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Office of Information Governance and Privacy

U.S. Department of Homeland Security
500 12th St., SW
Washington, D.C. 20536

U.S. Immigration and Customs Enforcement

September 23, 2019

Daniel Alexander McGrath
American Oversight
1030 15th Street, NW
Suite B255
Washington, DC 20005

RE: American Oversight v. DHS et al, (1:19-cv-01901-EGS)
ICE FOIA Case Number 2019-ICLI-00054
First Interim Release

Dear Mr. McGrath:

This letter is the first response to your Freedom of Information Act (FOIA) request to U.S. Immigration and Customs Enforcement (ICE), dated June 26, 2019. You have requested the following records in connection with 3 FOIA requests:

1. 2019-ICFO-29818, requesting, training materials and policies/directives pertaining to the processing/medical evaluation and care for transgender detainees,
2. 2019-ICFO-36401, requesting training materials and policies/directives pertaining to the processing/medical evaluation and care for pregnant detainees, those that miscarried, juveniles and also emails from Albence, Homan and Vitello & their chiefs of staff on related topics, and
3. 2019-ICFO-36404, requesting various categories of information pertaining to IHSC staffing.

ICE has considered your request under the FOIA, 5 U.S.C. § 552. A total of 588 pages of records were reviewed for this first interim production. The 588 pages of records were located pursuant to a search of the Office of Enforcement and Removal Operations (ERO). A total of 124 pages of records were duplicative or non-responsive to the request. The remaining 464 pages of responsive records are attached and have been marked 2019-ICLI-00054 1 to 2019-ICLI-00054 464. Upon review, ICE has determined that portions of the documents will be withheld pursuant to Exemptions b(6), b(7)(C), and b(7)(E) of the FOIA as described below.

ICE has applied FOIA Exemptions 6 and 7(C) to protect from disclosure the names, e-mail addresses, and phone numbers of ICE and DHS employees contained within the documents, as well as the names, and other personally identifiable information of other individuals contained within the records.

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FOIA Exemption 6 exempts from disclosure personnel or medical files and similar files the release of which would cause a clearly unwarranted invasion of personal privacy. This requires a balancing of the public's right to disclosure against the individual's right to privacy. The privacy interests of the individuals in the records you have requested outweigh any minimal public interest in disclosure of the information. Any private interest you may have in that information does not factor into the aforementioned balancing test.

FOIA Exemption 7(C) protects records or information compiled for law enforcement purposes that could reasonably be expected to constitute an unwarranted invasion of personal privacy. This exemption takes particular note of the strong interests of individuals, whether they are suspects, witnesses, or investigators, in not being unwarrantably associated with alleged criminal activity. That interest extends to persons who are not only the subjects of the investigation, but those who may have their privacy invaded by having their identities and information about them revealed in connection with an investigation. Based upon the traditional recognition of strong privacy interest in law enforcement records, categorical withholding of information that identifies third parties in law enforcement records is ordinarily appropriate. As such, I have determined that the privacy interest in the identities of individuals in the records you have requested clearly outweigh any minimal public interest in disclosure of the information. Please note that any private interest you may have in that information does not factor into this determination.

ICE has applied FOIA Exemption (b)(7)(E) to protect from disclosure information compiled for law enforcement purposes, the release of which would disclose techniques and/or procedures for law enforcement investigations or prosecutions or would disclose guidelines for law enforcement investigations or prosecutions when such disclosure could reasonably be expected to risk circumvention of the law.

FOIA Exemption (b)(7)(E) protects records compiled for law enforcement purposes, the release of which would disclose techniques and/or procedures for law enforcement investigations or prosecutions or would disclose guidelines for law enforcement investigations or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law. I have determined that disclosure of certain law enforcement sensitive information contained within the responsive records could reasonably be expected to risk circumvention of the law. Additionally, the techniques and procedures at issue are not well known to the public.

If you have any questions about this letter, please contact AUSA Diana Valdivia with the United States Attorney's Office at 202-252-2545.

Sincerely,

Toni Fuentes for

Catrina M. Pavlik-Keenan
FOIA Officer

Enclosure(s): 464 page(s)

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Office of Detention and Removal Operations

U.S. Department of Homeland Security
500 12th Street, SW
Washington, DC 20536

U.S. Immigration and Customs Enforcement

MEMORANDUM FOR: Field Office Directors
Deputy Field Office Directors

SEP 14 2009

FROM: David J. Venturella
Acting Director

(b)(6); (b)(7)(C)

SUBJECT: Use of GPS Monitoring Devices on Persons who are Pregnant or Diagnosed with a Severe Medical Condition

Effective immediately, the Office of Detention and Removal Operations" (DRO) Alternatives to Detention (ATD) program is discontinuing the use of Radio Frequency (RF) and Global Positioning Satellite (GPS) ankle bracelets on persons whose medical conditions render the use of these devices inappropriate. This includes, but is not limited to verifiably pregnant women.

ATD personnel should transfer anyone currently wearing ankle bracelets and who fall into this category to another form of monitoring. If ATD personnel have reason to believe that an exception to this rule is warranted in a particular case, they should contact the HQDRO-ATD Chief for authorization to apply an ankle bracelet.

This change in practice does not prevent affected persons from remaining in the ATD program, provided they accept the changed terms of participation, nor does it indicate that electronic monitoring devices are or have been demonstrated to be harmful.

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Office of Enforcement and Removal Operations

U.S. Department of Homeland Security
500 12th St, SW
Washington, DC 20536

U.S. Immigration and Customs Enforcement

June 19, 2015

MEMORANDUM FOR: Assistant Directors
Deputy Assistant Directors
Field Office Directors
Deputy Field Office Directors
Assistant Field Office Directors
ICE Health Service Corps

FROM: Thomas Homan
Executive Associate Director

SUBJECT: Further Guidance Regarding the Care of Transgender Detainees

Purpose

This memorandum provides further guidance regarding the placement and care of transgender adult detainees in the custody of U.S. Immigration and Customs Enforcement (ICE), Enforcement and Removal Operations (ERO).

Background

This guidance complements existing ICE detention standards, ICE Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention (SAAPI) (May 22, 2014), and the requirements of the U.S. Department of Homeland Security (DHS) regulation titled, "Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities," 79 Fed. Reg. 13,100 (Mar. 7, 2014), hereafter DHS PREA Standards. The security and safety of ERO employees, detainees, detention staff, and members of the public are paramount in the exercise of this guidance.

As in all cases, if an individual is not subject to the requirements of mandatory detention, Field Office Directors (FODs) should continue to consider whether the use of detention resources is warranted for a given individual and shall consider, on a case by case basis, all relevant factors in this determination, including whether an individual identifies as transgender. While the FODs may exercise prosecutorial discretion at any stage of an enforcement proceeding, it is generally preferable to exercise such discretion, if warranted, as early in the case or proceeding as possible.

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ICE ERO will provide a respectful, safe, and secure environment for all detainees, including those individuals who identify as transgender. Discrimination or harassment of any kind based on a detainee's actual or perceived sexual orientation or gender identity is strictly prohibited. Moreover, ICE ERO reaffirms its commitment to provide effective safeguards against sexual abuse and assault for all individuals detained in ERO custody.

1. Data Systems and Form I-213

   a. ERO Law Enforcement Systems and Analysis (LESA), in consultation and collaboration with other relevant ICE and ERO components, is directed to update, to the extent practicable, all appropriate data systems (including, but not limited to, EAGLE, EARM, and other systems that receive data from ERO-related data systems for statistical, medical, or other purposes) to: (1) capture a detainee's "Biological Sex" or "Sex" (*See* Attachment 1: Definitions) as Male, Female, Intersex, or Unknown (*Note*: data systems should not use the category or header of "Gender" to capture and record a detainee's "Sex"); and (2) add a data field, which may be in the form of a check-box, to record if the detainee identifies as "Transgender." ERO LESA should also ensure that the identification of "Transgender" appears conspicuously on the Form I-213 "Record of Deportable/Inadmissible Alien" when printed.

2. Initial Processing

   a. During the initial processing of an individual taken into ERO custody, the FOD, or his/her designee, shall ensure ERO personnel record a detainee's "Biological Sex" or "Sex" as Male, Female, Intersex, or Unknown on the Form I-213 and within applicable data systems.

   b. In those circumstances during initial processing when a detainee: (1) self-identifies as transgender or otherwise identifies with a gender different from that which corresponds with his or her biological sex (e.g., a biological male who identifies as a woman); or (2) responds affirmatively during Risk Classification Assessment (RCA) module screening that he or she may be at an elevated risk in a detention setting because of his or her actual or perceived gender identity and/or gender expression, the FOD shall ensure ERO personnel ask if the detainee would like to formally disclose his or her gender identity.

   c. The following script is appropriate, but not required, for use by ERO personnel in these circumstances and should be communicated in a language and manner the detainee can understand:

      Do you wish to disclose your gender identity (please note you are not required to disclose information about your gender identity which you are not comfortable sharing)?

      If the detainee answers affirmatively, ERO personnel should then ask:

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Do you identify as a man, a woman, or as transgender?

If the detainee indicates he or she self-identifies as transgender, or has a gender identity different from his or her biological sex, ERO personnel shall record the initial determination in the appropriate data systems.

d. If the individual identifies that he or she is transgender, the same should also be noted on the Form I-213 and the Form I-213 should indicate any other information he or she disclosed related to his or her gender identity.

e. When processing an individual who identifies as transgender, ERO personnel should be aware that he or she may:

   i. Exhibit a gender expression (i.e., external and objective manifestations of gender, such as, but not limited to, one's preferred name, pronouns, clothing, makeup, haircut, behavior, voice, or body characteristics) that appear to indicate a gender different from the sex listed on the detainee's identity documentation.

   ii. Carry official documentation, including medical documentation, recognized by ICE officials or a government entity (local, state, or federal) that indicates a gender identity different from the detainee's biological sex or lists the detainee's gender identity as transgender.

   iii. Possess prescription medication (e.g., hormones), as verified by a qualified medical professional, that indicates a gender identity different from the detainee's biological sex.

f. The detainee shall not be disciplined for refusing to answer any gender identity-related questions during processing, for not disclosing complete information in response to questions asked about gender identity, or for falsely reporting that he or she is not transgender.

g. If at any time during initial processing ERO personnel determine additional privacy is needed to further address issues, questions, or answers referenced above with the detainee, the FOD, to the extent practicable, shall ensure ERO personnel make appropriate accommodations (such as using an office or unoccupied holding cell) to converse with the detainee in private.

h. Pursuant to the DHS PREA Standards, the FOD shall ensure sensitive information, such as a detainee's gender identity, is not used to the detainee's detriment by ICE personnel or detention facility staff or other detainees, is not shared with other detainees, and is not shared with others who do not have a need to know the information.

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i. Pursuant to the DHS PREA Standards, searches shall be conducted in a professional and respectful manner, and in the least restrictive manner possible, consistent with security needs. At no time shall any search be conducted solely for the purpose of determining a detainee's biological sex.

3. Initial Placements

a. When a detainee identifies as transgender, ERO shall make individualized placement determinations to ensure the detainee's safety.

b. In determining the appropriateness of a facility to house the detainee, ERO should consider:
   i. Facilities within the Field Office's Area of Responsibility (AOR) that have incorporated the "ICE Detention Facility Contract Modification for Transgender Care," (*See* Attachment 2) and, therefore, maintain a functioning Transgender Classification and Care Committee (TCCC);

   ii. Facilities within the AOR that operate a Protective Custody Unit (PCU) for transgender detainees; or

   iii. Facilities within the AOR that demonstrate best practices in the care of Lesbian, Gay, Bi-sexual, Transgender, or Intersex (LGBTI) detainees, to include, but not limited to: (1) the availability of medical personnel who have experience providing care and treatment to transgender detainees (to include the delivery of hormone therapy) and (2) detention facility staff who have received LGBTI Sensitivity and Awareness Training.

c. If placement into a facility described in Sections 3.b.i-iii above is not practicable, the FOD shall ensure the facility chosen for placement within his or her AOR is able to appropriately care for the individual. FODs are reminded that placement into segregation should occur only when necessary and in compliance with applicable detention standards. In particular, placement into administrative segregation due to a detainee's identification as transgender should be used only as a last resort and when no other temporary housing option exists. If the facility is unable to meet these requirements, or if the detainee expresses concerns regarding his or her placement or conditions of confinement, the FOD, in consultation with his or her Office of Chief Counsel, shall examine options for transfer of the detainee to a different facility. Attachment 3 lists DHS PREA and Performance Based National Detention Standards 2008 and 2011 (PBNDS) requirements related to transgender detainees.

4. Transfers: Transfers shall comply with ICE Policy 11022.1: Detainee Transfers (Jan. 4, 2012). In addition, FODs should consider any transfer request made by the detainee related to his or her transgender identification. Should FODs need guidance on initial placement or subsequent transfer decisions, they are encouraged to reach out to the National ERO LGBTI Coordinator and ERO Field Operations.

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5. Care of Transgender Detainees in ICE Facilities: ERO Custody Management, in consultation and collaboration with other relevant ICE Directorates or Programs and components (including the Office of Acquisition Management and the Office of Detention Policy and Planning), will work with willing ICE service vendors to incorporate the model procedures outlined in Attachment 2, "ICE Detention Facility Contract Modification for Transgender Care" into facility contracts.

6. ERO LGBTI Field Liaisons

   a. Each ERO FOD shall designate a specially trained employee at the supervisory level to serve as an LGBTI Field Liaison[1]. The LGBTI Field Liaison will regularly communicate with the National ERO LGBTI Coordinator (*See* section 7 below) and report to ERO Headquarters on the progress of implementing and maintaining the provisions of this memorandum. The LGBTI Field Liaison will also coordinate with the Prevention of Sexual Assault (PSA) Coordinator in his or her Field Office where their responsibilities and work overlap.

   b. In detention facilities that have adopted the "ICE Detention Facility Contract Modification for Transgender Care," the ERO LGBTI Field Liaison will be available to actively participate on the facility's TCCC.

   c. Each ERO LGBTI Field Liaison will also participate in all relevant training offered by ERO Headquarters on the subject of this memorandum.

7. National ERO LGBTI Coordinator

   a. ERO will designate a National LGBTI Coordinator. The National ERO LGBTI Coordinator will: (1) serve as the primary point of contact and subject matter expert for ERO regarding the care and treatment of LGBTI detainees in ERO custody; (2) evaluate information collected from EAGLE, EARM, RCA and other relevant ICE information technology systems regarding the care and custody of LGBTI detainees; (3) assist the field and ERO Headquarters Directorates in utilizing information about LGBTI detainees to help ensure compliance with the provisions of this memorandum; (4) continue to refine and deliver training on the provisions of this memorandum; and (5) coordinate with ICE's PSA Coordinator where their responsibilities and work overlap.

   b. The National ERO LGBTI Coordinator shall also organize and convene a standing working group to assess the implementation and maintenance of this memorandum, advise agency leadership on issues affecting LGBTI detainees in ERO custody, further explore best practices and strategies, and make additional recommendations when necessary. The standing working group should meet no less than quarterly and at a

[1] The ERO LGBTI Field Liaison selected by the FOD may also be the local field ERO Prevention of Sexual Assault (PSA) Coordinator or other HQs collateral duty assignment (e.g. Segregation Review Coordinator).

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minimum include members from ERO Custody Management, ERO Field Operations, ICE Health Service Corps, the ICE Office and Detention Policy and Planning, DHS Office for Civil Rights and Civil Liberties, and one or more ERO LGBTI Field Liaisons. The working group may also consult with outside stakeholders, including representatives of non-governmental organization and academic institutions, as appropriate.

c. The National ERO LGBTI Coordinator shall assist in addressing public inquiries related to the care and custody of transgender detainees. Inquiries may be received from detained or non-detained individuals, their family members, attorneys or representatives, and advocacy groups, among others.

d. The National ERO LGBTI Coordinator shall also establish and maintain regular reporting mechanisms that pertain to the demographics of the transgender detainee population. The reports shall be reviewed and approved prior to any internal and/or external dissemination.

8. Training: As described above, the National ERO LGBTI Coordinator, in consultation with relevant ICE and ERO Headquarters Directorates, shall continue to refine and deliver training materials, to include the use of ICE's Virtual University, to assist FODs, ERO LGBTI Liaisons, and other relevant Field Office personnel in the implementation of this memorandum.

No Private Right of Action

This guidance is not intended to, does not, and may not be relied upon to create any right or benefit, substantive or procedural, enforceable at law by any party in any administrative, civil, or criminal matter.

Attachments

1. ICE Detention Facility Contract Modification for Transgender Care
2. PREA and PBNDS Requirements Related to Transgender Detainees
3. Definitions

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ATTACHMENT 1: ICE Detention Facility Contract Modification for Transgender Care

[_____(FACILITY)] will comply with the following requirements related to the care and custody of transgender detainees:

Transgender Care

1) ***Intake:*** Upon arrival at the detention facility, intake personnel shall review the detainee's record and documentation. If the record indicates the detainee's gender identity differs from his/her biological sex, intake personnel shall only ask questions related to gender identity when such information is necessary to ensure the safety and security of other detainees and staff. In addition, the facility shall ensure that sensitive information, such as the detainee's gender identity, is not used to the detainee's detriment by facility personnel or other detainees.

   a) Intake personnel shall accurately record the detainee as transgender. The detainee shall be treated as a protective custody detainee for the duration of the intake process.

   b) The detainee shall be temporarily housed (i.e., in a location away from the general population, to include in a medical unit or protective custody) for no more than 72 hours (excluding weekends, holidays, and exigent circumstances) until classification, housing, and other needs can be assessed by a Transgender Classification and Care Committee as delineated below. In particular, placement into administrative segregation due to a detainee's identification as transgender should be used only as a last resort and when no other viable housing options exist.

2) ***Transgender Classification and Care Committee***

   a) The facility shall create and operate a Transgender Classification and Care Committee (TCCC).

   b) In facilities **staffed** by the ICE Health Service Corps (IHSC):

      i) The TCCC shall be comprised of a dedicated facility medical representative, facility mental health representative, a facility classification supervisor, the Enforcement and Removal Operations (ERO) Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Field Liaison, and a supervisory representative designated by the Field Office Director (FOD) (the supervisory representative from the ERO FOD can be the ERO LGBTI Field Liaison).

      ii) The TCCC may utilize remote forms of communication (i.e., phone or video-teleconference) to facilitate meetings and other activities.

   c) For facilities **not staffed** by IHSC:

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i) The TCCC shall include the IHSC Field Medical Coordinator (FMC), in addition to a dedicated facility medical representative, a facility mental health representative, a facility classification supervisor, the ERO LGBTI Field Liaison, and a supervisory representative designated by the FOD (at the FOD's discretion, the supervisory representative can include the ERO LGBTI Field Liaison).

d) The TCCC shall be chaired jointly by a representative from the facility and an ERO representative, preferably the ERO LGBTI Field Liaison.

e) The facility staff members, including medical and mental health personnel, will have appropriate training and experience in working with transgender persons.

3) ***Transgender Classification and Care Committee Determinations***:

a) ***Meeting with the Detainee:*** In preparation for the TCCC meeting, the TCCC designated facility medical representative(s) shall meet with the detainee as soon as practicable after the detainee's arrival to the facility to gather information necessary to solicit the detainee's preferences and requests with regard to housing, searches,[2] and other matters. The ERO LGBTI Field Liaison may also participate in any meeting with the detainee. The communication between the TCCC representative(s) and the detainee shall be in a language and manner the detainee can understand and should be conducted using the TCCC Determination Question Guide provided at the conclusion of this document.

b) ***Meeting of the TCCC:*** The TCCC shall meet and provide a classification assessment no later than 72 hours (excluding weekends, holidays, and emergencies) after the detainee's arrival to the facility to assess medical, psychological, housing, and other needs.

c) ***Classification Assessment:*** As part of the transgender classification assessment, the TCCC shall, at a minimum, consider:

i) The detainee's self-identification;

ii) An assessment of the effect of possible placements on the detainee's health and safety, conducted by a medical or mental health professional (which may coincide with the full medical assessment done in accordance with the applicable ICE detention standards);

iii) The detainee's record and available documentation, including forms and notes from initial processing, medical/mental health records, booking records, identification documents, etc.; and

[2] Whenever practicable, the detainee's request should be honored but not to the detriment of the safety and security of the facility or facility staff.

