relationships with American Karate

13. Contract Information:
Contract/PO Number:
Contract End Date:
Contract Description:

14. Applicant Work Schedule:
 Full Time
 Part Time
 Temporary/Intermittent

15. Applicant Start and End Dates:
Applicant to begin work on: 2/1/2003
Applicant to end work on:

16. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 U.S. Code Section 1001.

Contractor's Printed Name: Office/Cell Number:
Contractor's Signature: Date:

For Official Use Only

Federal Law Enforcement Training Center
Badge Application Form

PRINT ALL ANSWERS UNLESS SIGNATURE REQUESTED

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SECTION A - To be completed by Applicant

1. Applicant's Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle

Aliases Used (nicknames, maiden names, etc.):

2. Residential Address: Street and house number: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)

Mailing Address (if different):

City, State and Zip Code: Chicago, Illinois (b)(6), (b)(7)(c)

3. Country of Citizenship: USA List more than one if applicable

If not a U.S. Citizen by Birth, you must complete and attach required Addendum
 Attached FTC-SEM-17 Addendum

4. Race/Ethnicity:
 American Indian or Alaska Native Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
 Other:

5. Gender: Male Female

6. Date of Birth: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)

7. Social Security Number: (b)(6), (b)(7)(c)

8. Driver's License Number: (b)(6), (b)(7)(c) State: Illinois

9. Have you been ARRESTED for any misdemeanor or felony offenses in the last seven (7) years? YES NO
If yes, please explain:

10. Type of Badge Requested:
 New Badge - never before issued for this applicant Reissue for expired badge
 New employment; applicant has held badge previously at FLETC Reissue for lost badge (fee paid, receipt attached)

11. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in this document is a violation of 18 U.S. Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) Date: 10/23/14

Home or cell phone number: 713-208- (b)(6), (b)(7)(c) Email: (b)(6), (b)(7)(c)

SECTION B - To be Completed by Contractor or Contractor's Representative if Applicable

12. Employer Information
Prime Contractor: LECA NA
Subcontractor:
Applicant Position Title: Executive Director

13. Contract Information:
Contract PO Number:
Contract End Date:
Contract Description:

14. Applicant Work Schedule:
 Full Time
 Part Time
 Temporary/Intermittent

15. Applicant Start and End Dates:
Applicant to begin work on:
Applicant to end work on:

16. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 U.S. Code Section 1001.

Contractor's Printed Name: Office/Cell Number:
Contractor's Signature: Date:

For Official Use Only

Federal Law Enforcement Training Center
Badge Application Form

PRINT ALL ANSWERS UNLESS SIGNATURE REQUESTED

Information provided by those completing this form may be used to conduct background checks on the applicant in accordance with FLETC Directive 71-01 Access Control Privacy Act Statement. This information is provided in accordance with the Privacy Act of 1974 (5 USC 552a). Authority for this information is 5 USC 301.5 (5 USC 4101 et seq., Executive Order No. 11438, and Department of Homeland Security Delegation 7050. Disclosure of this information is voluntary. Failure to provide requested information may result in denial of access to the FLETC property.

SECTION A - To be completed by Applicant

1. Applicants Full Name (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle

Aliases (used (nicknames, maiden names, etc.)

2. Residential Address: Street and house number: (b)(6), (b)(7)(c)
Mailing Address (if different):
City, State and Zip Code: CAROL STREAM, IL (b)(6), (b)(7)(c)

3. Country of Citizenship: USA
I list more than one if applicable.

If not a U.S. Citizen by Birth, you must complete and attach required Addendum

Attached FTC-SEM-17 Addendum

4. Race/Ethnicity:
 American Indian or Alaska Native Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
 Other:

5. Gender: Male Female

6. Date of Birth: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Month Day Year

7. Social Security Number: (b)(6), (b)(7)(c)

8. Driver's License Number: (b)(6), (b)(7)(c) State: IL

9. Have you been ARRESTED for any misdemeanor or felony offenses in the last seven (7) years? YES NO

If yes, please explain: _____

10. Type of Badge Requested:
 New Badge - never before issued for this applicant Reissue for expired badge
 New employment: applicant has held badge previously at FLETC Reissue for lost badge (fee paid, receipt attached)

11. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 USC Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) Date: 10-17-2014
Home or cell phone number: 630-440-(b)(6), (b)(7)(c) Email: (b)(6), (b)(7)(c)

SECTION B - To be Completed by Contractor or Contractor's Representative if Applicant is Contractor Employee

12. Employer Information
Prime Contractor: _____
Subcontractor: _____
Applicant Position Title: _____

13. Contract Information:
Contract PO Number: _____
Contract End Date: _____
Contract Description: _____

14. Applicant Work Schedule:
 Full Time
 Part Time
 Temporary/Intermittent

15. Applicant Start and End Dates:
Applicant to begin work on: _____
Applicant to end work on: _____

16. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 USC Code Section 1001.

Contractor's Printed Name: _____ Office/Cell Number: _____
Contractor's Signature: _____ Date: _____

Federal Law Enforcement Training Center
Badge Application Form

Addendum for Non-U.S. Citizens, Legal Permanent Residents and Naturalized U.S. Citizens

TO BE COMPLETED BY APPLICANT

1. Applicant's Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle

Aliases Used (nicknames, maiden names, etc.):

2. Country of Citizenship: USA
(List more than one if applicable)

Place of Birth: LIMA, PERU
(City and Country)

3. Status:

- U.S. Citizen (Naturalized)
- Permanent Resident A# _____
- Non-Immigrant Status I-94# _____
- Employment Authorization Card Holder A# _____
- Border Crossing Card Holder # _____
- Other Status: _____

4. Non-U.S. Citizens must provide copies of documentation related to their status in the U.S., including employment authorization, passport and visa.

- Attached: Copy of Passport _____
Country of Issue Passport Number Expiration Date *If no passport exists, insert "None" in provided space*
- Copy of U.S. Visa _____
Visa Number Visa Type Expiration Date *If no Visa exists, insert "None" in provided space.*
- Copy of Permanent Resident/Resident Alien Card
- Copy of Employment Authorization Card
- Border Crossing Card
- Other document verifying non-immigrant status

5. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) Date: 10-17-2014

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Federal Law Enforcement Training Center
Badge Application Form

PRINT ALL ANSWERS UNLESS SIGNATURE REQUESTED

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SECTION A - To be completed by Applicant

1. Applicants Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle
Aliases Used (nicknames, maiden names, etc.)

2. Residential Address: Street and house number: (b)(6), (b)(7)(c)
Mailing Address (if different):
City, State and Zip Code: Highland Ranch CO. (b)(6), (b)(7)(c)

3. Country of Citizenship: US List more than one if applicable.
If not a U.S. Citizen by Birth, you must complete and attach required Addendum
 Attached FTC-SEM-17 Addendum

4. Race/Ethnicity: American Indian or Alaska Native Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
Other:
5. Gender: Male Female
6. Date of Birth: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Month Day Year
7. Social Security Number: (b)(6), (b)(7)(c)

8. Driver's License Number: (b)(6), (b)(7)(c) State: CO.

9. Have you been ARRESTED for any misdemeanor or felony offenses in the last seven (7) years? YES NO
If yes, please explain:

10. Type of Badge Requested:
 New Badge - never before issued for this applicant Reissue for expired badge
 New employment; applicant has held badge previously at FLETC Reissue for lost badge (Fee paid, receipt attached)

11. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in this document is a violation of 18 US Code Section 1001.
Applicant's Signature: (b)(6), (b)(7)(c) Date: 10/16/14
Home or cell phone number: 720-308 (b)(6), (b)(7)(c) Email: (b)(6), (b)(7)(c)

SECTION B - To be Completed by Contractor or Contractor's Representative if Applicant is Contractor Employee
12. Employer Information: Prime Contractor: Subcontractor: Applicant Position/Title:
13. Contract Information: Contract/PO Number: Contract End Date: Contract Description:

14. Applicant Work Schedule: Full Time Part Time Temporary/Intermittent
15. Applicant Start and End Dates: Applicant to begin work on: Applicant to end work on:

16. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.
Contractor's Printed Name: Office/Cell Number:
Contractor's Signature: Date:

For Official Use Only

Federal Law Enforcement Training Center
Badge Application Form

Addendum for Non-U.S. Citizens, Legal Permanent Residents and Naturalized U.S. Citizens

TO BE COMPLETED BY APPLICANT

1. Applicant's Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle

Aliases Used (nicknames, maiden names, etc.): _____

2. Country of Citizenship: US
(List more than one if applicable)

Place of Birth: Worcester, MA.
(City and Country)

3. Status:

- U.S. Citizen (Naturalized)
- Permanent Resident A# _____
- Non-Immigrant Status I-94# _____
- Employment Authorization Card Holder A# _____
- Border Crossing Card Holder # _____
- Other Status: _____

4. Non-U.S. Citizens must provide copies of documentation related to their status in the U.S., including employment authorization, passport and visa.

If Applicable

- Attached: Copy of Passport _____
Country of Issue Passport Number Expiration Date *If no passport exists, insert "None" in provided space.*
- Copy of U.S. Visa _____
Visa Number Visa Type Expiration Date *If no Visa exists, insert "None" in provided space.*
- Copy of Permanent Resident/Resident Alien Card
- Copy of Employment Authorization Card
- Border Crossing Card
- Other document verifying non-immigrant status

5. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) Date: 10/16/14

Federal Law Enforcement Training Center
Badge Application Form

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SECTION A - To be completed by Applicant

1. Applicants Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle
Aliases Used (nicknames, maiden names, etc.): (b)(6), (b)(7)(c)

2. Residential Address: Street and house number: (b)(6), (b)(7)(c)
Mailing Address (if different):
City, State and Zip Code: El Paso, TX (b)(6), (b)(7)(c)

3. Country of Citizenship: USA
List more than one if applicable.
If not a U.S. Citizen by Birth, you must complete and attach required Addendum
 Attached FTC-SEM-17 Addendum

4. Race/Ethnicity: American Indian or Alaska Native Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
 Other: _____
5. Gender: Male Female
6. Date of Birth: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Month Day Year
7. Social Security Number: (b)(6), (b)(7)(c)

8. Driver's License Number: (b)(6), (b)(7)(c) State: IA

9. Have you been ARRESTED for any misdemeanor or felony offenses in the last seven (7) years? YES NO
If yes, please explain: _____

10. Type of Badge Requested:
 New Badge - never before issued for this applicant Reissue for expired badge
 New employment; applicant has held badge previously at FLETC Reissue for lost badge (Fee paid, receipt attached)

11. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information is a violation of 18 US Code Section 1001.
Applicant's Signature: (b)(6), (b)(7)(c) Date: 10/17/2014
Home or cell phone number: 719-482- (b)(6), (b)(7)(c) Email: (b)(6), (b)(7)(c)

SECTION B - To be Completed by Contractor or Contractor's Representative if Applicant is Contractor Employee

12. Employer Information
Prime Contractor: _____
Subcontractor: _____
Applicant Position/Title: _____
13. Contract Information:
Contract/PO Number: _____
Contract End Date: _____
Contract Description: _____

14. Applicant Work Schedule:
 Full Time
 Part Time
 Temporary/Intermittent
15. Applicant Start and End Dates:
Applicant to begin work on: _____
Applicant to end work on: _____

16. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.
Contractor's Printed Name: _____ Office/Cell Number: _____
Contractor's Signature: _____ Date: _____

For Official Use Only

Federal Law Enforcement Training Center
Badge Application Form

Addendum for Non-U.S. Citizens, Legal Permanent Residents and Naturalized U.S. Citizens

TO BE COMPLETED BY APPLICANT

1. Applicant's Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle

Aliases Used (nicknames, maiden names, etc.): (b)(6), (b)(7)(c)

2. Country of Citizenship: USA
(List more than one if applicable)

Place of Birth: Muscatine, IA USA
(City and Country)

3. Status:

- U.S. Citizen (Naturalized)
- Permanent Resident A# _____
- Non-Immigrant Status I-94# _____
- Employment Authorization Card Holder A# _____
- Border Crossing Card Holder # _____
- Other Status: _____

4. Non-U.S. Citizens must provide copies of documentation related to their status in the U.S., including employment authorization, passport and visa.

If Applicable

- Attached: Copy of Passport _____
Country of Issue Passport Number Expiration Date *If no passport exists, insert "None" in provided space.*
- Copy of U.S. Visa _____
Visa Number Visa Type Expiration Date *If no Visa exists, insert "None" in provided space.*
- Copy of Permanent Resident/Resident Alien Card
- Copy of Employment Authorization Card
- Border Crossing Card
- Other document verifying non-immigrant status

5. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) Date: 10/17/2014

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Badge Application Form

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SECTION A - To be completed by Applicant

1. Applicants Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last FIRST MIDDLE

Aliases Used (nicknames, maiden names, etc.):

2. Residential Address: Street and house number: (b)(6), (b)(7)(c)

Mailing Address (if different):

City, State and Zip Code: Sandusky Ohio (b)(6), (b)(7)(c)

3. Country of Citizenship: USA List more than one if applicable.

If not a U.S. Citizen by Birth, you must complete and attach required Addendum
 Attached FTC-SEM-17 Addendum

4. Race/Ethnicity: American Indian or Alaska Native Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
 Other:

5. Gender: Male Female

6. Date of Birth: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Month Day Year

7. Social Security Number: (b)(6), (b)(7)(c)

8. Driver's License Number: (b)(6), (b)(7)(c) State: Ohio

9. Have you been ARRESTED for any misdemeanor or felony offenses in the last seven (7) years? YES NO

If yes, please explain:

10. Type of Badge Requested:
 New Badge - never before issued for this applicant Reissue for expired badge
 New employment; applicant has held badge previously at FLETC Reissue for lost badge (Fee paid, receipt attached)

11. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in this document is a violation of 18 US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) Date: 10-21-14

Home or cell phone number: 419-27 (b)(6), (b)(7)(c) Email: (b)(6), (b)(7)(c)

SECTION B - To be Completed by Contractor or Contractor's Representative if Applicant is Contractor Employee

12. Employer Information
Prime Contractor: _____
Subcontractor: _____
Applicant Position/Title: _____

13. Contract Information:
Contract/PO Number: _____
Contract End Date: _____
Contract Description: _____

14. Applicant Work Schedule:
 Full Time
 Part Time
 Temporary/Intermittent

15. Applicant Start and End Dates:
Applicant to begin work on: _____
Applicant to end work on: _____

16. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Contractor's Printed Name: _____ Office/Cell Number: _____

Contractor's Signature: _____ Date: _____

Federal Law Enforcement Training Center
Badge Application Form

Addendum for Non-U.S. Citizens, Legal Permanent Residents and Naturalized U.S. Citizens

TO BE COMPLETED BY APPLICANT

1. Applicant's Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle

Aliases Used (nicknames, maiden names, etc.): _____

2. Country of Citizenship: USA
(List more than one if applicable)

Place of Birth: Toledo Ohio
(City and Country)

3. Status:

- U.S. Citizen (Naturalized)
- Permanent Resident A# _____
- Non-Immigrant Status I-94# _____
- Employment Authorization Card Holder A# _____
- Border Crossing Card Holder # _____
- Other Status: _____

4. Non-U.S. Citizens must provide copies of documentation related to their status in the U.S., including employment authorization, passport and visa.

If Applicable

- Attached: Copy of Passport _____
Country of Issue Passport Number Expiration Date *If no passport exists, insert "None" in provided space.*
- Copy of U.S. Visa _____
Visa Number Visa Type Expiration Date *If no Visa exists, insert "None" in provided space.*
- Copy of Permanent Resident/Resident Alien Card
- Copy of Employment Authorization Card
- Border Crossing Card
- Other document verifying non-immigrant status

5. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) Date: 10-21-14

For Official Use Only

Federal Law Enforcement Training Center
Badge Application Form

PRINT ALL ANSWERS UNLESS SIGNATURE REQUESTED

Information provided by those completing this form may be used to conduct background checks on the applicant in accordance with FLETC Directive 71-01. Access Control Privacy Act Statement: This information is provided in accordance with the Privacy Act of 1974 (5 USC 552a). Authority for this information is 5 USC 301, 5 USC 4101 et seq., Executive Order No. 11348, and Department of Homeland Security Delegation 7050. Disclosure of this information is voluntary. Failure to provide requested information may result in denial of access to the FLETC property.

SECTION A - To be completed by Applicant

1. Applicants Full Name: (b)(6), (b)(7)(c) st (b)(6), (b)(7)(c) Middle

Aliases Used (nicknames, maiden names, etc.)

2. Residential Address: Street and house number: (b)(6), (b)(7)(c)

Mailing Address (if different):

City, State and Zip Code: El Paso TX (b)(6), (b)(7)(c)

3. Country of Citizenship: USA List more than one if applicable.

If not a U.S. Citizen by Birth, you must complete and attach required Addendum

Attached FTC-SEM-17 Addendum

4. Race/Ethnicity:
 American Indian or Alaska Native Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
 Other: _____

5. Gender: Male Female

6. Date of Birth: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Month Day Year

7. Social Security Number: (b)(6), (b)(7)(c)

8. Driver's License Number: (b)(6), (b)(7)(c) State: TEXAS

9. Have you been ARRESTED for any misdemeanor or felony offenses in the last seven (7) years? YES NO

If yes, please explain: _____

10. Type of Badge Requested:
 New Badge - never before issued for this applicant Reissue for expired badge
 New employment; applicant has held badge previously at FLETC Reissue for lost badge (Fee paid, receipt attached)

11. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in this document is a violation of 18 US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) Date: 10-18-14

Home or cell phone number: 915 422 (b)(6), (b)(7)(c) Email: (b)(6), (b)(7)(c)

SECTION B - To be Completed by Contractor or Contractor's Representative if Applicant is Contractor Employee

12. Employer Information
Prime Contractor: _____
Subcontractor: _____
Applicant Position/Title: _____

13. Contract Information:
Contract/PO Number: _____
Contract End Date: _____
Contract Description: _____

14. Applicant Work Schedule:
 Full Time
 Part Time
 Temporary/Intermittent

15. Applicant Start and End Dates:
Applicant to begin work on: _____
Applicant to end work on: _____

16. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Contractor's Printed Name: _____ Office/Cell Number: _____

Contractor's Signature: _____ Date: _____

For Official Use Only

Federal Law Enforcement Training Center
Badge Application Form

Addendum for Non-U.S. Citizens, Legal Permanent Residents and Naturalized U.S. Citizens

TO BE COMPLETED BY APPLICANT

1. Applicant's Full Name: (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
Last First Middle

Aliases Used (nicknames, maiden names, etc.): (b)(6), (b)(7)(c)

2. Country of Citizenship: USA
(List more than one if applicable)

Place of Birth: BOLIVIA
(City and Country)

3. Status:

- U.S. Citizen (Naturalized)
- Permanent Resident A# _____
- Non-Immigrant Status I-94# _____
- Employment Authorization Card Holder A# _____
- Border Crossing Card Holder # _____
- Other Status: _____

4. Non-U.S. Citizens must provide copies of documentation related to their status in the U.S., including employment authorization, passport and visa.

If Applicable

- Attached: Copy of Passport _____
Country of Issue Passport Number Expiration Date *If no passport exists, insert "None" in provided space.*
- Copy of U.S. Visa _____
Visa Number Visa Type Expiration Date *If no Visa exists, insert "None" in provided space.*
- Copy of Permanent Resident/Resident Alien Card
- Copy of Employment Authorization Card
- Border Crossing Card
- Other document verifying non-immigrant status

5. I certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that knowingly or willingly falsifying information in the document is a violation of 18 US Code Section 1001.

Applicant's Signature: (b)(6), (b)(7)(c) Date: 10-18-14

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

SIGN UP SHEET

Please include your information below if you would like to meet with the individuals described above who will be touring the facility.

1. Name: _____	Alien Number (last three digits only): _____
2. Name: _____	Alien Number (last three digits only): _____
3. Name: _____	Alien Number (last three digits only): _____
4. Name: _____	Alien Number (last three digits only): _____
5. Name: _____	Alien Number (last three digits only): _____
6. Name: _____	Alien Number (last three digits only): _____
7. Name: _____	Alien Number (last three digits only): _____
8. Name: _____	Alien Number (last three digits only): _____
9. Name: _____	Alien Number (last three digits only): _____
10. Name: _____	Alien Number (last three digits only): _____
11. Name: _____	Alien Number (last three digits only): _____
12. Name: _____	Alien Number (last three digits only): _____
13. Name: _____	Alien Number (last three digits only): _____
14. Name: _____	Alien Number (last three digits only): _____
15. Name: _____	Alien Number (last three digits only): _____
16. Name: _____	Alien Number (last three digits only): _____
17. Name: _____	Alien Number (last three digits only): _____
18. Name: _____	Alien Number (last three digits only): _____
19. Name: _____	Alien Number (last three digits only): _____
20. Name: _____	Alien Number (last three digits only): _____
21. Name: _____	Alien Number (last three digits only): _____
22. Name: _____	Alien Number (last three digits only): _____
23. Name: _____	Alien Number (last three digits only): _____
24. Name: _____	Alien Number (last three digits only): _____
25. Name: _____	Alien Number (last three digits only): _____
26. Name: _____	Alien Number (last three digits only): _____
27. Name: _____	Alien Number (last three digits only): _____
28. Name: _____	Alien Number (last three digits only): _____
29. Name: _____	Alien Number (last three digits only): _____
30. Name: _____	Alien Number (last three digits only): _____
31. Name: _____	Alien Number (last three digits only): _____
32. Name: _____	Alien Number (last three digits only): _____
33. Name: _____	Alien Number (last three digits only): _____
34. Name: _____	Alien Number (last three digits only): _____
35. Name: _____	Alien Number (last three digits only): _____
36. Name: _____	Alien Number (last three digits only): _____
37. Name: _____	Alien Number (last three digits only): _____
38. Name: _____	Alien Number (last three digits only): _____

If additional space is needed, please attach additional pages to this form.

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

STAKEHOLDER TOUR/VISIT NOTIFICATION FLYER

Please be advised that: Iglesia Luterana Cristo Rey | Evangelical Lutheran Church will be visiting the facility and they may wish to speak with immigration detainees during their time at the facility. The visiting group is not a representative of the U.S. government and the group's visit is not to solicit legal representation. Specific details about the group are below.

Please put your name on the sign up sheet if you wish to speak and meet with the group. If you do not sign up ahead of time the facility cannot guarantee your ability to meet with the visiting group.

Please Note:

- Talking with the visiting group is **voluntary**; no visitor can force you to speak with them if you do not want to, or if you are uncomfortable by any question asked.
- Facility staff may keep a physical presence in the meeting room to maintain safety and security.
- ICE and the facility staff may not retaliate against you for speaking with the group.
- If you are represented by an attorney, you may wish to talk to your attorney before talking to the group.
- The visiting group will provide you with a consent form for your signature prior to any conversation.
- Please let ICE or facility know if you have any additional questions.

DETAILS ABOUT DETENTION FACILITY VISITORS

1. Name of organization: Iglesia Luterana Cristo Rey in El Paso
2. Brief description of organization or group: Bishops, pastors, and lay leaders from the Evangelical Lutheran Church in America will offer pastoral care and hear stories so as to share with others. This group wants to find ways to support residents in the residential facility
3. Purpose of tour or visit: Learn about the facility from residents and ICE staff
4. Issues to be discussed with detainees: Pastoral counseling and needs, stories they would like to be shared with churches and organizations
5. Languages spoken by group: English and Spanish

DATE AND TIME OF VISIT: 11/18/2014

LOCATION OF MEETING: Artesia Family Residential Center

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

1000
a
DAY RM 2

SIGN UP SHEET

Please include your information below if you would like to meet with the individuals described above who will be touring the facility.

1. Name:		Alien Number (last three digits only):	<u>442</u>
2. Name:		Alien Number (last three digits only):	<u>8416</u>
3. Name:		Alien Number (last three digits only):	<u>459</u>
4. Name:		Alien Number (last three digits only):	<u>100</u>
5. Name:		Alien Number (last three digits only):	<u>855</u>
6. Name:		Alien Number (last three digits only):	<u>853</u>
7. Name:		Alien Number (last three digits only):	<u>292</u> 295
8. Name:		Alien Number (last three digits only):	<u>371</u>
9. Name:		Alien Number (last three digits only):	<u>373</u>
10. Name:		Alien Number (last three digits only):	<u>088</u>
11. Name:		Alien Number (last three digits only):	<u>451</u>
12. Name:		Alien Number (last three digits only):	<u>404</u>
13. Name:	(b)(6), (b)(7)(c)	Alien Number (last three digits only):	<u>361</u>
14. Name:		Alien Number (last three digits only):	<u>800</u>
15. Name:		Alien Number (last three digits only):	<u>771</u>
16. Name:		Alien Number (last three digits only):	<u>532</u>
17. Name:		Alien Number (last three digits only):	<u>751</u>
18. Name:		Alien Number (last three digits only):	<u>854</u>
19. Name:		Alien Number (last three digits only):	<u>758</u>
20. Name:		Alien Number (last three digits only):	<u>280</u>
21. Name:		Alien Number (last three digits only):	<u>634</u>
22. Name:		Alien Number (last three digits only):	<u>897</u>
23. Name:		Alien Number (last three digits only):	<u>202</u>
24. Name:		Alien Number (last three digits only):	<u>584</u>
25. Name:		Alien Number (last three digits only):	<u>294</u>
26. Name:		Alien Number (last three digits only):	_____
27. Name:		Alien Number (last three digits only):	_____
28. Name:		Alien Number (last three digits only):	_____
29. Name:		Alien Number (last three digits only):	_____
30. Name:		Alien Number (last three digits only):	_____
31. Name:		Alien Number (last three digits only):	_____
32. Name:		Alien Number (last three digits only):	_____
33. Name:		Alien Number (last three digits only):	_____
34. Name:		Alien Number (last three digits only):	_____
35. Name:		Alien Number (last three digits only):	_____
36. Name:		Alien Number (last three digits only):	_____
37. Name:		Alien Number (last three digits only):	_____
38. Name:		Alien Number (last three digits only):	_____

If additional space is needed, please attach additional pages to this form.

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

STAKEHOLDER TOUR/VISIT NOTIFICATION FLYER

Please be advised that: Iglesia Luterana Cristo Rey / Evangelical Lutheran Church will be visiting the facility and they may wish to speak with immigration detainees during their time at the facility. The visiting group is not a representative of the U.S. government and the group's visit is not to solicit legal representation. Specific details about the group are below.

Please put your name on the sign up sheet if you wish to speak and meet with the group. If you do not sign up ahead of time the facility cannot guarantee your ability to meet with the visiting group.

Please Note:

- Talking with the visiting group is **voluntary**; no visitor can force you to speak with them if you do not want to, or if you are uncomfortable by any question asked.
- Facility staff may keep a physical presence in the meeting room to maintain safety and security.
- ICE and the facility staff may not retaliate against you for speaking with the group.
- If you are represented by an attorney, you may wish to talk to your attorney before talking to the group.
- The visiting group will provide you with a consent form for your signature prior to any conversation.
- Please let ICE or facility know if you have any additional questions.

DETAILS ABOUT DETENTION FACILITY VISITORS

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3. Purpose of tour or visit: Learn about the facility from residents and ICE staff
4. Issues to be discussed with detainees: Pastoral counseling and needs, stories they would like to be shared with churches and organizations
5. Languages spoken by group: English and Spanish

DATE AND TIME OF VISIT: 11/18/2014

LOCATION OF MEETING: Artesia Family Residential Center

(b)(6), (b)(7)(c)

From: (b)(6), (b)(7)(c)
Sent: Monday, October 06, 2014 12:20 PM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: Tour of FLET

Hello,

I am the Project Attorney Lead for the American Immigration Lawyer's Association Pro Bono Project in Artesia, New Mexico. I have been informed that I can request a tour of the Artesia Detention Facility as a stakeholder, and that a tour will be happening this Thursday.

I would like to attend the tour this week. Can you advise as to what information you need from me and whether this will be possible.

Thank you,

(b)(6), (b)(7)(c)

Attendees on Artesia Facility visit - October 9, 2014 | 10:00 am

Full Name	Citizenship	DOB	SS#	DL #	Address
(b)(6), (b)(7)(c)	US	(b)(6), (b)(7)(c)			(b)(6), (b)(7)(c) Baltimore, MD (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)
	US		Lyme CT 06371 (b)(6), (b)(7)(c)		
	US		Carlsbad, NM (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)		
	US		(b)(6), (b)(7)(c)	Jersey City, NJ (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)	
	US		NY, NY (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)		
	US		Washington, DC (b)(6), (b)(7)(c) (b)(6), (b)(7)(c)		
	US		Wheat Ridge, CO (b)(6), (b)(7)(c)		

(b)(6), (b)(7)(c)

From: (b)(6), (b)(7)(c)
Sent: Thursday, September 25, 2014 11:45 AM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: FW: Artesia visit request- Oct. 9

All, here is the latest regarding this trip.

Who should I let them know is their POC for this? I'll make sure they communicate with you folks directly for all the logistics and last minute changes.

Thanks,

(b)(6), (b)(7)(c)

From: (b)(6), (b)(7)(c)
Sent: Thursday, September 25, 2014 1:44 PM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: RE: Artesia visit request- Oct. 9

Sure .. I'll ask the facility if that's okay - it shouldn't be an issue.

However, could you please send the list of all the people who would now be attending and their driver's license info and other sign-up paperwork as soon as possible for clearance?

(b)(6), (b)(7)(c) is our current chaplain at Artesia and will be on detail until today. I'm not sure who will be taking his place, but his contact number is (786) 200-(b)(6), (b)(7)(c)

Thank you,

(b)(6), (b)(7)(c)

U.S. Immigration and Customs Enforcement
Enforcement and Removal Operations

202-407-(b)(6), (b)(7)(c)

From: (b)(6), (b)(7)(c)
Sent: Thursday, September 25, 2014 1:40 PM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: RE: Artesia visit request- Oct. 9

(b)(6), (b)(7)(c)

Good to see you yesterday. I have a few more updates about the visit to Artesia on the 9th:

- We would like to include 4 additional people on the visit (including me). My colleague (b)(6), (b)(7)(c) (copied here) will provide you with the information you need for all visitors.
- We are indeed planning to speak with residents and will provide the necessary sign-up sheet.

- We would welcome the chance to speak with the chaplain serving Artesia. Is there an email or a phone number you could share so we can let him know in advance we are visiting?

One other quick question, how long should plan for the tour of the facility?

Finally, I wanted to flag for you that we are coordinating with AILA to connect with some of their pro bono attorneys during our visit.

--
(b)(6), (b)(7)(c)
Director for Advocacy | (b)(6), (b)(7)(c) | 202-686-(b)(6), (b)(7)(c)



Lutheran Immigration and Refugee Service

Advocacy Office: (b)(6), (b)(7)(c) | Washington, DC (b)(6), (b)(7)(c) | www.lirs.org

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From: (b)(6), (b)(7)(c)
Sent: Thursday, September 18, 2014 1:34 PM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: RE: Artesia visit request- Oct. 9

All,
Good news: the Artesia facility has approved this visit. It will be at 10am, Thursday, Oct. 9th.
Please forward the visitors' drivers' licenses and signed stakeholder agreement forms.
If you do want to speak to residents, please make sure to send that sign-up sheet as well in English and Spanish.