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iv) Observations provided by medical or mental health representative(s), to include those based upon the latest Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria for the diagnosis of Gender Dysphoria.

d) ***Detention Plan***: Once the TCCC determines the detainee's transgender classification, the TCCC shall construct an individualized Detention Plan for each transgender detainee. As part of its Detention Plan assessment, the TCCC shall, at a minimum, consider:

i) All records and prior assessments, including medical/mental health records, and an assessment of the effects of any housing placement on the detainee's health and safety that has been conducted by a medical or mental health professional;

ii) The detainee's preferences and requests;

iii) The detainee's self-assessment of his or her safety needs (i.e., does the detainee feel threatened or at risk of harm?);

iv) The detainee's documented criminal history and past and/or current behavior;

v) The TCCC's determination of the detainee's safety/security needs, including documented and self-reported history of sexual assault, victimization, or predatory behavior;

vi) The detainee's physical, medical, or mental health, or special needs;

vii) Privacy issues, including showers, single-cell sleeping arrangements, etc.;

viii) Available beds and/or housing;

ix) Whether the housing assignment would pose a safety risk to other detainees (*See* Section 3.e.ii "Safety, Security, and Privacy"); and

x) Effects of housing assignment on resources, including facility staff.

e) ***Requirements within the Detention Plan:*** Consistent with existing ICE policy and detention standards, the individualized Detention Plan shall, at a minimum, contain the following requirements:

i) Housing Assignment: Options to include:
   a. General housing consistent with the detainee's biological sex;
   b. General housing consistent with the detainee's gender identity;
   c. A protective custody unit; or
   d. Medical or administrative segregation.

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ii) Safety, Security and Privacy: The TCCC shall address the safety, security, and privacy needs for both the transgender detainee and the general detention population when assessing the housing assignment. Discussion(s) may include guidance on appropriate staffing levels in the housing option assigned (e.g., single or shared cell, or dormitory housing).

iii) Hygiene: Consistent with ICE detention standards, facility staff shall ensure that transgender detainees are able to maintain acceptable personal hygiene practices consistent with their gender identity and that ensure their safety. Transgender detainees shall be provided the opportunity to shower in a setting that ensures safety and privacy.

iv) Clothing and Commissary: Transgender detainees will be provided undergarments consistent with their gender identity as assessed by the TCCC. Transgender detainees shall be issued standard detention attire consistent with their assigned housing unit. Transgender detainees shall also be allowed to possess or purchase through the commissary those hygiene and personal items that are consistent with their Detention Plan.

v) Searches: As prescribed by standard 2.10 of ICE's 2011 *Performance-Based National Detention Standards (PBNDS)*, the transgender detainee's preference as to the gender of the officer that will perform any necessary pat-down and strip searches will be considered by the TCCC when drafting the Detention Plan and followed by detention facility staff accordingly. Also with regards to strip searches only, and pursuant to standard 2.10 of ICE's 2011 *PBNDS*, special care should be taken to ensure that transgender detainees are searched in private. Searches shall be conducted in a professional and respectful manner, and in the least restrictive manner possible, consistent with security needs. Pursuant to DHS PREA Standards, at no time shall any search be conducted solely for the purpose of determining a detainee's biological sex. Requests for transgender detainees to remove appearance related items such as prosthetics, clothing that conveys gender identity, wigs, and cosmetics shall be consistent with requirements for the removal of similar items for other non-transgender detainees. All strip searches shall be documented.

vi) Staff Communication: Detention facility staff shall refer to transgender detainees by their preferred pronouns.

vii) Medical Care: Pursuant to existing ICE detention standards, transgender detainees who were already receiving hormone therapy when taken into ICE custody shall have continued access to hormone therapy; those who have not yet begun treatment will be assessed and treated, if deemed medically necessary and safe in the context of their other medical conditions. All transgender detainees shall have access to continued mental health care and other transgender-related health care based on medical need. Medical care for transgender detainees shall be provided by qualified

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and appropriate medical professionals and administered pursuant to the applicable ICE detention standards.

f) ***Decision:*** The TCCC will attempt to reach consensus on all decisions.

i) The TCCC shall retain summary notes of each meeting to document persons attending and conclusions reached. A copy of the notes shall be placed in the detainee's detention file.

ii) Absent extraordinary circumstances, a written Detention Plan by the TCCC for the detainee, including housing assignment, shall be forwarded to the facility classification supervisor within 72 hours (excluding weekends, holidays, and emergencies) of the detainee's arrival at the facility, and maintained in the detainee's detention file; a copy of the plan and housing assignment shall also be provided to the detainee.

g) ***Implementation of Detention Plan:*** The classification supervisor shall notify line staff of the TCCC's Detention Plan and housing assignment decision.

i) Detention facility staff shall follow the Detention Plan outlined by the TCCC. If a detention facility staff member identifies a safety or security risk posed by the TCCC's plan, the staff member must inform the TCCC directly, or must notify his/her supervisor as soon as practicable, and that supervisor must notify the TCCC. The TCCC shall review the case and make adjustments to the Detention Plan, if necessary, within 72 hours (excluding weekends, holidays, and emergencies) of receiving notification.

ii) In the case of an immediate threat to the safety or security of the transgender detainee or others, the detention facility staff may make a temporary change(s) to the TCCC's plan (to include housing assignment), but should notify the TCCC as soon as possible. Only the TCCC can approve permanent change(s) to the Detention Plan.

h) ***Reassessment:*** The TCCC shall reassess a transgender detainee's Detention Plan and housing assignment after 30 days following the initial determination and then every 60 days thereafter or at any other time if additional relevant information becomes known, or following any incident of victimization or threats to safety experienced by the detainee. As part of its reassessment, the TCCC shall, at a minimum, consider:

i) Changes in the transgender detainee's housing preferences;

ii) Variations in the detainee's medical and/or mental health status;

iii) Safety/security of the detainee, other detainees, and/or facility staff;

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iv) Any threats to safety experienced by the detainee;

v) Continued availability of housing; and

vi) The detention facility's documented concerns.

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TCCC Determination Questions Guide

In preparation for the TCCC meeting, the designated facility medical representative(s), shall meet with the detainee no later than 72 hours (excluding weekends, holidays, and emergencies) after the detainee's arrival to the facility to gather information necessary to verify the transgender classification, and to solicit detainee's preferences and requests with regards to housing, searches, and other matters. The ERO LGBTI Field Liaison may also participate in any meeting with the detainee. The following questions are provided to assist in this initial meeting, but may be used in other settings as deemed appropriate.

1) Do you identify as transgender?

IF YES to #1, then proceed to ask the following questions:

Name

2) Do you go by or use any other name(s) or aliases?
3) What pronoun(s) do you prefer others use to refer to you?

Medical Issues

4) Prior to coming here, were you taking any hormonal medications?
    a. If yes, what were they?
    b. How often were you taking them?
    c. Were these prescribed by a doctor?

Hygiene and Grooming

5) Do you prefer to wear male or female clothing?
6) Are there any specific clothing items (e.g., undergarments) that you need that have not been provided?
7) Are there any specific personal hygiene items that you need that have not been provided?

Housing

8) Do you feel you are at risk for your safety based on your gender identity?
    a. Would you feel safer being housed with men or women?
    b. Would you feel safer being housed with transgender women or men?
    c. Would you feel safer being housed in a cell with someone else or by yourself?

Programming

9) Do you feel comfortable being around male and female detainees during recreation, organized programs, or other types of group activities?
    a. If not, would you prefer to be separated from males or females?
    b. Do you feel you require complete separation, or would specific types of safeguards (e.g., sight or sound separation, staff escort) address your concern(s)?

Searches

10) Do you have a preference for whether a male or female staff member searches you? If so, which would you prefer?

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Other

11) Is there anything else we should know about you related to being transgender—any particular concerns?
12) Are there any other specific precautions and/or accommodations you think you would like to have to ensure your safety and welfare while at this facility?

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ATTACHMENT 2:
PREA and PBNDS Requirements Related To Transgender Detainees

Pursuant to Section 3(e) of this memorandum, applicable requirements from ICE detention standards and the DHS PREA Standards include:

a) Classification and Housing

i) At facilities governed by the DHS PREA Standards or PBNDS 2011, facility staff must consider the detainee's gender self-identification and an assessment of the effects of placement on the detainee's health and safety, when making classification and housing decisions for transgender or intersex detainees. A medical or mental health professional must be consulted as soon as practicable on this assessment. The facility may not base placement decisions solely on identity documents or the physical anatomy of the detainee; rather, a detainee's self-identification and self-assessment of safety needs must always be taken into consideration as well.

ii) At facilities governed by PBNDS 2008 or NDS, and which use ICE's Detainee Classification System, facility staff must take into consideration and document whether a detainee requires protective custody to ensure his/her safety and well-being, such as because of perceived or actual sexual orientation or gender identity.

b) Showering and Privacy

i) At facilities governed by the DHS PREA Standards, transgender and intersex detainees must be given the opportunity to shower separately from other detainees when operationally feasible.

ii) At facilities governed by PBNDS 2011 or PBNDS 2008, transgender detainees must be provided with a reasonably private environment for bathing and toilet facilities, in accordance with safety and security needs.

c) Personal Hygiene and Grooming

i) The detention standards do not restrict the provision of gender appropriate clothing. In general, brassieres should be provided to individuals who request them, as appropriate.

ii) At facilities governed by PBNDS 2011 or PBNDS 2008, transgender detainees should be allowed freedom in personal grooming, and access to commissary items (including those appropriate for the detainee's identified gender) absent a valid safety, security, or medical concern that is fully justified and documented.

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d) Medical Care

i) At facilities governed by PBNDS 2011, initial medical screening must inquire into a transgender detainee's gender self-identification and history of transition-related care. Transgender detainees who were already receiving hormone therapy when taken into ICE custody shall be provided continued access, and all transgender detainees must have access to mental health care and other transgender-related health care and medication (such as hormone therapy) based on medical need. Treatment must follow accepted guidelines regarding medically necessary transition-related care.

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ATTACHMENT 3: Definitions

The following definitions apply for purposes of this memorandum only:

1. **Biological Sex.** An individual's biological status as either male or female, typically assigned at birth, and associated primarily with physical attributes such as chromosomes, hormone prevalence, and external and internal anatomy.

2. **Detainee.** An individual detained in ERO custody.

3. **Detention Plan.** A plan for a transgender detainee, constructed by the Transgender Classification and Care Committee at an ICE detention facility with instructions for how to address issues including, but not limited to, housing, clothing, showering, grooming, name and pronoun use, recreation, programming, escort, transportation, searches, privacy, etc.

4. **Diagnostic and Statistical Manual of Mental Disorders (DSM).** The standard classification of mental disorders used by mental health professionals in the United States as published by the American Psychiatric Association. DSM-5 (Fifth Edition) is the most current edition of the drafting of this guidance.

5. **Gender Affirming Surgery.** Surgical alteration of male or female genitals, or the reshaping, by any surgical procedure, of a male body into a body with female appearance, or vice versa. Also referred to as "sex reassignment surgery (SRS)," "gender reassignment surgery (GRS)," or by other names. Note: gender affirming surgery is the preferred name.

6. **Gender Dysphoria.** Medical diagnosis in the American Psychiatric Association's DSM-5 that describes the distress that may accompany the incongruence between an individual's experienced or expressed gender and the individual's biological sex. This was previously known as Gender Identity Disorder.

7. **Gender Expression.** The ways in which an individual communicates/displays his/her gender identity to others; a combination of appearance, demeanor, and behavior.

8. **Gender Identity.** An individual's internal sense of being a man, woman, or another gender. It is not necessarily based on the individual's biological sex or on the individual's sexual orientation. Because gender identity is internal, it is not necessarily visible to others, but may be externally manifested in the individual's appearance, behavior, demeanor or other aspects of the individual's life.

9. **Gender Non-Conforming.** Having an appearance or manner that does not conform to traditional societal gender expectations.

10. **Intersex.** Having sexual or reproductive anatomy or chromosomal pattern that do not

AMERICAN OVERSIGHT

seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

11. **LGBTI.** The acronym for Lesbian, Gay, Bisexual, Transgender, and Intersex.

12. **Sexual Orientation.** A pattern of romantic, emotional, physical, and/or sexual attraction towards members of the same, opposite, or both sexes. Includes homosexuality, heterosexuality, and bisexuality.

13. **Transgender.** A person whose gender identity (i.e., internal sense of feeling male or female) is different from the sex assigned to the person at birth.

14. **Transgender Classification and Care Committee (TCCC).** The detention facility committee that gathers information and assesses the gender identity of the detainee, and produces and regularly assesses a Detention Plan for a transgender detainee.

15. **Transgender man.** An individual who is a biological female and has a gender identity as a man.

16. **Transgender woman**. An individual who is a biological male and has a gender identity as a woman.

17. **Transition.** The process by which an individual changes his/her gender from that assigned at birth to one with which he/she now identifies. This may include making personal, legal, and medical changes to his/her gender, such as changing his/her name and/or gender on legal documents; undergoing hormone therapy; and/or undergoing one or more forms of surgery.

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Cibola/ ERO ELP Training Agenda
Call-In 866-620-2325 (9877210)
April 12th, 2017

Group A

8:00 AM	Welcome
8:15 AM	Transgender Overview and Sensitivity
9:45 AM	Reasonable Accommodation/Religious Services
10:15 AM	Break
10:30 AM	Transgender Case Study/ PREA and SAAPI/Detainee Management and Communication
11:45 AM	Custody Resource Program
12:00 PM	Break

Medical Staff Only

12:15 PM	Providing Treatment to Transgender Adult Patients in ICE Custody
1:15 PM	Lunch

Group B

2:00 PM	Welcome
2:15 PM	Transgender Overview and Sensitivity
3:45 PM	Reasonable Accommodation/Religious Services
4:15 PM	Break
4:30 PM	Transgender Case Study/ PREA and SAAPI/Detainee Management and Communication
5:45 PM	Custody Resource Program

AMERICAN OVERSIGHT

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS

GENDER DYSPHORIA AND TRANSGENDER DETAINEES

IHSC Directive: 03-25
ERO Directive Number: 11759.3
Federal Enterprise Architecture Number: 306-112-002b
Effective: November 13, 2017

By Order of the Assistant Director
Dr. Stewart D. Smith, DHSc, MPH (b) (7)(E) STEWART D SMITH

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1. **PURPOSE:** The purpose of this directive is to set forth ICE Health Service Corps (IHSC) policies and procedures for the provision of medical care for transgender detainees and the management and treatment of Gender Dysphoria (GD) among detainees in U.S. Immigration and Customs Enforcement (ICE) custody.

2. **APPLICABILITY:** This directive applies to all IHSC personnel, including but not limited to Public Health Service (PHS) officers, civil service employees, and contract personnel. It is applicable to IHSC personnel supporting health care operations in ICE-owned or contracted detention facilities and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ.

3. **AUTHORITIES AND REFERENCES:**

   3-1. Title 8, Code of Federal Regulations, Section 235.3 (8 CFR § 235.3), Inadmissible Aliens and Expedited Removal.

   3-2. Section 232 of the Immigration and Nationality Act, as amended, Title 8, U.S. Code, Section 1222 (8 U.S.C. § 1222), Detention of Aliens for Physical and Mental Examination.

   3-3. Title 8, Code of Federal Regulations, Part 232 (8 CFR § 232), Detention of Aliens for Physical and Mental Examination.

   3-4. Section 322 of the Public Health Service Act, as amended, Title 42, U.S. Code, Section 249(a) (42 U.S.C. § 249(a)), Medical Care and Treatment of Quarantined and Detained Persons.

   3-5. Title 42, U.S. Code, Public Health Service Act, Section 252 (42 U.S.C. § 252), Medical Examination of Aliens.

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3-6. The Privacy Act of 1974, Title 5, U.S. Code, Section 552(a) (5 U.S.C. § 552(a)), https://www.law.cornell.edu/uscode/text/5/552a as applied in the Department of Homeland Security (DHS) Privacy Policy Memorandum: 2007-1, DHS Privacy Policy Regarding Collection, Use, Retention, and Dissemination of Information on Non-U.S. Persons (January 7, 2009).

3-7. ICE ERO Memorandum, Further Guidance Regarding the Care of Transgender Detainees (Transgender Care Memorandum) (June 19, 2015).

3-8. IHSC Clinical Guidelines for the Treatment of Gender Dysphoria (October 2016).

4. POLICY: The GD clinical guidelines recommend that all patients be referred to a behavioral health provider for the initial evaluation of GD as well as a multi-disciplinary approach to care. A medical provider (MP) must complete a physical examination, and a behavioral health provider (BHP) must complete a mental health evaluation, for all transgender detainees within two business days of intake to determine if treatment for GD is clinically indicated and for a general mental health assessment.

4-1. MPs and BHPs may recognize transgender detainees by one of three methods:

4-1.1 The detainee self-identifies as being transgender to ICE Enforcement and Removal Operations (ERO) staff - an indication of which may be found on the ERO Form, Record of Deportable/Inadmissible Alien (Form I-213);

4-1.2 The detainee self-identifies as being transgender to medical staff; and/or

4-1.3 The detainee has health or transfer records that indicate a diagnosis of GD, formerly referred to as "Gender Identity Disorder" (GID).

4-2. Evaluation: An MP and BHP must evaluate transgender detainees to determine if treatment for GD is clinically indicated and for a general mental health assessment.

4-3. Treatment: MPs must provide health care and medication for detainees with GD using the *IHSC Clinical Guidelines for the Treatment of Gender Dysphoria* to direct patient therapy. When applicable, MPs also advise the medical department representatives - on the Transgender Classification and Care Committee (TCCC) - regarding suitable housing assignments for transgender detainees (see Section 4-5). MPs must provide medical care to transgender detainees to meet the needs of their sex assigned at birth, as well as appropriate care to address relevant gender expression needs. Medical care includes a preventive health screen as a part of the annual

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physical. General guidance for the care of all chronic conditions, such as GD, can be found in IHSC Directive: 03-03, Care of Chronic Conditions. BHPs will serve as part of the multidisciplinary treatment team. All patients with GD will be referred to a BHP as part of the initial evaluation of GD. Clinical pharmacists (CPs) may provide chronic GD medical care services after the initial health assessment (see Section 5-1).

4-3.1 Hormone Therapy: MPs must initiate and/or continue hormone therapy for GD detainees as clinically indicated and in accordance with the IHSC Clinical Guidelines for the Treatment of GD;

4-3.2 Therapy and Medication Review: MPs must review the detainee's current treatment regimen and complete a thorough health assessment to determine whether any changes in hormone dosing or preparation are needed. MPs should address transgender detainees' special needs, including those for undergarments that are consistent with the detainee's gender identity. To the extent practicable and appropriate, health services administrators (HSAs) should coordinate with custody staff to honor the special needs of transgender detainees in the same manner as any other medical special need; and

4-3.3 Informed Consent: MPs must explain the risks and benefits of taking hormone-therapy (i. e., the opposite gender sex hormones) for the treatment of GD to detainees. The detainee, and counseling MP, must review and sign the eClinicalWorks (eCW) informed consent document that pertains to the appropriate gender transition. MPs must document the counseling and education provided to the detainee in the detainee's health record prior to the initiation or continuation of therapy while in ICE custody.

4-4. Same-Sex Chaperones: Health care personnel should coordinate access to same-sex chaperones for transgender detainees. The same-sex chaperone must belong to the sex with which the detainee identifies and must be present during all examinations of the genitalia, breasts, and the perineum/rectal area. The MP must document the presence of the chaperone in the detainee's health record.

4-5. Housing: In facilities, that have adopted the Transgender Care Memorandum ICE Detention Facility Contract Modification for Transgender Care, transgender detainees may be placed in protective custody—for the period of time specified in the adopted contract—to allow for the TCCC to meet and recommend housing placement as part of an individualized detention plan. The HSA should designate an appropriate MP (at a minimum a registered nurse (RN)) and a BHP (at a minimum a licensed clinical social worker (LCSW) to serve as the medical department's representatives on the TCCC. TCCCs generally meet on an ad hoc basis to provide

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recommendations on various matters, including housing assignments based on an individual's assessments and the facility housing resources. TCCC meetings may be held in person or via teleconference. Prior to a TCCC meeting, the medical department representatives must meet with the transgender detainee(s) to gather relevant information, including detainee preferences and requests on housing, searches, and other matters. For further information on the TCCC, see the 2015 ICE Transgender Care Memorandum. For facilities without a TCCC, medical and custody staff should coordinate on housing placement whenever practicable.

5. **PROCEDURES:**

   5-1. Identification: Health staff must schedule a physical exam and an MP must complete the physical exam for all transgender detainees within two business days of intake. The MP must document the examination in the detainee's health record, including pertinent past medical and surgical treatment.

   5-2. Mental Health Assessment: Health staff must refer transgender detainees to a BHP for an assessment of general mental health and to apply Diagnostic Statistical Manual (DSM) criteria to assess a possible diagnosis of GD. This mental health assessment must occur within two business days of intake or condition identification (i.e., when medical staff is informed of a detainee who identifies as transgender while in ICE custody), whichever is later.

   5-3. Medical Provider-Guided Treatment: An MP must screen, counsel, and order laboratory-guided hormone treatment(s) for detainees who have met diagnostic criteria for GD and for whom the MP deems it appropriate to proceed with treatment in accordance with IHSC's clinical guidelines. The MP must issue undergarments that are consistent with the detainee's stated gender identity.

6. **HISTORICAL NOTES:** This directive replaces IHSC Directive: 03-25, Gender Dysphoria and Transgender Detainees, dated 24 Mar 2016. The following references were added: Further Guidance Regarding the Care of Transgender Detainees (ICE/ERO Transgender Care Memorandum, June 19, 2015), and IHSC Clinical Guidelines. Reference to the role of the medical provider participating in the TCCC has been added to Section 4-2. Definitions adequately covered elsewhere were removed from Section 7. Section 9, Protection of Medical Records and Sensitive Personally Identifiable Information (PII), was removed.