Thanks,

(b)(6), (b)(7)(c)

From: (b)(6), (b)(7)(c)
Sent: Thursday, September 18, 2014 1:15 PM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: RE: Artesia visit request- Oct. 9

Excellent question (b)(6), (b)(7)(c) I don't believe that any of the 3 visitors speaks Spanish, but let me confirm and get back to you.

--
(b)(6), (b)(7)(c)
Director for Advocacy | (b)(6), (b)(7)(c) | 202-686-(b)(6), (b)(7)(c)



Lutheran Immigration and Refugee Service

Advocacy Office: (b)(6), (b)(7)(c) | Washington, DC (b)(6), (b)(7)(c) | www.lirs.org

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From: (b)(6), (b)(7)(c)
Sent: Thursday, September 18, 2014 1:07 PM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: RE: Artesia visit request- Oct. 9

Just to make sure I'm clear ... do you just want a tour of the facility? No resident interviews?

From: (b)(6), (b)(7)(c)
Sent: Thursday, September 18, 2014 1:02 PM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: RE: Artesia visit request- Oct. 9

(b)(6), (b)(7)(c) and (b)(6), (b)(7)(c)

I'm sorry to be pushy about this request, but because airline tickets need to be purchased I was hoping you could provide some response about whether it will be possible for these 3 people to tour Artesia on Oct. 9.

Thanks for your help.

(b)(6), (b)(7)(c)

--
(b)(6), (b)(7)(c)
Director for Advocacy (b)(6), (b)(7)(c) 202-626-(b)(6), (b)(7)(c)



Lutheran Immigration and Refugee Service
Advocacy Office (b)(6), (b)(7)(c) Washington, D.C. (b)(6), (b)(7)(c) www.lirs.org

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From: (b)(6), (b)(7)(c)
Sent: Wednesday, September 17, 2014 4:52 PM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: Artesia visit request- Oct. 9

(b)(6), (b)(7)(c)

The President and CEO of LIRS, Linda Hartke, will be in New Mexico on October 9 and would very much like to visit the family detention facility at Artesia. Linda will likely be accompanied by a local Lutheran pastor and a former board member.

Please advise what is needed to accommodate this visit request. I appreciate your help and apologize for the rather short notice.

Best,
(b)(6), (b)(7)(c)

--
(b)(6), (b)(7)(c)
Director for Advocacy (b)(6), (b)(7)(c) 202-626-(b)(6), (b)(7)(c)



Lutheran Immigration and Refugee Service

Advocacy Office: (b)(6), (b)(7)(c) Washington, D.C. (b)(6), (b)(7)(c) www.lirs.org

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(b)(6), (b)(7)(c)

From: (b)(6), (b)(7)(c)
Sent: Friday, August 01, 2014 10:00 AM
To: (b)(6), (b)(7)(c) Moore, Marc (b)(6), (b)(7)(c)
(b)(6), (b)(7)(c) MACIAS, ADRIAN; (b)(6), (b)(7)(c) Lucero, Enrique M; (b)(6), (b)(7)(c)
(b)(6), (b)(7)(c)
Subject: RE: Request for Stakeholder Visit -- revised

All,

Like the request below, requests for tours at these new family residential centers are coming in from all angles and different types of stakeholders.

Since family residential centers are unique and of particular interest right now.... I wanted to run this by you all to see if the process below would work.

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)

Thanks (b)(6), (b)(7)(c)

-----Original Message-----

From: (b)(6), (b)(7)(c)

Sent: Thursday, July 31, 2014 08:32 PM Eastern Standard Time

To: (b)(6), (b)(7)(c); Mills, Kate; (b)(6), (b)(7)(c)

Cc: (b)(6), (b)(7)(c); Moore, Marc J; (b)(6), (b)(7)(c)

Subject: RE: Request for Stakeholder Visit -- revised

Great, thanks (b)(6), (b)(7)(c)

-----Original Message-----

From: (b)(6), (b)(7)(c)

Sent: Thursday, July 31, 2014 08:11 PM Eastern Standard Time

To: Mills, Kate; (b)(6), (b)(7)(c)

Cc: (b)(6), (b)(7)(c); Moore, Marc J; (b)(6), (b)(7)(c)

Subject: RE: Request for Stakeholder Visit -- revised

They will need to abide by the protocols of the access directive (b)(6), (b)(7)(c) my team can help vet. Looping in (b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

Deputy Assistant Director

Custody Programs

ICE/ERO

202.732 (b)(6), (b)(7)(c)

****sent via iPad****

-----Original Message-----

From: Mills, Kate

Sent: Thursday, July 31, 2014 07:23 PM Eastern Standard Time

To: (b)(6), (b)(7)(c)

Cc: (b)(6), (b)(7)(c); Moore, Marc J; (b)(6), (b)(7)(c)

Subject: RE: Request for Stakeholder Visit -- revised

Thank you (b)(6), (b)(7)(c) OCR generally doesn't get involved in stakeholder tours. We just request that Congressional tours are not combined with those tours.

I know there is a stakeholder access policy, but I defer to (b)(6), (b)(7)(c) on that.

Kate

-----Original Message-----

From: (b)(6), (b)(7)(c)

Sent: Thursday, July 31, 2014 06:02 PM Eastern Standard Time

To: Mills, Kate

Cc: (b)(6), (b)(7)(c); Moore, Marc J; (b)(6), (b)(7)(c)

Subject: FW: Request for Stakeholder Visit -- revised

Hi Kate,

We received this NGO request for a tour of Artesia either August 13, 14, or 18 (please see attached). How are we handling these requests?

(b)(5)

(b)(5)

Thanks.

(b)(6), (b)(7)(c)

From: (b)(6), (b)(7)(c)
Sent: Thursday, July 31, 2014 5:58 PM
To: (b)(6), (b)(7)(c)
Subject: FW: Request for Stakeholder Visit -- revised

This is the same group, this just came in as a follow up.

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

Supervisory Detention and Deportation Officer
Juvenile/Family Residential Management Unit (Detailed)
202-732- (O)
850-879- (b)(6), (b)(7)(c) (IP)

From: (b)(6), (b)(7)(c)
Sent: Thursday, July 31, 2014 5:58 PM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: FW: Request for Stakeholder Visit -- revised

Greetings and Salutations to all,

New Mexico Legal Aid revised and amended tour and visitation request for HQ JFRMU vetting.

(b)(6), (b)(7)(c)

CoS/AFOD
El Paso Field Office
915-225- (office)
915-208- (b)(6), (b)(7)(c) (cell)

(b)(6), (b)(7)(c)

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From: (b)(6), (b)(7)(c)
Sent: Thursday, July 31, 2014 3:44 PM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: Request for Stakeholder Visit -- revised

(b)(6), (b)(7)(c)

Please find attached New Mexico Legal Aid's revised request for a stakeholder visit to the detention center located at the Federal Law Enforcement Training Center in Artesia, New Mexico. In this revised request, we have added one more participant from our organization and have changed one of the dates of the three proposed.

We look forward to hearing from you about the visit. If you have any questions, you can reach me at this email address or by phone: 575-208-(b)(6), (b)(7)(c) (work) and 585-415-(b)(6), (b)(7)(c) (cell).

Thank you.

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c) Attorney
New Mexico Legal Aid | Roswell
tel 575. 623. (b)(6), (b)(7)(c)
direct line 575. 208 (b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

From: (b)(6), (b)(7)(c)
Sent: Monday, February 02, 2015 1:42 PM
To: (b)(6), (b)(7)(c)
Subject: FW: NYT follow ups
Attachments: Tour of FLETC; Attendees information - CONFIDENTIAL.XLSX; FW: Artesia visit request- Oct. 9; RE: Request for Stakeholder Visit -- revised

For FOIA

From: (b)(6), (b)(7)(c)
Sent: Monday, January 26, 2015 12:02 PM
To: (b)(6), (b)(7)(c)
Subject: FW: NYT follow ups

From: (b)(6), (b)(7)(c)
Sent: Monday, January 26, 2015 1:45:19 PM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: RE: NYT follow ups

Here is a list of Outreach approved tours after vetting that had to be FLETC and JFRMU approved prior to FEP approval I have attached (b)(6), (b)(7)(c) request on Oct. 6, 2014 to join a tour already scheduled for Oct. 9, 2014 which was coordinated by HQ.

Tour Request process

- 1) Stakeholder makes the request with supporting documentation to the local field office. (If request comes thru HQ, HQ will send to field office POC).
- 2) Field office makes the determination on if, or when, the tour can be accommodated.
- 3) Particularly for family residential centers – field office notifies Field Ops, JFMRU and Custody Programs at HQ.
- 4) Field office will decide if HQ representation is necessary or request HQ assistance if needed
- 5) Field office will vet list of representatives
- 6) Field office will notify requestor of date/time/logistics
- 7) Field office will post signs of visit and, if able, and if it calls for it, make announcements about groups coming looking to speak to interested residents.

- On July 8, 2014, El Paso Office Director Adrian P. Macias, DFOD (b)(6), (b)(7)(c) and SDDO/CoS (b)(6), (b)(7)(c) attended an facility assessment meeting in Artesia, New Mexico. This meeting provided stakeholders with an opportunity to review the Artesia Residential Family Center, address any concerns, bring resolutions and expound on the good practices established.
- On July 24, 2014, ICE El Paso, acting DFOD (b)(6), (b)(7)(c) and acting Chief of Staff (b)(6), (b)(7)(c) hosted a tour of the Artesia Family Residential Center (AFRC) in Artesia, New Mexico for the Catholic Diocese of Las Cruces Bishop (b)(6), (b)(7)(c) and Mexican Consul General (b)(6), (b)(7)(c) accompanied by their staff. The intent of this visit is to tour and observe the AFRC facility and operations. This event is closed to the media.

- On July 29, 2014, El Paso Office DFOD (b)(6), (b)(7)(c) DFOD (b)(6), (b)(7)(c) CoS (b)(6), (b)(7)(c) and SDDO (b)(6), (b)(7)(c) assisted Artesia Family Residential Center AFODs (b)(6), (b)(7)(c) host a Central American dignitary delegation and provide a facility assessment meeting in Artesia, New Mexico. This meeting provided stakeholders with an opportunity to review the Artesia Residential Family Center, address any concerns, bring resolutions and expound on the good practices established. Participants included the following: Honduras government representatives, Vice Minister Diana Valladares, Consul General Yolanda Oliva, Consul Ana Bulnes; El Salvador government representatives, Vice Minister Liduvina Magarin, Consul General Joaquin Chacon; Guatemala government representatives, Vice Minister Oscar Padilla, Consul General Ximena Diaz, Consul General Jose Barillas, Sonia Pellecer, Advisor. This event was closed to the media.
- On August 18, 2014, the El Paso Field Office hosted a facility tour at the Artesia Family Residential Center (AFRC) for Congressional Staff Members, (b)(6), (b)(7)(c) Minority Clerk, Senate Appropriations Homeland Security Subcommittee, (b)(6), (b)(7)(c) Minority Clerk, Senate Appropriations Labor, Health and Human Services, Education, and Related Agencies Subcommittee. Deputy Field Officer Director (b)(6), (b)(7)(c) and Assistant Field Office Director (b)(6), (b)(7)(c) with DHS (b)(6), (b)(7)(c) Branch Chief, Office of Congressional Affairs, U.S. Customs and Border Protection, (b)(6), (b)(7)(c) Executive Manager (Facilities), U.S. Immigration and Customs Enforcement will provide the tour, no media is expected.
- On August 21, 2014, El Paso Office Director Adrian P. Macias, DFOD (b)(6), (b)(7)(c) AFOD (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) hosted U.S. Congressman, Beto O'Rourke (D-16th District of Texas) and provided a facility assessment tour of the Artesia Family Residential Center in Artesia, New Mexico.
- On August 21, 2014, El Paso Office Director Adrian P. Macias, DFOD (b)(6), (b)(7)(c) attended a Townhall meeting in Artesia, New Mexico. This meeting provided community stakeholders with an opportunity to be provided an overview of the Artesia Residential Family Center, address any concerns, bring resolutions and ex-pound on the community impact felt by the local leaders. Media was invited.
- On August 28, 2014, El Paso Field Office, AFOD (b)(6), (b)(7)(c) hosted staff of Senator Martin Heinrich (D-NM) and provided a facility assessment tour of the Artesia Family Residential Center in Artesia, New Mexico.
- On August 28, 2014, the El Paso Field Office AFOD (b)(6), (b)(7)(c) along with ICE HQ Custody Programs (b)(6), (b)(7)(c) hosted a facility tour at the Artesia Family Residential Center (AFRC) for United Nations High Commissioner for Refugees representatives.
- On October 2, 2014, El Paso Field Office, DFOD (b)(6), (b)(7)(c) CoS/AFOD (b)(6), (b)(7)(c) AFOD (b)(6), (b)(7)(c) (b)(6), (b)(7)(c) and AFOD (b)(6), (b)(7)(c) will host a briefing/ tour for staffers from the Congressional Committee on Homeland Security/ Subcommittees on Maritime and Border Security and Subcommittee on Oversight and Management Efficiency of the Artesia Family Residential Center in Artesia, New Mexico.
- On October 9, 2014, El Paso Field Office, DFOD (b)(6), (b)(7)(c) and AFOD (b)(6), (b)(7)(c) will host a briefing/ tour for Lutheran Social Services - Refugee and Immigration Services of the Artesia Family Residential Center in Artesia, New Mexico. This event is closed to the media.
- On October 22, 2014, The El Paso Field Office DFOD (b)(6), (b)(7)(c) AFOD (b)(6), (b)(7)(c) AFOD (b)(6), (b)(7)(c) and AFOD (b)(6), (b)(7)(c) will host a briefing/ tour for the New Mexico Faith Coalition for Immigration Justice of the Artesia Family Residential Center in Artesia, New Mexico. This event is closed to the media.
- On each Tuesday during the month of November 2014, El Paso Office Artesia Family Residential Center AFOD (b)(6), (b)(7)(c) & AFOD (b)(6), (b)(7)(c) are scheduled to participate in a weekly meeting with Mayor Phillip Burch, Artesia, New Mexico. These meetings provides community stakeholders with an opportunity to address any concerns, bring resolutions and expound on the community impact felt by the local leaders.
- On November 25, 2014, The mayor of Artesia, New Mexico discontinued the AFRC meetings and has requested that from here forward for the duration of AFRC operations that population data be provided via telephone.

(b)(6), (b)(7)(c)

CoS/AFOD

El Paso Field Office
915-225- (office)
915-208- (cell)

(b)(6), (b)(7)(c)

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From: (b)(6), (b)(7)(c)
Sent: Monday, January 26, 2015 10:19 AM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: FW: NYT follow ups
Importance: High

All very short turn around

- (b)(6), (b)(7)(c) u check your records for approved tours see yellow
- (b)(6), (b)(7)(c) pls provide me a reply for the school claim
- (b)(6), (b)(7)(c) do u recall the food matter? when FOD Macias was there, the menu changed and rice, beans and tortillas began to be served. Food did change in the early months a little to include the 24-7 snacks available to them

Any input is welcome

All pls provide me your info by 11 am today

(b)(6), (b)(7)(c)

Pls send me anything u have from prior write ups

(b)(6), (b)(7)(c)

DFOD
915-225-
915-726- (b)(6), (b)(7)(c)

-----Original Message-----

From: MACIAS, ADRIAN
Sent: Monday, January 26, 2015 10:07 AM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)

Subject: RE: NYT follow ups
Importance: High

Hi (b)(6), (b)(7)(c)

I will have DFOD (b)(6), (b)(7)(c) track down the information for you.

-----Original Message-----

From (b)(6), (b)(7)(c)
Sent: Monday, January 26, 2015 10:01 AM
To: MACIAS, ADRIAN
Cc: Christensen, Gillian M (b)(6), (b)(7)(c)
Subject: RE: NYT follow ups
Importance: High

Hi, Adrian!

HQ and DHS need to get answers to the below NYTimes questions about Artesia. Can you have your folks review and address ASAP?

Thanks!!

- Food

She said DHS was aware that many kids in Artesia found the food unfamiliar, and refused to eat. She said the menu was changed accordingly. What changes did ICE make to the meals? Is there any documentation of that change? Detainees say it did not happen.

- Access

She said the pro-bono attorneys were given tours of the Artesia facility. The attorneys dispute this. Which attorneys were given tours, and when? How does DHS/ICE explain that the lead attorney, (b)(6), (b)(7)(c) was denied a tour?

- School

ICE told me the Artesia school "began Oct. 13, 2014, and ended Dec 17." Detainees say this is misleading, and that school was open intermittently, for a couple hours a day. (b)(6), (b)(7)(c) agreed to look into it. The time period includes 48 school days. Which of those days was school in session, and for how long each day?

(b)(6), (b)(7)(c)

Director of Communications, Central Region (Spokesman) U.S. Immigration and Customs Enforcement (ICE) www.ice.gov

(b)(6), (b)(7)(c)

214-905 (office)
214-850 (cell)

-----Original Message-----

From: Christensen, Gillian M
Sent: Monday, January 26, 2015 10:57 AM
To: (b)(6), (b)(7)(c)
Cc: (b)(6), (b)(7)(c)
Subject: RE: NYT follow ups

Adding (b)(6), (b)(7) as well.

Can you guys get me something by 2 p.m. on the below???

-----Original Message-----

From: Christensen, Gillian M

Sent: Monday, January 26, 2015 11:53 AM

To: (b)(6), (b)(7)(c)

Cc: (b)(6), (b)(7)(c)

Subject: FW: NYT follow ups

? you got this (b)(6), (b)(7)(c)

-----Original Message-----

From: Ribeiro, Pedro

Sent: Monday, January 26, 2015 11:43 AM

To: (b)(6), (b)(7)(c) Christensen, Gillian M

Subject: RE: NYT follow ups

Our folks are working on it, not sure if they'll make a 2pm EST. Some of these questions are with our people in Arizona and Texas, so the time difference may be an issue.

-----Original Message-----

From: (b)(6), (b)(7)(c)

Sent: Monday, January 26, 2015 11:40 AM

To: Ribeiro, Pedro; Christensen, Gillian M

Subject: Re: NYT follow ups

Think we can get by 2? Need to get to Will by COB and want to make sure our folks have a chance to review. Thank you!

----- Original Message -----

From: Ribeiro, Pedro (b)(6), (b)(7)(c)

Sent: Saturday, January 24, 2015 06:45 PM

To: (b)(6), (b)(7)(c) Christensen, Gillian M

Subject: RE: NYT follow ups

We'll track it down.

-----Original Message-----

From: (b)(6), (b)(7)(c)

Sent: Saturday, January 24, 2015 5:00 PM

To: Ribeiro, Pedro; Christensen, Gillian M

Subject: NYT follow ups

Hey guys, (b)(6), (b)(7)(c) spoke w the NYT yesterday for about an hour. Need your help with a few follow ups. Some of this I believe we've put together before but want to get on the same page. Thanks!

• Food

She said DHS was aware that many kids in Artesia found the food unfamiliar, and refused to eat. She said the menu was changed accordingly. What changes did ICE make to the meals? Is there any documentation of that change? Detainees say it did not happen.

- Access

She said the pro-bono attorneys were given tours of the Artesia facility. The attorneys dispute this. Which attorneys were given tours, and when? How does DHS/ICE explain that the lead attorney, (b)(6), (b)(7)(c) was denied a tour?

- School

ICE told me the Artesia school "began Oct. 13, 2014, and ended Dec 17." Detainees say this is misleading, and that school was open intermittently, for a couple hours a day. (b)(6), (b)(7) agreed to look into it. The time period includes 48 school days. Which of those days was school in session, and for how long each day?

SHORT TERM CARE OFFICER



U. S. Immigration and Custom Enforcement

Artesia Family Residential Center

2014

POST ORDERS





U.S. Department of Homeland Security
 Immigration and Customs Enforcement
 Artesia Family Residential Center, Artesia NM

Specific Post Orders

AFRC SHORT TERM CARE OFFICER

HOURS OF OPERATION:

This post will be manned as necessary. You are not to leave this area unless properly relieved or directed by a supervisor.

(b)(7)(e)

(b)(7)(e)

ASSUME POST:

Prior to assuming any post, each Short Term Care Officer will review and sign the post orders in the Sign-In-Record. Ensure you receive the appropriate keys and any necessary equipment from the off-going officer and record it in the post log book. Review the previous log entries, inspect and inventory any equipment assigned to the post, review the informal pass on log, and ask the officer you are relieving about any changes in Post Orders, operating procedures, and other information pertinent to the post.

Complete a physical inspection of the post and general Short Term Care area to identify any potential sanitation, safety or maintenance deficiencies.

At the end of shift, each off-going officer will thoroughly brief his/her relief and then record the end of their shift in the post log. All officers will contact the on-duty supervisor prior to departing the facility.

DUTIES AND RESPONSIBILITIES:

- Maintain direct staff supervision.
- Fire, Health, Safety and Security checks are conducted in accordance with established time schedule.
- Inspect / check exit doors.
- Cleanliness and sanitation.
- Ensure items in Short Term Care area such as toys, furniture, books, TV, etc., are clean, complete, intact and functional. Remove any damaged or hazardous items from the room and dispose of them properly.
- Ensure that all assigned equipment, brooms, mops, cleaning supplies/chemicals have been inventoried and accounted for. (Discrepancies must be reported verbally and in writing to the supervisor)
- Log each child's arrival, movement, and departure in the post log.
- All equipment assigned to your post is maintained in a safe and secure manner.
- All doors are functional. (open and close properly)
- The Short Term Care area is adequately lighted, appropriately heated/cooled air temperature.
- Children are offered meals during regularly scheduled meal times.
- Spray bottles/cleaning supplies are present and inventoried at the beginning of your shift.
- Sanitation and cleanliness of the housing unit is maintained at all times.

RECURRING DUTIES:

(b)(7)(e)

- Staff will have direct supervision of children.
- Morning meal provided in accordance with scheduled meal rotation.
- Commence census in accordance with the census policy.
- Noon meal provided in accordance with scheduled meal rotation.

AFRC Short Term Care Officer

INITIALS: (b)(6), (b)(7)(c)

(b)(7)(e)

Commence census in accordance with the census policy.
Evening meal provided in accordance with scheduled meal rotation.
Commence census in accordance with the census policy.

(b)(7)(e)

Census: There will be no movement in or out of the Short Term Care area during census.

Exit Doors: Exit doors will be checked during rounds. (b)(7)(e) Annotate in the log book the condition of the (b)(7)(e) exit doors. If any door requires maintenance you will notify the SIEA immediately.

Note: Children under ten years of age will be escorted to the restroom by a staff member of the same sex. Children over ten years of age will not require an escort. However, staff will ensure the child transits to the restroom and back safely.

Unit Cleanup: Officers will ensure the Short Term Care area and contents are kept clean and sanitized.

SHORT TERM CARE OVERVIEW:

- Make visual observations of each child upon entry and exit for any bruising, marks or injuries. Annotate findings in post log book.
- If bruising, marks, or injuries are visible or apparent immediately notify your supervisor.
- Stay vigilant of possible choking, falling and other dangers which may be more prevalent for younger children.
- Per AFRC Policy 4.7, staff members assigned to Short Term Care will be First Aid and Child CPR certified.

SEARCHES:

Refer to the inside of this folder, which contains the Operations Manual section concerning searches

(b)(7)(e)

(b)(7)(e)

EMERGENCY SITUATIONS:

- If at any time you feel you, other staff members, or residents are in imminent physical danger, (b)(7)(e)
- In the event of an emergency such as a fire or unauthorized entry into the building, contact the Control Center and the SIEA immediately to advise them of the situation and await instructions.
- Should an exit door fail after receiving proper authorization to evacuate residents, you will notify the Facility Control Center to request assistance and if possible, proceed to another exit.

It is not expected that these post orders will cover every conceivable situation that you may be confronted with while performing your assigned duties. However, you are expected to exercise good judgment and good sense in the application of these orders. Any questions or concerns should be directed to your supervisor.

AFRC Sho (b)(6), (b)(7)(c) Officer
INITIALS _____

Short Term Care.

(b)(6), (b)(7)(c)

THIS POLICY WILL BE REVIEWED AT LEAST ANNUALLY AND UPDATED AS NEEDED.

APPROVED: (b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

8-26-14.
Date

08/26/14
Date

AFRC Short Term Care Officer

INITIALS: _____

SPECIAL INSTRUCTIONS





U.S. Department of Homeland Security
Immigration and Customs Enforcement
Artesia Family Residential Center – Artesia, NM

Addendum to Post Orders

AFRC SHORT TERM CARE OFFICER

ADD TO:

HOURS OF OPERATION:

Location of Short Term Care –

- Location of Short Term Care will be in the Day Room No. 2.

(b)(6), (b)(7)(c)

Approved by: _____

(b)(6), (b)(7)(c)

Title: _____

AFOD

Date: _____

9/8/14

GENERAL POST ORDERS



General Post Orders

1. Officers are required to be in full and proper uniform, if applicable.
2. Prior to assuming any post, read, familiarize yourself with, and sign the acknowledgment form attached to the post orders.
3. Take charge of your post and all property that it contains. You are responsible for the safety and security of your post as well as resident discipline. All government property is to be inspected for proper working condition. Memorandums will be completed regarding any item that is not properly functioning. Unusual detainee behavior will be reported to your immediate supervisor.
4. Never leave the post to which you are assigned until properly relieved. You will perform your assigned duties until you have been properly relieved.
5. Be alert and vigilant at all times. Maintain a constant awareness of your surroundings. By maintaining a highly visible profile, residents are less likely to commit prohibited acts.
6. Immediately report any unusual circumstance to your supervisor. Keep your immediate supervisor informed of any activity that may lead to unrest. Interaction with residents on a professional level can assist you in gathering information. This type of preventative measure may stop a potential problem before it occurs.
7. Officers are responsible for maintaining safety, security, and sanitation of their assigned post.
8. Adhere to and pass on to your relief any changes in post orders, operating procedures, and other information pertinent to the post. If you received special instructions during your tour, be sure to pass them on to the relieving officer. Special instructions should also be noted in the appropriate logbook. Get as much information from the previous officer as you can. The more you know about the population's attitude, the better you can prepare yourself to take over the post. Extend the same professional courtesy to the officer that relieves you.
9. Notify the shift supervisor IMMEDIATELY in the event of fire, disorder, escape, or injury to anyone. KEEP CALM! Use your radio to notify the supervisor. If radio traffic is heavy, use any available phone. Fire alarms are also located throughout the facility.
10. Residents are to be treated with courtesy and respect. Recognizing the effect of personal appearance, speech, conduct, and demeanor in communicating the appropriate sense of authority, every officer shall dress, speak, and act with the utmost professionalism.
11. Contact your immediate supervisor in any event that is not covered by instruction. If a situation arises that you have not previously encountered, contact your immediate supervisor for direction in handling the matter.
12. Keep accurate log entries of all noteworthy events that take place. By constantly updating your logbook, you assure that any future questions regarding your duties will be easily answered. This will leave little room for negative interpretation of your performance.
13. Maintain accountability of residents at all times. Verify the census and/or identity of residents under your control. Conduct random census of residents under your supervision to ensure all are present.

Approved By

(b)(6), (b)(7)(c)

AFO

Title:

7/26/14

Reviewed July 2014

MEMORANDUM



FAMILY RESIDENTIAL STANDARDS



ICE/DRO RESIDENTIAL STANDARD

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 (b)(7)(e) 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 (b)(7)(e) shall maintain a master census.

The facility (b)(7)(e) 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 (b)(7)(e) 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

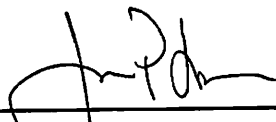
5. Emergency Counts

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

Date

ICE/DRO RESIDENTIAL STANDARD

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.

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

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 (b)(7)(e) 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.

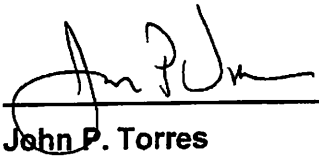
c. Body Cavity Searches

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

ICE/DRO RESIDENTIAL STANDARD

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 4th 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 (b)(7)(e)

(b)(7)(e)

- 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 (b)(7)(e)
- 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

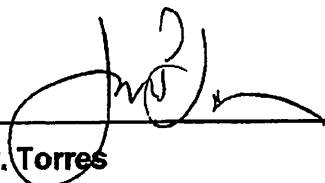
While canine units maybe used for contraband detection with the written approval of JFRMU, canine units will not be maintained at or near the facility. A canine search will never be conducted in the presence of residents. Their use for force, control, or intimidation of residents is prohibited.

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

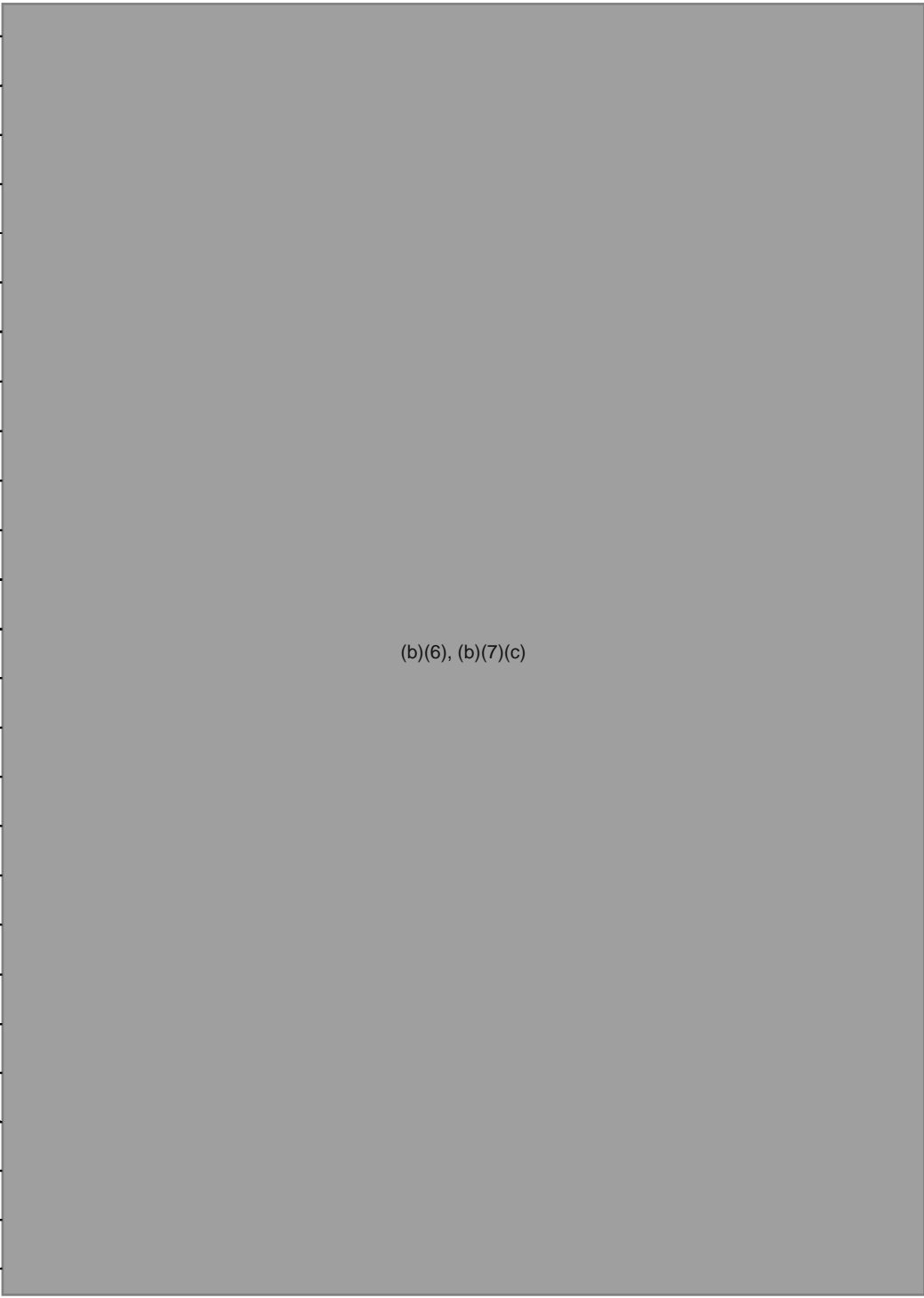
ACKNOWLEDGEMENT FORM



I.C.E. ARTESIA FAMILY RESIDENTIAL CENTER
ARTESIA, NM.

POST ORDER ACKNOWLEDGMENT

By affixing my signature below, I verify that I have read, and understand the following Post Orders.

	Date
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	9/14/14
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(b)(6), (b)(7)(c)

I.C.E. ARTESIA FAMILY RESIDENTIAL CENTER
ARTESIA, NM.

POST ORDER ACKNOWLEDGMENT

By affixing my signature below, I verify that I have read, and understand the following Post Orders.

Signature	Date
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I.C.E. ARTESIA FAMILY RESIDENTIAL CENTER
ARTESIA, NM.

POST ORDER ACKNOWLEDGMENT

By affixing my signature below, I verify that I have read, and understand the following Post Orders.

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POST ORDER ACKNOWLEDGMENT

By affixing my signature below, I verify that I have read, and understand the following Post Orders.

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12/2			12-2-14
12/3			12/3/14
12/4			12-4-14
12/5			12/5/14
12/6			12/6/14
12/7	12/7/14		
12/8	12/8/14		

COURT ROOM OFFICER



U. S. Immigration and Custom Enforcement

Artesia Family Residential Center

2014

POST ORDERS





U.S. Department of Homeland Security
 Bureau of Immigration and Customs Enforcement
 Artesia Family Residential Center, Artesia, NM

Specific Post Orders

AFRC COURT ROOM OFFICER

HOURS OF OPERATION:

Excluding federal holidays, this post will be manned Monday through Friday from (b)(7)(e) hours. You are not to leave this area unless properly relieved.

(b)(7)(e)

(b)(7)(e)

ASSUME POST:

Prior to assuming any post, the Court Room Officer will review and sign the post orders in the Sign-In-Record. Review the previous log entries. inspect and inventory any equipment assigned to the post. review the informal pass on log, and ask the supervisor about any changes in Post Orders, operating procedures, and other information pertinent to the post.

Complete a physical inspection of the post and general court room area to identify any potential sanitation, safety or maintenance deficiencies.

DUTIES AND RESPONSIBILITIES:

- Ensure all necessary equipment is functional. .
- Ensure that facial tissue is adequately stocked in the court rooms.
- Pick up the daily court rosters from the Office of Principal Legal Advisor (OPLA).
- Verify that the residents listed are accounted for and available for court in assigned waiting area.
- Residents on court list are presented to court at the prescribed time.
- Meals are offered to those residents not able to attend lunch due to their court appearance.
- The courtrooms are maintained in a safe, sanitary and secure condition.
- Residents do not deface the furniture or walls of the court complex.
- Ensure that private attorneys use their personally owned portable electronic devices only while in the Executive Office for Immigration Review (EOIR) courtrooms.

RECURRING DUTIES:

(b)(7)(e)

- Morning meal turnout in accordance with scheduled meal rotation.
- Ensure residents with scheduled court appearances are presented to the court by 0800 hours.
- Obtain daily court list from OPLA.
- Ensure that residents are placed in their assigned courtrooms.
- Escort residents between the courtrooms and attorney visitation
- Ensure the orderly flow of residents to and from the courtroom providing the maximum amount of security and resident accountability.
- Commence census in accordance with the census policy.

(b)(6), (b)(7)(c)

AFRC Co

(b)(6), (b)(7)(c)

INITIALS

(b)(7)(e)

- Noon meal turnout in accordance with scheduled meal rotation.
- Commence census in accordance with the census policy.
- Evening meal turnout in accordance with scheduled meal rotation.
- Commence census in accordance with the census policy.

Keep in mind that the Trial Attorney is the spokesperson for the Service. Any questions from Judges, other attorneys etc. will be referred to the Trial Attorney.

(b)(7)(e)

(b)(7)(e)

EMERGENCY SITUATIONS:

- If at any time you feel you, other staff members, or residents are in imminent physical danger. (b)(7)(e)
- (b)(7)(e)
- In the event of an emergency such as a fire or unauthorized entry into the building, contact the Control Center and the SIEA immediately to advise them of the situation and await instructions.
- Should an exit door fail after receiving proper authorization to evacuate residents, you will notify the facility Control Center to request assistance and if possible, proceed to another exit.

It is not expected that these post orders will cover every conceivable situation that you may be confronted with while performing your assigned duties. However, you are expected to exercise good judgment in the application of these orders. Any questions or concerns should be directed to your supervisor.

THIS POLICY WILL BE REVIEWED AT LEAST ANNUALLY AND UPDATED AS NEEDED.

APPROVED
(b)(6), (b)(7)(c)

8-26-14
Date

(b)(6), (b)(7)(c)

08/27/14
Date

AFRC Court Officer
INITIALS: (b)(6), (b)(7)(c)

GENERAL POST ORDERS



General Post Orders

1. Officers are required to be in full and proper uniform, if applicable.
2. Prior to assuming any post, read, familiarize yourself with, and sign the acknowledgment form attached to the post orders.
3. Take charge of your post and all property that it contains. You are responsible for the safety and security of your post as well as resident discipline. All government property is to be inspected for proper working condition. Memorandums will be completed regarding any item that is not properly functioning. Unusual detainee behavior will be reported to your immediate supervisor.
4. Never leave the post to which you are assigned until properly relieved. You will perform your assigned duties until you have been properly relieved.
5. Be alert and vigilant at all times. Maintain a constant awareness of your surroundings. By maintaining a highly visible profile, residents are less likely to commit prohibited acts.
6. Immediately report any unusual circumstance to your supervisor. Keep your immediate supervisor informed of any activity that may lead to unrest. Interaction with residents on a professional level can assist you in gathering information. This type of preventative measure may stop a potential problem before it occurs.
7. Officers are responsible for maintaining safety, security, and sanitation of their assigned post.
8. Adhere to and pass on to your relief any changes in post orders, operating procedures, and other information pertinent to the post. If you received special instructions during your tour, be sure to pass them on to the relieving officer. Special instructions should also be noted in the appropriate logbook. Get as much information from the previous officer as you can. The more you know about the population's attitude, the better you can prepare yourself to take over the post. Extend the same professional courtesy to the officer that relieves you.
9. Notify the shift supervisor IMMEDIATELY in the event of fire, disorder, escape, or injury to anyone. KEEP CALM! Use your radio to notify the supervisor. If radio traffic is heavy, use any available phone. Fire alarms are also located throughout the facility.
10. Residents are to be treated with courtesy and respect. Recognizing the effect of personal appearance, speech, conduct, and demeanor in communicating the appropriate sense of authority, every officer shall dress, speak, and act with the utmost professionalism.
11. Contact your immediate supervisor in any event that is not covered by instruction. If a situation arises that you have not previously encountered, contact your immediate supervisor for direction in handling the matter.
12. Keep accurate log entries of all noteworthy events that take place. By constantly updating your logbook, you assure that any future questions regarding your duties will be easily answered. This will leave little room for negative interpretation of your performance.
13. Maintain accountability of residents at all times. Verify the census and/or identity of residents under your control. Conduct random census of residents under your supervision to ensure all are present.

Approved By

(b)(6), (b)(7)(c)

A. Ford

Title:

7/26/14

FAMILY RESIDENTIAL STANDARDS



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

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.

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

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 (b)(7)(e) 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.

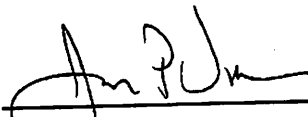
c. Body Cavity Searches

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

ICE/DRO RESIDENTIAL STANDARD

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 4th 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 (b)(7)(e)

(b)(7)(e)

- 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

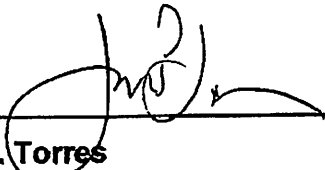
While canine units maybe used for contraband detection with the written approval of JFRMU, canine units will not be maintained at or near the facility. A canine search will never be conducted in the presence of residents. Their use for force, control, or intimidation of residents is prohibited.

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

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 B. Torres
Director
Office of Detention and Removal

DEC 21 2007

Date

ICE/DRO RESIDENTIAL STANDARD

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 (b)(7)(e) 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 (b)(7)(e) shall maintain a master census.

The facility (b)(7)(e) 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

Date

ACKNOWLEDGEMENT FORM



I.C.E. ARTESIA FAMILY RESIDENTIAL CENTER
ARTESIA, NM.

POST ORDER ACKNOWLEDGMENT

POST: RESIDENTIAL HOUSING UNIT OFFICER

By affixing my signature below, I verify that I have read, and understand the following Post Orders.

	Date
<i>2/14</i>	9/3/14
	9/3/14
	9/4/14
	9/4/14
	9/5/14
	9/5/14
	9/8/14
	9/8/14
	9/9/14
	9/9/14
	9/10/14
	9/10/14
	9/11/14
	9/11/14
	9/12/14
	9/12/14
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	9/15/14
	9/16/14
	9/16/14
	9/17/14
	9/17/14
	9/26/14
	9/26/14

(b)(6), (b)(7)(c)

I.C.E. ARTESIA FAMILY RESIDENTIAL CENTER
ARTESIA, NM.

POST ORDER ACKNOWLEDGMENT

POST: RESIDENTIAL HOUSING UNIT OFFICER

By affixing my signature below, I verify that I have read, and understand the following Post Orders.

Name	Signature	Date
(b)(6), (b)(7)(c)		9/18/14
		9-18/14
		9/19/14
		9/19/14
		9/19/14
		9/22/14
		9/27/14
		9/23/14
		9/27/14
		9/24/14
		9/24/14
		9/25/14
		9/25/14
		9/26/14
		9/26/14
		9/29/14
		9/30/14
		10/1/14
		10/2/14
		10/3/14
10/3/14		
10/6/14		
10/6/14		
10/7/14		
10/7/14		
10/8/14		

I.C.E. ARTESIA FAMILY RESIDENTIAL CENTER
ARTESIA, NM.

POST ORDER ACKNOWLEDGMENT

POST: RESIDENTIAL HOUSING UNIT OFFICER

By affixing my signature below, I verify that I have read, and understand the following Post Orders.

Name	Signature	Date
(b)(6), (b)(7)(c)		10/9/14
		10/9/14
		10/14/14
		10/14/14
		10/15/14
		10/15/14
		10/16/14
		10/16/14
		10/17/14
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	10/29/14	
	10/29/14	

I.C.E. ARTESIA FAMILY RESIDENTIAL CENTER
ARTESIA, NM.

POST ORDER ACKNOWLEDGMENT POST: RESIDENTIAL HOUSING UNIT OFFICER

By affixing my signature below, I verify that I have read, and understand the following Post Orders.

Name	Signature	Date
		10-30-14
		10-30-14
		10-31-14
		11-3-14
		11-3-14
		11-4-14
		11-4-14
		11-5-14
		11-5-14
		11-6-14
		11-6-14
		11-7-14
		11-12-14
		11-13-14
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		11-12-14
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		11-17-14
		11-18-14
		11-18-14
		11-19-14
		11-19-14
		11-19-14

(b)(6), (b)(7)(c)

I.C.E. ARTESIA FAMILY RESIDENTIAL CENTER
ARTESIA, NM.

POST ORDER ACKNOWLEDGMENT POST: RESIDENTIAL HOUSING UNIT OFFICER

By affixing my signature below, I verify that I have read, and understand the following Post Orders.

Name	Signature	Date
(b)(6), (b)(7)(c)		11-20-14
		11-20-14
		11-21-14
		11-21-14
		11-24-14
		11-24-14
		11-25-14
		11-25-14
		11-26-14
		11-26-14
		12-1-14
		12-1-14
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		12-2-14
		12-3-14
		12-3-14
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		12-5-14
		12-5-14
12-5-14		
12-8-14		
12-8-14		
12-8-14		

DAY ROOM No.3 OFFICER



U. S. Immigration and Custom Enforcement

Artesia Family Residential Center

2014

POST ORDERS





U.S. Department of Homeland Security
 Immigration and Customs Enforcement
 Artesia Family Residential Center, Artesia, NM

Specific Post Orders

AFRC DAY ROOM No. 3 OFFICER

HOURS OF OPERATION:

This post will be manned Sunday through Saturday from (b)(7)(e) hours. You are not to leave this area unless properly relieved.

(b)(7)(e)

(b)(7)(e)

ASSUME POST:

Prior to assuming any post, the Day Room Officer will review and sign the post orders in the Sign-In-Record. Review the previous log entries, inspect and inventory any equipment assigned to the post, review the informal pass on log, and ask the supervisor about any changes in Post Orders, operating procedures, and other information pertinent to the post.

Complete a physical inspection of the post and general day room area to identify any potential sanitation, safety or maintenance deficiencies.

DUTIES AND RESPONSIBILITIES:

- Ensure all necessary equipment is functional.
- Inspect / check exit doors.
- Pick up the daily population report from the Supervisory Immigration Enforcement Agent (SIEA).
- Ensure the day room is maintained in a safe, sanitary and secure condition.
- Ensure an appropriate amount of snacks are available in the day room.
- Ensure residents do not deface the materials, furniture or walls of the day room.
- Make frequent and irregular rounds of the day room.

RECURRING DUTIES:

(b)(7)(e)

- Morning meal turnout in accordance with scheduled meal rotation.
- Commence census in accordance with the census policy.
- Noon meal turnout in accordance with scheduled meal rotation.
- Commence census in accordance with the census policy.
- Evening meal turnout in accordance with scheduled meal rotation.
- Commence census in accordance with the census policy.

(b)(7)(e)

Census: There will be no movement in or out of the day room area during census.

AFRC Day Room Officer

Revised 08/2014

INITIALS: (b)(6), (b)(7)(c)

Exit Doors: Exit doors will be checked during rounds, a minimum of (b)(7)(e) times per hour. Annotate in the log book the condition of the exit doors. If any door requires maintenance you will notify the SIEA immediately.

Unit Cleanup: Officers will ensure the day room area and contents are kept clean and sanitized.

(b)(7)(e)

(b)(7)(e)

EMERGENCY SITUATIONS:

- If at any time you feel you, other staff members, or residents are in imminent physical danger, (b)(7)(e)
- (b)(7)(e) (b)(7)(e)
- In the event of an emergency such as a fire or unauthorized entry into the building, contact the Control Center and the SIEA immediately to advise them of the situation and await instructions.
- Should an exit door fail after receiving proper authorization to evacuate residents, you will notify the facility Control Center to request assistance and if possible, proceed to another exit.

It is not expected that these post-orders will cover every conceivable situation that you may be confronted with while performing your assigned duties. However, you are expected to exercise good judgment in the application of these orders. Any questions or concerns should be directed to your supervisor.

THIS POLICY WILL BE REVIEWED AT LEAST ANNUALLY AND UPDATED AS NEEDED

APPROV

(b)(6), (b)(7)(c)

Facility A

(b)(6), (b)(7)(c)

9/8/14
Date

09/08/14
Date

AFRC Day Room Officer

Revised 08/2014

INITIALS: _____

Page 2 of 2

DHS-011-0000001-002592

GENERAL POST ORDERS



General Post Orders

1. Officers are required to be in full and proper uniform, if applicable.
2. Prior to assuming any post, read, familiarize yourself with, and sign the acknowledgment form attached to the post orders.
3. Take charge of your post and all property that it contains. You are responsible for the safety and security of your post as well as resident discipline. All government property is to be inspected for proper working condition. Memorandums will be completed regarding any item that is not properly functioning. Unusual detainee behavior will be reported to your immediate supervisor.
4. Never leave the post to which you are assigned until properly relieved. You will perform your assigned duties until you have been properly relieved.
5. Be alert and vigilant at all times. Maintain a constant awareness of your surroundings. By maintaining a highly visible profile, residents are less likely to commit prohibited acts.
6. Immediately report any unusual circumstance to your supervisor. Keep your immediate supervisor informed of any activity that may lead to unrest. Interaction with residents on a professional level can assist you in gathering information. This type of preventative measure may stop a potential problem before it occurs.
7. Officers are responsible for maintaining safety, security, and sanitation of their assigned post.
8. Adhere to and pass on to your relief any changes in post orders, operating procedures, and other information pertinent to the post. If you received special instructions during your tour, be sure to pass them on to the relieving officer. Special instructions should also be noted in the appropriate logbook. Get as much information from the previous officer as you can. The more you know about the population's attitude, the better you can prepare yourself to take over the post. Extend the same professional courtesy to the officer that relieves you.
9. Notify the shift supervisor IMMEDIATELY in the event of fire, disorder, escape, or injury to anyone. KEEP CALM! Use your radio to notify the supervisor. If radio traffic is heavy, use any available phone. Fire alarms are also located throughout the facility.
10. Residents are to be treated with courtesy and respect. Recognizing the effect of personal appearance, speech, conduct, and demeanor in communicating the appropriate sense of authority, every officer shall dress, speak, and act with the utmost professionalism.
11. Contact your immediate supervisor in any event that is not covered by instruction. If a situation arises that you have not previously encountered, contact your immediate supervisor for direction in handling the matter.
12. Keep accurate log entries of all noteworthy events that take place. By constantly updating your logbook, you assure that any future questions regarding your duties will be easily answered. This will leave little room for negative interpretation of your performance.
13. Maintain accountability of residents at all times. Verify the census and/or identity of residents under your control. Conduct random census of residents under your supervision to ensure all are present.

Approved By

(b)(6), (b)(7)(c)

AFOD Title: 7/26/14

Reviewed July 2014

DHS-011-0000001-002594

MEMORANDUM



SPECIAL INSTRUCTIONS



FAMILY RESIDENTIAL STANDARDS



ICE/DRO RESIDENTIAL STANDARD

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 4th 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 (b)(7)(e)

- 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

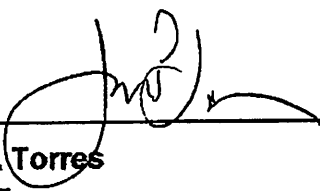
While canine units maybe used for contraband detection with the written approval of JFRMU, canine units will not be maintained at or near the facility. A canine search will never be conducted in the presence of residents. Their use for force, control, or intimidation of residents is prohibited.

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 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, (b)(7)(e) 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

(b)(7)(e)

(b)(7)(e)

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:

(b)(7)(e)

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

(b)(7)(e)

4) Testing and Training

(b)(7)(e)

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:

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e. Emergency Response Components

The Facility Administrator shall ensure that appropriate personnel are trained under the (b)(7)(e) and that a (b)(7)(e) (b)(7)(e) and (b)(7)(e) are established and maintained in accordance with ICE policies and directives.

The DCP is composed of trained staff who are able to don (b)(7)(e) (b)(7)(e) and who have available to them at a location not within the facility (b)(7)(e) (b)(7)(e)

(b)(7)(e)

(b)(7)(e)

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 |
| (b)(7)(e) | 12. Evacuation |
| 6. Search (Internal) | 13. Nationwide Lockdown |
| (b)(7)(e) | 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:**

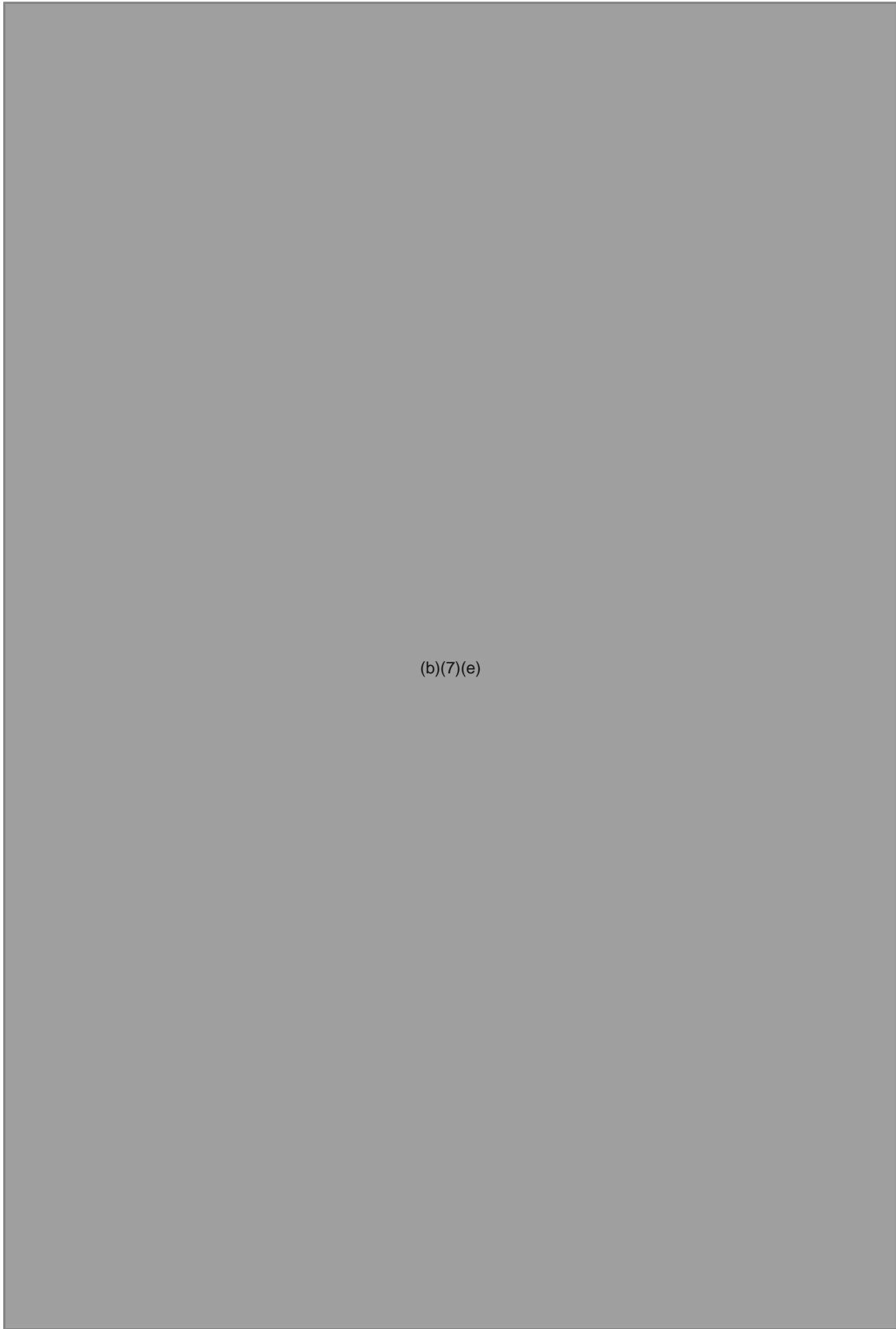
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- 4). **Escape by aircraft:**

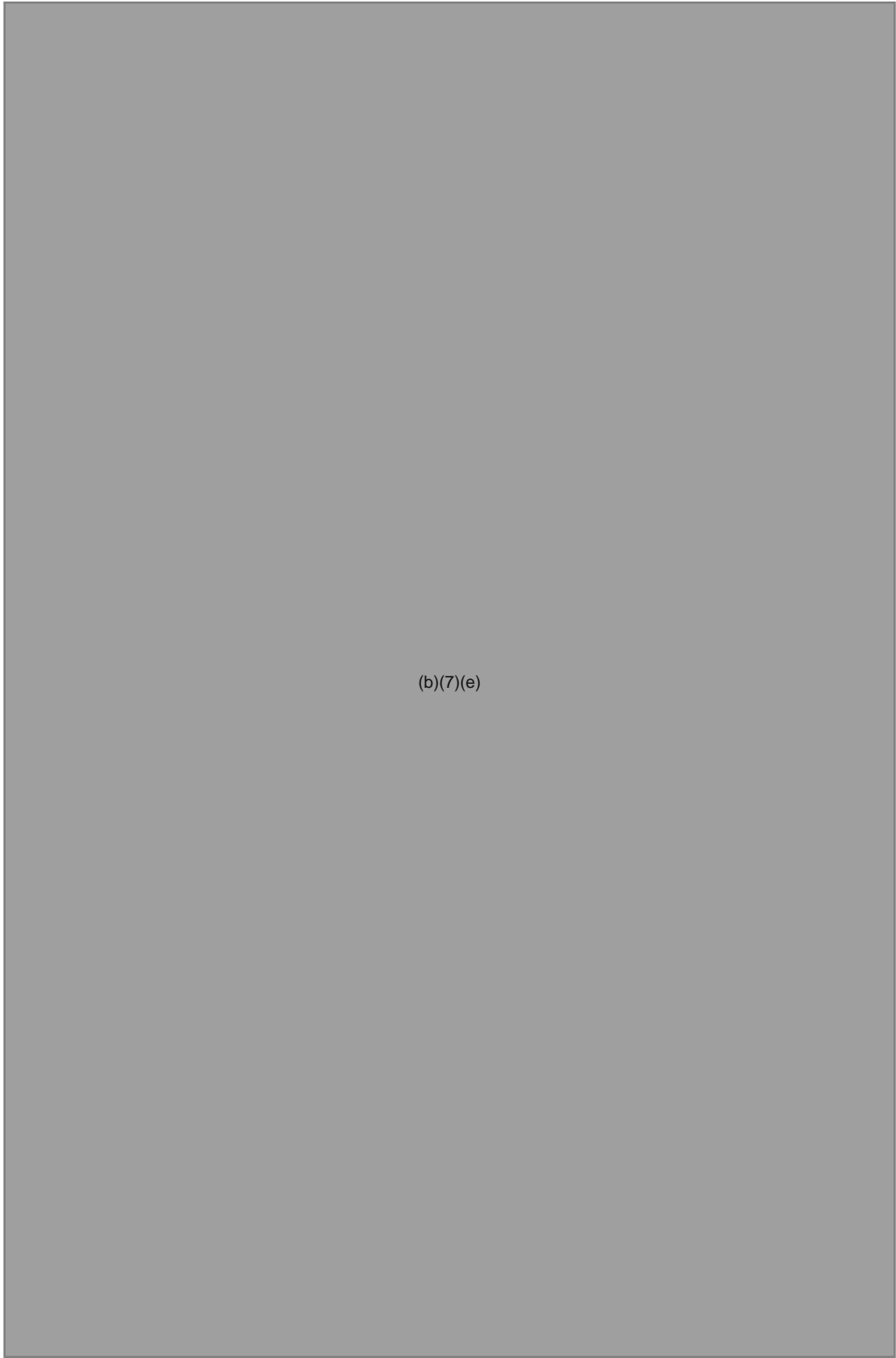
- (a) **Observe and record aircraft description: colors, registration or tail number, direction of flight, etc.;**
- (b) **Notify local law enforcement and Federal Aviation Administration;**
- (c) **Firing on aircraft is prohibited, except to return fire originating from the aircraft. Even in that case, 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.).**