7. **DEFINITIONS:**

   7-1. Transgender: Transgender people are those whose gender identity or expression is different from their assigned sex at birth (PBNDS 2011).

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8. **APPLICABLE STANDARDS:**

8-1. Performance-Based National Detention Standards (PBNDS): PBNDS 2011.

8-1.1 Medical Care.

8-1.2 Medical Care (Women).

8-1.3 Admission and Release.

8-2. American Correctional Association (ACA): Performance-Based Standards for Adult Local Detention Facilities, 4th Edition:

8-2.1 4-ALDF-4C-40: Special Needs Inmates.

8-2.2 Standards for Adult Correctional Institutions 4th edition: 4-4399: Special Needs Inmates.

8-2.3 Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions.

8-3. National Commission on Correctional Health Care (NCCHC):

8-3.1 J-G.1 Standards for Health Services in Jails, 2014: J-G-02: Patients with Special Health Needs.

9. **PRIVACY AND RECORDKEEPING**. IHSC maintains detainee health records in accordance with the Privacy Act and as provided in the Alien Health Records System of Records Notice, 80 Fed. Reg. 239 (Jan. 5, 2015). The records in the electronic health record (eHR)/eCW are destroyed ten (10) years from the date the detainee leaves ICE custody. Retention periods for records of minors may differ.

10. **NO PRIVATE RIGHT STATEMENT.** This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.

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ERO ACADEMY

Custody Management for Supervisors

(b)(7)(C); (b)(6)

(b)(7)(C); (b)(6)

(b)(7)(C); (b)(6)

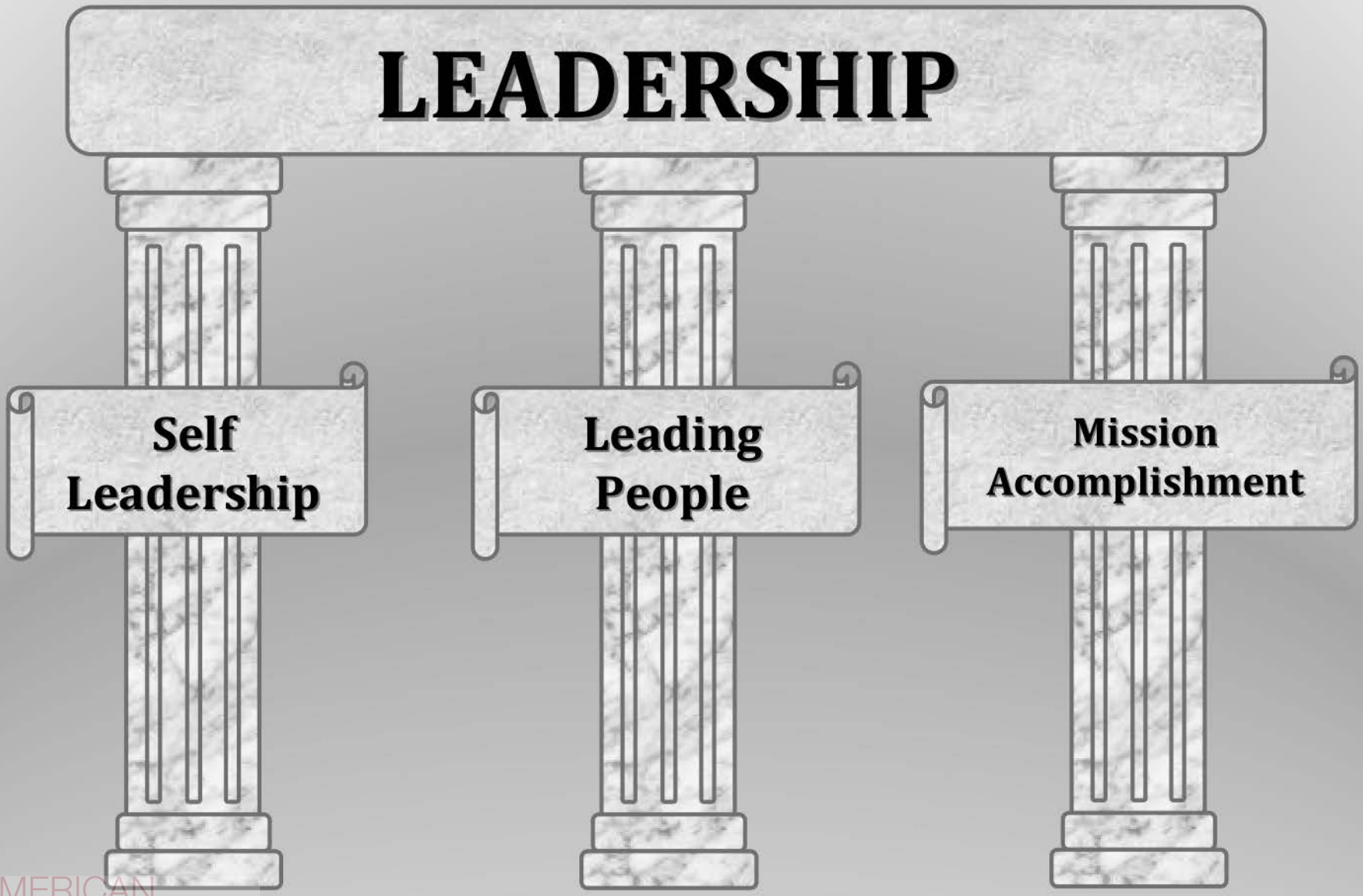
(b)(7)(C); (b)(6)

(b)(7)(C); (b)(6)

U.S. Immigration and Customs Enforcement

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DHS-19-0195-A, 19-0494-A, 19-0495-A-000026



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Terminal Performance Objective

"Given custody and detention management guides, accessible resources and policy references, the student will have a fundamental understanding and the ability to supervise and manage the custody of detained aliens, in accordance with ICE policy and procedures of ERO Custody Management's divisions, under the auspices of the Detention Monitoring Unit (DMU) and the Detention Standards Compliance Unit (DSCU).

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Enabling Performance Objectives

- ***EPO # 1: Identify the laws, regulations, instructions, or policies as they relate to custody management. EPO# 2: Explain key components of Custody Management's divisions that define pertinent areas in detention management, that helps clarify roles and areas of responsibility of first line supervisors. EPO# 3: Review the three detention standards that govern confinement conditions and treatment in detention facilities, and clearly delineate performance based standards as they relate to custody management.***

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Enabling Performance Objectives cont.

EPO # 4: List supervisory responsibilities and roles as they relate to reporting, enforcement, compliance, documentation and implementation of detention standards and directives pertaining to custody management, in accordance with ICE policy. EPO # 5: Reference the special populations and the supervisory responsibility of processing and detention coordination in accordance with ICE policy. EPO # 6: Review compliance directives concerning Sexual Abuse and Assault Prevention/Intervention, LBGTI (Q) processing and conduct a problem-solving student activity after given an assigned scenario.

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Detention Considerations

Factors and situations a supervisor should consider when making detention decisions. ERO bed space is finite resourceEfficient use demands good decision makingBegins with the alien's arrestContinues throughout the case lifecycle and is impacted by many variables

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Detention Considerations cont.

Custody Management Guidance for supervisors to reference and consider. Mandatory Detention-Section 236 of the INADetention Standards (NDS, PBNDS 2008, PBNDS 2011)Juvenile and Family Residential ManagementATDBond Management Special PopulationsProsecutorial Discretion Special Vulnerabilities

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Custody Management Resources

Custody Management Websitehttps://insight.ice.dhs.gov/ero/custody/Pages/index.aspxERO Policy Libraryhttps://insight.ice.dhs.gov/ero/policy/Pages/default.aspx

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U.S. Immigration and Customs Enforcement

Detention Space Overview

ICE/ERO Facility List ReportFY 2019 (as of 03/04/2019)

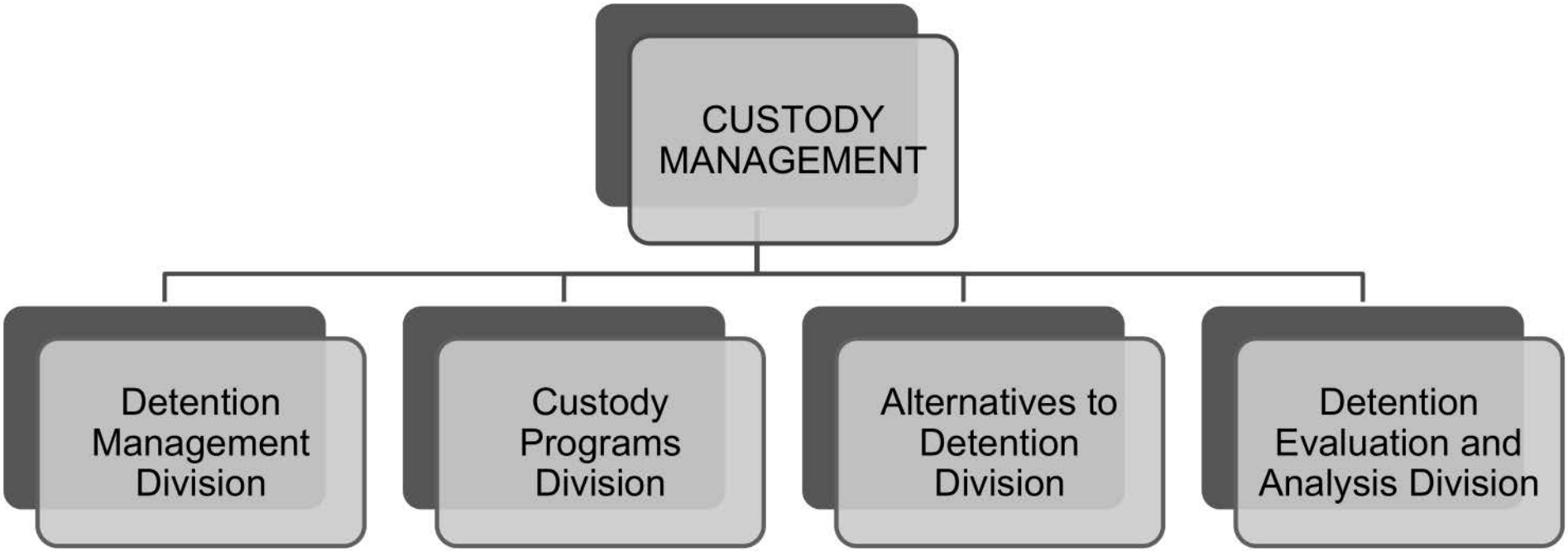
1746 facilities in total.This number includes ORR, BOP, Holding, Staging and hospital facilities. ERO has 197 facilities inspected and authorized compliant through annual inspections under the Detention Management Control Program (DMCP). There are 35 facilities with a guaranteed minimum population where the a large majority is utilized at 100%

Contract Detention Facilities (CDF) (Authorized) - 7 U.S. Marshal Service Intergovernmental Agreement (USMS CDF Authorized) - 1 OTAY MESA Service Processing Center (SPC) (Authorized) - 5Dedicated Intergovernmental Service Agreement (DIGSA) (Authorized non JFRMU) - 30 Intergovernmental Service Agreement (IGSA) - 97(Authorized)U.S. Marshal Service Intergovernmental Agreement (USMS IGA) - 83Family and Residential Facilities - 5 (Authorized) ERO Juvenile Facilities - 9 (Authorized)Bureau of Prisons (BOP) Facilities - 3 (BOPs do not fall under the ERO/ERO/DMCP for inspection. They are unde(b) (7)(E) threshold).

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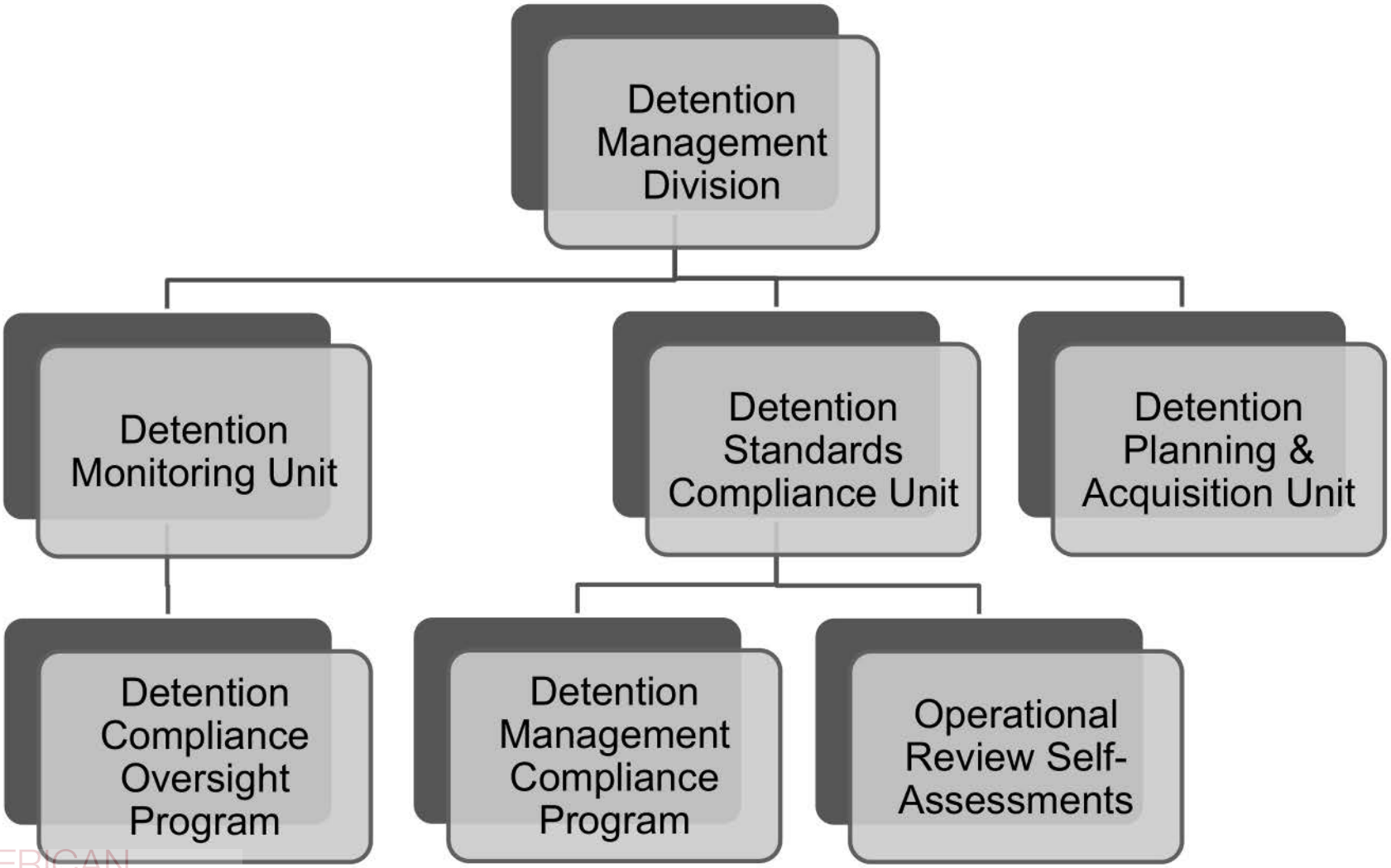
Custody Management Components



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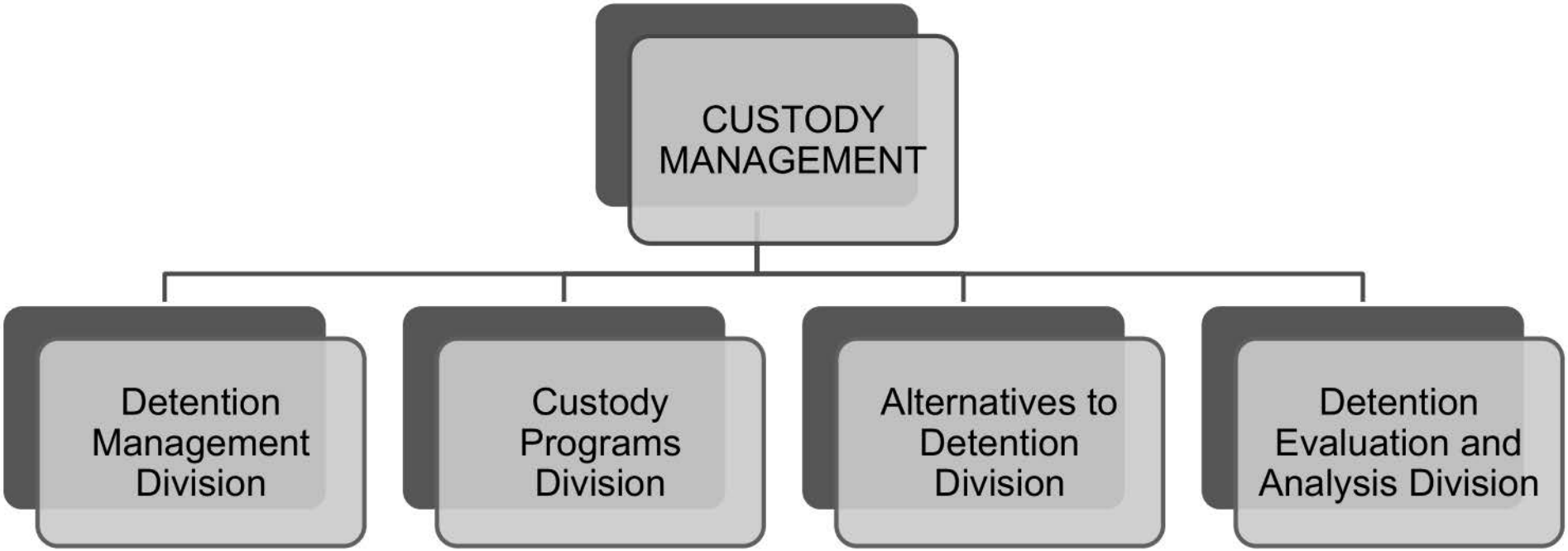
Detention Management Division



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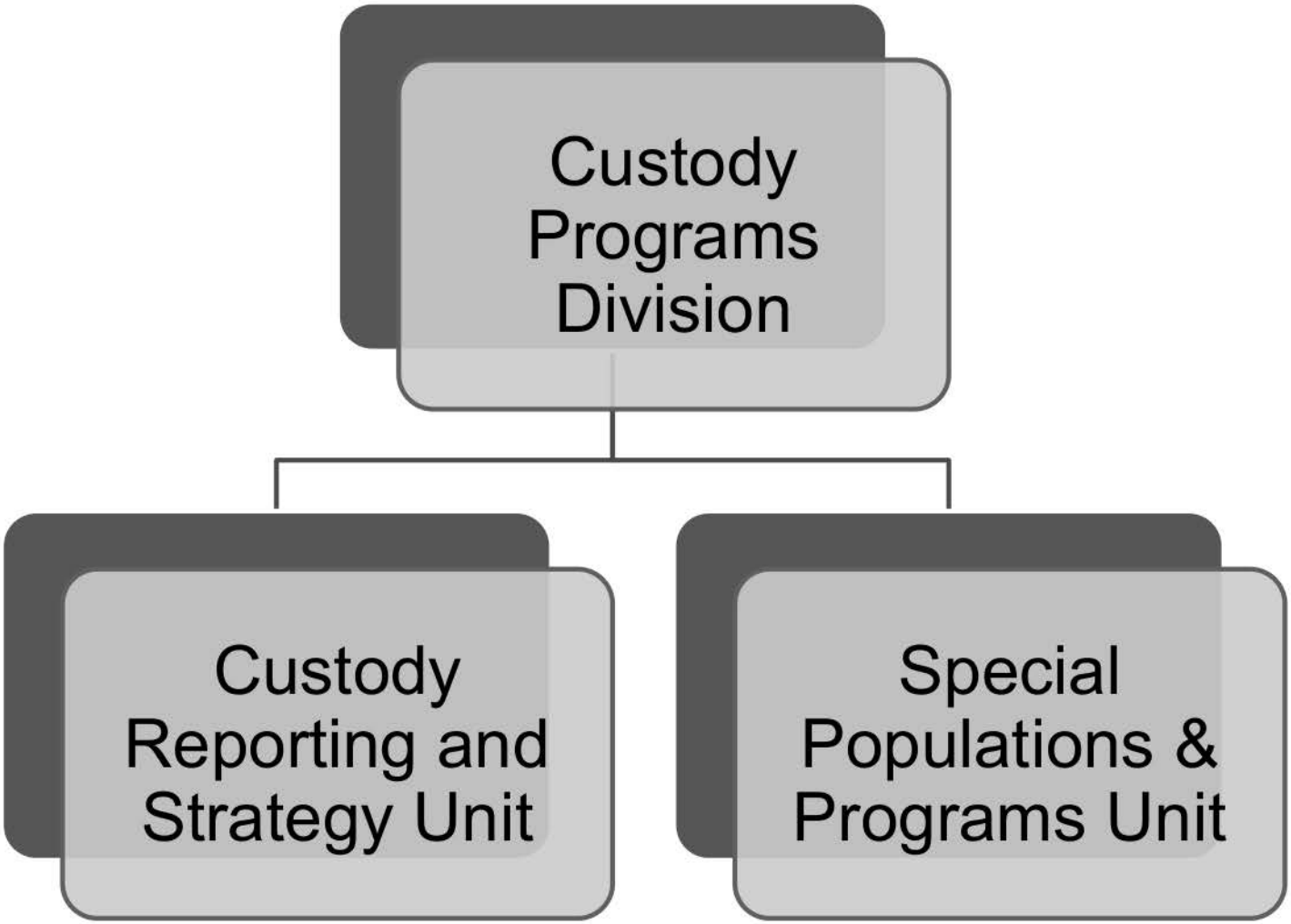
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Custody Management Components



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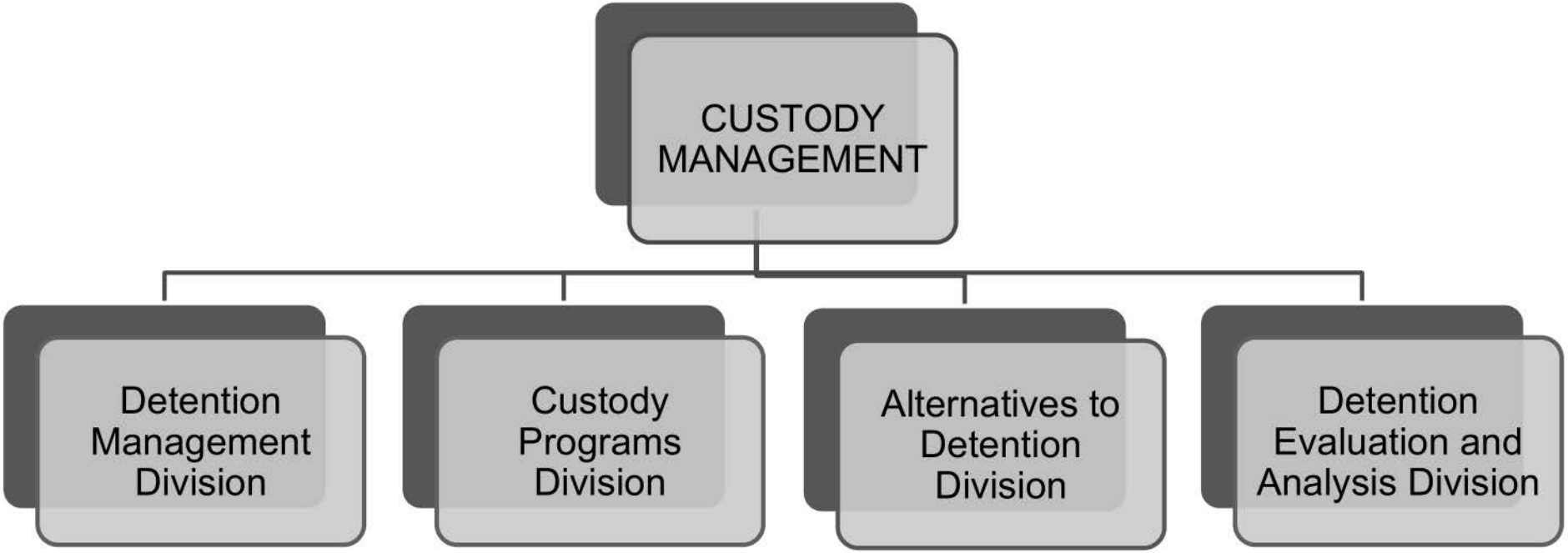
Custody Programs Division



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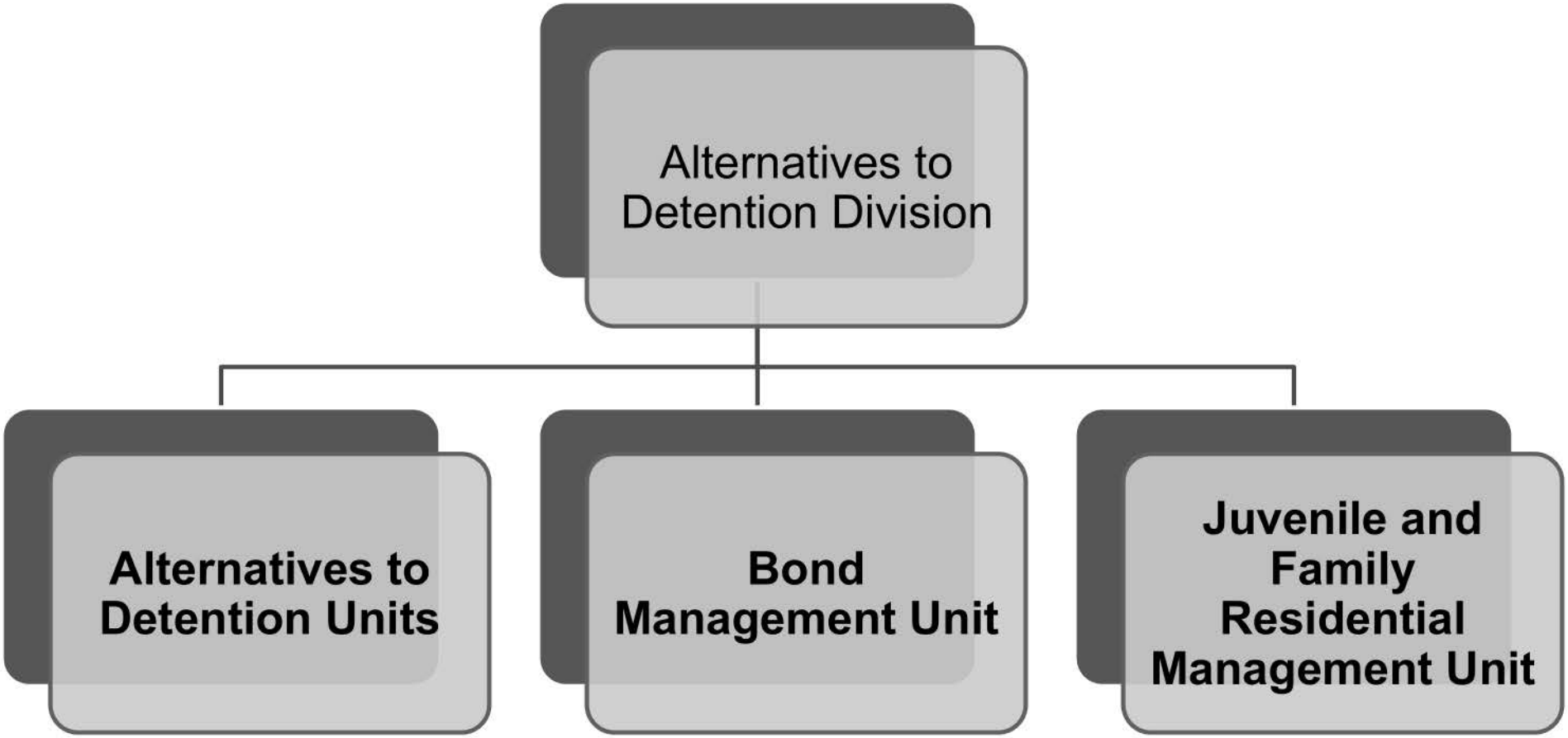
U.S. Immigration and Customs Enforcement

Custody Management Components



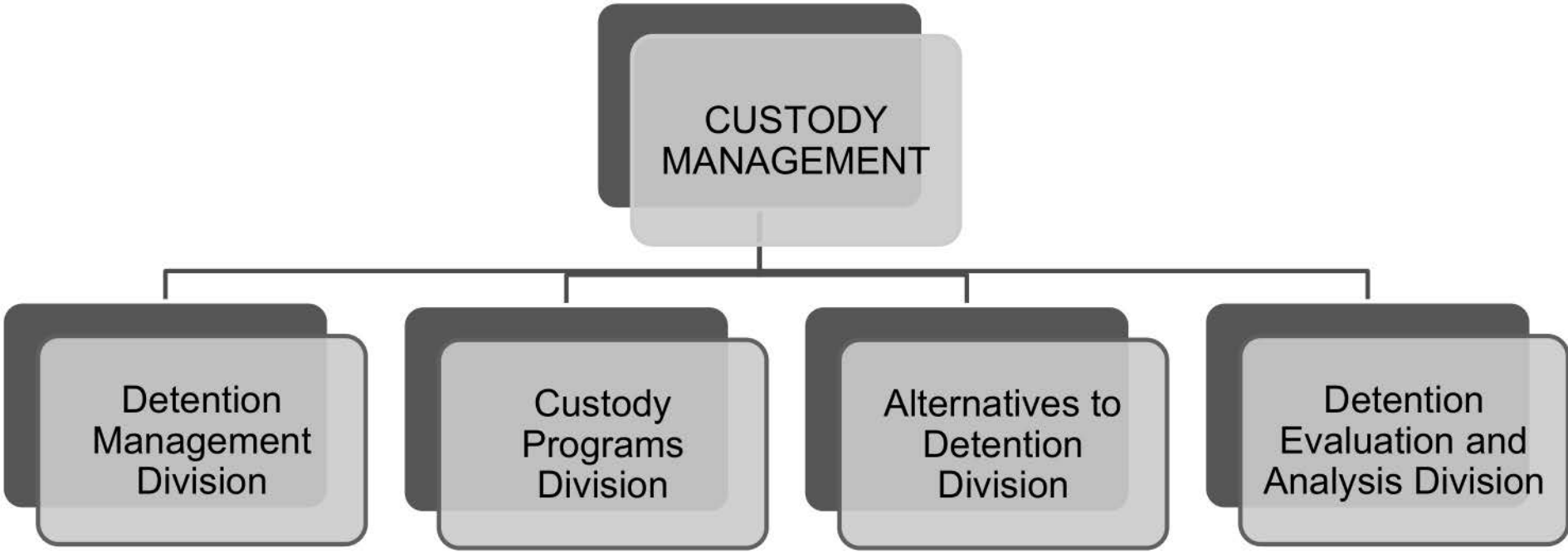
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Custody Management Components



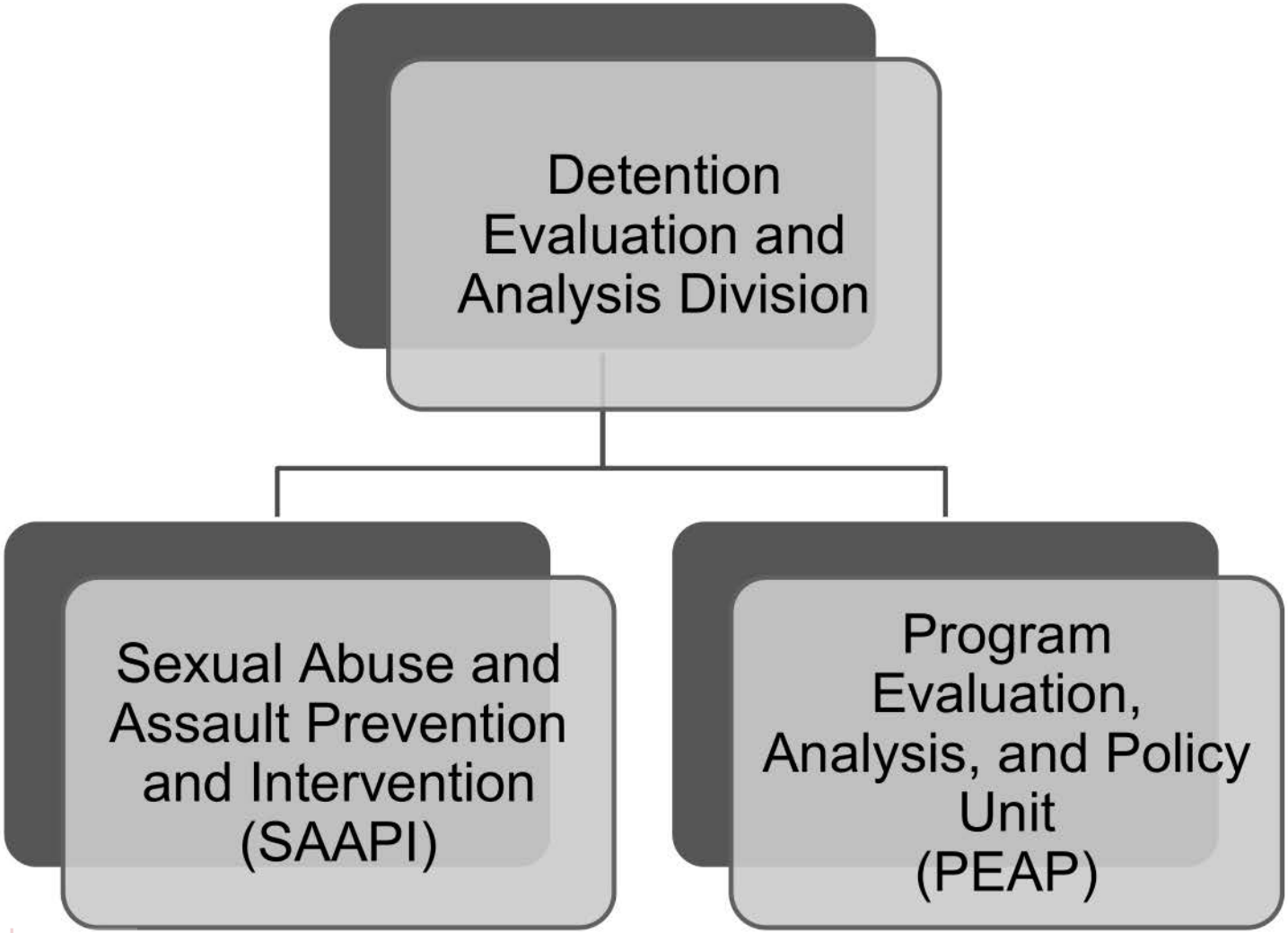
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Custody Management Components



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Custody Management Components



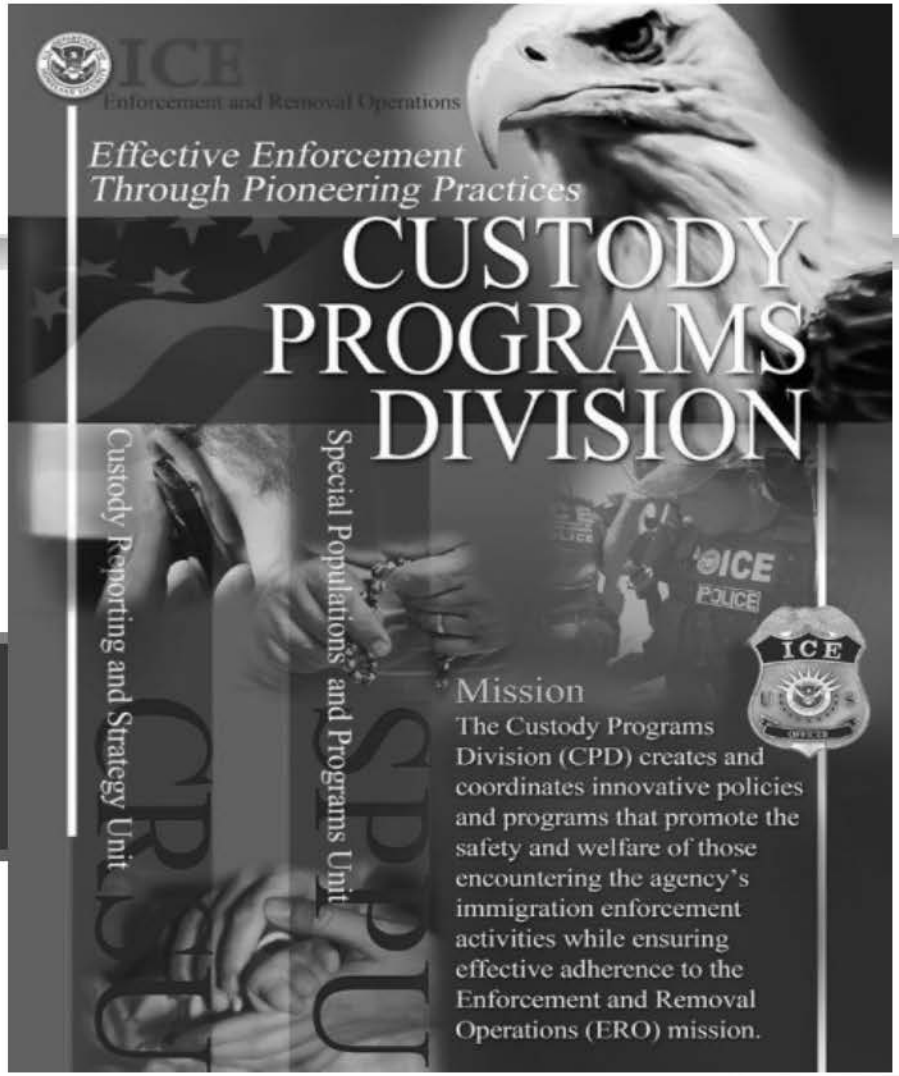
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Custody Programs Division (CPD)

CPD

*Prioritizes the health, safety, and welfare of **~47,000** detained aliens per night*

*Responds to **~100,000** queries each year*



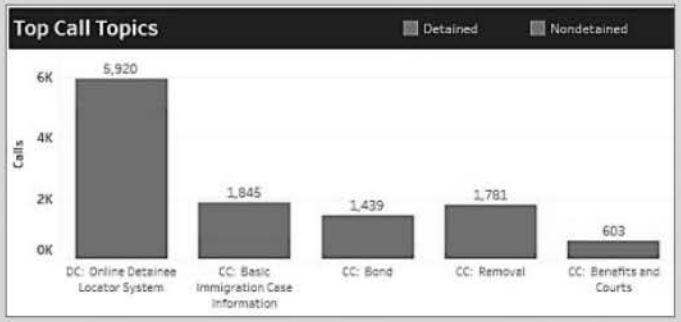
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U.S. Immigration and Customs Enforcement

Custody Programs Division (CPD)

Custody Reporting and Strategy Unit (CRSU)

- Collects, analyzes, and evaluates data using advanced analytical systems.Promotes and improves compliance with ERO policy, processes, and standards.



Special Populations and Programs Unit (SPPU)

- Prioritizes the health, safety, and welfare of vulnerable populations.Educates, supports, and assists with ERO policy compliance and obligations regarding: Language AccessLegal Access Reasonable Accommodations/ DisabilityParental InterestsMental Health ProgrammingERO CRCL CoordinationReligious AccommodationLGBTI Detainee Care

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U.S. Immigration and Customs Enforcement

Custody Programs Division (CPD) (cont.)

Custody Reporting and Strategy Unit (CRSU)

ERO Contact Center of Operations (ECCO)Provides a direct channel that allows communication with Enforcement and Removal Operations (ERO) to answer questions and resolve concerns.Detention Reporting and Information Line (DRIL) Contact: DRIL.REPORTING@ICE.DHS.GOV 1-888-351-4024ERO Non-Telephonic Reporting (ENTR)Contact: ERO.INFO@ice.dhs.govJoint Intake Center (JIC) Mailbox – OIG referrals ERO.INFO Mailbox – Email or ICE.GOV online form ECCO.Leads Mailbox – Identifies removable aliens Victims of Immigration Crime Engagement (VOICE)1-855-48-VOICEAcknowledges and serves the needs of victims and their families who have been affected by crimes committed by individuals with a nexus to immigration.Segregation MonitoringContact: Segregation.Review@ice.dhs.govProvides compliance reviews for detainees placed into segregated housing in detention facilities around the county. Supports ERO Field Offices, ICE Health Service Corps (IHSC), and other HQ staff with the interpretation and implementation of detention standards for segregated housing.Develops and delivers trainings to Field Offices, detention facilities, and ICE oversight entities.Technology Enhancements for FacilitiesSupports tablets for:Videoconferencing between detainees in ICE Facilities and children in Office of Refugee Resettlement (ORR) FacilitiesAttorney and Advocate conferences Family VisitationStaff/Detainee communication

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U.S. Immigration and Customs Enforcement

Custody Programs Division (CPD) (cont.)

Special Populations and Programs Unit (SPPU)

Language Access ProgramContact: ERO.Languageaccess@ice.dhs.govMonitors the ERO Language Access Plan by addressing inquiries, procuring and overseeing contracts with interpretation and translation services, facilitating translation of ICE and ERO forms, and other vital documents.Creates and disseminates tools to assist with identification of limited English proficiency (LEP) individuals and their primary language.Legal Access ProgramContact: Detention.LegalAcess@ice.dhs.govProvides education and consultation to ensure access for detainees to legal resources and representation while in ICE custody.Assists stakeholders in resolving legal access issues they may encounter while representing a detainee. Reasonable Accommodation / DisabilityContact: ERO.RA@ice.dhs.govProvides education and consultation to Field Offices and accommodations based on a disability.Assists with addressing inquiries by outside entities. Supports the ERO Field Offices Disability Coordinators, IHSC, and other HQ staff in federal compliance by helping to identify, track, and assist with mobility and communication accommodations.Parental InterestsContact: Parental.Interests@ice.dhs.govAssisting with placement, transfer decisions, and participation of alien parents and their legal guardians in ongoing family court or child welfare proceedings. Accommodating detainees' efforts to make care arrangements for minor children and/or facilitating joint removal where appropriate.