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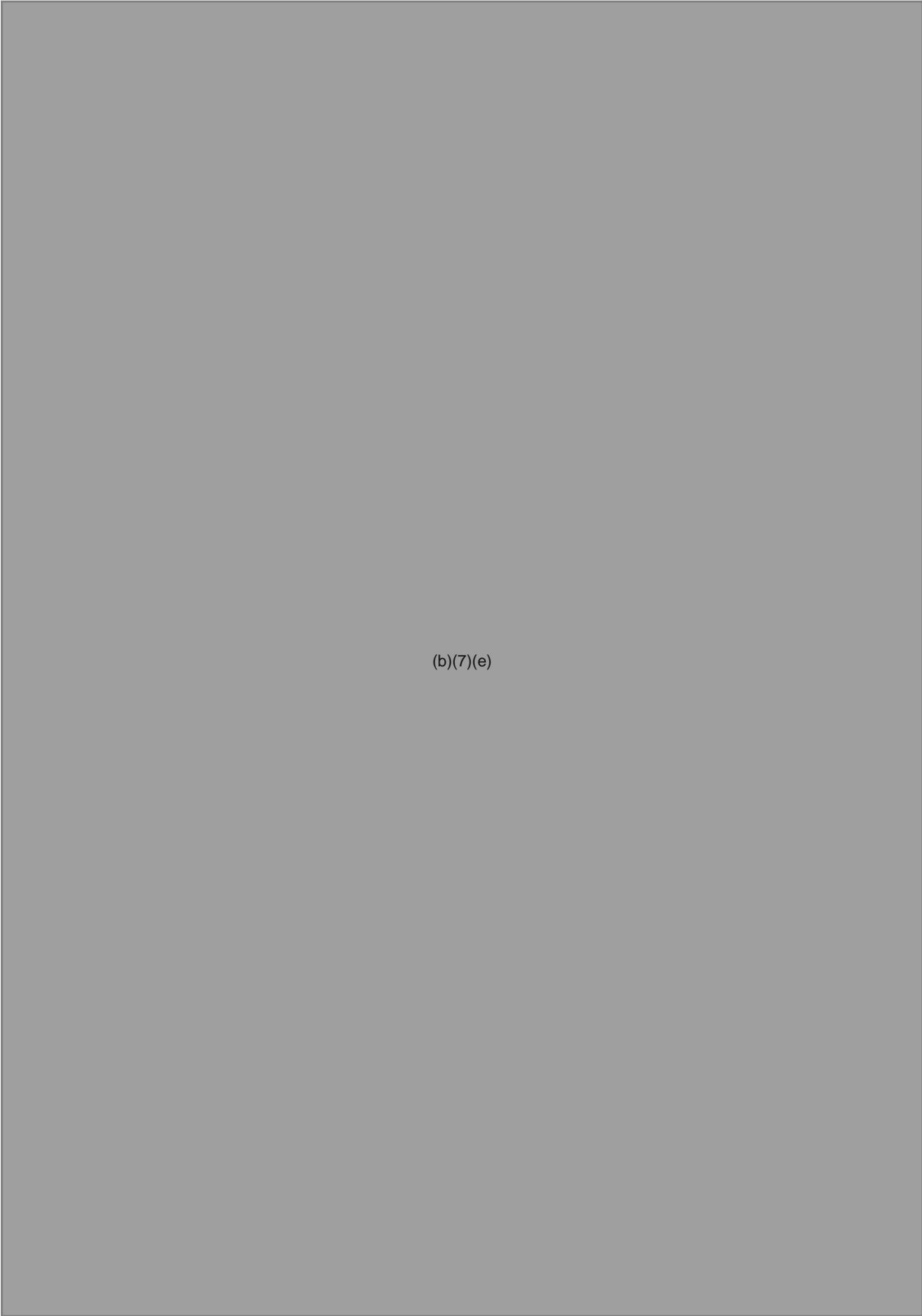
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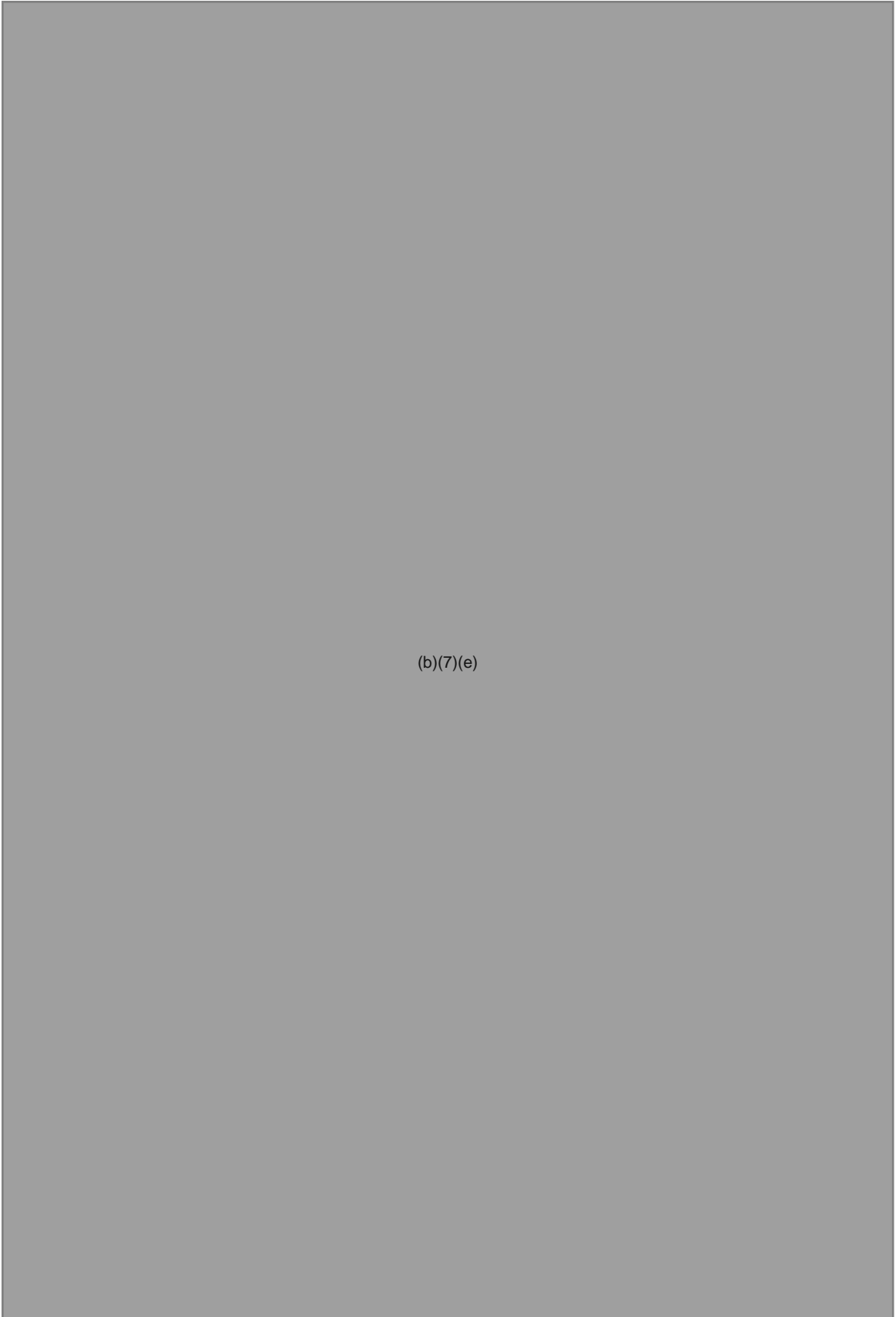


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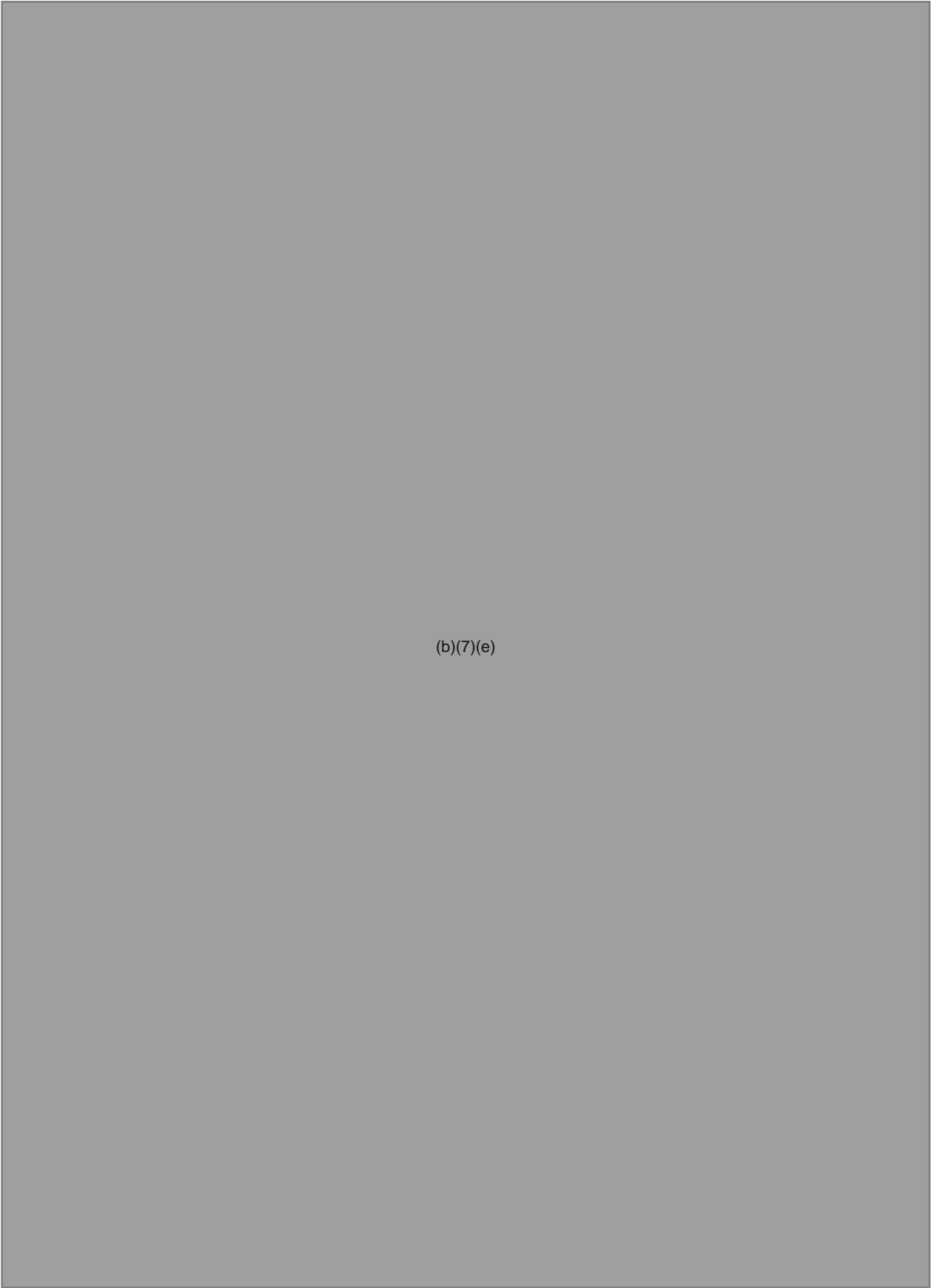


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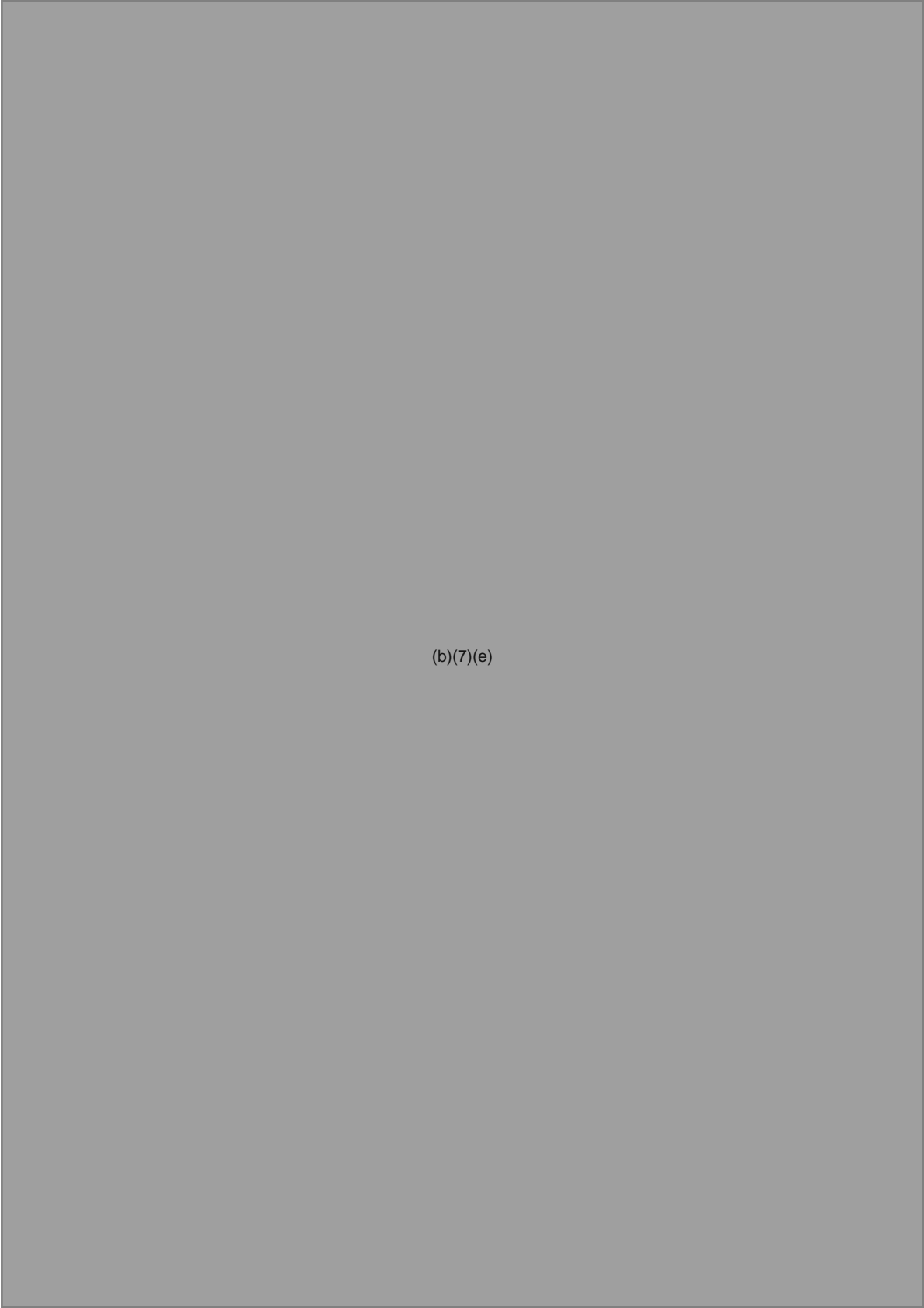
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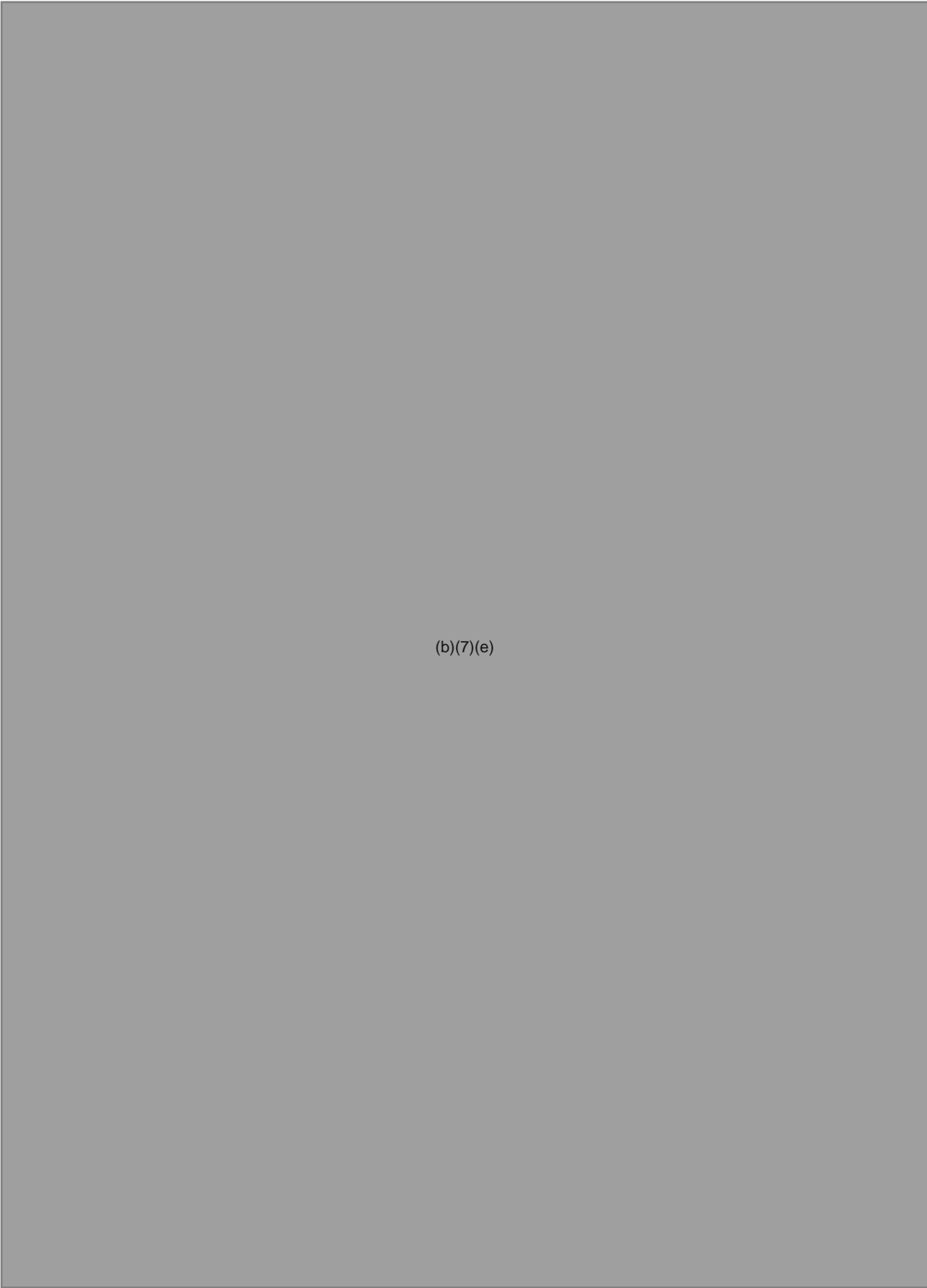
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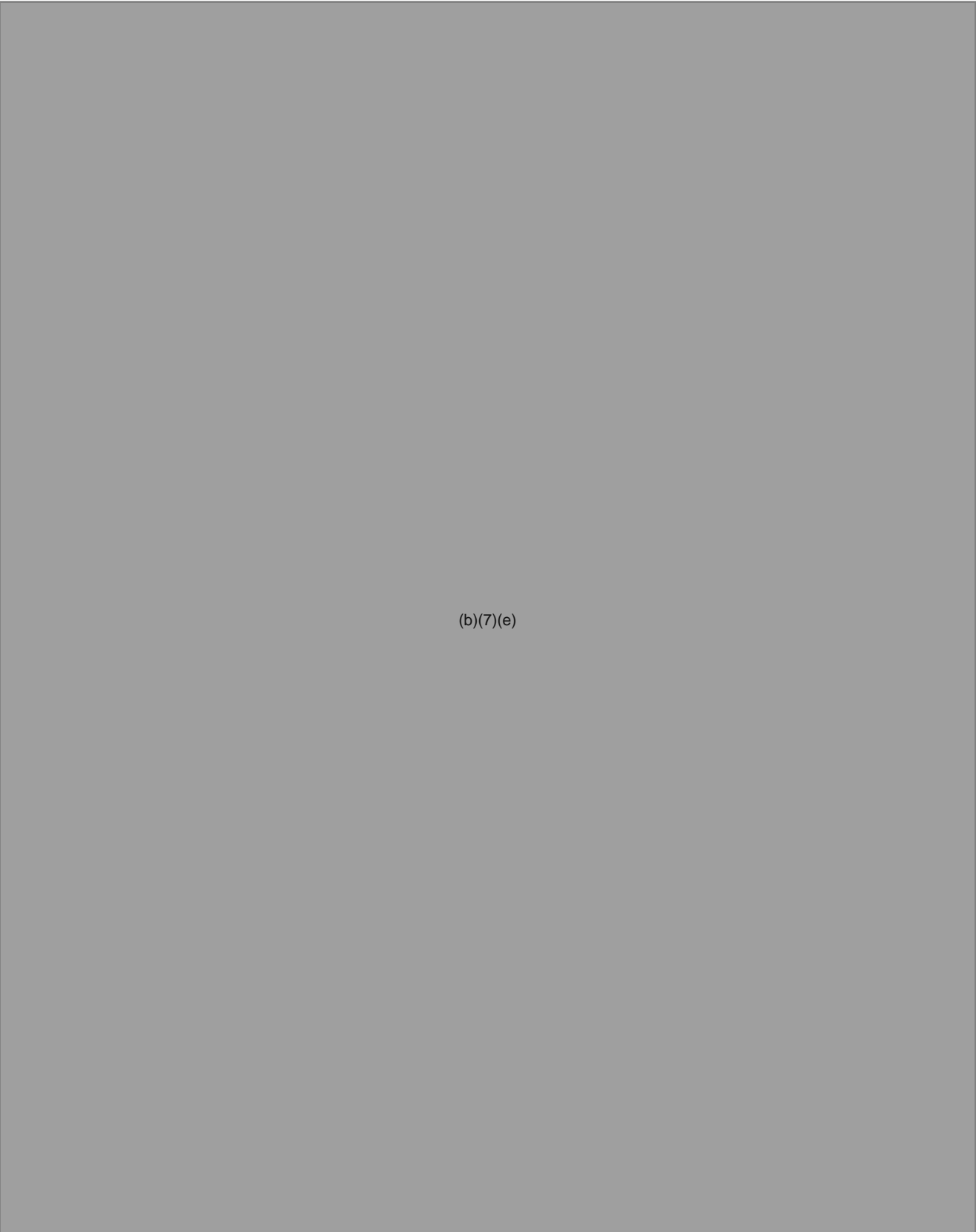
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Standard Approved:



John P. Torres
Director
Office of Detention and Removal

DEC 21 2007

Date

ICE/DRO RESIDENTIAL STANDARD

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

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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.).

(b)(7)(e)

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 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. (b)(7)(e)
(b)(7)(e)
(b)(7)(e)
- 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.

(b)(7)(e)

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:

(b)(7)(e)

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, (b)(7)(e) and shall be checked weekly by an (b)(7)(e)

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.

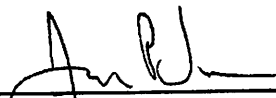
The emergency generator shall also receive quarterly testing and servicing from an external generator service company (or otherwise in accordance with the manufacturer's instructions). Among other things, the technicians shall check starting battery voltage, generator voltage and amperage output.

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:



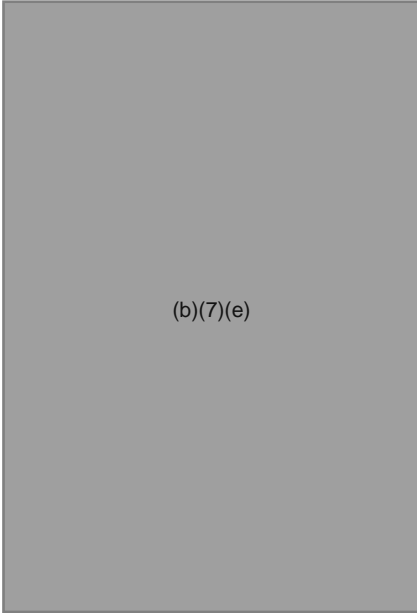
John P. Torres
Director
Office of Detention and Removal

DEC 21 2007

Date

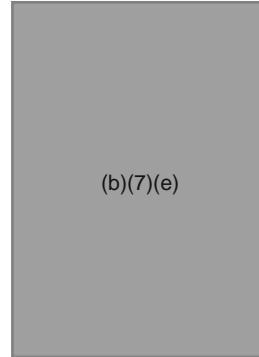
TABLE A
Common Flammable, Toxic, and Caustic Substances

Class I Liquids



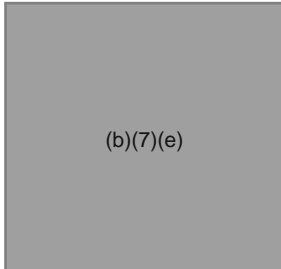
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Toxic Substances



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Class II Liquids



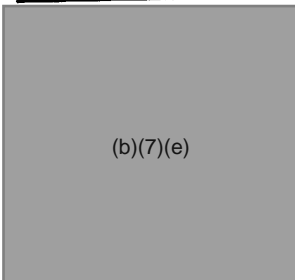
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Caustic Substances



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Class III Liquids



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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,

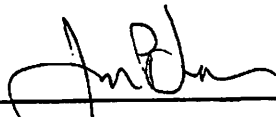
according to the following schedule:

- 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

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 (b)(7)(e) 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 (b)(7)(e) shall maintain a master census.

The facility (b)(7)(e) 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
Date

ICE/DRO RESIDENTIAL STANDARD

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.

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

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 (b)(7)(e) 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.

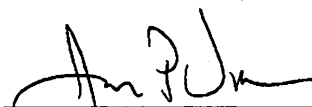
c. Body Cavity Searches

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

ICE/DRO RESIDENTIAL STANDARD

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.

(b)(7)(e)

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, [REDACTED] (b)(7)(e) while participating in the transportation program.

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

[REDACTED] (b)(7)(e)

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

(b)(7)(e)

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.:



(b)(7)(e)

(b)(7)(e)

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.

(b)(7)(e)

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.

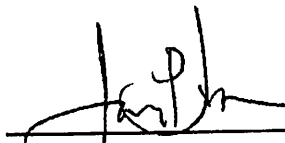
Staff shall search a resident of the opposite sex only in extreme circumstances, in the absence of a same-sex staff.

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 F. Torres
Director
Office of Detention and Removal

DEC 21 2007

Date

ACKNOWLEDGEMENT FORM



I.C.E. ARTESIA FAMILY RESIDENTIAL CENTER
 ARTESIA, NM.

POST ORDER ACKNOWLEDGMENT

By affixing my signature below, I verify that I have read, and understand the following Post Orders.

Name	Signature	Date
(b)(6), (b)(7)(c)		9/16/14
		9/16/14
		9/17/14
		9/18/14
		9/18/14
		9/18/14
		9/19/14
		9/20/14
		9/22/14
		9/24/14
		9/25/14
		9/30/14

CONSULATE ESCORT OFFICER



U. S. Immigration and Custom Enforcement

Artesia Family Residential Center

2014

POST ORDERS





U.S. Department of Homeland Security
 Bureau of Immigration and Customs Enforcement
 Artesia Family Residential Center, Artesia, NM

Specific Post Orders

AFRC CONSULATE ESCORT OFFICER

HOURS OF OPERATION:

Excluding federal holidays, this post will be manned Monday through Friday from (b)(7)(e) hours. You are not to leave this area unless properly relieved.

(b)(7)(e)

(b)(7)(e)

ASSUME POST:

Prior to assuming any post, the Consulate Escort Officer will review and sign the post orders in the Sign-In-Record. Review the previous log entries, inspect and inventory any equipment assigned to the post, review the informal pass on log, and ask the supervisor about any changes in Post Orders, operating procedures, and other information pertinent to the post.

Complete a physical inspection of the post and general consulate area to identify any potential sanitation, safety or maintenance deficiencies.

DUTIES AND RESPONSIBILITIES:

- Ensure all necessary equipment is functional.
- Pick up the daily consulate rosters from the Office of Principal Legal Advisor (OPLA).
- Verify that the residents listed are accounted for and available for consulate in assigned waiting area.
- Residents on the consulate list are presented to the consulate at the prescribed time.
- Meals are offered to those residents not able to attend lunch due to their consulate appointment.
- The consulate area is maintained in a safe, sanitary and secure condition.
- Ensure residents do not deface the furniture or walls of the consulate area.
- Ensure that private attorneys use their personally owned portable electronic devices only while in the Executive Office for Immigration Review (EOIR) courtrooms.

RECURRING DUTIES:

Morning meal provided in accordance with scheduled meal rotation.

Obtain daily consulate list from OPLA.

Ensure residents with scheduled consulate appointments are presented to the consulate area by 0800 hours.

(b)(7)(e)

Ensure that residents are placed in the assigned interview area.

Ensure the orderly flow of residents to and from the consulate area to the consulate conducting the interviews, providing the maximum amount of security and resident accountability.

Commence census in accordance with the census policy.

Noon meal provided in accordance with scheduled meal rotation.

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INITIALS

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Revised 08/2014

(b)(7)(e)

Commence census in accordance with the census policy.
Evening meal provided in accordance with scheduled meal rotation.
Commence census in accordance with the census policy.

(b)(7)(e)

Census: There will be no movement in or out of the consulate area during census.

Exit Doors: Exit doors will be checked during rounds, a minimum of (b)(7)(e) times per hour. Annotate in the log book the condition of the (b)(7)(e) exit doors. If any door requires maintenance you will notify the SIEA immediately.

Unit Cleanup: Officers will ensure the consulate area and contents are kept clean and sanitized.

(b)(7)(e)

(b)(7)(e)

EMERGENCY SITUATIONS:

- If at any time you feel you, other staff members, or residents are in imminent physical danger, (b)(7)(e)
- (b)(7)(e)
- In the event of an emergency such as a fire or unauthorized entry into the building, contact the Control Center and the SIEA immediately to advise them of the situation and await instructions.
- Should an exit door fail after receiving proper authorization to evacuate residents, you will notify the facility Control Center to request assistance and if possible, proceed to another exit.

It is not expected that these post orders will cover every conceivable situation that you may be confronted with while performing your assigned duties. However, you are expected to exercise good judgment in the application of these orders. Any questions or concerns should be directed to your supervisor.

THIS POLICY WILL BE REVIEWED AT LEAST ANNUALLY AND UPDATED AS NEEDED.

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(b)(6), (b)(7)(c)

8-26-14
Date

08/27/14
Date

AFRC Con (b)(6), (b)(7)(c)
INITIALS:

SPECIAL INSTRUCTIONS



GENERAL POST ORDERS



General Post Orders

1. Officers are required to be in full and proper uniform, if applicable.
2. Prior to assuming any post, read, familiarize yourself with, and sign the acknowledgment form attached to the post orders.
3. Take charge of your post and all property that it contains. You are responsible for the safety and security of your post as well as resident discipline. All government property is to be inspected for proper working condition. Memorandums will be completed regarding any item that is not properly functioning. Unusual detainee behavior will be reported to your immediate supervisor.
4. Never leave the post to which you are assigned until properly relieved. You will perform your assigned duties until you have been properly relieved.
5. Be alert and vigilant at all times. Maintain a constant awareness of your surroundings. By maintaining a highly visible profile, residents are less likely to commit prohibited acts.
6. Immediately report any unusual circumstance to your supervisor. Keep your immediate supervisor informed of any activity that may lead to unrest. Interaction with residents on a professional level can assist you in gathering information. This type of preventative measure may stop a potential problem before it occurs.
7. Officers are responsible for maintaining safety, security, and sanitation of their assigned post.
8. Adhere to and pass on to your relief any changes in post orders, operating procedures, and other information pertinent to the post. If you received special instructions during your tour, be sure to pass them on to the relieving officer. Special instructions should also be noted in the appropriate logbook. Get as much information from the previous officer as you can. The more you know about the population's attitude, the better you can prepare yourself to take over the post. Extend the same professional courtesy to the officer that relieves you.
9. Notify the shift supervisor IMMEDIATELY in the event of fire, disorder, escape, or injury to anyone. KEEP CALM! Use your radio to notify the supervisor. If radio traffic is heavy, use any available phone. Fire alarms are also located throughout the facility.
10. Residents are to be treated with courtesy and respect. Recognizing the effect of personal appearance, speech, conduct, and demeanor in communicating the appropriate sense of authority, every officer shall dress, speak, and act with the utmost professionalism.
11. Contact your immediate supervisor in any event that is not covered by instruction. If a situation arises that you have not previously encountered, contact your immediate supervisor for direction in handling the matter.
12. Keep accurate log entries of all noteworthy events that take place. By constantly updating your logbook, you assure that any future questions regarding your duties will be easily answered. This will leave little room for negative interpretation of your performance.
13. Maintain accountability of residents at all times. Verify the census and/or identity of residents under your control. Conduct random census of residents under your supervision to ensure all are present.