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U.S. Immigration and Customs Enforcement

Custody Programs Division (CPD) (cont.)

Special Populations and Programs Unit (SPPU) *Continued*

Mental Health ProgrammingSupports the implementation, management, and evaluation of the Krome Behavioral Health Unit (KBHU). The unit provides care for detainees who exhibit chronic and debilitating symptoms of psychological distress/disorders that may interfere with their ability to actively participate in immigration proceedings. Provides transitional care for eligible detainees.DHS CRCL CoordinationContact: ERO.CRCL@ice.dhs.govReview and process DHS Civil Rights and Civil Liberties (CRCL) sensitive information inquiries, recommendation memorandums, and coordination of facility site visits.Coordinates all ICE responses to inquiries, investigations, and recommendation memorandums with field offices, ICE Health Service Corps, and other ICE Directorate staff, as applicable. Care and Custody of LGBTI

LGBTI.Care@ice.dhs.govSupports the Cibola County Correctional Center and El Paso Field Office in their operation of a transgender unit.Provides on-going education, assistance, best practices, tools, and consultation to facilities and ERO Field Offices where transgender detainees are detained. Tracks the number and location of self-identified transgender detainees housed nationwide. Religious Services Accommodation Contact: Religious.Services@ice.dhs.govProvides technical assistance, support, and information to chaplains, religious services coordinators, and ICE field offices about religious practice accommodations. Liaise with national religious organizations and mediates interpretations.

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Detention Monitoring Unit/Detention Services Managers Defined

- The DMU monitors conditions of confinement through daily on-site compliance reviews which is called the Detention Compliance Oversight Program (DCOP), and has Detention Services Managers that provide permanent or roving monitoring and coverage of detainees at facilities that house approximately 80 of ICE's Alien Detention Population (ADP). Additional Functions: Ensure conditions in detention facility are safe, secure and humane.Maintains close collaboration and works with facility staff and field office staff to facilitate corrective actions, and has daily interactions with ICE detainees.

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Detention Monitoring Unit/Detention Services Managers Defined cont.

Knows the detention center operation and understands and interprets ERO detention standards. Conducts irregular/unscheduled inspection checks and monitors conditions of confinement through daily-on-site compliance reviews. Collaborate with contract providers, and provides on the spot resolutions of facility issues and concernsPrepare weekly reports of facility assessments

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Detention Monitoring Unit/Detention Services Managers Defined cont.

During annual inspections, DSMs Serve as an HQ liaison, analyst and/or advisor, and advises HQ and field offices of findings.Liaise with government and non government entities.Prepare and monitor plan of action request for non compliant findings.

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Detention Standard Compliance Unit Defined

The Detention Standards Compliance Unit (DSCU)DSCU ensures detention facilities house ICE detainees in accordance with ICE national detention standards. Assures ICE and the public that detainees are housed in the least restrictive environment, consistent with the safety and security of the detainee population and facility operations. Oversees the facility inspection contract and the Detention Management Compliance Program (DMCP) for all ICE-authorized detention facilities, and manages the Operational Review Self Assessments (ORSA) program to facilitate review of smaller locations via field office oversight.

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U.S. Immigration and Customs Enforcement

Detention Standard Compliance Unit cont.

- Works daily with ERO Field offices, and the Office of Detention Oversight (ODO) a component of OPR, who oversees the inspections and ORSA programs and procedures for all jails and holding facilities to ensure facilities comply with ICE detention standards ODO has two main units, Management Inspections Unit,(MIU), and External Review & Analysis Unit (ERAU). MIU has 4 sections, for detention purposes, the Self-Inspection Program (SIP) Section oversees each ICE program's annual completion of a self-assessment to review their compliance with DHS, ICE, and program-specific policies and procedures. ERAU is responsible for managing the ICE PREA (Prison Rape Elimination Act) audit contract and ensuring that each ICE detention and overnight holding facility that has adopted the DHS PREA Standards, responsible for conducting independent, objective examinations of the facts and circumstances surrounding the detention and death of an individual while in ICE custody

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Detention Standard Compliance Unit cont.

- All facilities authorized to hold ICE Detainees will have an annual detention facility inspections review scheduled by the Detention Standards Compliance Unit in consultation with the field office and facility(ies). New facilities will have a review within 90 days of acquisition. Facilities who do not meet adapted standards will be reviewed every six months. Newly formed unit called the Uniform Corrective Actions Plan Unit (UCAP) has deficiency oversight. Creates corrective action plans for jails and holding facilities who receive a deficiency notice and ensures that a fix or compliance directive is not only addressed but that proof of the deficiency has been corrected. Note: UCAP's will be provided by HQ DSCU to participating facilities during ORSA reviews.

AMERICAN OVERSIGHT

Operational Review Self Assessment Defined

- **ORSA- Operational Review Self Assessment: The ORSA process is coordinated by ERO field offices. It is self inspection conducted annually by the facility with oversight and approval of the FOD or designee of the FOD, enabling ICE/ERO staff to closely evaluate the strengths and weaknesses of facility detention operations. Applicable to certain IGSAs and contract detention facilities.Facilities may be eligible for the ORSA process if either of the following criteria apply:The facility is designated for Under 72 hour use The facility is designated for Over 72 hour use and maintains an ICE average daily population of less than 10 detainees.Note: Facilities utilized for less than 60 man-days a year are not required to conduct an ORSA.**

AMERICAN OVERSIGHT

ORSA Defined cont.

- Conducted by qualified contracted staff located at these detention facilities with consultation, oversight, and training materials provided by ERO field offices.Reviewing staff focuses on the key components of the ICE detention standards. For consistency, the same monitoring instruments are used by annual detention inspectors, Contracting Officer Technical Representatives (COTRs), and on-site compliance reviewers, consistent with contractual agreements. All facilities participating in the ORSA are now required to comply with the Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard and certify compliance using the attached checklist.

AMERICAN OVERSIGHT

ORSA Procedures Defined cont.

ORSA Procedures:MOU will be developed between the FOD and eligible detention facility to memorialize the ORSA agreement managed by the Detention Management Division, and Detentions Standards Compliance Unit DMD/DSCU. FOD designates ICE Detention Compliance Coordinator (DCC) who serves as POC and liaison to facility within field office's AOR. (Typically this is the SDDO/AFOD over Detention)Facility designates a Facility Compliance Coordinator (FCC) to work with the field office during the ORSA process.

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ORSA Procedures Defined cont.

Field Office provides training on the ORSA process and essential forms to the facility staff, with key components of the ICE Detention Standards. FCC conducts ORSA review independently or in conjunction with ERO SME at the request of the facility and with FOD approval. Self assessment materials to be used will be: ICE Operational Review Self-Assessment SummaryForms G324-B, (Under 72 hrs) or G-324-O (Over 72 hrs, less that 10)Complete Form G-324-Signicant Incident Summary (SIS)ORSA documents

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ORSA Procedures Defined cont.

Additional paperwork or certification inspections: American Correctional Association (ACA) certification, annual health inspectionNational Commission on Correctional Health Care (NCCHC) inspection USMS or other county/state certification ORSA packets, signed summary letters, by FOD,DFOD or designee and Corrective Action Plans (CAP) are reviewed for accuracy and completeness then forwarded to the DSCU SME, with recommendation to accept the CAP, close the ORSA, or reject the CAP. DSCU SME will review and provide feedback via the DCC to the FCC Improvement, corrective action, or note any recognized exemplary performance.

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U.S. Immigration and Customs Enforcement

ORSA Procedures Defined cont.

Supervisory responsibilities if you find yourself appointed or having to perform the duties of DCC for your AOR. Reviewing the results of the ORSA and corrective action plan (if required) to ensure accuracy and completeness.Ensuring line-items on the applicable G-324 has been evaluated by the FCC and that it has established policy or procedure that addresses the relevant ICE requirement. Forwarding ORSA packet, with signed Summary Letter by the FOD, DFOD or designee.If corrective action is needed, DSCU SME communicates information to DSCU, who provides the facility with a UCAP. (Due back to DSCU within 55 business days from receipt by facility)Rejected ORSA: FO works with the facility to develop an alternate inspection approach and consult ERO CM DSCU.ORSA reveals areas of deficiency that pose significant risk to detainees, patterns of non-

ACCREDITED OVERSIGHT

DHS-19-0195-A, 19-0494-A, 19-0495-A-000059

Detention Standards



NDS 2000

ICE's initial National Detention Standards were promulgated in September 2000 to meet ICE detainees basic needs. Created 38 National Detention Standards subject to basic compliance. Facilitated consistent:Conditions of confinementConditions for access to legal representationProgram operations and management expectationsEstablished accountability and rating system for facility non-compliance

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U.S. Immigration and Customs Enforcement

Detention Standards cont.



PBNDS 2008

Performance-based National Detention Standards On September 12, 2008, ICE released its first performance-based national detention standards (PBNDS). These standards were built upon NDS 2000, following in the path of the American Correctional Association (ACA) and other industry leaders.Unlike "policy and procedures" that focus solely on what is to be done, performance based policy starts with a focus on the results or outcomes that the required procedures are expected to accomplish. They contained 42 standards, four of which were

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U.S. Immigration and Customs Enforcement

Detention Standards cont.



PBNDS 2011In 2012 , ICE released the new PBNDS 2011 standards. PBNDS 2011, introduced new concept of non-mandatory, optimal compliance. PBNDS 2011 reflects ICE's ongoing effort to tailor the conditions of immigration detention to its unique administrative purpose and is crafted to improve. Medical and mental health servicesIncrease recreation and visitationIncrease access to legal services and religious opportunities Improve communication with detainees with limited English proficiencyImprove the process for reporting and responding to complaints and SAAPI allegations

AMERICAN OVERSIGHT

DHS-ALL-0795-2010-0494/A.49.0495-A000062

Detention Standards cont.



American Correctional Association & Performance Based National Detention StandardsIn PBNDS Detention Standards the Purpose & Scope is expressed first. The Expected Outcomes are listed, followed by Expected Practices, laid out in detail. The PBNDS track the ACA's Adult Local Detention Facilities (ALDF) standards 4th Edition.Within the PBNDS, there are priority components that ICE deems of critical importance for ensuring adequate conditions of confinement, safety and security of detainees and staff at all authorized detention facilities.

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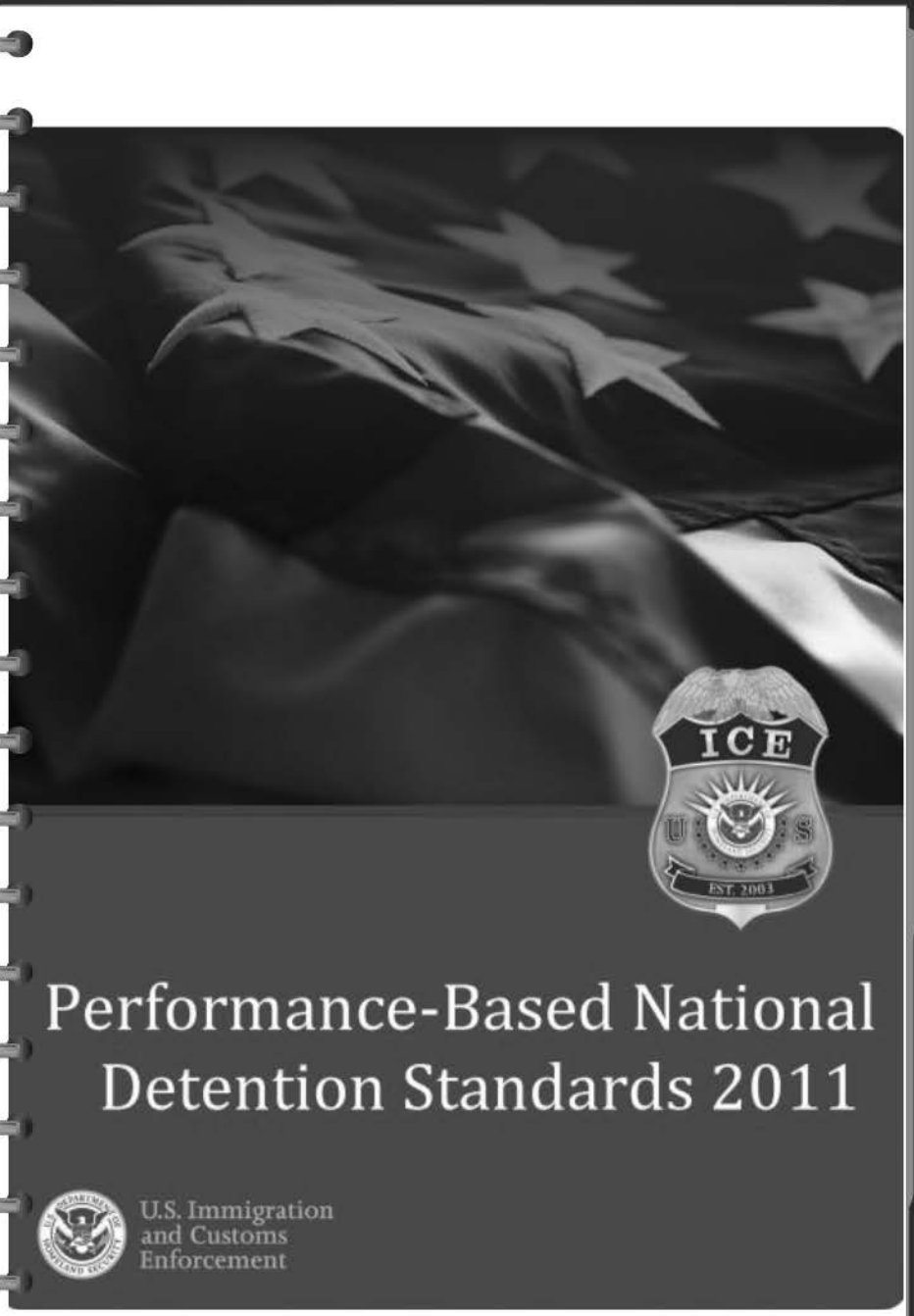
Detention Standards cont.



Optimal Provisions PBNDS 2011 includes a number of optimal provisions, with which all facilities will be encouraged (though not mandated) to comply. Among other things, these requirements provide for:Increased minimum weekly access to law librariesAvailability of outdoor recreation outside the confines of facility structuresIncreased minimum indoor and outdoor recreation timeIncreased ratio of available telephones to detaineesFacility compliance with National Commission on Correctional Health Care (NCCHC) standards in the provision of medical care and management of detainees at risk for suicide or significant self-harm

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- In PBNDS Detention Standards the Purpose & Scope is expressed first.(States the completed objective and what purpose the standard was createdto serve). The Expected Outcomes are listednext.(Describes everything that will beaccomplished by adhering to components of the standard). Last, Expected Practices, laid out in detail.(Provides a detailed description of specific functions and practices in a standard to be performed, that will achieve the Expected Outcomes). The PBNDS track the ACA's Adult LocalDetention Facilities (ALDF) standards4th Edition.



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Detention Standards cont.



- In 2016, ICE revised a number of the detention standards to ensure consistency with federal legal and regulatory requirements as well as prior ICE policies and policy statements. An additional standard was added bringing the total to 43. Implementation of these provisions furthers effective operation at the level intended by ICE.

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Detention Standards cont.



The topics of revision in 2016 include: Detention facility compliance with DHS PREA regulationsDisability Accommodation and Section 504 of the Rehabilitation ActCommunication AssistanceSpecial Management Units (SMUs)Disciplinary system timelines and processesIncorporation of other ICE and ERO Directives, memoranda and policy statementsChanges to medical standards and requirementsEliminating requirement to provide a complete copy of the medical record with each transfer, release and removalSuicide Prevention and InterventionAppendices and Forms

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DHS-19-0195-A, 19-0494-A, 19-0495-A-000067

U.S. Immigration and Customs Enforcement

ERO Holding Facility Responsibilities

Under the ICE Policy 11087.1: Operations of ERO Holding Facilities, the FOD/FOD's designee has the responsibility of several topics within the policy. OPR's reports from compliance assessments is completed. Reports are still being compiled. A superseding policy will proceed. Facility Supervision and MonitoringRoom ConditionsPlacement of Detainees with Specialized NeedsDetainees with Disabilities & Detainees with Limited English ProficiencyDetainees searchesLimits to Cross-Gender ViewingProperty SearchesWritten LogsHolding Facility Plans for Evacuations and Medical Emergencies Responding to sexual abuse and assault incidentsUpgrades to Facility and Technology and Annual Review

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Supervisory Holding Facility Responsibilities cont.

- Ensure that the following criteria are considered in assessing detainees for risk of sexual victimization, to the extent that the information is available:Mental, physical, or developmental disability Age of the detaineePhysical build and appearance of the detaineePreviously been incarcerated or detainedNature of the detainee's criminal historyAny convictions for sex offensesSelf-identified as Lesbian, Gay, Bisexual, Transgender, Intersex, or non-gender conforming.Self-identified as previously experiencing sexual victimizationConcerns about his or her physical safety.

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Supervisory Holding Facility Responsibilities cont.

- **Pursuant to Policy 11087.1: Operations of ERO Holding Facilities, Issued and effective 9/22/2014. This directive revises and supersedes the Memorandum from John P. Torres, Detention and Removal Operations Acting Director, "Guidelines for the Use of Hold Rooms at all Field Office Locations" 02/29/2008. Let's examine some of the intricate directives that most often can be overlooked and at risk for violation. Physical hold room checks at least every 15 minutes and logged, including the time of each check and any important observations. (Section 4.1)Any unusual detainee behavior i.e., (signs of hostility, mental or physical conditions) or detainee complaints are immediately addressed and appropriately reported to a supervisor, and the detainee separated from other detainees when necessary. (Section 4.1)**

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Supervisory Holding Facility Responsibilities cont.

- A pat down search shall be performed (in the least intrusive manner as possible) even if another agency or other ERO personnel report completing one prior to the detainee's arrival at the ERO facility or transfer of custody. Any strip and visual body cavity searches are conducted in accordance with ICE policies and procedures; (Section 4.5)Maintenance of detention logs and holding facility inspections logs (written or otherwise) for every detainee brought into custody, regardless of purpose (e.g., new arrival, awaiting legal visitation, awaiting interviews). At the conclusion of each day, the FOD shall ensure that an ERO supervisor reviews, dates, and signs the detention log. (Section 4.8) The FOD shall ensure that all hold rooms are inspected every twelve hours, and that each ERO field office maintains a "Hold Room Inspection Log" to document the results of those inspections. (Section 4.8)Develop medical emergency procedures and response plans for medical emergencies to include appropriate supervisory notification, and awareness of the location of emergency medical supplies and equipment. (Section 4.9)

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Supervisory Holding Facility Responsibilities cont.

- Ensure that before placing detainees together in a hold room, there shall be consideration of whether a detainee may be at a high risk of being sexually abused or assaulted and must be screened for risk of sexual abusiveness or victimization. When appropriate, facility staff, shall take necessary steps to mitigate any such danger to the detainee. (Section 4.10)Shall develop and maintain a written evacuation plan for holding facilities in a location accessible only to employees. (Section 4.9)

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Other Supervisory Responsibilities

- ICE Officer and detainee communicationSDDO and Facility Liaisons- Scheduled and unscheduled jail visits are a responsibility. ICE Officer, management and third agency communication Assist in coordination, and monitor third agency visits with detaineesWedding stagingAssist in coordination of medical appointments to be attended outside of detention facility setting. Hunger strikes Should receive notifications with 72 hours of no food. (Hunger strike watch) After 72 hours Notifications to FOD, AFOD, Health Services Corps, or your Field Medical Coordinator (FMC). (Can be declared a Hunger Strike by a clinical medical authority Required documentationMedical requirementsDetainee refusal of treatment

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Supervisory Awareness

As a first line supervisor, you may be assigned, as a designated official, to perform certain duties pertaining to the updated policy on notifying and reporting detainee deaths. New policy: ICE Directive, Policy Number 11003.3: Notification and Reporting of Detainee Deaths. September 30, 2016Supersedes ICE Directive, Policy Number 11003.2, issued May 19, 2011 First Line supervisors should review items numbered, 4.3, 5.1, and 5.2. Noted in the new policy as FOD requirements in the jurisdiction where the death occurred; a first line supervisor may be assigned to execute some or all these requirements as a designated official by your FOD.

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Supervisory Awareness cont.