Approved By

(b)(6), (b)(7)(c)

AFOD

Title:

7/26/14

MEMORANDUM



FAMILY RESIDENTIAL STANDARDS



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

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 B. Torres
Director
Office of Detention and Removal

DEC 21 2007

Date

ICE/DRO RESIDENTIAL STANDARD

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 4th 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 (b)(7)(e)

(b)(7)(e)

- 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

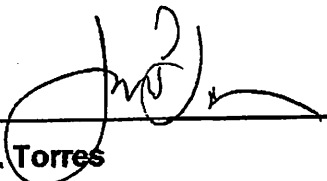
While canine units maybe used for contraband detection with the written approval of JFRMU, canine units will not be maintained at or near the facility. A canine search will never be conducted in the presence of residents. Their use for force, control, or intimidation of residents is prohibited.

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

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 B. Torres
Director
Office of Detention and Removal

DEC 21 2007
Date

ICE/DRO RESIDENTIAL STANDARD

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 (b)(7)(e) 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

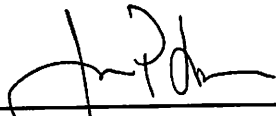
5. Emergency Counts

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

Date

ACKNOWLEDGEMENT FORM



INTERIOR TRANSPORTATION OFFICER



U. S. Immigration and Custom Enforcement

Artesia Family Residential Center

2014

POST ORDERS





U.S. Department of Homeland Security
 Immigration and Customs Enforcement
 Artesia Family Residential Center, Artesia, NM

Specific Post Orders

AFRC INTERIOR TRANSPORT OFFICER

HOURS OF OPERATION:

This post will be manned [redacted] (b)(7)(e)

[redacted] (b)(7)(e)

[redacted] (b)(7)(e)

ASSUME POST:

Prior to assuming any post, the Interior Transport Officer will review and sign the post orders in the Sign-In-Record. Review the previous log entries, inspect and inventory any equipment assigned to the post, review the informal pass on log, and ask the supervisor about any changes in Post Orders, operating procedures, and other information pertinent to the post.

Complete a physical inspection of the vehicle and general area to identify any potential sanitation, safety or maintenance deficiencies.

DUTIES AND RESPONSIBILITIES:

- Ensure all necessary equipment is functional.
- Pick up the daily rosters from the Supervisory Immigration Enforcement Agent (SIEA).
- Transport residents from housing units to administrative area for court, asylum interviews, processing, etc.
- Coordinate with housing unit officers to ensure residents are prepared and available for their appointments at the appropriate time.
- Coordinate with officers to ensure residents are presented to their appointments at the appropriate time.
- Coordinate with officers to ensure meals are offered to those residents not able to attend lunch due to their appointment.

RECURRING DUTIES:

[redacted]
 (b)(7)(e)

- Morning meal provided in accordance with scheduled meal rotation.
- Obtain daily roster from SIEA.
- Ensure residents with scheduled appointments are presented to the designated area. Ensure necessary transportation of residents within the facility is completed as directed.
- Commence census in accordance with the census policy.
- Noon meal provided in accordance with scheduled meal rotation.
- Commence census in accordance with the census policy.
- Evening meal provided in accordance with scheduled meal rotation.
- Commence census in accordance with the census policy.

[redacted] (b)(7)(e)

AFRC Interior Transport Officer

Revised 08/2014

INITIALS: [redacted] (b)(6), (b)(7)(c)

Census: There will be no movement of residents during census.

Unit Cleanup: Officers will ensure the vehicles and any area used is kept clean and sanitized.

(b)(7)(e)

(b)(7)(e)

EMERGENCY SITUATIONS:

- If at any time you feel you, other staff members, or residents are in imminent physical danger, (b)(7)(e)
(b)(7)(e)
- In the event of an emergency such as a fire or unauthorized entry into the building, contact the Control Center and the SIEA immediately to advise them of the situation and await instructions.
- Should an exit door fail after receiving proper authorization to evacuate residents, you will notify the facility Control Center to request assistance and if possible, proceed to another exit.

It is not expected that these post orders will cover every conceivable situation that you may be confronted with while performing your assigned duties. However, you are expected to exercise good judgment in the application of these orders. Any questions or concerns should be directed to your supervisor.

THIS POLICY WILL BE REVIEWED AT LEAST ANNUALLY AND UPDATED AS NEEDED.

AF

(b)(6), (b)(7)(c)

(b)(6), (b)(7)(c)

9/5/14
Date

09/03/14
Date

AFRC Interior Transport Officer

Revised 08/2014

INITIALS: (b)(6), (b)(7)(c)

SPECIAL INSTRUCTIONS





U.S. Department of Homeland Security
Immigration and Customs Enforcement
Artesia Family Residential Center – Artesia, NM

Addendum to Post Orders

AFRC INTERIOR TRANSPORT OFFICER

ADD TO:

DUTIES AND RESPONSIBILITIES:

Resident identification –

Officers must ensure all residents, including children, have in their possession an identification card prior to being transported to any appointment. Should the resident not have the identification card(s), ensure they return to their room to retrieve the identification card(s). Escort residents to Processing to obtain a new identification card in the event the resident has misplaced theirs.

Approved by

(b)(6), (b)(7)(c)

Title:

AFOD

Date:

9-14-14

GENERAL POST ORDERS



General Post Orders

1. Officers are required to be in full and proper uniform, if applicable.
2. Prior to assuming any post, read, familiarize yourself with, and sign the acknowledgment form attached to the post orders.
3. Take charge of your post and all property that it contains. You are responsible for the safety and security of your post as well as resident discipline. All government property is to be inspected for proper working condition. Memorandums will be completed regarding any item that is not properly functioning. Unusual detainee behavior will be reported to your immediate supervisor.
4. Never leave the post to which you are assigned until properly relieved. You will perform your assigned duties until you have been properly relieved.
5. Be alert and vigilant at all times. Maintain a constant awareness of your surroundings. By maintaining a highly visible profile, residents are less likely to commit prohibited acts.
6. Immediately report any unusual circumstance to your supervisor. Keep your immediate supervisor informed of any activity that may lead to unrest. Interaction with residents on a professional level can assist you in gathering information. This type of preventative measure may stop a potential problem before it occurs.
7. Officers are responsible for maintaining safety, security, and sanitation of their assigned post.
8. Adhere to and pass on to your relief any changes in post orders, operating procedures, and other information pertinent to the post. If you received special instructions during your tour, be sure to pass them on to the relieving officer. Special instructions should also be noted in the appropriate logbook. Get as much information from the previous officer as you can. The more you know about the population's attitude, the better you can prepare yourself to take over the post. Extend the same professional courtesy to the officer that relieves you.
9. Notify the shift supervisor IMMEDIATELY in the event of fire, disorder, escape, or injury to anyone. KEEP CALM! Use your radio to notify the supervisor. If radio traffic is heavy, use any available phone. Fire alarms are also located throughout the facility.
10. Residents are to be treated with courtesy and respect. Recognizing the effect of personal appearance, speech, conduct, and demeanor in communicating the appropriate sense of authority, every officer shall dress, speak, and act with the utmost professionalism.
11. Contact your immediate supervisor in any event that is not covered by instruction. If a situation arises that you have not previously encountered, contact your immediate supervisor for direction in handling the matter.
12. Keep accurate log entries of all noteworthy events that take place. By constantly updating your logbook, you assure that any future questions regarding your duties will be easily answered. This will leave little room for negative interpretation of your performance.
13. Maintain accountability of residents at all times. Verify the census and/or identity of residents under your control. Conduct random census of residents under your supervision to ensure all are present.

Approved By

(b)(6), (b)(7)(c)

AFED

Title:

7/26/14

Reviewed July 2014

MEMORANDUM



FAMILY RESIDENTIAL STANDARDS



ICE/DRO RESIDENTIAL STANDARD

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 (b)(7)(e) while participating in the transportation program.

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

(b)(7)(e)

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.

(b)(7)(e)

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

(b)(7)(e)

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.

(b)(7)(e)

Q. Vehicle Equipment

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

(b)(7)(e)

(b)(7)(e)

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.

(b)(7)(e)

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.

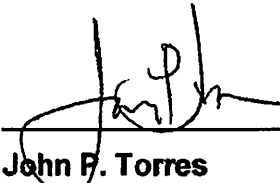
Staff shall search a resident of the opposite sex only in extreme circumstances, in the absence of a same-sex staff.

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 F. Torres
Director
Office of Detention and Removal

DEC 21 2007

Date

ICE/DRO RESIDENTIAL STANDARD

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.

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

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 (b)(7)(e) 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.

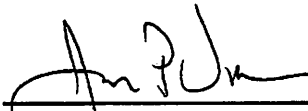
c. Body Cavity Searches

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

ICE/DRO RESIDENTIAL STANDARD

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:

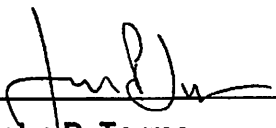
- a. This Residential Standard
- b. The other standards, policies, and procedures listed above

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 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

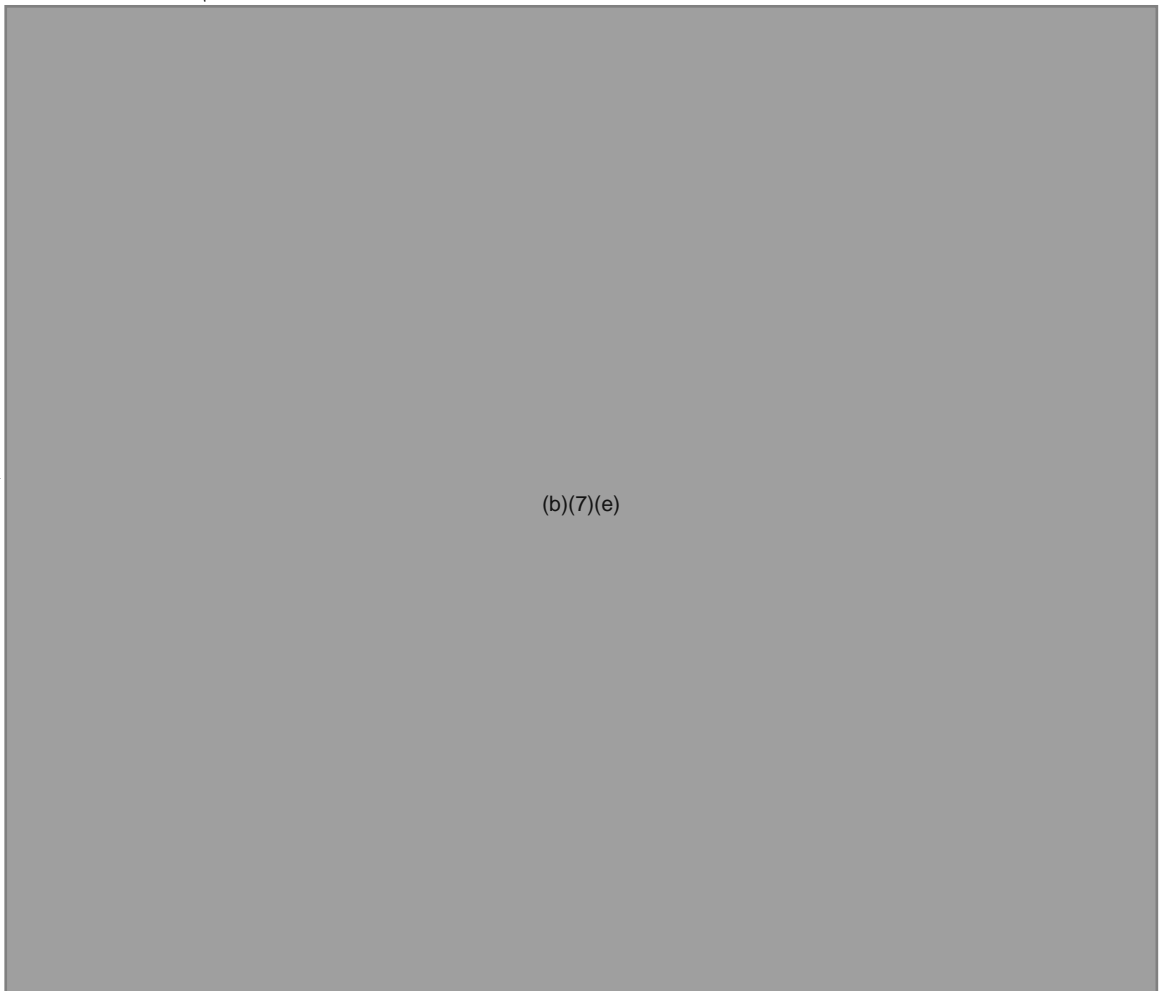
Each facility shall establish written policy and procedures addressing, at a minimum: chain of command, incident command post/center, staff recall, staff assembly, emergency response components, use of force, videotaping, records and logs, utility shutoff, employee conduct and responsibility, public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



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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:

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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

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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.

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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.

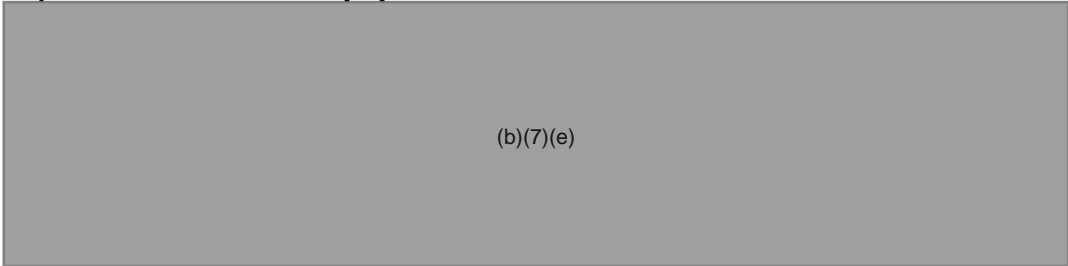
3) Facility Access Routes

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



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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 |
| (b)(7)(e) | 12. Evacuation |
| 6. Search (Internal) | 13. Nationwide Lockdown |
| (b)(7)(e) | 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.

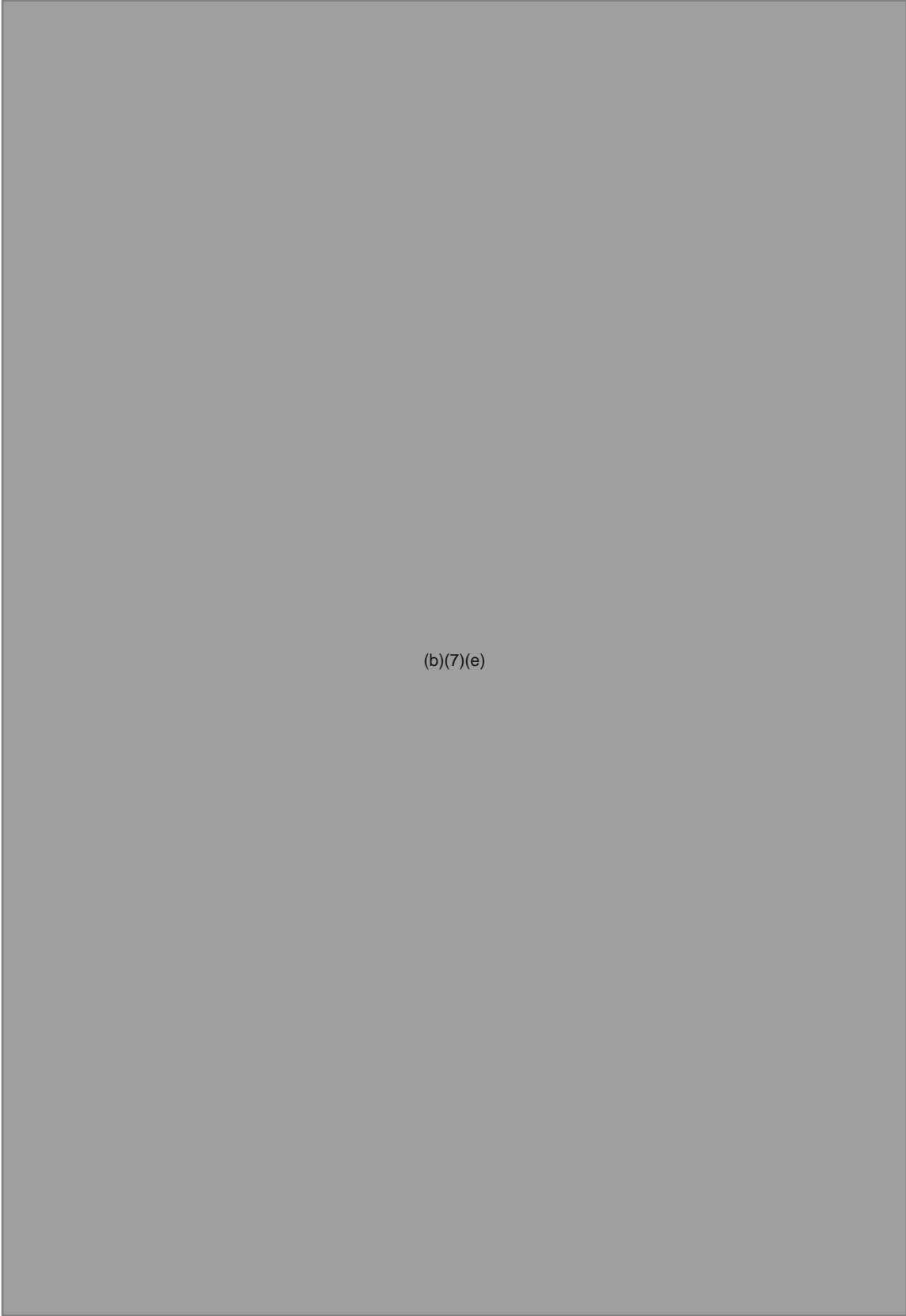
- 3). **Escape-post equipment kits shall be stored in the Command Center, and include, at a minimum:**

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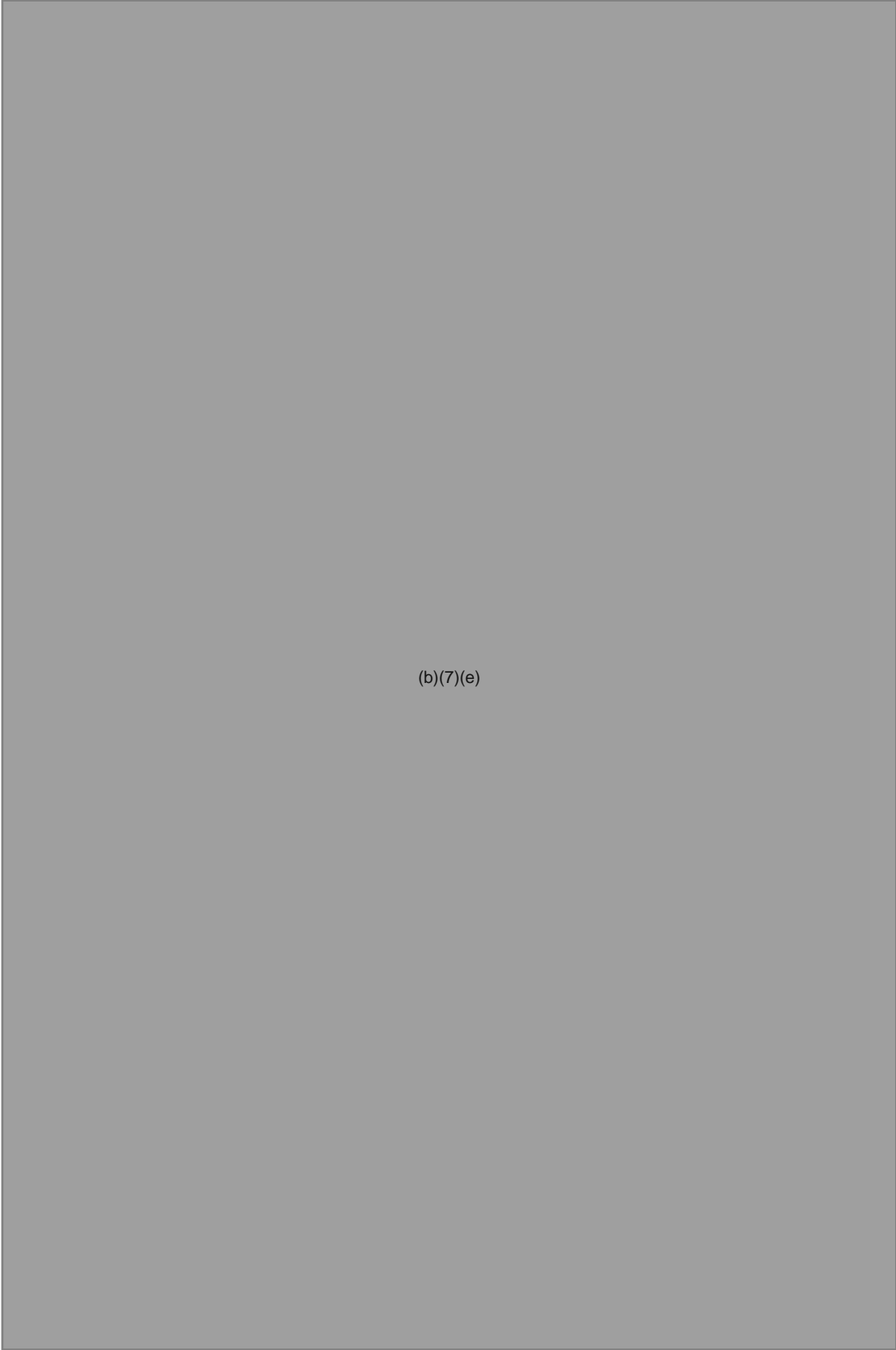
- 4). **Escape by aircraft:**

- (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.).**

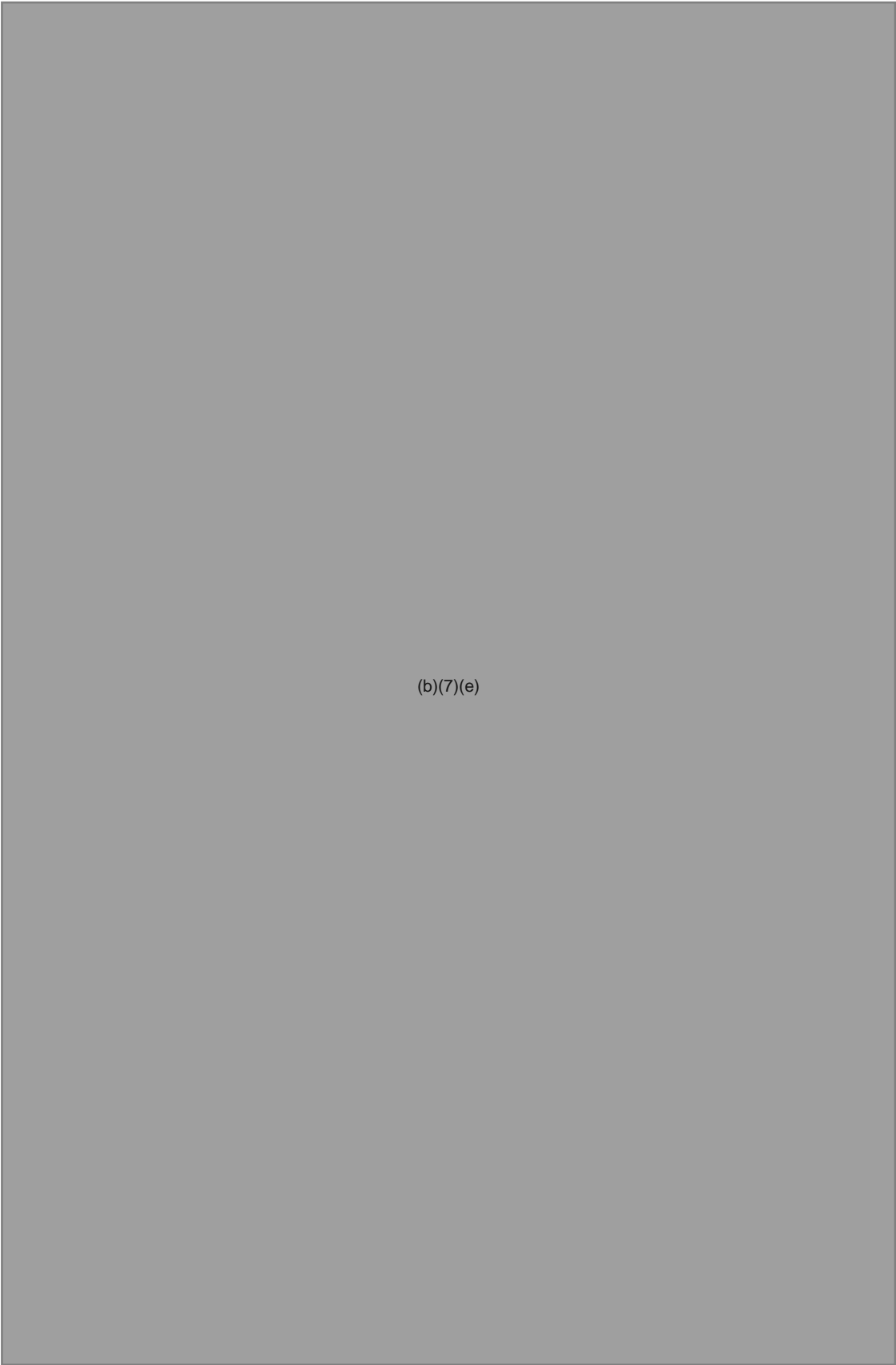
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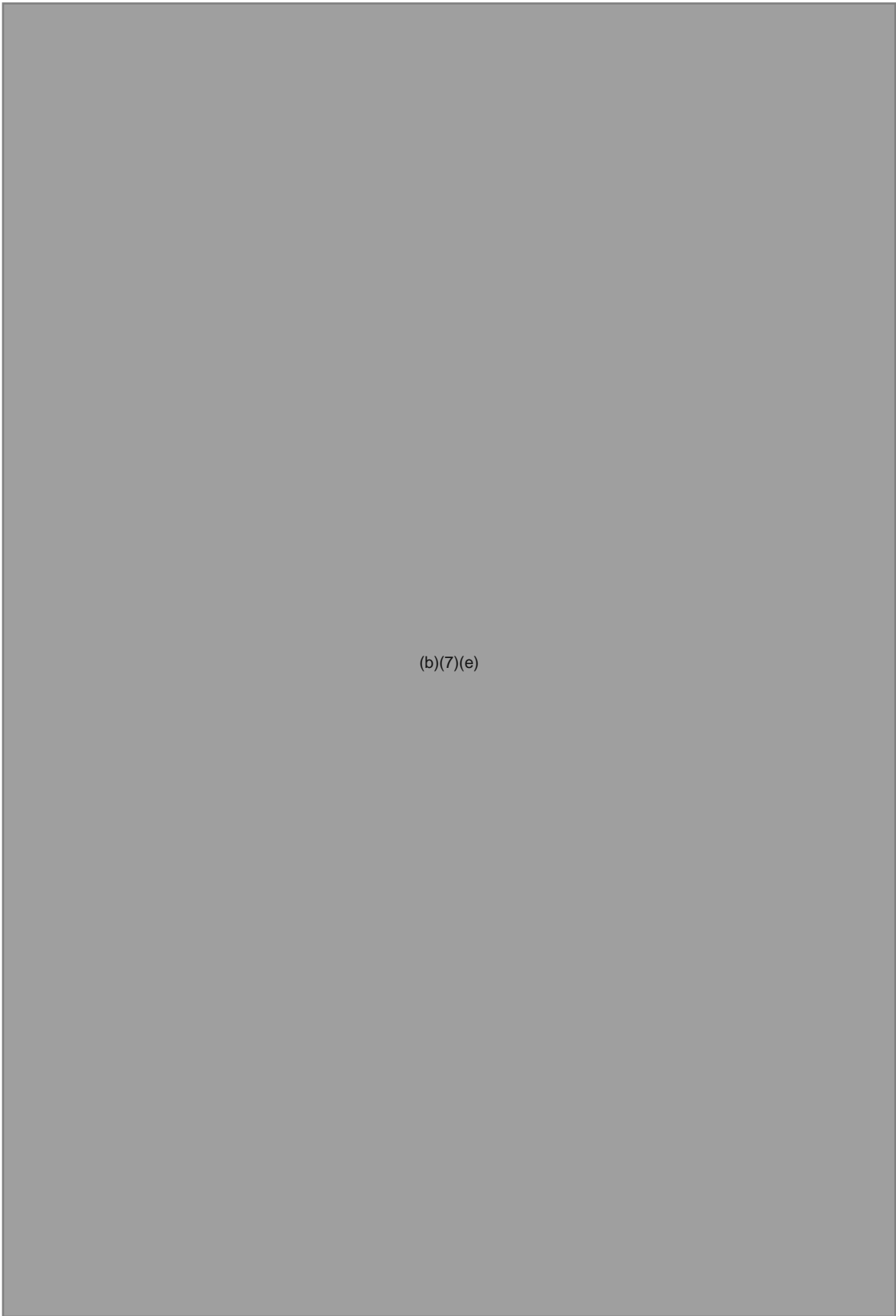
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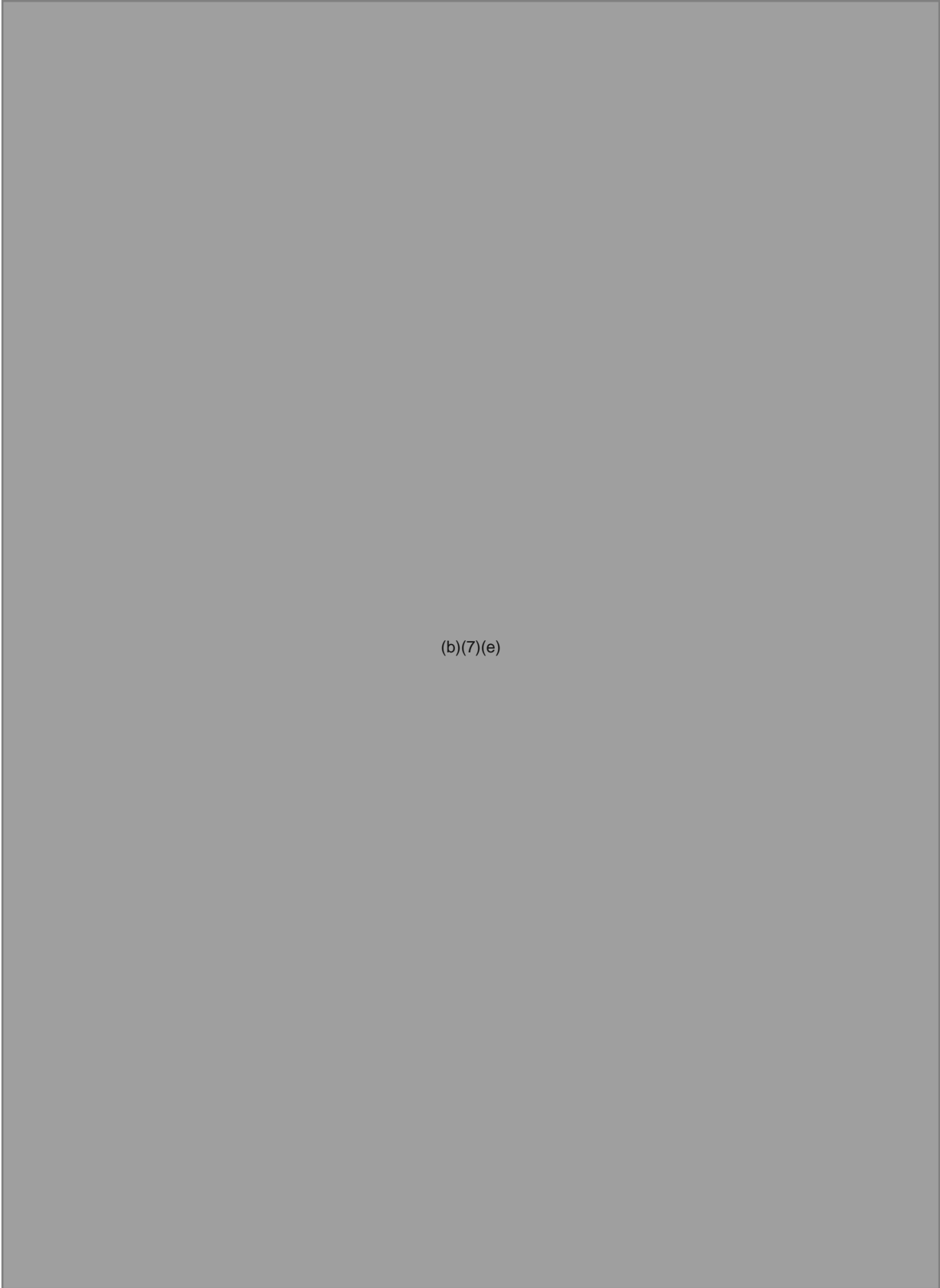
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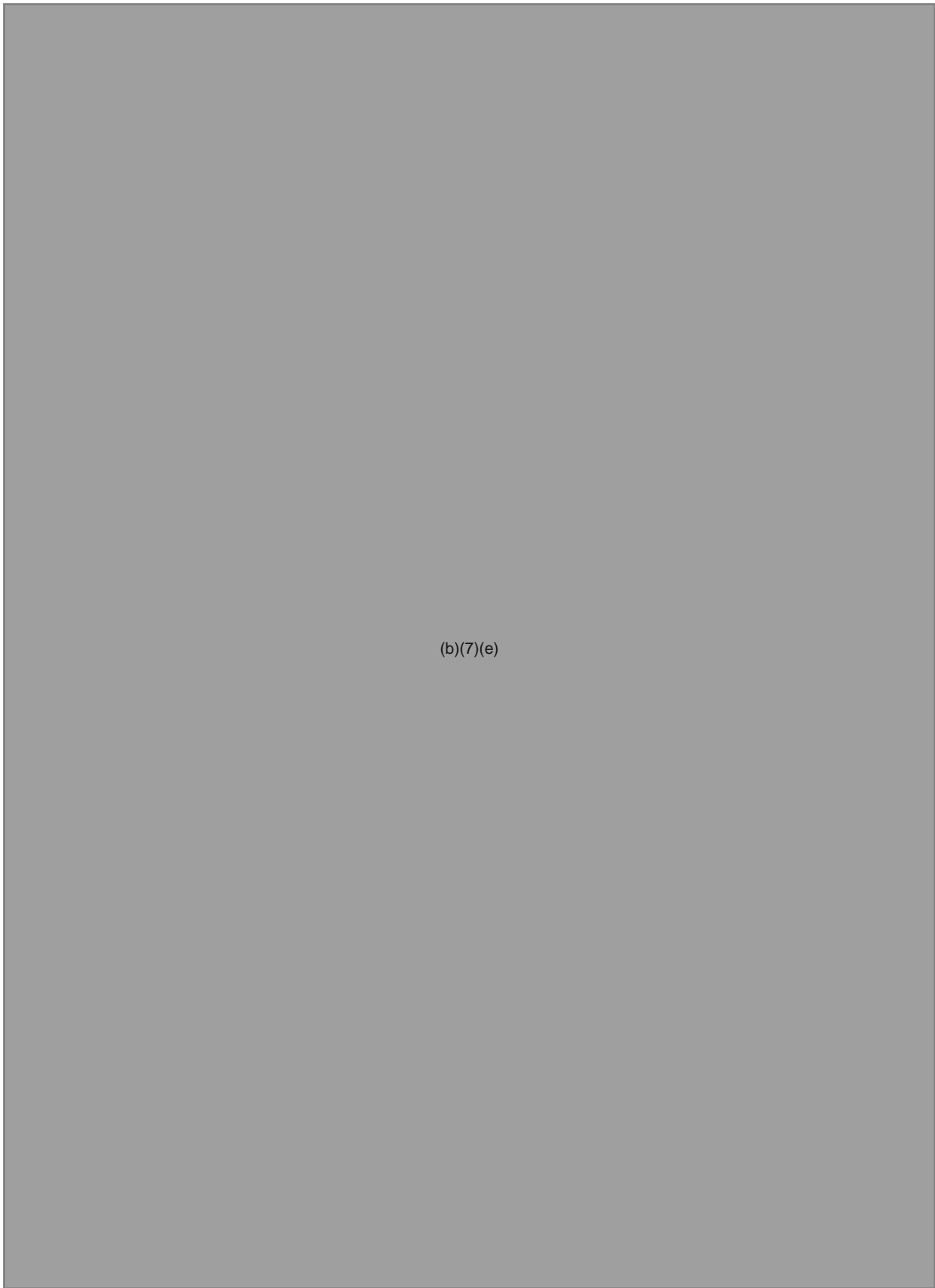
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Emergency Plans

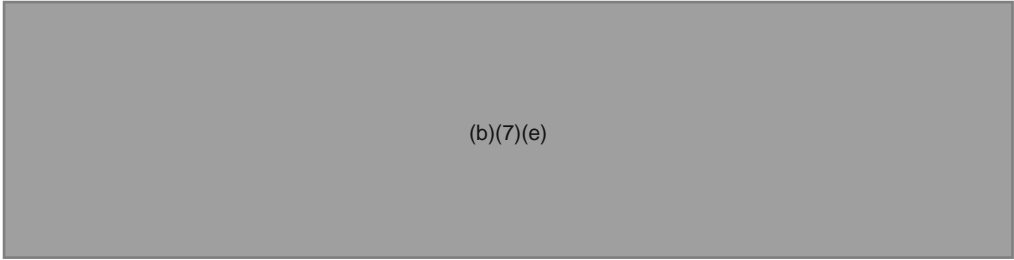
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Emergency Plans

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Standard Approved:

John P. Torres
Director
Office of Detention and Removal

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.

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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.

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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.

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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

Resident transferred from _____ to _____ on _____
Name Office 3-Letter Codes A-Number 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

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

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.


ACKNOWLEDGEMENT FORM



I.C.E. ARTESIA FAMILY RESIDENTIAL CENTER
ARTESIA, NM.

POST ORDER ACKNOWLEDGMENT POST: INTERIOR TRANSPORTATION

By affixing my signature below, I verify that I have read, and understand the following Post Orders.

Name	Signature	Date
 <p>(b)(6), (b)(7)(c)</p>		09/09/2014
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I.C.E. ARTESIA FAMILY RESIDENTIAL CENTER
ARTESIA, NM.

POST ORDER ACKNOWLEDGMENT POST: INTERIOR TRANSPORTATION

By affixing my signature below, I verify that I have read, and understand the following Post Orders.

Name	Signature	Date
(b)(6), (b)(7)(c)		1/14/2014
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I.C.E. ARTESIA FAMILY RESIDENTIAL CENTER
ARTESIA, NM.

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By affixing my signature below, I verify that I have read, and understand the following Post Orders.

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ARTESIA, NM.

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ARTESIA, NM.

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I.C.E. ARTESIA FAMILY RESIDENTIAL CENTER
ARTESIA, NM.

POST ORDER ACKNOWLEDGMENT POST: INTERIOR TRANSPORTATION

By affixing my signature below, I verify that I have read, and understand the following Post Orders.

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I.C.E. ARTESIA FAMILY RESIDENTIAL CENTER
ARTESIA, NM.

POST ORDER ACKNOWLEDGMENT POST: INTERIOR TRANSPORTATION

By affixing my signature below, I verify that I have read, and understand the following Post Orders.

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I.C.E. ARTESIA FAMILY RESIDENTIAL CENTER
ARTESIA, NM.

POST ORDER ACKNOWLEDGMENT POST: INTERIOR TRANSPORTATION

By affixing my signature below, I verify that I have read, and understand the following Post Orders.

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I.C.E ARTESIA FAMILY RESIDENTIAL CENTER
ARTESIA, N.M.

POST ORDER ACKNOWLEDGMENT
POST: INTERIOR TRANSPORTATION

By affixing my signature below, I verify that I have read, and understand the following Post Orders.

Name	Signature	Date
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**SUPERVISORY
IMMIGRATION ENFORCEMENT
AGENT**



**U. S. Immigration and
Custom Enforcement**

Artesia Family Residential Center

2014

POST ORDERS





U.S. Department of Homeland Security
Immigration and Customs Enforcement
Artesia Family Residential Center – Artesia, NM

Specific Post Orders

ICE Supervisory Immigration Enforcement Agent

HOURS OF OPERATION:

(b)(7)(e)

(b)(7)(e)

(b)(7)(e)

ASSUME POST:

Prior to assuming any post, each Supervisory Immigration Enforcement Agent (SIEA) will review and sign the post orders in the Sign-In-Record. Ensure you receive the appropriate keys and any necessary equipment from the off-going SIEA and record in the shift report. Review the previous shift report, inspect and inventory any equipment assigned to the post, review the informal pass on log, and ask the SIEA you are relieving about any changes in Post Orders, operating procedures, and other information pertinent to the post.

DUTIES AND RESPONSIBILITIES:

1. Establish your presence with the on-duty Supervisory Detention & Deportation Officer (SDDO) to receive any information pertaining to your post. Read any new Operations Bulletins.
2. Conduct shift briefing with the staff, passing on pertinent information.
3. Plan and assign work for staff.
4. Prior to taking control of the shift, the on-coming supervisor will conduct a complete physical audit of all funds and valuables on hand by counting each amount of currency listed by the off-going supervisor, to include the checks, money orders, and other G-589 valuables listed on the audit sheet. The amounts of the currency, checks/money orders, and other G-589 valuables should match the off-going supervisor's funds and valuables audit sheet. Once verified, the on-coming supervisor will sign acknowledgement that the funds match exactly to the off-going supervisor's audit sheet. The number of G-589 receipts must be physically verified.
5. Inform staff and put into effect, orders, and instructions received from the Detention Operations Supervisor (DOS) and SDDO.
6. Keep staff informed of ICE goals and policies.
7. Revise work assignments, adjusting to meet peak periods or to meet continuing emergent conditions at the facility or emergent transportation problems.
8. Monitor and supervise facility operations to ensure that all security, safety, sanitation, and search procedures are conducted in a proper and timely manner.
9. Visit all posts to ensure all security, safety, and sanitation standards are acceptable. Review post logbooks for accuracy and create an entry identifying time of post inspection and any discrepancies (if any) noted, this is to be done in red ink.
10. Resolve informal complaints, personnel problems, grievances, and refer serious problems to the Detention Operations Supervisor (DOS) and/or SDDO.
11. Review and inspect work of staff for compliance with ICE rules.
12. Direct the proper use and maintenance of all government owned buildings, vehicles, communication equipment, and property assigned to the facility.
13. Assist, advise, and instruct staff in their work.
14. When required, perform staff duties and responsibilities.

15. Each Sunday morning, a weekly audit of valuables and money will be conducted with (b)(7)(e). The on-duty SIEA will ensure that any errors are corrected. After completion, the audit will be documented by recording the date, the participants of the audit, and the total of all G-589s on hand in the Funds and Valuable Log Book (please use red ink). The audit report will be completed and given to the SDDO on shift.
16. Ensure Risk Classification Assessments (RCA) are completed during your assigned shift.
17. Complete and forward all required reports prior to departing at end of shift.

YOU MUST ENSURE THAT:

- Family Residential Standards and local policies are adhered to.
- Residents departing the facility are completely processed out (IDENT, fingerprints, signatures) and that all property (funds/valuables) is returned to them prior to departure.
- Staff working posts have accounted for and signed acknowledgement of assigned Post Orders and other necessary directives.
- Whenever an employee brings a matter to you (the supervisor) it is your responsibility to listen to them, and then determine what course of action or guidance is needed to resolve their concerns.

LOG BOOKS:

You are accountable for maintaining the following logbooks:

Assault	Use of Force	Escape	Injury
Disciplinary	Contraband		

Shift Specific Duties:

Day Shift:

Review the following documents for accuracy prior to distribution:

1. Shift Report
2. Master Census
3. Morning Report

You must ensure that:

- A Perimeter Inspection and Fire Prevention Inspections are completed.
- All pertinent information, i.e. hospital runs, on-going emergencies, residents at doctor appointments, etc. are passed along in the shift report.
- All scheduled turnouts are conducted in accordance with regular schedule such as: recreation, meals, court, medical etc.
- Supervise at least one resident area search during the shift.
- Incident Report investigations are completed before the 24-hour time limit expires.

Evening Shift:

Review the following documents for accuracy prior to distribution:

1. Shift Report
2. Master Census
3. Evening Report

You must ensure that:

- All scheduled turnouts are conducted in accordance with regular schedule such as: recreation, meals, court, medical etc.
- Incident Report investigations are completed before the 24-hour time limit expires.
- Residents on the court list have been located and that court lists have been distributed to appropriate areas.
- Resident Special Need Forms are reviewed by IHSC staff and forwarded to the appropriate staff.

- Medical Special Needs Forms (special diet, lower bunk, etc.) are forwarded to the appropriate personnel.
- All pertinent information, i.e. hospital runs, on-going emergencies, residents at doctor appointments, etc. are passed along in the shift report.

Duties such as the delivery of facility and resident mail, funds/valuables, etc. are assigned to the appropriate staff. However, you may be directed to assist or conduct these additional duties if aid is necessary. You, as the on-site ICE Supervisor, are ultimately responsible for ensuring that these tasks are completed correctly and in a timely manner.

EMERGENCY SITUATIONS:

- Follow Situational Response plans and notify the DOS/SDDO.

(b)(7)(e)

(b)(7)(e)

ICE Supervisory Immigration Enforcement Agents are at times the ranking ICE official on site, with that in mind be cognizant that ICE is ultimately responsible for the safety, custody and control of the residents detained under ICE authority as well as the safety and security of the ICE facility. It is not expected that these post orders will cover every conceivable situation that you may be confronted with while performing your assigned duties. However, you are expected to exercise good judgment and good sense in the application of these orders. Any questions or concerns should be directed to your supervisor.

THIS POLICY WILL BE REVIEWED AT LEAST ANNUALLY AND UPDATED AS NEEDED.

(b)(6), (b)(7)(c)

8-26-14
Date

08/27/14
Date

SPECIAL INSTRUCTIONS





U.S. Department of Homeland Security
Immigration and Customs Enforcement
Artesia Family Residential Center – Artesia, NM

Addendum to Post Orders

AFRC VISITATION OFFICER

ADD TO:

DUTIES AND RESPONSIBILITIES:

Resident identification cards –

Officer's must ensure the identification card for all residents, including children, are retrieved from residents upon entering the visitation room. Enter all pertinent information such as name, A#, etc. into the Visitation Room Log. Return identification cards upon the resident's departure from the area, with the exception of trips to the restroom.


Approved by: _____

(b)(6), (b)(7)(c)

Title: _____

Date: _____

AFOD 9/15/14

 US Department of Homeland Security Immigration and Customs Enforcement Artesia Family Residential Center, Artesia, NM	Policy Number AFRC 6.4	Pages 2
Chapter Activities	Subject Video Teleconference Procedures for Attorney Contact	
Related Standards/Information <u>ACA Standards:</u> (Currently family residential standards do not exist) <u>Family Residential Standards:</u> Visitation		

PURPOSE:

To establish uniform procedures to provide residents personal access to their attorney via a video teleconference (VTC) system at the Artesia Family Residential Center (AFRC) through scheduled appointments to VTC calls.

POLICY:

Video Teleconferencing will be available to all residents at the Artesia Family Residential Center (AFRC) for use for case preparation with counsel. It will provide access to their attorney through a designated area equipped with VTC. Attorneys will be able to schedule appointments to conduct VTC calls with their clients housed at the AFRC

PROCEDURAL GUIDE LINES:

Scheduling VTC Appointments

Attorneys with a G-28 present in a Residents A-File shall call the AFRC a minimum of one day prior to the date of their desired appointment to schedule for an available time slot. The call shall be routed from the main AFRC number (575) 746 (b)(6), (b)(7)(c) to the SDDO supervising Removal Management Unit (RMU) (575) 746 (b)(6), (b)(7)(c). The RMU SDDO will make the appointment and ensure that the resident is available for the VTC call. The RMU SDDO will ensure a designated Deportation Officer (DO) is present to answer the VTC call and ensure that the time for the appointment is adhered to, to ensure that the next appointment occurs on time.

The VTC Appointment Procedures follow:

1. Master Control officer receives a call for a VTC appointment and forwards to the RMU SDDO.
2. The RMU SDDO will ensure that the caller is an attorney with a G-28 on file for a specific resident. The RMU SDDO will ask the attorney when they would like for an appointment to be, and if the time slot is available will schedule the VTC appointment. The VTC appointment log maintained by the SDDO.

3. The RMU SDDO will advise the attorney that the call must be received timely and that a ten (10) minute window is allowed before the appointment is determined to have been missed. The 10 minutes is from five (5) minutes prior to five (5) minutes after the time of the scheduled appointment. The appointment will be made in one (1) hour blocks, for example, scheduled from 10:00 to 11:00 or from 11:00 to 12:00 or 12:00 to 13:00. The RMU SDDO will also advise the attorney that the call will have to end at the end of the appointment. If no other reservations follow the call in progress, the call can continue until 5 minutes before the next scheduled call.
4. The DO designated to facilitate the appointment will be present with the resident at the VTC location 10 minutes prior to the scheduled appointment to ensure the resident's timely presence for the call.
5. The DO will operate the VTC equipment and answer the incoming call. Once the connection has been established the DO will remain outside of the VTC area until either the call has terminated or the appointment time is expired. The DO will ensure that the VTC call has been properly terminated and return the resident to a dayroom for return to the housing unit or their next appointment for the day.
6. The DO will notify the RMU SDDO that the VTC appointment was successfully completed so that a copy of the appointment log indicating whether the appointment was made and if the VTC call occurred can be placed into the residents Detention File.

Call Instructions, to be provided to the Attorney:

1. Call the AFRC at (575) 746 (b)(6), (b)(7)(c)
2. Request to speak with the SDDO for the Removal Management Unit (RMU)
3. Advise that you are requesting a VTC appointment, give the requested date and time
4. On the scheduled date and time, call the VTC at (202) 736 (b)(6), (b)(7)(c) (Integrated Services Digital Network - ISDN)
5. Advise the attorney that VTC calls are not monitored or recorded and that the officer that facilitates the call will not be aurally monitoring
6. If any issues are encountered with the VTC appointment call (575) 746 (b)(6), (b)(7)(c) and request to speak with the SDDO over RMU to resolve the issue

Any deviation from this procedure will be authorized by the Facility Administrator or their designee, documented and a copy placed into the residents Detention File.

THIS POLICY WILL BE REVIEWED AT LEAST ANNUALLY AND UPDATED

(b)(6), (b)(7)(c)

9/11/14
Date

(b)(6), (b)(7)(c)

9/11/14
Date

Juvenile Family Residential Management Unit

(b)(6), (b)(7)(c)



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Artesia Family Residential Center – Artesia, NM

Addendum to Post Orders

AFRC SUPERVISORY IMMIGRATION ENFORCEMENT AGENT

ADD TO:

DUTIES AND RESPONSIBILITIES:

Resident identification cards –

Ensure Transportation Officers verify all residents have in their possession their identification card prior to being transported.

Ensure officers retrieve all identification cards from residents upon entering an area for an appointment. All pertinent information such as name, A#, etc. will be logged into the applicable log book. Identification cards will be returned upon the resident's departure from the area, with the exception of trips to the restroom.

Approved by

(b)(6), (b)(7)(c)

Title:

AFOD

Date:

9/15/14



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Artesia Family Residential Center – Artesia, NM

Addendum to Post Orders

AFRC SUPERVISORY IMMIGRATION ENFORCEMENT AGENT

ADD TO:

DUTIES AND RESPONSIBILITIES:

Resident emergency calls –

Residents housed at AFRC may receive messages from friends and family that are emergency related by calling Control Center's main number at (575) 744-7444. (b)(6), (b)(7)(C) The SIEA will be responsible for ensuring the message is delivered and that the resident receives an opportunity return the call promptly.

Resident calls –

Staff 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.

Approved by

(b)(6), (b)(7)(c)

Title:

AFO

Date:

9-10-14



U.S. Department of Homeland Security
 Immigration and Customs Enforcement
 Artesia Family Residential Center – Artesia, NM

Addendum to Post Orders

AFRC SUPERVISORY IMMIGRATION ENFORCEMENT AGENT

ADD TO:

DUTIES AND RESPONSIBILITIES:

Indigent cell phone use –

Any indigent resident requiring a free phone call must submit a Resident Request Form to management.

Ensure a supervisor answers and returns any Resident Request Forms for indigent calls in one calendar day, barring any exigent circumstances.

Ensure all requests for an emergency call are reviewed and answered immediately upon receiving.

Ensure the compelling need of an emergency call is interpreted liberally.

Cell phone use in Housing Unit –

(b)(7)(e)

Cell phones are only to be used under the following circumstances.

- Approved emergency calls,
- Approved indigent calls.
- Other calls as directed by management.

Emergency calls;

- Emergency calls must be approved by a supervisor.
- When a Resident requests an Emergency phone call, the Housing Unit Officer will immediately contact the SIEA for review of the request.

Indigent calls;

- Indigent calls must be requested through a Resident Request Form.
- Calls must be approved in writing.
- The resident must provide an approved Resident Request Form to make a phone call.
- Any discrepancies must be forwarded to the SIEA on duty.
- Resident Request Forms for indigent calls will be answered in one calendar day, barring any exigent circumstances.

Other calls as directed my management:

- Phone calls will be completed as directed by management.


(b)(6), (b)(7)(c)

Approved by:

Title: AFOT

Date:

9/8/14

 US Department of Homeland Security Immigration and Customs Enforcement Artesia Family Residential Center, Artesia, NM	Policy Number AFRC 6.4	Pages 2
Chapter Activities	Subject Video Teleconference Procedures for Attorney Contact	
Related Standards/Information <u>ACA Standards:</u> (Currently family residential standards do not exist) <u>Family Residential Standards:</u> Visitation		

PURPOSE:

To establish uniform procedures to provide residents personal access to their attorney via a video teleconference (VTC) system at the Artesia Family Residential Center (AFRC) through scheduled appointments to VTC calls.

POLICY:

Video Teleconferencing will be available to all residents at the Artesia Family Residential Center (AFRC) for use for case preparation with counsel. It will provide access to their attorney through a designated area equipped with VTC. Attorneys will be able to schedule appointments to conduct VTC calls with their clients housed at the AFRC

PROCEDURAL GUIDE LINES:

Scheduling VTC Appointments

Attorneys with a G-28 present in a Residents A-File shall call the AFRC a minimum of one day prior to the date of their desired appointment to schedule for an available time slot. The call shall be routed from the main AFRC number (575) 746 (b)(6), (b)(7)(c) the SDDO supervising Removal Management Unit (RMU) (575) 746 (b)(6), (b)(7)(d) The RMU SDDO will make the appointment and ensure that the resident is available for the VTC call. The RMU SDDO will ensure a designated Deportation Officer (DO) is present to answer the VTC call and ensure that the time for the appointment is adhered to, to ensure that the next appointment occurs on time.

The VTC Appointment Procedures follow:

1. Master Control officer receives a call for a VTC appointment and forwards to the RMU SDDO.
2. The RMU SDDO will ensure that the caller is an attorney with a G-28 on file for the specific resident. The RMU SDDO will ask the attorney when they would like for the appointment to be, and if the time slot is available will schedule the VTC appointment. The VTC appointment log maintained by the SDDO.

3. The RMU SDDO will advise the attorney that the call must be received timely and that a ten (10) minute window is allowed before the appointment is determined to have been missed. The 10 minutes is from five (5) minutes prior to five (5) minutes after the time of the scheduled appointment. The appointment will be made in one (1) hour blocks, for example, scheduled from 10:00 to 11:00 or from 11:00 to 12:00 or 12:00 to 13:00. The RMU SDDO will also advise the attorney that the call will have to end at the end of the appointment. If no other reservations follow the call in progress, the call can continue until 5 minutes before the next scheduled call.
4. The DO designated to facilitate the appointment will be present with the resident at the VTC location 10 minutes prior to the scheduled appointment to ensure the resident's timely presence for the call.
5. The DO will operate the VTC equipment and answer the incoming call. Once the connection has been established the DO will remain outside of the VTC area until either the call has terminated or the appointment time is expired. The DO will ensure that the VTC call has been properly terminated and return the resident to a dayroom for return to the housing unit or their next appointment for the day.
6. The DO will notify the RMU SDDO that the VTC appointment was successfully completed so that a copy of the appointment log indicating whether the appointment was made and if the VTC call occurred can be placed into the residents Detention File.

Call Instructions, to be provided to the Attorney:

1. Call the AFRC at (575) 746 (b)(6), (b)(7)(c)
2. Request to speak with the SDDO for the Removal Management Unit (RMU)
3. Advise that you are requesting a VTC appointment, give the requested date and time
4. On the scheduled date and time, call the VTC at (202) 736 (b)(6), (b)(7)(c) (Integrated Services Digital Network - ISDN)
5. Advise the attorney that VTC calls are not monitored or recorded and that the officer that facilitates the call will not be aurally monitoring
6. If any issues are encountered with the VTC appointment call (575) 746 (b)(6), (b)(7)(c) and request to speak with the SDDO over RMU to resolve the issue

Any deviation from this procedure will be authorized by the Facility Administrator or their designee, documented and a copy placed into the residents Detention File.

THIS POLICY WILL BE REVIEWED AT LEAST ANNUALLY AND UPDATED

(b)(6), (b)(7)(c)


9/11/14
Date

(b)(6), (b)(7)(c)

9/11/14
Date

Juvenile Family Residential Management Unit

(b)(6), (b)(7)(c)

 US Department of Homeland Security Immigration and Customs Enforcement Artesia Family Residential Center – Artesia, NM	Policy Number AFRC 5.7	Pages 4
Chapter ACTIVITIES	Subject Telephone Access	
Related Standards/Information <u>ACA Standard:</u> (Currently family residential standards do not exist) <u>Family Residential Standards:</u> 5.7 Telephone Access		

PURPOSE

To describe the procedures for permitting resident access to telephones.

POLICY

Artesia Family Residential Center (AFRC) policy ensures that residents may maintain ties with their families and others in the community, legal representatives, consulates, courts and government agencies by providing them reasonable and equitable access to telephone services.

PROCEDURAL GUIDELINES

The AFRC provides residents with access to reasonably priced telephone services. The National Contract with Talton Communication Inc. complies with all applicable state and federal regulations. Talton telephone services provide the broadest range of calling options including, but not limited to, local calls, international calls, and collect call.

Rates and surcharges are commensurate with those charged to the general public for like services. Any deviation from ordinary consumer rates reflects actual costs associated with the provision of services in a residential setting.

Telephone access for residents will be through phones located in each housing unit telephone room. To ensure sufficient access, the AFRC will provide at least one operable telephone for every 16 residents.

Telephones will be available for usage from the morning meal until lights out on a daily basis. Calls may be restricted or limited if necessary to prevent interference with official counts or other events constituting the orderly operation of the facility. Residents can add more money to their phone account via Talton Kiosk located in processing by submitting a resident request.

The housing unit officer will be responsible for the unit-based aspects of this program, including inspecting / testing the telephones daily and logging the results. If a telephone is found to be inoperable, the housing officer shall notify their supervisor.

A designated staff member will be responsible for the weekly monitoring of the resident telephone services, to include:

1. Physically testing all resident telephones to ensure operability;
2. Verifying that various numbers on the free call platform function;
3. Confirming that the required telephone lists are posted and up to date;
4. Following up with Talton Communication Inc. about inoperable telephones; and
5. For completing the weekly telephone report and forwarding it to the appropriate department.

Monitoring and Taping

To preserve the security and orderly management of the facility and to protect the public, the AFRC monitors resident telephone calls.

All residents arriving at the AFRC will be notified during orientation and provided in writing (AFRC Resident Handbook) that their calls may be subject to monitoring. Additionally, the resident telephone system will have a recorded message stating that all calls may be subject to monitoring.

A resident's call to a court, a legal representative, Department of Homeland Security's (DHS) Office of the Inspector General (OIG), DHS Civil Rights and Civil Liberties (CRCL) or for the purposes of obtaining legal representation, may not be **electronically** monitored without a court order.

Legal Calls

Residents may neither have restrictions placed on the number of calls to their legal representatives, nor limitations on the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones. If time limits are necessary for such calls, they shall be no shorter than 20 minutes, and the resident shall be allowed to continue the call at the first available opportunity, if desired.

1. Privacy

Residents shall be able to make legal calls without being overheard by staff or other residents. Privacy may be provided by:

- a. Placing privacy panels (side partitions) that extend at least 18 inches;
- b. Placing telephones where conversations may not be readily overheard;
- c. Designating specific unmonitored and untapped staff office telephones (prior ICE authority needed).

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 callers' ability to communicate privately.

Direct or Free Calls

The AFRC shall not require residents to pay for the following calls:

1. To the Executive Office for Immigration Review (EOIR) or local immigration court and the Board of Immigration Appeals (BIA);

2. To federal and state courts where the resident is or may become involved in a legal proceeding;
3. To consular officials;
4. To the Office of the Inspector General of the U.S. Department of Homeland Security (DHS/OIG);
5. To legal representatives, to obtain legal representation, or consultation when subject to expedited removal (when a resident is under an expedited removal or, his/her ability to contact pro bono legal representatives shall not be restricted);
6. To the United Nations High Commissioner for Refugees (UNHCR);
7. To federal, state or local government offices to obtain documents relevant to his/her immigration case;
8. To immediate family members in a personal or family emergency, or when the resident can otherwise demonstrate a compelling need (to be interpreted liberally); and
9. A free three minute phone call upon arrival.

Indigent Residents

AFRC may not require indigent residents to pay for calls if they are local calls, nor for non-local calls if there is a compelling need. AFRC shall enable all residents to make calls to the ICE/ERO-provided list of free legal service providers and consulates at no charge to the resident or the receiving party. An indigent resident is typically classified as a resident that has less than \$15 receipted while housed at the AFRC.