As a first line supervisor, you know changes in policy concerning arrest and detention of pregnant females Policy Number 11032.3: Identification and Monitoring of Pregnant Detainees issued December. Supersedes 11032.2 issued August 15, 2016. New Directive: Revisions were made for consistency with Executive Order 13768, Enhancing Public Safety in the Interior of the issued January 25, 2017. Under the previous policy, absent extraordinary circumstances or a mandatory detention requirement, ICE officers and agents were generally instructed not to detain a pregnant individual. The current policy allows for the exercise of discretion to be made on a case-by-case basis and in a manner that no longer exempts a category of aliens from enforcement of the Nation's immigration laws.

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U.S. Immigration and Customs Enforcement

Juvenile Awareness

Special Awareness/Special PopulationsOur detained Juveniles/Unaccompanied Alien Children (UAC) are special population detainees and must be dealt with in accordance with applicable law, regulation, and policy. In most AORs, there is a DO, assigned as a Juvenile Coordinator that ensures case management and detention standards are adhered to for ERO Juveniles and family matters. Field office Juvenile Coordinators are trained by the Juvenile and Family Residential Management unit, and are your go to for guidance and information, as they serve as a subject matter expert, and advice

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DHS-19-0195-A, 19-0494-A, 19-0495-A-000076

Juvenile Awareness cont.

Juveniles (Unaccompanied Alien Children-UAC): Homeland Security Act of 2002 (HSA): Responsibility for the care and custody of unaccompanied alien children (UAC) was transferred to the Office of Refugee Resettlement (ORR), Department of Health and Human Services, from the former Immigration and Naturalization Service. ORR became responsible for the following functions: Coordinating and implementing the care and placement of all UAC in federal custody, including determining their placement. Identifying and overseeing qualified individuals, entities and facilities to house UAC. Conducting inspections of facilities in which UAC reside.

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Supervisor Awareness/Special Populations cont.

- All authority, assets, and appropriations that are associated with the care custody and placement of UAC. HSA stipulates that the UAC be transferred to an ORR Facility within 72 hours, (who cannot be reunited with a parent or legal guardian) in some instances. If ORR cannot locate adequate placement for UAC within six hours after the initial request is made, ICE procedure stipulates that suitable accommodations will be secured to ensure his or her safety and well being in the interim period pending the ORR-approved placement. ICE officers are responsible for transporting these UAC to an ORR Facility.

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Supervisor Awareness/Special Populations cont.

Supervisors are to ensure and enforce that contractors and ICE officials adhere to the following in detention setting. Juveniles must be detained in the least restrictive setting appropriate to his or her age and special needs. (Younger minors shall be held apart from older minors).Juveniles must be separated from unrelated adults whenever possibleUnaccompanied minors should not be placed in hold rooms unless they have demonstrated a safety risk, have a criminal history or pose an escape risk. If the physical layout of the holding facility precludes holding such individuals outside the hold room, they may be held in a separate hold room.Parents and legal guardians must provide certain documents before a juvenile may be releasedJuveniles shall have regular access to meals, snacks, milk and juice.

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New Process for Ensuring Regular Communication & Removal Coordination of Separated Parents & ChildrenA rise in the separation of parents traveling to the United States with their minor children has resulted due to a recently initiated practice of increased prosecutions for illegal entry. Under the Directive "Detention and Removal of Alien Parents or Legal Guardians" dated August 29, 2017, Sections 5.4 and 5.5 of the directive states that ICE should strive to accommodate parents' intentions to be removed jointly with their minor children, and is required to facilitate a means of regular visitation between detained parents and their minor children. The time determined is to be at least weekly for bi-weekly.Due to ICE's obligations in these efforts, a new process for ensuring regular communications and removal coordination of separated parents and children has commenced. Facility supervisors are to ensure Detained Parents Flyers, and Non-Detained Parents Flyers in both Spanish and English are placed in all detention facilities including under 72-hour facilities, over 72-hour facilities and all hold rooms.

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U.S. Immigration and Customs Enforcement

Supervisor Awareness Separated Parents & Children

- Familiarize yourselves with ERO Tasking labeled “Further Guidance Regarding Ms. Lv. ICE dated 7/26/2018. Directive: Review: ERO Tasking labeled Notice of Preliminary Injunction Related to Family Reunification – Ms. Lv. I.C.E. dated 6/29/2018Review: ERO Tasking labeled Further Guidance Regarding Ms. Lv. I.C.E. – Class Notice and Notice for Final Order Class Members dated 7/11/2018

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U.S. Immigration and Customs Enforcement

Supervisor Awareness/Special Populations cont.

Family Units Supervisors should note that a Family Unit is narrowly defined and must include a non-USC minor child accompanied by their parent(s) or legal guardian(s).ICE operates 5 Family Residential Centers in the United States.Berks County Residential CenterT Don Hutto Residential CenterKarnes County Residential Center Karnes County Civil Detention CenterSouth Texas Family Residential Center

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Supervisory Awareness (SAAPI)

- SAAPI Unit ResponsibilitiesERO implementation of the DHS PREA regulation and the ERO SAAPI Directive 11062.2.PREA/SAAPI afford protections for ICE detainees housed in various types of facilities nationwide. SAAPI is responsible for administrative investigations at ICE holding facilities. Serves as the agency focal point for PREA and SAAPI expertise and provides technical assistance and guidance to programs offices. SAAPI unit has two ERO Prevention of Sexual Assault Coordinators (PSAC) divided by an East PSAC and West PSAC.

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Supervisory Awareness (SAAPI) cont.

- During your tenure as SDDO's you may have to respond and report complaints or accusations of Sexual Abuse and Assault. Pursuant to the notification requirements of the ICE Directive on SAAPI intervention, this directive ensures an integrated and comprehensive system of preventing and responding to sexual abuse or assault of individuals in ICE custody. FOD or FOD's designated official shall ensure a coordinated, multidisciplinary team approach to responding to allegations of sexual abuse and assault occurring in AOR/Field Office holding room facilities, during transit to or from holding facilities, as well as to allegations of sexual abuse or assault made by a detainee at a detention facility or allegations that occurred elsewhere in ICE custody.

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Supervisory Awareness (SAAPI) cont.

ICE has a Zero Tolerance Policy on all forms of sexual abuse and assault.Supervisors are to ensure all ICE personnel understands the important first responder duties, including, detention staff, contractors officer and agents. Separates the alleged victim and abuser.Preserves and protects, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence.

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Supervisory Awareness (SAAPI) cont.

If the sexual abuse or assault occurred within a time period that still allows for the collection of physical evidence, requests the alleged victim not to take any actions that could destroy physical evidence and ensures that the alleged abuser does not take any actions that could destroy physical evidence, including:


WASHING


DEFECATE/URINATE


EAT orDRINK


SMOKING


BRUSHING


CLOTHINGEXCHA

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Supervisory Awareness (SAAPI) cont.

FOD Responsibilities (or designated official) Appointment of a Prevention of Sexual Assault Coordinator (PSAC) for their respective AOR's at a Supervisory level to ensure compliance.Role and responsibilities of PSA: SME on the revised SAAPI Directive and, facilitating effective implementation in their AOR. Respond to requests for more detailed information on cases of SAA, by the HQ PSA Coordinators Input/update SAA case information in the new SAAPI Case Management System Assist in furnishing information in the preparation of monthly, quarterly and annual reports that summarize all

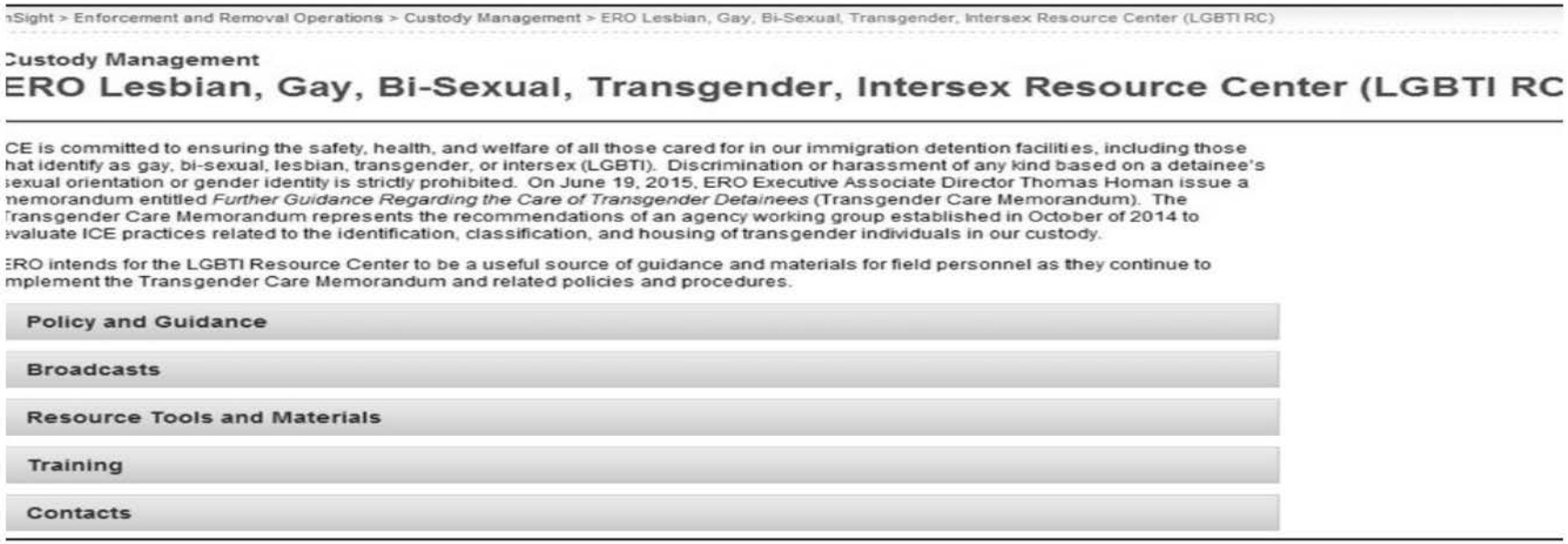
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DHS19-SUSLA-19-0494-A-19078-A-00087
ERO ACADEMY

U.S. Immigration and Customs Enforcement

Reference for Supervisors Regarding LGBTI(Q) Detainees

As a part of the efforts to implement the contents of the memorandum, ERO HQ has developed an Intranet site regarding LGBTI detainees.


nSight > Enforcement and Removal Operations > Custody Management > ERO Lesbian, Gay, Bi-Sexual, Transgender, Intersex Resource Center (LGBTI RC)

Custody Management

ERO Lesbian, Gay, Bi-Sexual, Transgender, Intersex Resource Center (LGBTI RC

CE is committed to ensuring the safety, health, and welfare of all those cared for in our immigration detention facilities, including those hat identify as gay, bi-sexual, lesbian, transgender, or intersex (LGBTI). Discrimination or harassment of any kind based on a detainee's exual orientation or gender identity is strictly prohibited. On June 19, 2015, ERO Executive Associate Director Thomas Homan issue a nemorandum entitled *Further Guidance Regarding the Care of Transgender Detainees* (Transgender Care Memorandum). The Transgender Care Memorandum represents the recommendations of an agency working group established in October of 2014 to valuate ICE practices related to the identification, classification, and housing of transgender individuals in our custody.

ERO intends for the LGBTI Resource Center to be a useful source of guidance and materials for field personnel as they continue to mplement the Transgender Care Memorandum and related policies and procedures.

- Policy and Guidance
- Broadcasts
- Resource Tools and Materials
- Training
- Contacts

This training will be placed on this site. The resource center is located (b)(7)(E)

Care and Custody of LGBTI Detainees, Contact: LGBTI.Care@ice.dhs.govProvides on-going education, assistance, best practices, tools, and consultation to facilities and ERO Field Offices where transgender detainees are detained.

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U.S. Immigration and Customs Enforcement

Reference for Supervisors Regarding LGBTI(Q) Detainees

- Questions to ask during processing of LGBTI(Q) detainees. Do you fear you will be harmed in Detention based on your sexual orientation?Do you fear you will be harmed in detention based on you gender identity? Do you wish to disclose your gender identity? You do not have to disclose your gender identity if you are not comfortable sharing. Do you identify as a man, woman or transgender? When refusal or trepidation to self-identify occurs, a DO may document on the I-213, and or the electronic file: “The detainee exhibits a gender expression that indicates a gender different from the sex listed on the detainee’s identity documentation”. Gender Expression/Sexual Expression- How a person presents him or herself in terms of gender. (Not necessarily in appearance) Gender Identity/ Sexual Identity- How a person identifies as far as regarding sex. (Male or Female) Gender Fluid- A person may present or identify as male or female depending on their preference during that time.

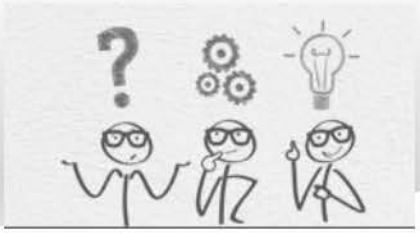
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Supervisory Enforcement



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Practical Exercise



- You will be divided into 4 groups. Each group will be given 1 custody management scenarios challenge. Each group will be assigned a group letter corresponding with the scenario letter. From the order of A-D, each group will read their scenarios, then refer to the PBNDS 2011 book (bible) or any other related policy, and identify all topics referenced to advise on the proper procedures and actions to take to address this situation. Also, they will identify any procedures they would have taken as the arresting or detention officer before a supervisor was informed of the situation. Supervisors will be prepared to explain what they referenced and why? They should also be able to identify the 2011 PBNDS Standard referenced, or any other standing policy. The class as whole will have a discussion on the outcomes. .

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Authorities/References

- Title 8 USC, Immigration & Nationality Act and 8 CFRNational Detention Standards 2000, PBNDS 2008, & 2011American Correctional Association 4th Edition, Standards for Adult Detention Facilities Detention Management Control Program PolicyFamily Detention and Intake Guidance, Policy 11018.1Family Residential Standards Sexual Abuse and Assault Prevention and Intervention 11062.2: May 22, 2014, (Superseded: ERO Policy No. 11062.1 LGBTI Care Memorandum (June 19, 2015)Operations of ERO Holding Facilities Policy 11087.1, September 22, 2014Summary of Revisions to ERO PBNDS, December 2016

AMERICAN OVERSIGHT

DHS-19-0195-A, 19-0494-A, 19-0495-A-000092

EPO Review

- ***EPO # 1: Identify the laws, regulations, instructions, or policies as they relate to custody management. EPO# 2: Explain key components of Custody Management's divisions that define pertinent areas in detention management, that helps clarify roles and areas of responsibility of first line supervisors. EPO# 3: Review the three detention standards that govern confinement conditions and treatment in detention facilities, and clearly delineate performance based standards as they relate to custody management.***

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EPO Review

EPO # 4: List supervisory responsibilities and roles as they relate to reporting, enforcement, compliance, documentation and implementation of detention standards and directives pertaining to custody management, in accordance with ICE policy. EPO # 5: Reference the special populations and the supervisory responsibility of processing and detention coordination in accordance with ICE policy. EPO # 6: Review compliance directives concerning Sexual Abuse and Assault Prevention/Intervention, LBGTI (Q) processing and conduct a problem-solving student activity after given an assigned scenario.

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Custody Management Review (TPO)

- Given custody and detention management guides, accessible resources and policy references, the student will have a fundamental understanding and the ability to supervise and manage the custody of detained aliens, in accordance with ICE policy and procedures of ERO Custody Management's divisions, under the auspices of the Detention Monitoring Unit (DMU) and the Detention Standards Compliance Unit (DSCU).

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Summary

From the time of arrest…



While in transit…



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Summary cont.

To any detention facility…



During processing…



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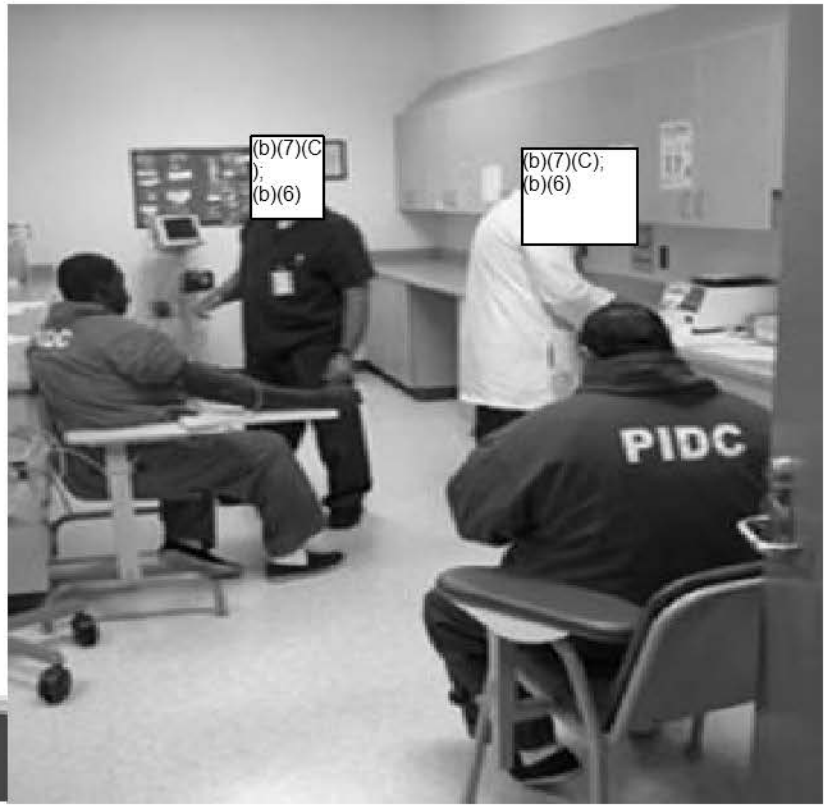
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Summary cont.

While in proceedings…



When detained at any ICE authorized facility



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Summary cont.

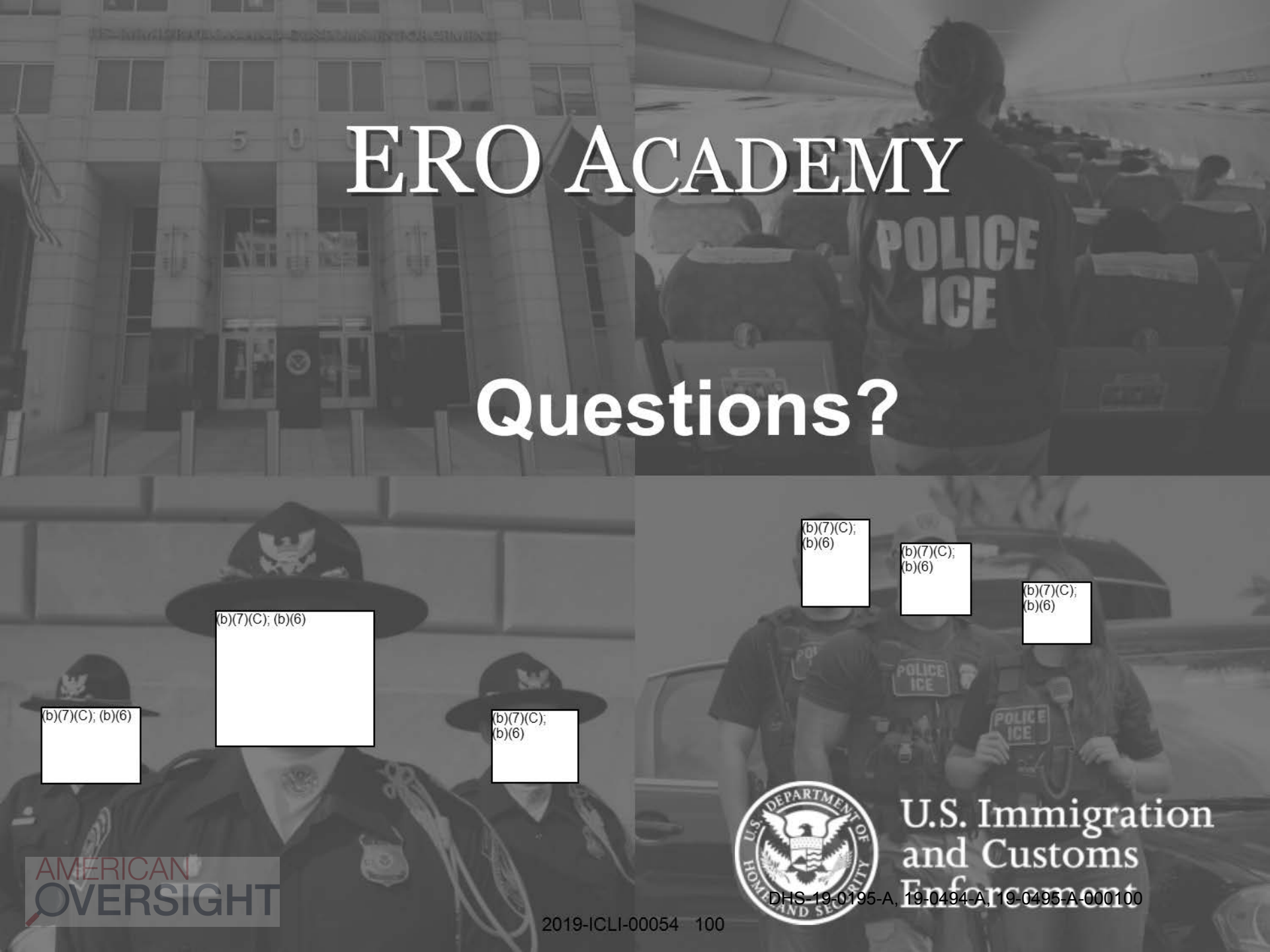
Until removal; a detained alien is considered an ICE detainee in custody, and ICE detention standards should be adhered to always.