Request Forms

Where access to free telephone calls is limited by technology, residents may submit a resident request form to make direct or free calls. 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 to the Juvenile and Family Residential Management Unit (JFRMU) for review.

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 eight (8) facility-established "waking hours."

Emergencies

Telephone privileges may be limited or suspended entirely during an emergency, but only with the authorization of the Facility Administrator and only for the briefest period necessary under the circumstances.

In an emergency, staff may arrange for a resident to receive an incoming phone call. Ordinarily, calls in this category will involve a serious family illness, death, or impending disaster related to the resident's family or property.

Ordinarily, incoming phone calls from attorneys will not be permitted either, but in the event of an imminent legal issue, staff will give the resident a message to call the attorney.

If a resident receives an incoming call of an emergency nature, the telephone number and name of the calling party will be obtained and the resident will be permitted to call that person.

Inter-facility Telephone Calls

Upon receiving a resident's request, the SIEA or designee shall make special arrangements to permit the resident to speak by telephone with an immediate family member detained in another ICE facility. (Immediate family members include the resident's spouse, common-law spouse, parents, stepparents, foster parents, brothers, sisters, natural or adopted children, and stepchildren.) Reasonable limitations may be placed on the frequency and duration of such calls.

Reasonable limitations may be placed on the frequency and duration of these calls, but calls to discuss legal matters, the SIEA shall grant liberally. For such calls, the resident's conversation shall be afforded privacy to the closest possible extent, while maintaining adequate security.

Hearing or Speech Impaired Residents

Residents with hearing and/or speech disabilities, and residents who wish to communicate with parties, who have such disabilities, are afforded access to a Telecommunication Device for the Deaf (TDD), or comparable equipment. The TTY phones can be located at the Shift Supervisors office. Residents can access the use of a TTY phone by requesting through either the housing officer or submitting a resident request.

Incoming Calls

Residents housed at AFRC are able to receive messages from their friends and family through Talton Communications with a dedicated message line. Individuals may call (888) 516 (b)(6), (b)(7)(c) and leave the resident's full name, alien registration number and a telephone number where they can be reached. In cases that are emergency related, friends and family may call (575) 746 (b)(6), (b)(7)(c) and leave the resident's full name, alien registration number and a telephone number where they can be reached. Emergency messages will be given to residents immediately and they will be permitted to promptly return the call at their own expense. Indigent residents shall be provided a free return emergency call.

THIS POLICY WILL BE REVIEWED AT LEAST ANNUALLY AND UPDATED AS NEEDED.

APPRO

(b)(6), (b)(7)(c)

Facility

9 / 6 / 14
Date

Juvenile Family Residential Management Unit

Date

GENERAL POST ORDERS



General Post Orders

1. Officers are required to be in full and proper uniform, if applicable.
2. Prior to assuming any post, read, familiarize yourself with, and sign the acknowledgment form attached to the post orders.
3. Take charge of your post and all property that it contains. You are responsible for the safety and security of your post as well as resident discipline. All government property is to be inspected for proper working condition. Memorandums will be completed regarding any item that is not properly functioning. Unusual detainee behavior will be reported to your immediate supervisor.
4. Never leave the post to which you are assigned until properly relieved. You will perform your assigned duties until you have been properly relieved.
5. Be alert and vigilant at all times. Maintain a constant awareness of your surroundings. By maintaining a highly visible profile, residents are less likely to commit prohibited acts.
6. Immediately report any unusual circumstance to your supervisor. Keep your immediate supervisor informed of any activity that may lead to unrest. Interaction with residents on a professional level can assist you in gathering information. This type of preventative measure may stop a potential problem before it occurs.
7. Officers are responsible for maintaining safety, security, and sanitation of their assigned post.
8. Adhere to and pass on to your relief any changes in post orders, operating procedures, and other information pertinent to the post. If you received special instructions during your tour, be sure to pass them on to the relieving officer. Special instructions should also be noted in the appropriate logbook. Get as much information from the previous officer as you can. The more you know about the population's attitude, the better you can prepare yourself to take over the post. Extend the same professional courtesy to the officer that relieves you.
9. Notify the shift supervisor IMMEDIATELY in the event of fire, disorder, escape, or injury to anyone. KEEP CALM! Use your radio to notify the supervisor. If radio traffic is heavy, use any available phone. Fire alarms are also located throughout the facility.
10. Residents are to be treated with courtesy and respect. Recognizing the effect of personal appearance, speech, conduct, and demeanor in communicating the appropriate sense of authority, every officer shall dress, speak, and act with the utmost professionalism.
11. Contact your immediate supervisor in any event that is not covered by instruction. If a situation arises that you have not previously encountered, contact your immediate supervisor for direction in handling the matter.
12. Keep accurate log entries of all noteworthy events that take place. By constantly updating your logbook, you assure that any future questions regarding your duties will be easily answered. This will leave little room for negative interpretation of your performance.
13. Maintain accountability of residents at all times. Verify the census and/or identity of residents under your control. Conduct random census of residents under your supervision to ensure all are present.

Approved By

(b)(6), (b)(7)(c)

AFOD

Title:

7/26/14

Reviewed July 2014

MEMORANDUM



FAMILY RESIDENTIAL STANDARDS



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 (b)(7)(E) 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

Date

ICE/DRO RESIDENTIAL STANDARD

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 4th 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 (b)(7)(e)

(b)(7)(e)

- 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

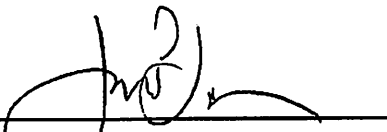
While canine units maybe used for contraband detection with the written approval of JFRMU, canine units will not be maintained at or near the facility. A canine search will never be conducted in the presence of residents. Their use for force, control, or intimidation of residents is prohibited.

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

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:

John P. Torres
Director
Office of Detention and Removal

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.*

(b)(7)(e)

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 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:

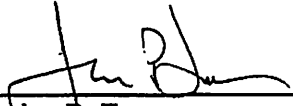
- a. Notification to LEA and parents of change in conditions of residency affecting a student's participation in educational or other activities as specified in the student's IEP.
- b. Notice to the student and parent of ARD meetings.
- c. Notice to students of procedural safeguards on forms to be provided 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 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 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

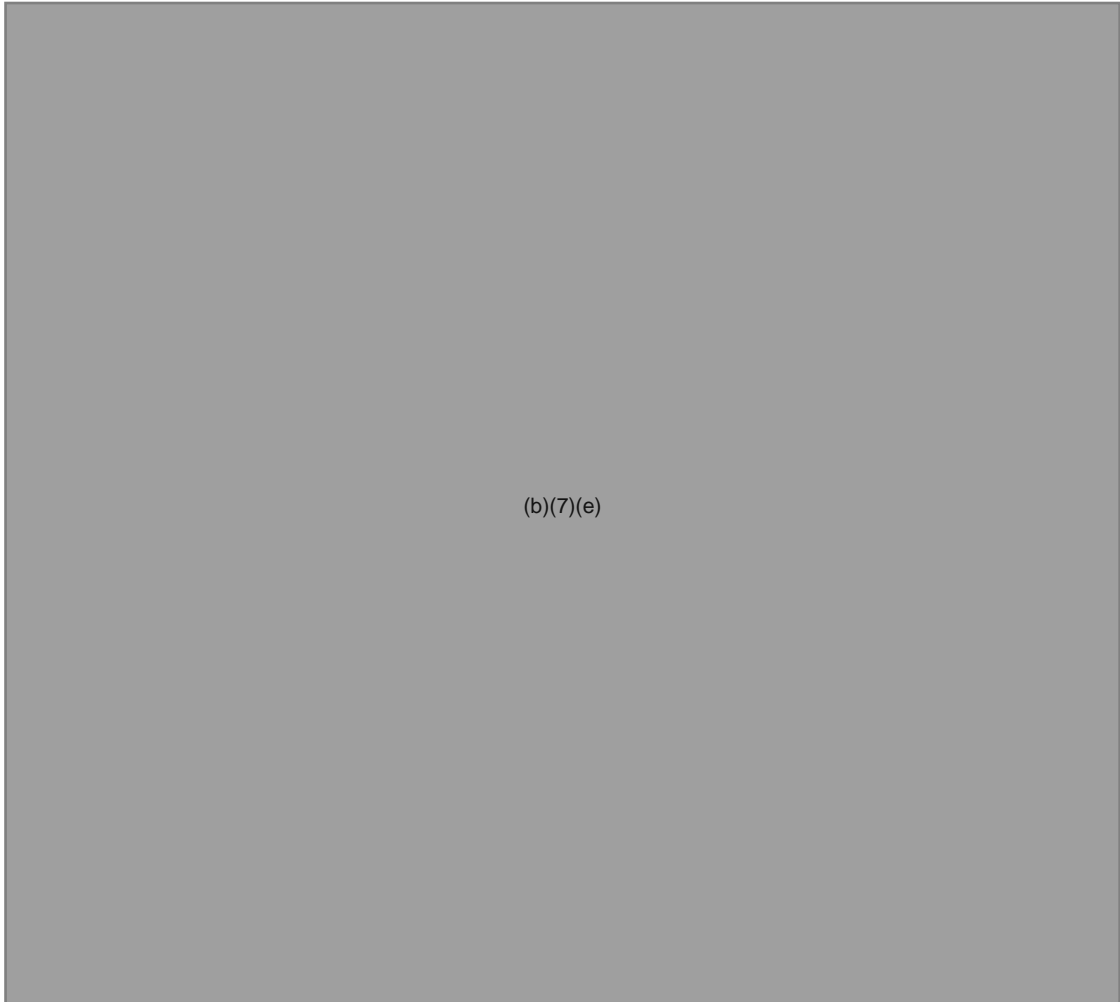
Each facility shall establish written policy and procedures addressing, at a minimum: chain of command, incident command post/center, staff recall, staff assembly, emergency response components, use of force, videotaping, records and logs, utility shutoff, employee conduct and responsibility, public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



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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:

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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

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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

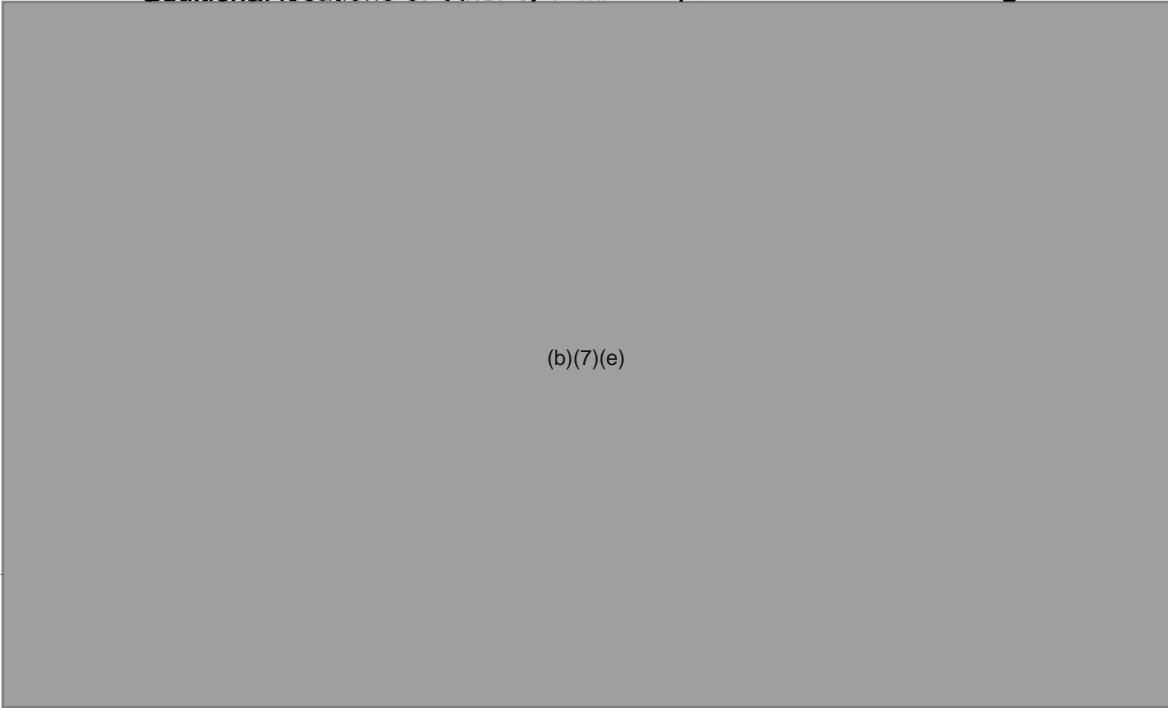
As detailed in the Residential Standard on **Facility Security and Control**, the facility Control Center is required to maintain a list of the phone numbers of every staff member, including the administrative/support services staff members, the local emergency response components, and the local law 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.



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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.

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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 |
| (b)(7)(e) | 12. Evacuation |
| 6. Search (Internal) | 13. Nationwide Lockdown |
| (b)(7)(e) | 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.

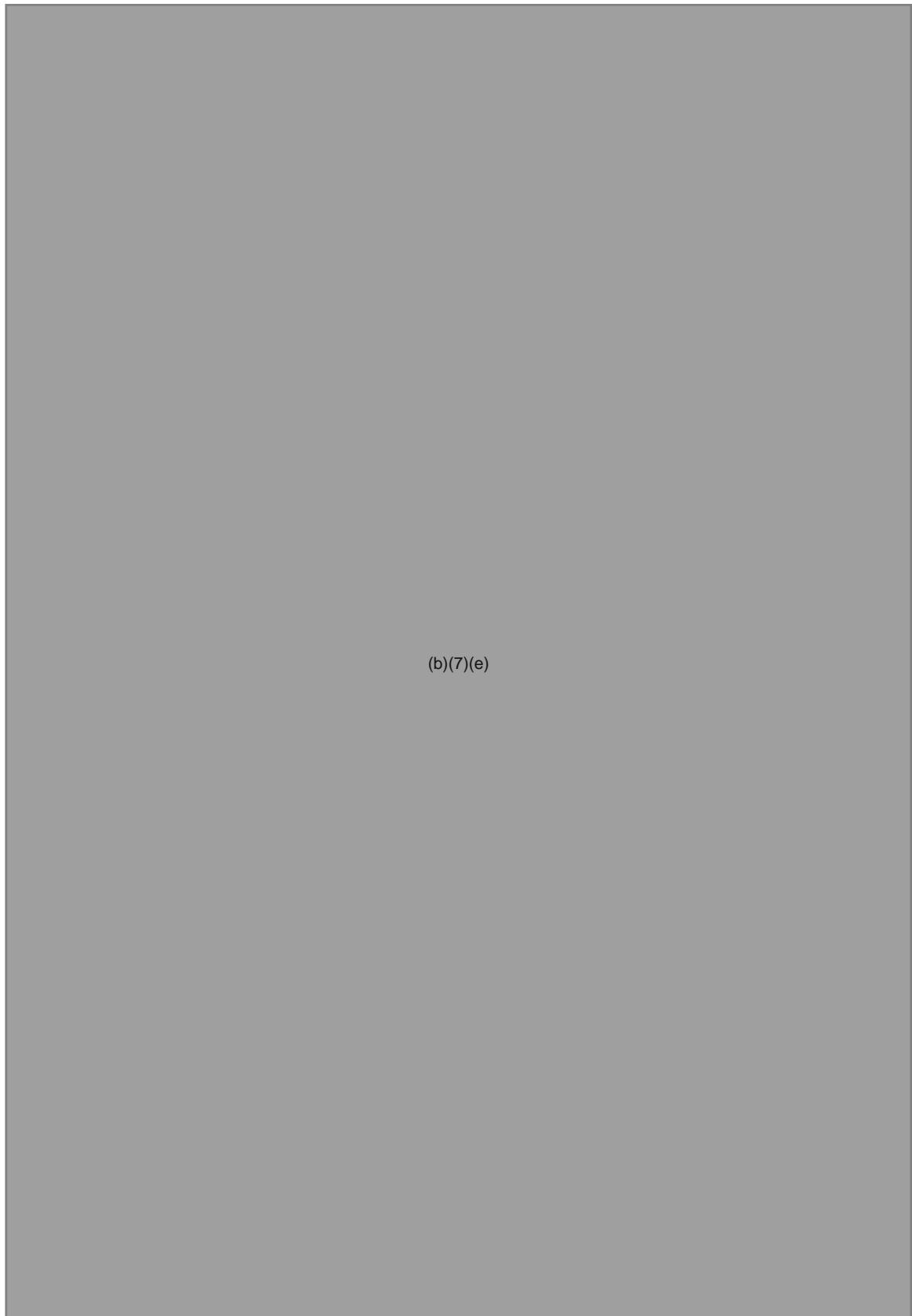
- 3). **Escape-post equipment kits shall be stored in the Command Center, and include, at a minimum:**

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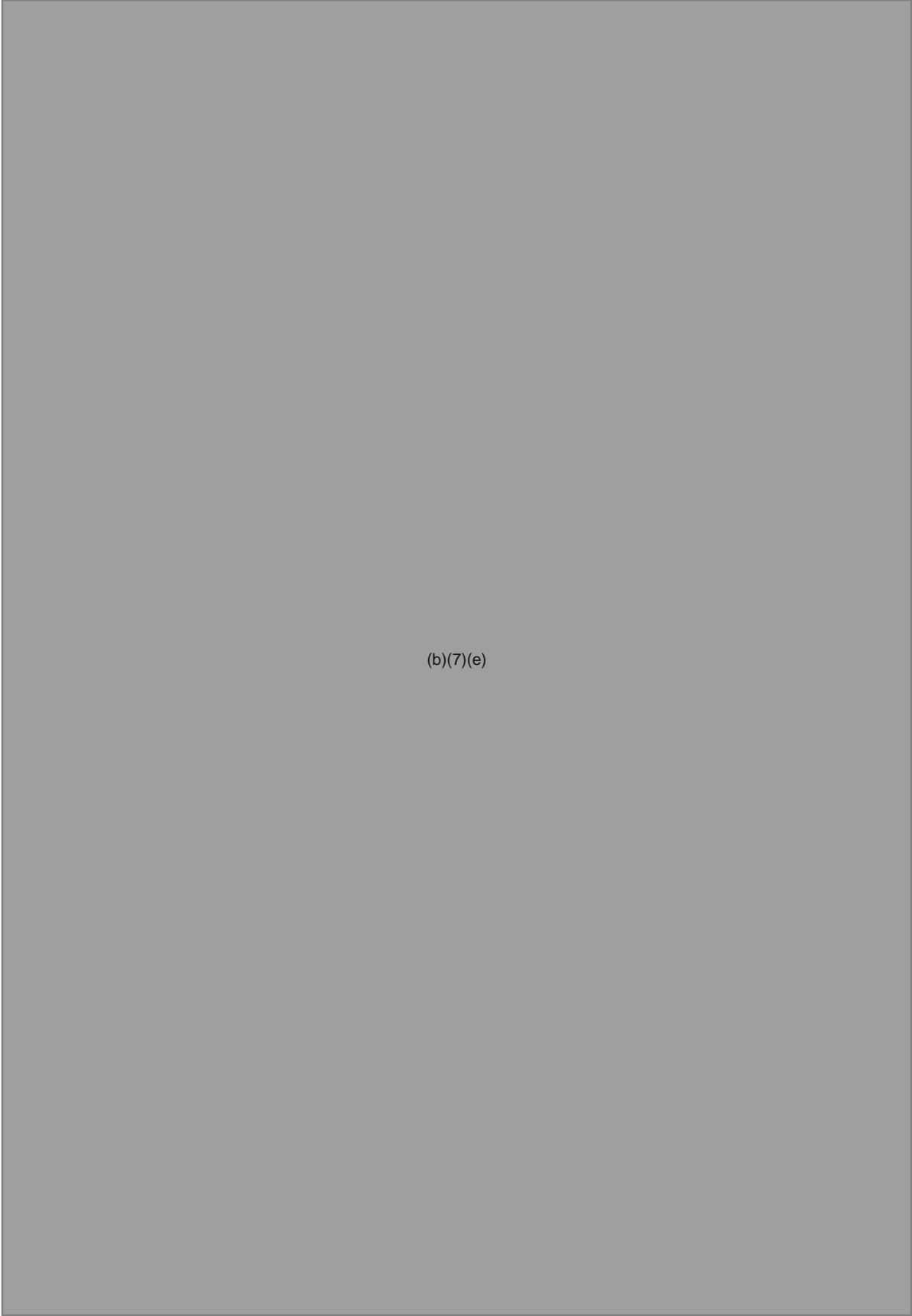
- 4). **Escape by aircraft:**

- (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.).**

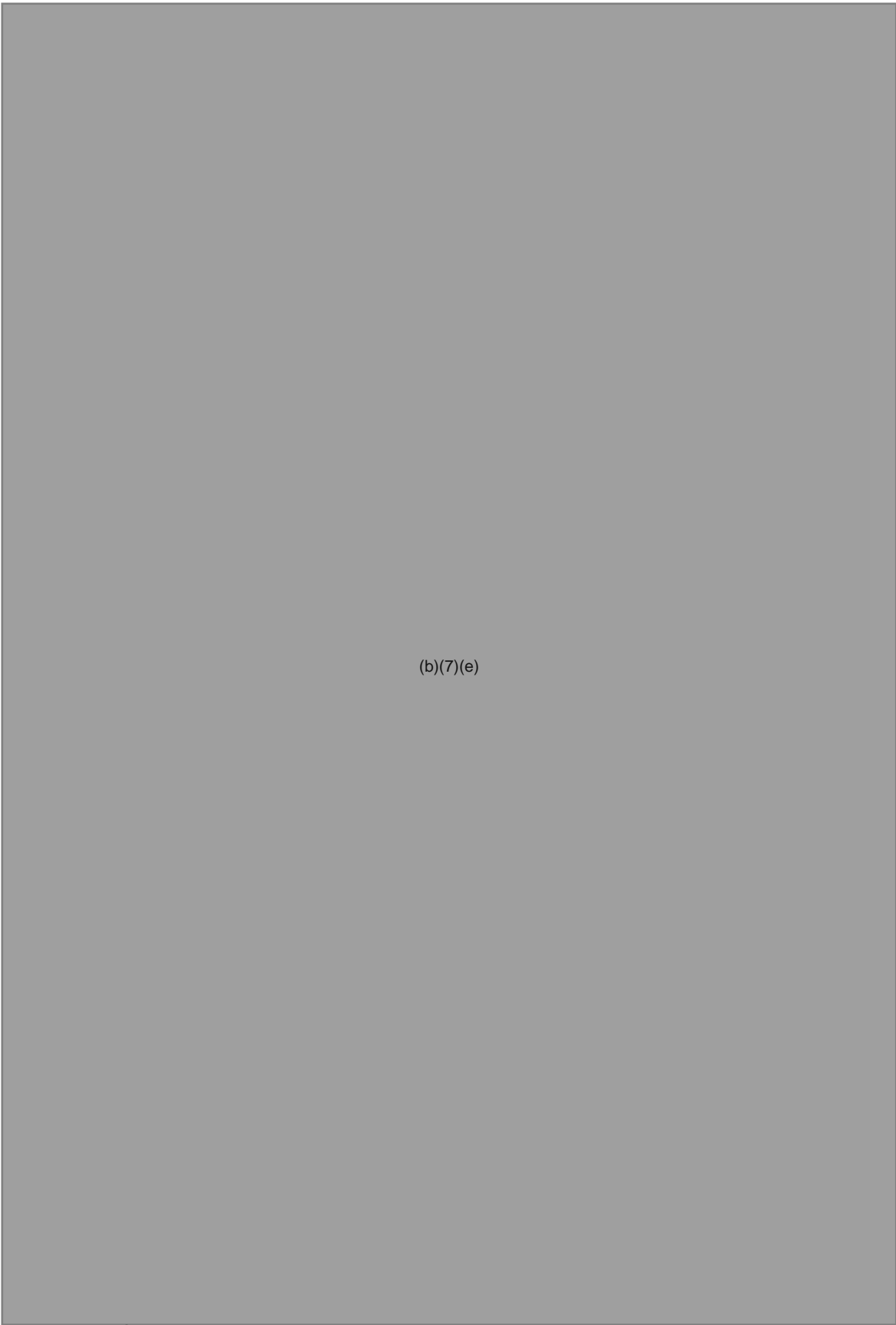
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8) Media

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 (b)(7)(e) search teams for every missing resident, (b)(7)(e) 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

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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.

- 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

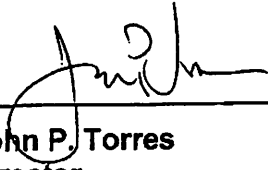
(a) Provide a plan of action to accommodate management of family units during emergencies.

(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.

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Standard Approved:



John P. Torres
Director
Office of Detention and Removal

DEC 21 2007

Date

ICE/DRO RESIDENTIAL STANDARD

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 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.

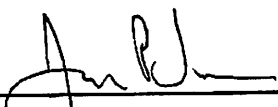
The emergency generator shall also receive quarterly testing and servicing from an external generator service company (or otherwise in accordance with the manufacturer's instructions). Among other things, the technicians shall check starting battery voltage, generator voltage and amperage output.

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 (Xylo)
Contact cement (flammable)
Touidi (Toluene)
Methyl ethyl ether
Methyl ethyl ketone
Naphtha Y, M, and P

Class II Liquids

Diesel fuel
Motor fuel
Kerosene
Cleaning solvents
Mineral spirits
Agitene

Class III Liquids

Paint (oil base)
Linseed oil
Mineral oil
Neatsfoot oil
Sunray conditioner
Guardian fluid

Toxic Substances

Ammonia
Chlorine
Antifreeze
Duplicating fluid
Methyl alcohol
Defoliants
Herbicides
Pesticides

Caustic Substances

Lye
Muriatic acid
Caustic soda
Sulfuric acid
Tannic acid

ICE/DRO RESIDENTIAL STANDARD

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

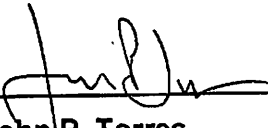
- a. Escorts shall follow the applicable policies, standards, and procedures listed above.
- b. Routes, meals, and lodging (if necessary) shall be arranged prior to departure.
- c. Escorts shall follow the schedule included in the trip authorization, arriving at and departing from the places and events 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.

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- 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

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.

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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 issues 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

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 (b)(7)(e)
 - 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 (b)(7)(e) (b)(7)(e)
 - 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.

(b)(7)(e)

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, (b)(7)(e)

- 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. (b)(7)(e) Processing of Funds and Valuables

(b)(7)(e)

- a. Verify the accuracy of all funds received.
- b. Record the amount of cash, and describe each valuable item in the (b)(7)(e) 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 properly 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

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, 4th 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-(b)(6), (b)(7)(c) 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: (b)(6), (b)(7)(c)

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

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 F. Torres
Director
Office of Detention and Removal

DEC 21 2007

Date

ICE/DRO RESIDENTIAL STANDARD

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.

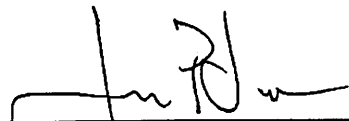
c. Medical staff shall:

- 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

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.

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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).

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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.

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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.

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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:

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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 (b)(7)(e)

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(b)(7)(e) 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.

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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.

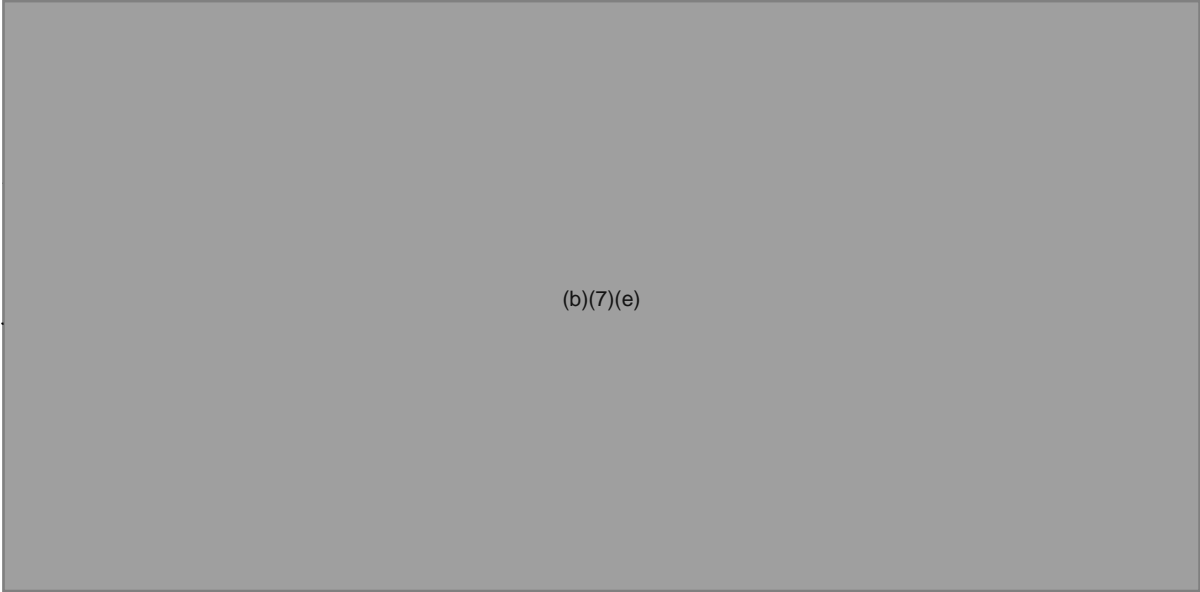
To ensure accountability, keys shall be issued only on the assigned key rings.

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.



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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.

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 B. 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

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.

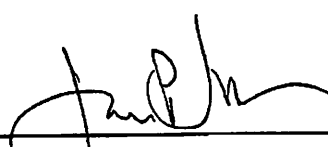
f. Revocation of Approval

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


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.  (b)(7)(e)
20. Residents whose mental health needs exceed the capabilities of the facility will be transferred to facility with the capacity to meet their needs.

ICE/DRO RESIDENTIAL STANDARD

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.

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 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 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,

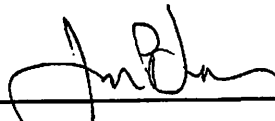
according to the following schedule:

- 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

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.

(b)(7)(e)


- 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

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.

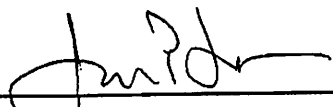
- c. With the facility administrator's approval, recreational activities may include limited-contact sports, such as soccer, basketball, volleyball, and table games; and may include intramural competitions among units.
- d. Dayrooms shall offer board games, television, and other sedentary recreation 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

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

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:	(b)(6), (b)(7)(c)
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:

(b)(6), (b)(7)(c)

2. Scheduled Interviews

The following were processed for fingerprints, photos, and or document service:

(b)(6), (b)(7)(c)

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.

(b)(6), (b)(7)(c)

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.