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Questions?

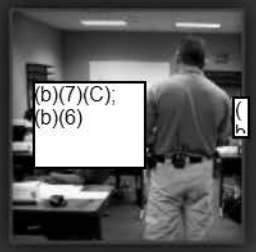


U.S. Immigration and Customs Enforcement

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DHS-19-0195-A, 19-0494-A, 19-0495-A-000100

ICE Academy



Detention Management

Module 15





AMERICAN OVERSIGHT

U.S. Immigration and Customs Enforcement

DHS-19-0195-A, 19-0494-A, 19-0495-A-000101

Administrative Detention

The office of Enforcement and Removal Operations (ERO) Custody Management, Custody Programs Division (CPD), enhances ICE's civil immigration detention system through the creation and coordination of innovative custody policies and programs.

ERO maintains custody of one of the most highly transient and diverse populations of any correctional or detention system in the world. ICE detainees represent virtually every country of the world, every security classification, both genders, transgenders, and medical conditions.

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Terminal Performance Objective

"Given informational guides, tools, and accessible resources, the student will have a fundamental understanding and the ability to supervise and manage the custody of detained aliens, in accordance with ICE policy and procedures".

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Enabling Performance Objectives

- ***EP0 # 1***: Identify the laws, regulations, instructions, or policies as they relate to the use of custody management tools.
- ***EPO# 2***: Identify and define the three units that comprise The Detention Management Division, and clarify their roles and area of responsibility.
- ***EPO# 3***: Identify the various types of detention facilities ICE uses to detain removable aliens and define their differences.
- ***EPO# 4:*** Introduce the three detention standards that govern ICE's conditions of confinement in detention facilities, and explain their conception and evolution to the present conditions of custody management.

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Enabling Performance Objectives cont.

- ***EPO # 5:*** Identify the special populations and the supervisory responsibility of detention coordination in accordance with ICE policy.

- ***EPO # 6:*** Define supervisory roles and responsibilities as they relate to reporting, enforcement, compliance, documentation and implementation of detention standards and directives pertaining to custody management, in accordance with ICE policy.

- ***EPO # 7***: Review and comply with Sexual Abuse and Assault Prevention/Intervention directives. Comply with guidance regarding the care of transgender detainees, and ensure proper processing procedures are adhered to in accordance with ICE policy and directives.

AMERICAN OVERSIGHT

Detention Overview

Factors a supervisor should consider when making detention decisions.

- ERO bed space is finite resource
- Efficient use demands good decision making
- Begins with the alien's arrest
- Continues throughout the case lifecycle and is impacted by many variables

AMERICAN OVERSIGHT

Detention Overview cont.

Custody Management Guidance for supervisors to reference and consider.

- Mandatory Detention-Section 236 of the INA
- Voluntary Departure-Section 240
- Detention Standards (NDS, PBNDS 2008, PBNDS 2011)
- Juvenile and Family Residential Management
- ATD
- Bond Management
- Special Populations
- Orders of Release on Recognizance
- Orders of Release on Supervision
- Prosecutorial Discretion
- Special Vulnerabilities

AMERICAN OVERSIGHT

U.S. Immigration and Customs Enforcement

Custody Management Resources

Custody Management Website

(b)(7)(E)

spx

ERO Policy Library

(b)(7)(E)

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PBNDS 2011 Knowledge Assessment

- Under PBNDS 2011, the 72 hour time limit for follow up on an mental health referral can only be satisfied by a mental health provider.

  True _____ False __X__

Answer: ***The 72 hour time limit for follow-up on a mental health referral can be satisfied by an evaluation by a qualified health care provider, not solely by a mental health provider as in the original PBNDS 2011; however, if the practitioner is a not a mental health provider and further referral is necessary, the detainee must be evaluated by a mental health provider within the next business day.***

2. In FY 2017, all dedicated ICE detention facilities will have contractually adopted the DHS PREA standards, and the PBNDS 2011 revisions will ensure that detention standards are consistent with the DHS PREA requirements.

   True __X____ False ____

- ICE shall provide communication assistance to detainees with disabilities and detainees who are limited in their English proficiency (LEP) to all detention facilities under PBNDS 2011.

  True _____ False __X____

Answer: ***"The facility shall provide communication assistance to detainees with disabilities and detainees who are limited in their English proficiency (LEP). The facility will provide detainees with disabilities with effective communication, which may include the provision of auxiliary aids, such as readers, materials in Braille, audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunications devices for deaf persons (TTYs), interpreters, and note-takers, as needed. The facility will also provide detainees who are LEP with language assistance, including bilingual staff or professional interpretation and translation services, to provide them with meaningful access to its programs and activities."***

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PBNDS 2011 Knowledge Assessment

4. A facility may place the detainee in administrative segregation as a security threat on the basis detainee's misconduct at that detention facility, pending the outcome of the disciplinary process, and proceedings.

True _____ False __**X**___

Answer: ***As a general matter, a detainee should not be placed directly in administrative segregation as a security threat on the basis of the detainee's misconduct at that detention facility, in the absence of any disciplinary proceedings. Instead, the facility should address the misconduct through the facility's disciplinary processes, and may place the detainee in pre-disciplinary hearing detention pending the outcome of the disciplinary proceedings.***

5. The facility administrator shall serve as the facility point of contact, for the ICE supervisory detention and deportation officer in the detained unit, to oversee facility efforts to comply with facility SAAPI policies and procedures.

True _____ False __**X**___

Answer: ***The facility administrator shall designate a Prevention of Sexual Assault Compliance Manager (PSA Compliance Manager) who shall serve as the facility point of contact for the ICE PSA Coordinator and who has sufficient time and authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures.***

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PBNDS 2011 Knowledge Assessment

6. The facility administrator must notify the appropriate Field Office Director in writing as soon as possible, but no later than 72 hours after the initial placement of an ICE detainee in segregation if:

a) Mental illness or serious medical illness
b) Hunger strike
c) Verbally abusive to other detainees and or staff
d) Pregnant or recently had a miscarriage
e) Who have been victims-in or out of ICE custody-of sexual assault, torture, trafficking, or abuse.
f) a, b, and d
g) All except c

Answer: *g*

7.PBNDS 2011 standards concerning medical requirements, a copy of the full medical record is required every time a detainee is released from a facility and or transferred.

True _____ False __**X**____

Answer: ***Another PBNDS 2011 revision eliminates the requirement to provide a copy of the full medical record every time a detainee is transferred, removed, or released. In lieu of that requirement, the revised standards provide greater detail regarding the required contents of the medical transfer summary that accompanies the detainee.***

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Detention Management

- **The Detention Management Division is comprised of three units**

1. Detention Monitoring Unit

- *Monitors conditions of confinement through daily-on-site compliance reviews*
- *Provides on the spot resolutions of facility issues and concerns.*
- *Conducts irregular and unscheduled inspection checks*
- *Maintains close collaboration with field offices and facility staff to facilitate corrective actions*

- DMU has 40 federal Detention Service Managers (DSM)/Detention Standards Compliance Officers (DSCM) that provide monitoring and coverage at facilities that house approximately 80% of ICE's detention population. ERO relies on the daily oversight of DSM(s) or DSCO(s) and the annual inspections program ensures the safe, secure and humane housing of all detainees.

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U.S. Immigration and Customs Enforcement

Detention Management

AOR ASSIGNMENT				
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NEW	BAL	DAL	ATL	LOS
NOL	BOS	HOU	DET	SEA
NYC	BUF	SLC	ELP	SFR
PHO	CHI	SND	MIA	SNA
	DEN	SPM	PHI	WAS
*Co-POC: Civil Rights, Civil Liberties (CRCL)				
*National Escape Tracking System (NETS)		*Operational Review Self-Assessments (ORSA)		
*Special Projects and Unit related initiatives		*Prison Rape Elimination Act (PREA) Audits	*Detainee Death Reviews	*Co-POC: CRCL
**NEW/NYC: (b)(6); (b)(7)(C) **NOL/PHO: (b)(6);	O: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) (b)(6); @ice.dhs.gov		O: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov	

(*) denotes additional responsibilities
(**) denotes MSS responsibilities
(***) denotes COR responsibilities

***(b)(6); (b)(7)(C)
O: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @ice.dhs.gov

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Detention Management cont.

2. The Detention Planning and Acquisition Unit (DPAU)

- *Oversees planning and acquisition activities to provide civil detention space at strategically located sites in support of efficient enforcement and removal operations.*
- *Coordinates detention related requirements at the national level with input from ERO field offices, the Office of Detention Policy and Planning, CAP, Fugitive Operations, HSI, OSLTC, CBP Filed Operations, Border Patrol, and the Office of Acquisition Management to develop requirements aligned with the overarching goals of immigration detention reform.*

These collaborative efforts result in the acquisition of safe and secure detention facilities that can be in compliance with applicable detention standards at fair and reasonable cost to the government.

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Detention Management

3. Detention Standards Compliance Unit (DSCU)

- *Through a robust inspections program, DSCU ensures detention facilities used to detain aliens in immigration proceedings, or awaiting removal to their countries, do so in accordance with ICE national detention standards.*
- *Provides firm assurance to ICE and the public that detainees in ICE are housed in the least restrictive environment consistent with the safety and security of the detainee population and facility operations.*
- *The DSCU oversees the facility inspection contract and the Detention Management Compliance Program (DMCP) for all ICE-authorized detention facilities.*
- *The DSCU also works on a daily basis with ERO Field offices, Office of Detention Policy and Planning and Civil Rights Liberties, to ensure facilities comply with ICE detention standards or take necessary corrective action to address problems and concerns.*

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ICE Facilities

- Let's review what type of facilities are utilized by ICE to house detainees?

➢ Service Processing Center (SPC)
  - Owned and operated by the Service

➢ Contract Detention Facilities (CDF)
  - Contractor owned and jointly operated with the service. Houses mostly ICE detainees

➢ Intergovernmental Service Agreement (IGSA)
  - IGSA (Intergovernmental Service Agreement) ICE Contract between ICE, state, county or municipal government obligating stakeholders to reimburse the facility for the cost of housing detainees

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ICE Facilities cont.

- Dedicated Intergovernmental Service Agreement (DIGSA).
  - Dedicated Intergovernmental Service Agreement- ICE Contract, to reimburse the facility for the cost of housing ICE Detainees. (Dedicated to house only ICE detainees)

- United States Marshal Service Intergovernmental Agreement.

  (USMS IGA)
  - USMS IGA- USMS initiated and contracted as Primary Contract holder. ICE rides this contract in a secondary capacity. (May not be under PBNDS 2008 or 2011)

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Detention Facilities Presently Used

U.S. Immigration and Customs Enforcement

ICE Detention Facility Report
Enforcement and Removals Operations
FY 2017 *(as of April 3, 2017)*

•Contract Detention Facilities (CDF)	**7**
•U.S. Marshal Service Intergovernmental Agreement (USMS) Contract Detention Facilities (CDF)	**1**
•Service Processing Center (SPC)	**5**
•Dedicated Intergovernmental Service Agreement (DIGSA)	**12**
•Intergovernmental Service Agreement (IGSA)	**82**
•U.S. Marshal Service Intergovernmental Agreement (USMS IGA) (excludes Otay Mesa)	**91**
Detention Management Control Program (DMCP) authorized facilities (excludes JFRMU)	**198**

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Standards



NDS 2000

- ICE's initial National Detention Standards were promulgated in September 2000 to meet ICE detainees basic needs.
- Created 38 National Detention Standards subject to basic compliance.
- Facilitated consistent:
  - Conditions of confinement
  - Conditions for access to legal representation
  - Program operations and management expectations
  - Established accountability and rating system for facility non-compliance

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Standards cont.



PBNDS 2008

Performance-based National Detention Standards

- On September 12, 2008, ICE released its first performance-based national detention standards (PBNDS). These standards were built upon NDS 2000, following in the path of the American Correctional Association (ACA) and other industry leaders.
- The PBNDS standards were developed in coordination with DHS Civil Rights Civil Liberties, non government organizations, ICE Headquarters subject matter experts, and workgroups consisting of other agency stakeholders, to more clearly delineate *expected practices* and *expected outcomes.*
- The PBNDS focused on results and outcomes. They contain 42 standards, four of which are new.
  - News Media Interviews and Tours
  - Searches of Detainees
  - Sexual Abuse and Assault Prevention and Intervention
  - Staff Training

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Standards



PBNDS 2011

- On February 27, 2012, ICE released the new PBNDS 2011 standards, which are currently being rolled out to ICE detention facilities.
- PBNDS 2011, introduces new concept of non-mandatory, optimal compliance.

  - Optimal provisions are not unilaterally binding
  - Implementation of these provisions furthers effective operation at the level intended by ICE

AMERICAN OVERSIGHT

Standards cont.



PBNDS 2011

- These standards, which are the collaboration of a very diverse NGO and ICE stakeholder working group, represent an important step in detention reform.

- PBNDS 2011 reflects ICE's ongoing effort to tailor the conditions of immigration detention to its unique administrative purpose and is crafted to improve.

  - Medical and mental health services
  - Increase recreation and visitation
  - Increase access to legal services and religious opportunities
  - Improve communication with detainees with limited English proficiency
  - Improve the process for reporting and responding to complaints and SAAPI allegations

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Standards cont.



PBNDS 2011

- Safe Conditions of Release.
  - Prior to release-free phone call
  - One mile radius from public transportation
  - Set of weather-appropriate clothing
  - List of legal, medical & social services/shelter locations and directions

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Special Populations

Juveniles (Unaccompanied Alien Children-UAC):

•A special population and must be dealt with in accordance with applicable law, regulation, and policy. Supervisors are to ensure and enforce that contractors and ICE officials adhere to the following in detention setting.

- Juveniles must be detained in the least restrictive setting appropriate to his or her age and special needs
- Juveniles must be separated from unrelated adults whenever possible
- Juveniles may only be released to a parent, legal guardian, or to Office of Refugee and Resettlement (ORR)
- Parents and legal guardians must provide certain documents before a juvenile may be released
- Unaccompanied Juveniles who cannot be reunited with a parent or legal guardian must be turned over to the ORR within 72 hours

AMERICAN OVERSIGHT

Special Populations cont.

Age Determination

- Supervisors need to recognize what constitutes as acceptable documentation for age determination preceding detention.
- Policy 11301.4 Age Determination Procedures for supporting detention.

- ✓ Official government-issued documents, including birth certificates. If a document's authenticity is suspect, verify the validity of the alien's claim by contacting government officials of the alien's home country or ICE Attaché representative
- ✓ Other objective documentation (e.g. baptismal certificates, school records, medical records) that indicate the alien's date of birth
- ✓ Statements by individuals (including individual in question) asserting personal knowledge of the alien's age, and who ERO concludes can credibly attest to the person's age
- ✓ Statements from the alien's parent(s) or legal guardian(s), if such persons can be identified and contacted.
- ✓ Statements from other persons
- ✓ Information from another government agency (Federal, State, local, or foreign)

*

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Special Populations cont.

Age Assessment procedures

Supervisors may suggest the following as a last resort when no conclusive information is available.

- Dental and skeletal [bone] maturity assessments using x-rays or other medical techniques identified by the medical community as appropriate) may be used as a last resort, when no conclusive information is available.
- The examination will be performed by a medical professional experienced in age assessment method(s), taking into account the individual's ethnic and genetic background.

As no medical assessment method can determine an exact age, best practice relies on the estimated probability that an individual is 18 years or older.

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Special Populations cont.

Family Units

- Supervisors should note that a Family Unit is narrowly defined and must include a non-USC minor child accompanied by their parent(s) or legal guardian(s).
- To coordinate placement, reference Policy 11018.1, Family Detention and Intake Guidance.
- ICE operates 3 Family Residential Centers in the United States.
  - ***Berks Family Residential Center***
  - ***Karnes Family Residential Center***
  - ***South Texas Residential Center at Dilley***

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Disposition of FCMP

Note

CNN [6/12/2017 9:36 PM, Tal Kopan, CNN, 28645K] reports the Trump administration is shuttering a program designed to keep vulnerable asylum seekers -- mainly mothers and young children, including pregnant and nursing women -- out of detention. As of April 19, the Family Case Management Program had 630 families enrolled in it, but it will be phased out by June 20, according to Immigration and Customs Enforcement. Cutting the program will save $12 million a year, said ICE spokeswoman Sarah Rodriguez. Other "alternatives to detention" cost the government less and result in a much higher number of ultimate deportations and removals than the family case program, Rodriguez said in a statement.

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Disposition of FCMP

- ***Verification message from the Section Chief of HQ Custody Programs, Special Populations and Programs Unit.***

Effective June 20, 2017, the Family Case Management Program (FCMP) cancelled the contract with GEO Care for contracted case management. Cases have been transferred to "FCMP Stage II" with ICE only reporting in Los Angeles, New York, Miami and Chicago. FCMP Stage II will continue to ensure families via the heads of household understand their immigration obligations and are compliant with immigration regulations up to and including removal if a final order is issued.

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Special Populations cont.

Family Case Management Program (FCMP)

- FCMP is an ATD initiative that uses qualified case managers to promote participant compliance with immigration obligations (e.g., release conditions, including any required reporting to ERO; immigration court hearings; final orders of removal; voluntary departure; voluntary return; or other resolution of the participant's cases).
- The FCMP has Head of Household (HoH) service slots distributed among four metropolitan areas, residing or intending to reside in the following ERO areas of responsibility (AORs):

  - *Los Angeles*
  - *New York City*
  - *Miami*
  - *Chicago*

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Supervisory Responsibilities

- Familiarization with PBNDS and NDS
  - General Questions – public outreach and transparency.
  - Ensure employees are aware of standards and requirements.
  - New Requirements
- Emergency response
  - Know contingency plans for your office and detainee housing facilities used in your AOR

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Supervisory Responsibilities cont.

- Staff and detainee communication
  - Facility Liaison visits/Supervisor jail visits
  - Third Agency visits (TAV) with detainees
- Hunger strikes
  - Should receive notifications with 72 hours of no food. (Hunger strike watch)
  - After 72 hours Notifications to FOD, AFOD, Health Services Corps, or your Field Medical Coordinator (FMC). (Can be declared a Hunger Strike by a clinical medical authority
  - Required documentation
  - Medical requirements
  - Detainee refusal of treatment

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Supervisory Responsibilities cont.

As a first line supervisor, you may be assigned, as a designated offi perform certain duties pertaining to the updated policy on notifying and reporting detainee deaths.

- ***New policy: ICE Directive, Policy Number 11003.3: Notification and Reporting of Detainee Deaths. September 30, 2016***
- ***Supersedes ICE Directive, Policy Number 11003.2, issued May 19, 2011***

First Line supervisors should review items numbered, 4.3, 5.1, and 5.2. Noted in the new policy as FOD requirements in the jurisdiction where the death occurred; a first line supervisor may be assigned to execute some or all these requirements as a designated official by your FOD.

(Policy in work book as a handout)

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Sexual Abuse and Assault Prevention (SAAPI)`

- During your tenure as SDDO's you may have to respond and report complaints or accusations of Sexual Abuse and Assault. This Directive ensures an integrated and comprehensive system of preventing and responding to sexual abuse or assault of individuals in ICE custody.

- Through a coordinated, multidisciplinary team approach, consistent with the goals of the Prison Rape Elimination Act of 2003, Pub. L. No. 108-79, 117 Stat. 972 (2003) (PREA), it is ICE policy to provide effective safeguards against sexual abuse and assault of all individuals in ICE custody, including with respect to screening, staff training, detainee education, prompt response and intervention, medical and mental health care, reporting, investigation, and monitoring and oversight, as outlined in ICE Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention (May 22, 2014), in the requirements of PBNDS 2011 Standard 2.11, and in related ICE policies and detention standards.

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SAAPI Cont.

- ***ICE has a Zero Tolerance Policy on all forms of sexual abuse and assault.***

- SAAPI establishes national policy and procedure, provides for timely notification, and is applicable to all facilities (SPCs, CDFs and all IGSAs).

- Discrimination or harassment of any kind based on a detainee's actual or perceived sexual orientation or gender identity is strictly prohibited.

AMERICAN OVERSIGHT

SAAPI cont.