(b)(6), (b)(7)(c)

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

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 (b)(7)(e) 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

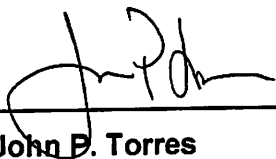
5. Emergency Counts

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

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

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 (b)(7)(e) 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.

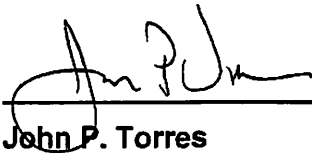
c. Body Cavity Searches

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

ICE/DRO RESIDENTIAL STANDARD

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. Assaultants 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 (b)(7)(e) 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:**

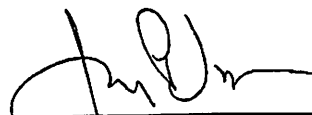
- All reports,
- Medical forms,
- Supporting memos and videotapes, and
- Any other evidentiary materials pertaining to the allegation.

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) 368-7700, (b)(7)(c)

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

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FOR INSERTION OF SEXUAL ASSAULT AWARENESS INFORMATION
BROCHURE
DATED 4/17/2006
AS ATTACHMENT 2**

ICE/DRO DETENTION STANDARD

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 (b)(7)(E)

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

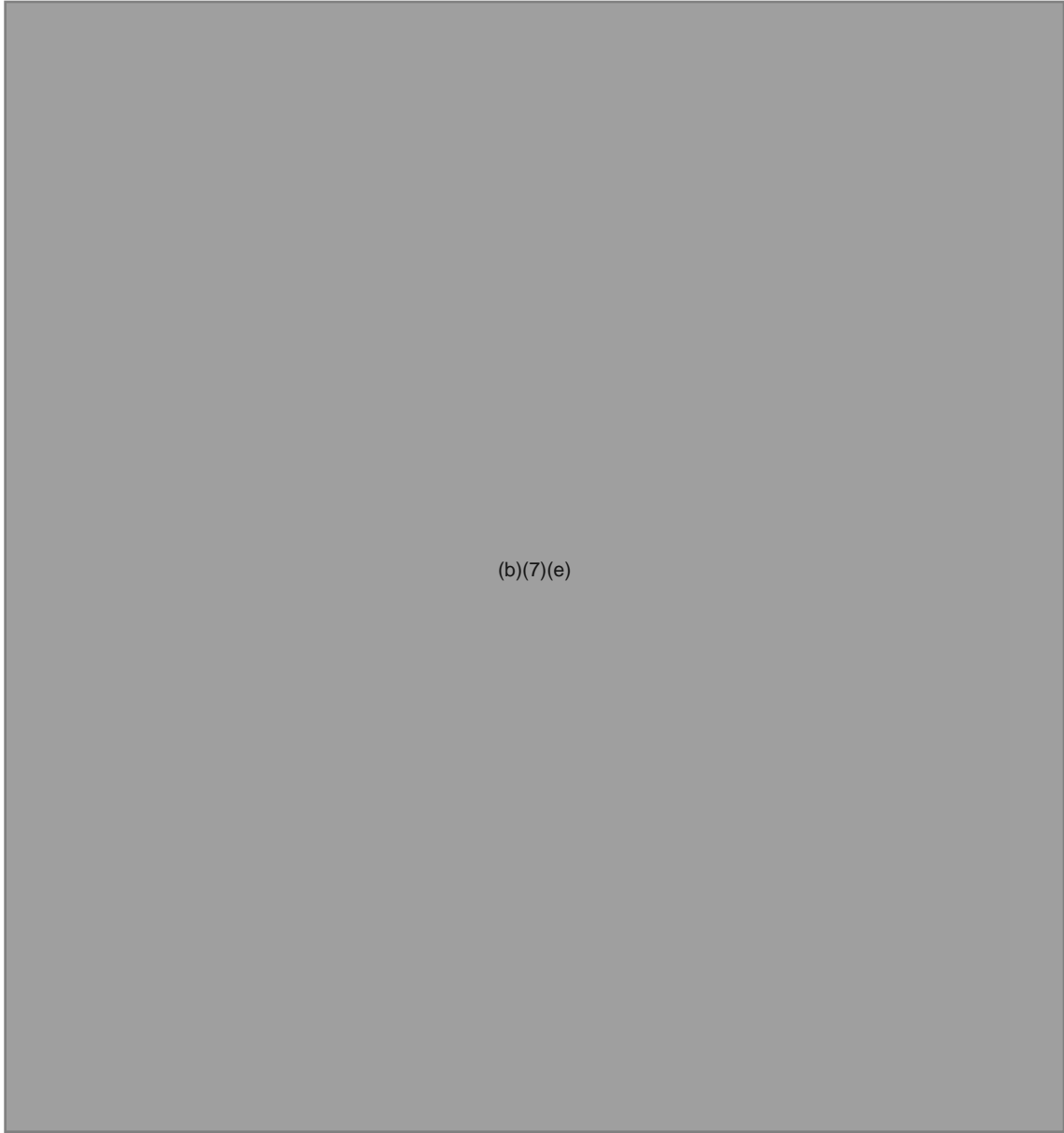
Key personnel are: the

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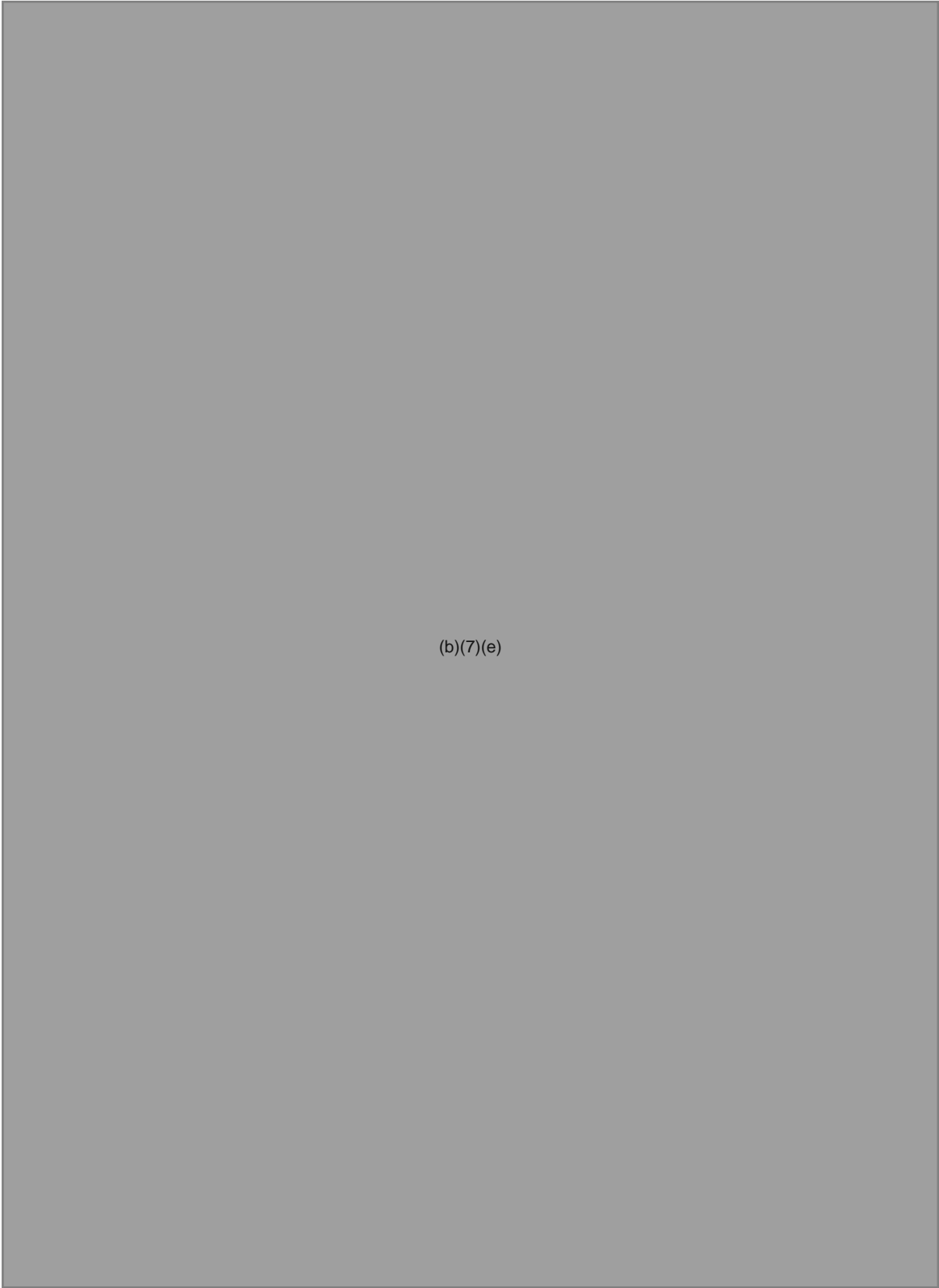
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Prior to the hire of any key

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.



(b)(7)(e)



(b)(7)(e)

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

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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.

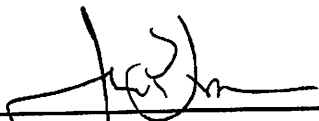
F. Continued Education and Professional Development

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

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.

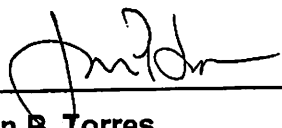
Precautions must be taken with any personal possessions that could aid in a suicide attempt. If danger to life or property appears imminent, the medical staff has the authority to isolate and transfer the resident from the general population to the nearest hospital. Medical staff must create written 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

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 (6), (b)(7)(c)
- 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

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

ICE/DRO RESIDENTIAL STANDARD

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:

- (b)(7)(e)
- 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.

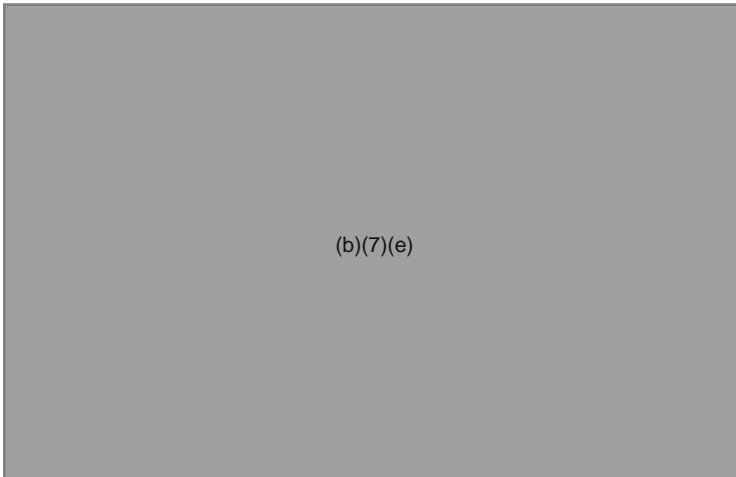
Tools are assigned one of two categories:

- 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:



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 [REDACTED] (b)(7)(e)

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. [REDACTED] (b)(7)(e)

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 (b)(7)(e) 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

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

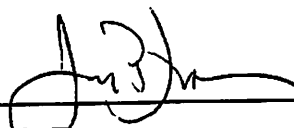
Food shall be provided in accordance with the Residential Standard on **Transportation (By Land)**. The sending Field Office or facility is responsible for the preparation and delivery of proper meals prior to departure.

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

Resident transferred from _____ Name _____ to _____ Office 3-Letter Codes _____ on _____ A-Number _____
_____ 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

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

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

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. 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 (b)(7)(e) while participating in the transportation program.

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



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 overnigheters;
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).

(b)(7)(E)

(b)(7)(e)

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. (b)(7)(e) 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

(b)(7)(e)

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

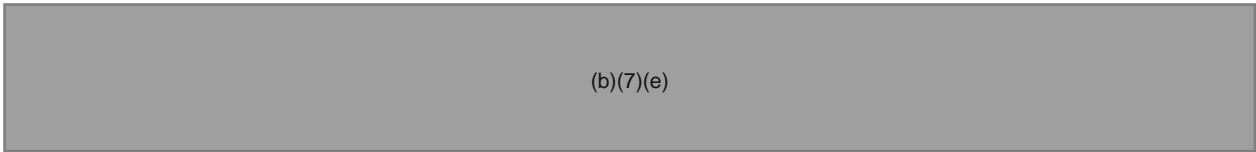
Recognizing the effect of personal appearance, speech, conduct, and demeanor in communicating the appropriate sense of authority, every staff shall dress, speak, and act with the utmost professionalism.

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.

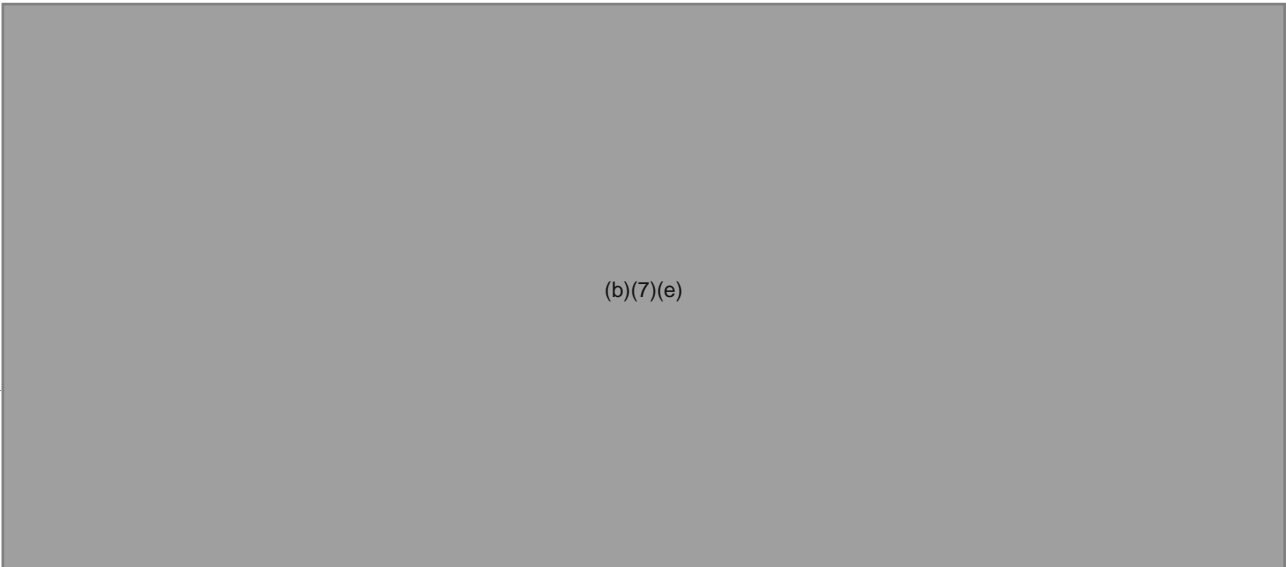
Using ICE/DRO guidelines and common sense, staff shall handle the crises that occasionally arise. While treating all persons with courtesy and respect, they shall not sacrifice or compromise security to do so.

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



Q. Vehicle Equipment

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



(b)(7)(e)

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.

(b)(7)(e)

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.

(b)(7)(E)

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.

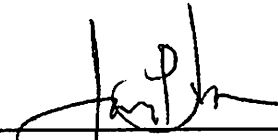
Staff shall search a resident of the opposite sex only in extreme circumstances, in the absence of a same-sex staff.

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 F. 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 (b)(7)(e) to gain control of an apparently dangerous resident, under specified conditions.

This Residential Standard does not specifically address the (b)(7)(e) 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. (b)(7)(e) used as punishment will be prohibited.
3. (b)(7)(e) will not be applied without prior supervisory approval if approval is required.
4. (b)(7)(e)
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.

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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 (b)(7)(e)
(b)(7)(e)
- 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 (b)(7)(e) 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 (b)(7)(e) to lift or carry the resident.

- g. Staff may not remove (b)(7)(e) until the resident has regained self-control.
- h. Staff may not (b)(7)(e)
 - 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. (b)(7)(e)
 - (b)(7)(e)
 - On a resident child age 14 or under without authorization from a supervisor;
 - (b)(7)(e) shall never be used on a child age 12 or under. (b)(7)(e) (b)(7)(e) 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 (b)(7)(e) 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 (b)(7)(e) are removed.
 - The shift supervisor shall review a resident every hour. If the (b)(7)(e) 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 (b)(7)(e) 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 (b)(7)(e) 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 (b)(7)(e) until the resident is transferred or the restraints are removed.

j. (b)(7)(e)

- 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) (b)(7)(e)
- j) Reporting procedures.

(b)(7)(e)

(b)(7)(e)

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 (b)(7)(e) 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

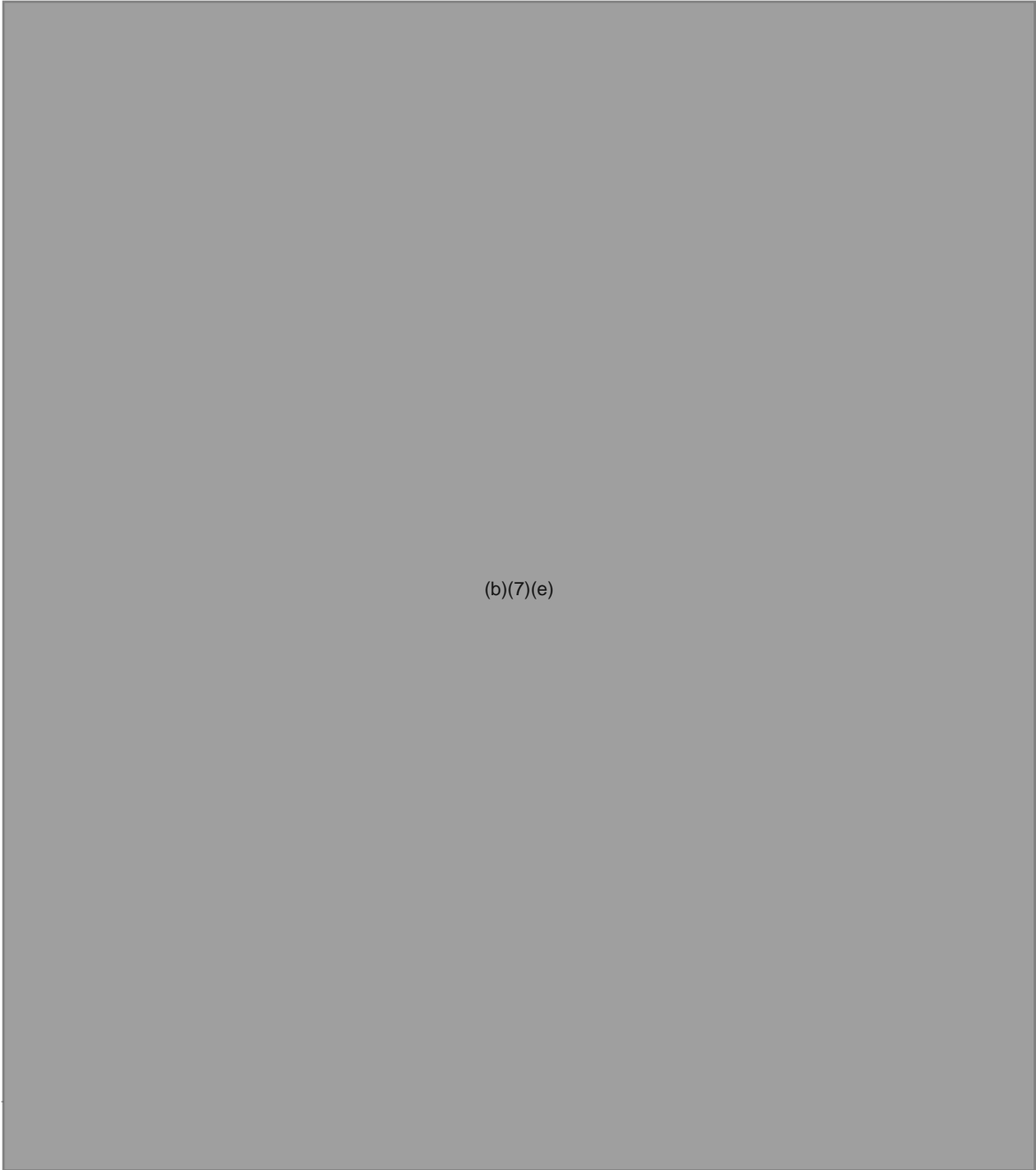
All staff shall wear protective gear when restraining aggressive residents with open cuts or wounds. If force is necessary, this gear may include a full-body shield.

Aggressive residents who are violent or exhibit the potential for violence shall be placed in (b)(7)(e) and be removed and kept separate from the general population. (b)(7)(e) shall remain in place as long as the resident poses a physical threat.

(b)(7)(e)

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.



(b)(7)(e)

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, (b)(7)(e)
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 (b)(7)(e) 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 (b)(7)(e)
(b)(7)(e)
- 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 (b)(7)(e) 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 (b)(7)(e) trained staff members clothed in (b)(7)(e)

(b)(7)(e) 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 (b)(7)(e) and handling of spilled body fluids and blood:

- Use-of-Force Team members and others participating in a calculated use of force shall wear (b)(7)(e) 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.

(b)(7)(e)

(b)(7)(e)

(b)(7)(e)

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 (b)(7)(e) 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 (b)(7)(e)

(b)(7)(e) The report identifies the resident(s), staff, and others involved, and describes the incident. (b)(7)(e)

(b)(7)(e) 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.

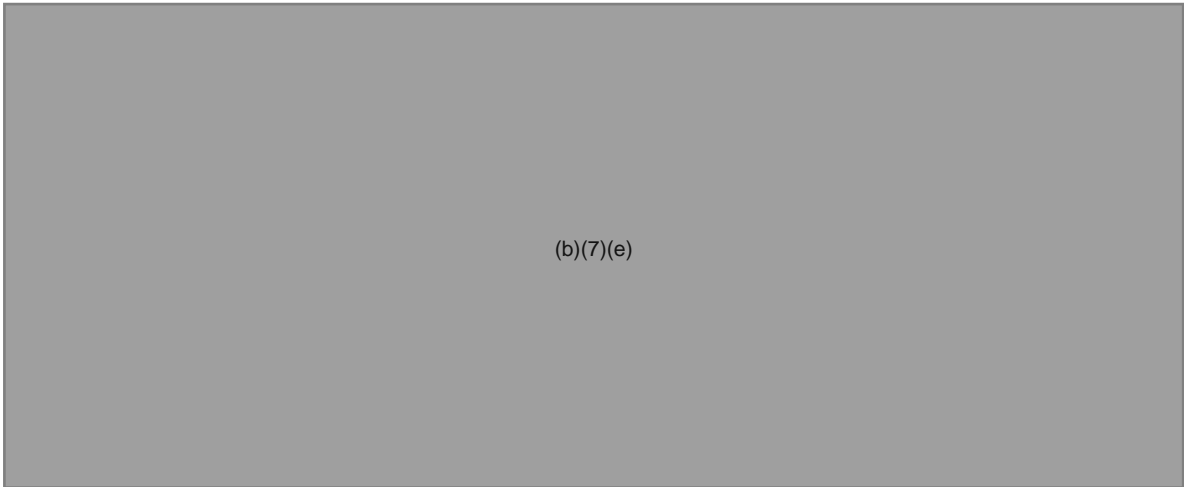
16. After-Action Review of Use of Force and Application of Restraints

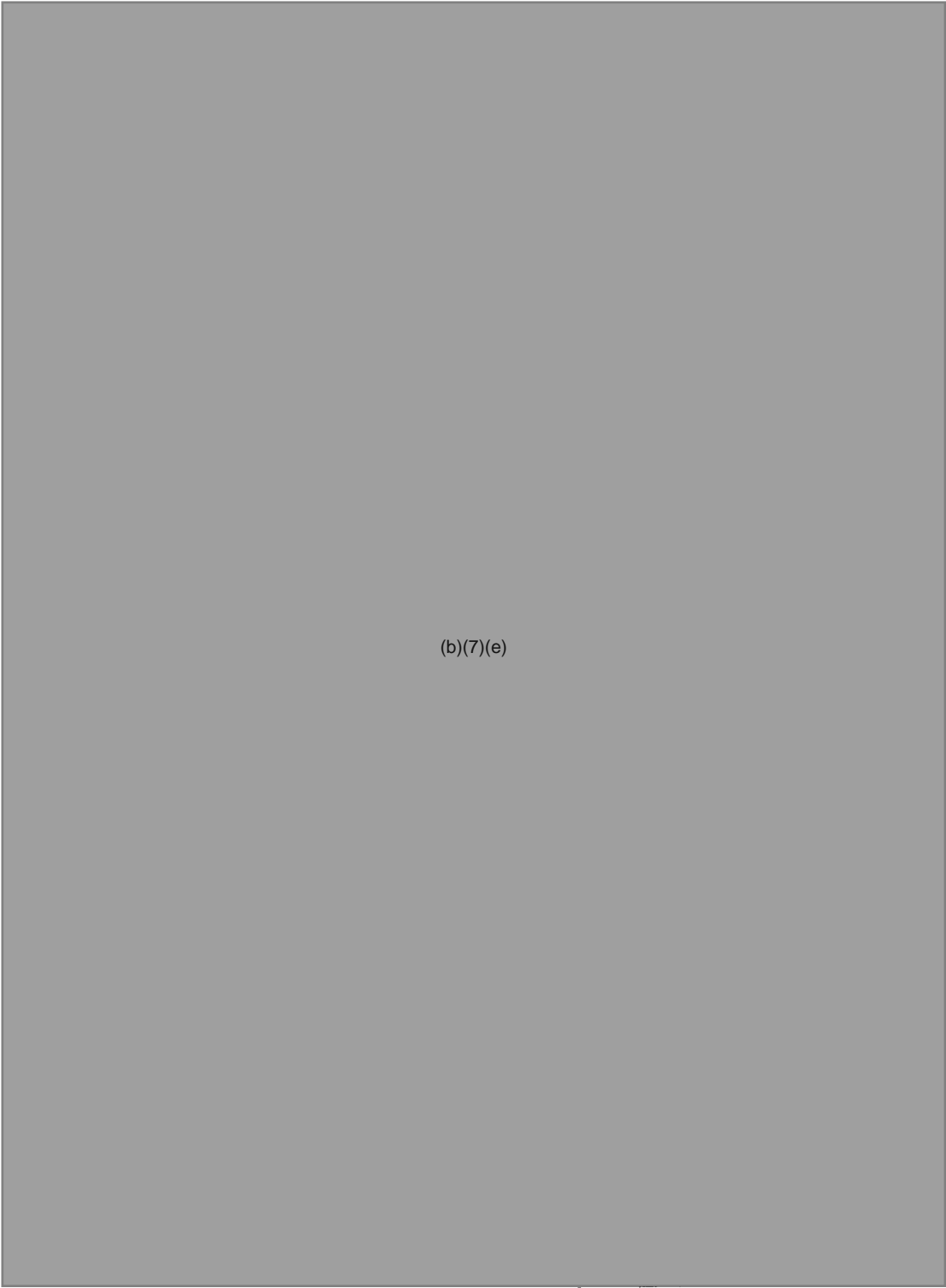
a. Written Procedures Required

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 (b)(7)(e) 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 (b)(7)(e)





(b)(7)(e)

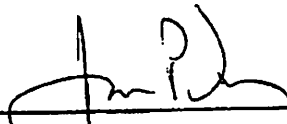
d. Report of Findings to ICE/DRO

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

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 midribs and strapless tops, tube tops, and swimsuits are prohibited.
- 6) Shoes shall be worn at all times.

(b)(7)(e)

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.

(b)(7)(e)

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.

I. 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 Protection¹

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

¹ 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.

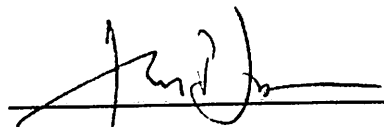
b. Visitation by Former Residents or Aliens in Proceedings

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

12/21/07

Date

ACKNOWLEDGEMENT FORM



I.C.E. ARTESIA FAMILY RESIDENTIAL CENTER
ARTESIA, NM.

POST ORDER ACKNOWLEDGMENT

POST: RESIDENTIAL HOUSING UNIT OFFICER

By affixing my signature below, I verify that I have read, and understand the following Post Orders.

Name	Signature	(b)(6), (b)(7)(c)	Date
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I.C.E. ARTESIA FAMILY RESIDENTIAL CENTER
ARTESIA, NM.

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I.C.E. ARTESIA FAMILY RESIDENTIAL CENTER
ARTESIA, NM.

POST ORDER ACKNOWLEDGMENT

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ARTESIA, NM.

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POST ORDER ACKNOWLEDGMENT POST: RESIDENTIAL HOUSING UNIT OFFICER

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ARTESIA, NM.

POST ORDER ACKNOWLEDGMENT POST: INTERIOR TRANSPORTATION

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ARTESIA, NM.

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ARTESIA, NM.

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ARTESIA, N.M.

POST ORDER ACKNOWLEDGMENT
POST: SUPERVISORY IMMIGRATION ENFORCEMENT AGENT

By affixing my signature below, I verify that I have read, and understand the following Post Orders.

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ARTESIA, N.M.

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ARTESIA, N.M.

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12-3-14		
12-4-14		
12/4/14		
12/04/14		
12-4-14		

I.C.E ARTESIA FAMILY RESIDENTIAL CENTER
ARTESIA, N.M.

POST ORDER ACKNOWLEDGMENT
POST: SUPERVISORY IMMIGRATION ENFORCEMENT AGENT

By affixing my signature below, I verify that I have read, and understand the following Post Orders.

Name	Signature	Date
(b)(6), (b)(7)(c)		12/4/14
		12/5/14
		12.5.14
		12-5-14
		12.5.14
		12/5/14
		12/5/14
		12/5/14
		12/6/14
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	12-8-14	
	12/08/2014	
	12/8/2014	
	12-9-14	

I.C.E ARTESIA FAMILY RESIDENTIAL CENTER
ARTESIA, N.M.

POST ORDER ACKNOWLEDGMENT
POST: SUPERVISORY IMMIGRATION ENFORCEMENT AGENT

By affixing my signature below, I verify that I have read, and understand the following Post Orders.

Name	Signature	Date
(b)(6), (b)(7)(c)		2/09/14
		2/9/14
		2-9-14
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		2/9/14
		12/10/14
		12/10/14
		2-10-14
		2/10/2014
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	12/13/14	

I.C.E ARTESIA FAMILY RESIDENTIAL CENTER
ARTESIA, N.M.

POST ORDER ACKNOWLEDGMENT
POST: SUPERVISORY IMMIGRATION ENFORCEMENT AGENT

By affixing my signature below, I verify that I have read, and understand the following Post Orders.

Name	Signature (b)(6), (b)(7)(c)	Date
(b)(6), (b)(7)(c)		2-13-14
		2.13.14
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		2.13.14
		2-14-14
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	2-17-14	
	2/17/14	
	2/17/2014	
	2/17/2014	
	2-18-14	