FOD Responsibilities (or designated official)

- Shall appoint a Prevention of Sexual Assault (PSA) Coordinator for their respective AOR's at a Supervisory level to ensure compliance
- Ensure all ERO employees are aware of:
  - Obligation to immediately report knowledge, suspicion, or information of sexual abuse or assault to supervisors, who will then report to the FOD
  - All formal definitions of sexual abuse/assault as defined and listed in PBNDS 2011, and on the Sexual Abuse/Assault Definitions Chart, identifying detainee-on-detainee and staff-on Detainee assaults
  - Notifications to ERO's Assistant Director for Field Operations, (within 2 hours), Joint Intake Center, (within 2 hours), documentation and notify Joint intelligence Operations Center (with 24 hours), the administrator at the facility where the alleged assault occurred (ASAP but no later than 72 hours, ICE Office of Chief Counsel and designated state or local services agency (ASAP)

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Supervisory Responsibilities cont.

- As a Supervisor, you are to ensure your staff provides respectful care and custody of LGBTI detainees during all stages of detention.

  - ❑ *Screening*
  - ❑ *Initial Processing*
  - ❑ *Placement or Release*
  - ❑ *Transfer Request*

Lesbian:

Females who are romantically and or sexually attracted to other females

Gay:

Males who are romantically and/or sexually attracted to other males

Bisexual:

Females and males who are romantically and/or sexually attracted to both females and males

Transgender:

A person whose gender identity (i.e., internal sense of feeling male or female) is different from their assigned sex at birth

Intersex:

A person born with sexual anatomy that does not fit typical definitions of male or female

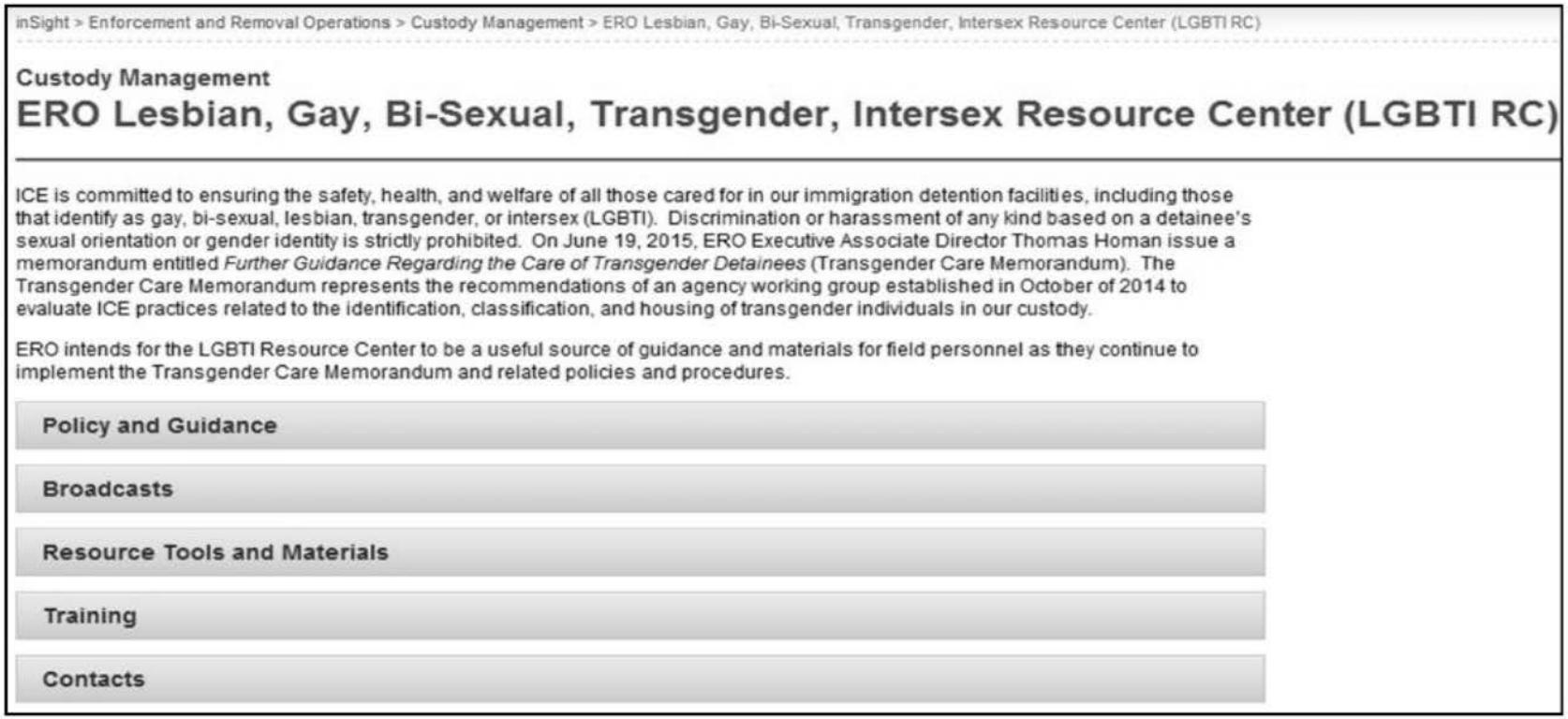
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U.S. Immigration and Customs Enforcement

Reference for Supervisors

- As a part of the efforts to implement the contents of the memorandum, ERO HQ has developed an Intranet site regarding LGBTI detainees.



- This training will be placed on this site. The resource center is located at:

(b)(7)(E)

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Knowledge Check

SCENARIO LEARNING:

Let's process a transgender detainee together.

Meet Victor Rodriguez, aka: Carla

Transgender Woman



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U.S. Immigration and Customs Enforcement

Educational Video



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Supervisory Responsibilities



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U.S. Immigration and Customs Enforcement

Authorities/References

- Title 8 USC, Immigration & Nationality Act and 8 CFR
- National Detention Standards 2000, PBNDS 2008, & 2011
- American Correctional Association 4th Edition, Standards for Adult Detention Facilities
- Detention Management Control Program Policy
- Family Detention and Intake Guidance, Policy 11018.1
- Family Residential Standards
- Sexual Abuse and Assault Prevention and Intervention ICE Policy 11062.1: (May 11, 2012),
- Sexual Abuse and Assault Prevention and Intervention 11062.2: May 22, 2014, (Superseded: ICE Policy No. 11062.1
- LGBTI Care Memorandum (June 19, 2015)
- Summary of Revisions to ICE PBNDS, December 2016

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Detention Management Review

"Given informational guides, tools, and accessible resources, the student will have a fundamental understanding and the ability to supervise and manage the custody of detained aliens, in accordance with ICE policy and procedures."

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Summary

From the time of arrest…



While in transit…



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Summary cont.

To any detention facility…



During processing…



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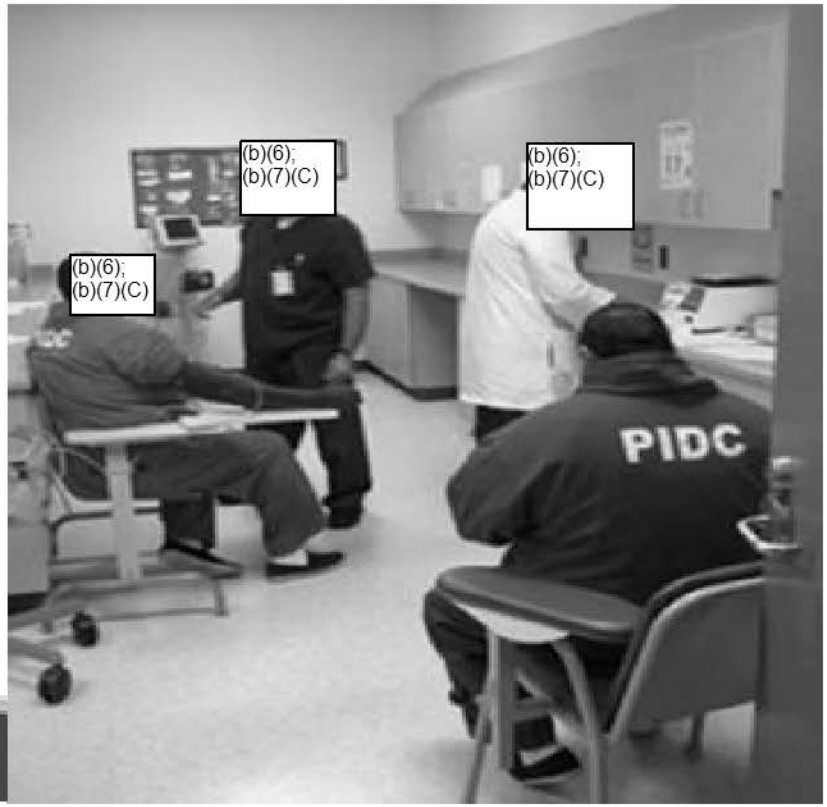
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Summary cont.

While in proceedings…



When detained at any ICE authorized facility



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Summary cont.

- **Until removal; the alien is considered an ICE detainee in custody, and ICE detention standards should be adhered to at all times.**



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ICE Academy



Questions?





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U.S. Immigration and Customs Enforcement

U.S. Immigration and Customs Enforcement
ENFORCEMENT AND REMOVAL OPERATIONS

ERO Academy

ICE DETENTION STANDARDS
(12101)

Lesson Plan

Basic Immigration Enforcement Training Program

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2019-ICLI-00054 149

Control Page

Key Contributors: **JUN 2013**

(b)(6); (b)(7)(C)

APR 015

SEPT 2018

Instructional Management Unit Review: **SEPT 2018**

(b)(6); (b)(7)(C) Chief, Instructional Management Unit

_____

Signature

ERO Academy Approval: **SEPT 2018**

(b)(6); (b)(7)(C) Unit Chief, ERO Academy, ERO Training Division

_____

Signature

AMERICA'S OVERSIGHT

Record of Changes

Date of Change	A=Add. M=Mod. D=Del.	Description of Change	Reason for Change	Approved By (FN, LN, Operational Unit Chief, or IMU Representative)
9/21/2015	Modify	IEA changed to ERO Officer	Title change	(b)(6); (b)(7)(C)
9/21/2015	Modify	Numbering error corrected	Consistency between LP, PPT, SG	
11/1/2016	Modify	Reduce level of detail on individual standards Reduce detail on custody classification and refer to RCA process in upcoming lessons	Not needed for overview; referring students to full text in PBNDS 2011 Students will use RCA	
11/1/2016	Modify	Revise content on types of facilities; relevant info to be incorporated in Detention Facilities, Admissions, Transfers lesson Revise Advance Organizer Add National Detainee Handbook as attachment to SG Create Student Guide based on Lesson Plan rather than PowerPoints; make appropriate format changes to LP	Students will not have had info yet, based on 2017 schedule Advance Organizer should not duplicate agenda Referenced in lesson Enhance information provided to students	
9/7/2018	Modify	Consolidate LPs: Detention Standards Overview, Detention Facilities, Admissions, and Transfers; Detention Health and Safety; and Detention Order and Discipline.	Per consensus at annual review – remove redundancies.	

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AMERICAN OVERSIGHT

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AMERICA OVERSIGHT

LESSON DESCRIPTION

I. Lesson Title

ICE Detention Standards

II. Program/Course Title

Basic Immigration Enforcement Training Program

III. Description

This lesson explains the structure and content of Performance-Based National Detention Standards (PBNDS), with examples of how ERO Officers work within and to the standards.

IV. Terminal Performance Objective (TPO)

Conditions: Given situations in a detention facility and PBNDS 2011,
Behavior: outline an appropriate course of action
Criterion: that relies on one or more applicable standards.

V. Enabling Performance Objectives (EPOs)

EPO 1: Relate the ICE Detention Standards to the performance of tasks in an ICE detention facility.

EPO 2: Process a detainee for admission by complying with required tasks, documentation, and timeframes.

EPO 3: Answer a detainee's questions regarding the general rules of the facility and the detainee's rights and responsibilities in accordance with information in the National Detainee Handbook.

EPO 4: Determine what actions, if any, are required for food service, including common fare and prohibitions related to food service in disciplinary situations.

EPO 5: Determine what actions, if any are required for health screening, testing, and treatment in the detention facility.

EPO 6: Determine what actions, if any are required providing medical care specifically for women, including monitoring pregnancy and treatment of women during their pregnancy.

EPO 7: Determine the actions required to prevent or intervene in sexual abuse and assault.

EPO 8: Determine the actions required to prevent self-harm or suicide.

EPO 9: Take preventive measures to avoid disciplinary issues in the detention facility.

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EPO 10: Apply steps within the disciplinary system in response to detainee actions.
EPO 11: Execute appropriate and articulable use of force.
EPO 12: Adhere to the grievance procedure, required response, and reporting.
EPO 13: Follow the process for transferring a detainee to another detention facility.

VI. Length of Lesson

EXPLANATION & DEMONSTRATION	PRACTICE	ASSESSMENT	TOTAL
3 hours	1 hour	Detention to Removals PE and Comp Exam	4 hours

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LESSON ADMINISTRATION

I. Lesson Title

ICE Detention Standards

II. Risk Management

None

III. Facility Requirements

Classroom with computer and projector

IV. Transportation Requirements

None

V. Required Staff

One ERO Academy qualified instructor

VI. Academy-Provided Training Aids and Equipment

Detention Standard PowerPoints
Copies of PBNDS 2011 for use in classroom

VII. Student-Provided Equipment

None

VIII. Student Handouts and Materials

- Detention Standards Student Guide
- Copies of PBNDS 2011 available in classroom. These copies stay with the ERO Academy. Student should use them for reference
- Online access to standards at www.ice.gov/detention-standards/2011/

IX. Attachments

- National Detainee Handbook
- Privacy Guidance on Responding to Phone Calls about Detainees
- Authorization for Common Fare Participation

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Lesson Plan

ICE Detention Standards

INTRODUCTION

I. Motivation

ICE detains non-U.S. citizens for immigration violations to secure their presence for immigration proceedings and removal. The focus is on those who are subject to mandatory detention and on those who represent a risk to public safety.

Unlike county jails or state or federal prisons, ICE detention is not intended to be punitive. ICE does house many convicted felons, and there are special units to handle disciplinary problems, but the detention facilities also accommodate noncriminal immigration violators.

This situation presents unique challenges due to competing priorities of detaining a mixed demographic of detainees while ensuring adherence to the ICE Detention Standards. ERO Officers perform their individual responsibilities and comply with the procedures of the specific facilities in which they will be working.

Standards provide direction and guidance to ERO Officers while performing their tasks to:

- Achieve agency objectives for treatment of detainees
- Provide a safe environment for detainees and staff
- Prevent situations that open the agency – and its employees – to bad publicity or lawsuits

II. Objectives

A. Terminal Performance Objective (TPO)

Conditions: Given situations in a detention facility and PBNDS 2011,
Behavior: outline an appropriate course of action
Criterion: that relies on one or more applicable standards.

B. Enabling Performance Objectives (EPOs)

EPO 1: Relate the ICE Detention Standards to the performance of tasks in an ICE detention facility.
EPO 2: Process a detainee for admission by complying with required tasks, documentation, and timeframes.
EPO 3: Answer a detainee's questions regarding the general rules of the facility and the detainee's rights and responsibilities in accordance with information in the National Detainee Handbook.

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EPO 4: Determine what actions, if any, are required for food service, including common fare and prohibitions related to food service in disciplinary situations.
EPO 5: Determine what actions, if any are required for health screening, testing, and treatment in the detention facility.
EPO 6: Determine what actions, if any are required providing medical care specifically for women, including monitoring pregnancy and treatment of women during their pregnancy.
EPO 7: Determine the actions required to prevent or intervene in sexual abuse and assault.
EPO 8: Determine the actions required to prevent self-harm or suicide.
EPO 9: Take preventive measures to avoid disciplinary issues in the detention facility.
EPO 10: Apply steps within the disciplinary system in response to detainee actions.
EPO 11: Execute appropriate and articulable use of force.
EPO 12: Adhere to the grievance procedure, required response, and reporting.
EPO 13: Follow the process for transferring a detainee to another detention facility.

III. Review of the Past

Ask students to briefly summarize the legal justification for detaining aliens.

IV. Agenda

- Review of types of detention facilities
- Role of an ERO Officer vs. role of a contractor
- ICE National Detention Standards and their intent
- Admissions and National Detainee Handbook
- Detainee health and safety: food service, medical care, preventing sexual abuse, preventing self-harm
- Order: disciplinary system, grievance procedure
- Detainee transfer
- Demonstration
- Student practice

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INSTRUCTION

I. Explanation

Instructor Note:
- Conduct a discussion to ensure that students distinguish the legal purpose of alien detention from punitive incarceration, even if many of the detainees have extensive criminal records and are subject to mandatory detention under statute.
- Emphasize that the standards are in place to produce expected outcomes. For example, ask students what might be the result of performing a task according to standards.

A. Types of facilities in which an alien who is subject to removal may be detained by ICE

Instructor Note: This may be a review of discussion in Manage Subjects in a Field Office Hold Room.

1. Detention facilities provide housing for individuals taken into custody pending removal proceedings, release, or repatriation.

   a. ICE detains non-U.S. citizens for immigration violations to secure their presence for immigration proceedings and removal.

   b. The detention facility is responsible for the detainees' care, custody, and control. This means providing food, housing, medical and dental care, clothing, and reasonable recreational facilities.

2. Types of detention facilities managed under ICE Detention Management Control Program

   a. Service Processing Center (SPC) – ICE is the primary operator and controlling party

   b. Contract Detention Facility (CDF) – Contractor-owned facilities provide detention services under a competitively bid contract and are operated jointly with ICE/ERO.

   c. Authorized Intergovernmental Service Agreement (IGSA) Facility

      1) Local prisons or jails that share their facility with ERO and operate under a contract between ICE and the particular state, territory, or political subdivision.

      2) Contract calls for the entity to provide bed space for ICE detainees, along with clothing, medical care, food service, security, and other services specified in the ICE detention standards.

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a) Sole-Use IGSA is a full-service IGSA facility with a certain capacity to be used exclusively for ICE detainees.

b) Shared IGSA facility has detention space that is shared by more than one agency.

c) Under-72-hour facilities are jails or facilities used to house ICE detainees for no more than 72 hours.

3. CDFs, SPCs, and IGSAs are managed under ICE/ERO Detention Management Division.

a. These facilities are inspected and authorized annually.

b. Inspection and authorization is based on compliance with specific ICE detention standards.

c. Under-72-hour facilities are not subject to newer ICE detention standards (PBNDS 2008 or 2011) but are inspected for compliance with National Detention Standards 2000.

4. Other detention facilities

a. Family/residential facility

1) Inspected by Juvenile and Family Residential Management Unit (JFRMU)

2) Authorized under ICE Family Residential Standards

b. Juvenile Facility – State-licensed and authorized for use by JFRMU

c. Federal Bureau of Prisons (BOP) Facility

1) BOP facilities are used by ICE for more than 60 man-days in a fiscal year.

2) Inspected by BOP

5. Detention Facility Locator – https://www.ice.gov/detention-facilities

B. Role of an ERO Officer vs. role of a contractor in a detention facility

1. ERO Officer is a sworn, federal law enforcement officer:

a. Authorized to access an alien's A-File, the EAGLE system, NCIC, and similar law enforcement databases

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b. Processes documents related to detainee's legal status

c. At detention facility, ERO Officers represent ICE, with responsibilities for ensuring that detainees are treated in conformance with the ICE detention standards that apply to the facility.

2. Contractor provides support for ICE functions.

a. Is NOT a sworn federal officer and therefore cannot access the same databases or documents

b. Supports detainees' rights and upholds applicable standards

c. Does not have right to access detainee's A-File, which includes legal documents, but is provided with relevant information on detainee's criminal record to ensure that violent criminals are not mixed with nonviolent offenders or subjects with no criminal history.

d. Maintains records regarding detainees' experience at the facility, including rule violations, incident reports, disciplinary consequences, miscellaneous requests, and medical summary information.

1) Records stored in a separate detention file for each detainee

e. Medical care for detainee is provided through ICE Health Service Corp or contracted medical professionals.

1) Care must conform to ICE detention standards.

2) Access to detainee medical files is restricted to medical professionals.

3) Only medical summary and information essential to the situation is provided to ERO Officers and contractors.

3. Responsibilities at individual facilities will vary:

a. At some facilities, contractors handle virtually all detention management tasks, with the exception of those reserved for law enforcement officers. However, ERO officers must regularly visit and directly communicate with detainees to help ensure that the operation complies with applicable standards.

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b. At other facilities, ERO Officers may be assigned to handle transport and other detention services in addition to managing all legal and A-File processing tasks.

4. Both ERO Officers and contractors are responsible for ensuring that detainees are treated in conformance with the ICE detention standards that apply to the facility.

5. Examples:

a. All staff – ERO Officers and contractors – are required to follow ICE policies for use of force.

b. Drop boxes are provided in every facility for detainees to submit requests and grievances. Only ICE officers may access these to check contractor performance.

C. EPO 1: Relate the ICE Detention Standards to the performance of tasks in a detention facility.

1. ICE requires that facilities and their staff, including contractors, follow a set of national detention standards for conditions of confinement, program operations, and management expectations within the agency's detention system

2. Performance-Based National Detention Standards issued in 2011 – PBNDS 2011

a. 2008 version of the standards still in effect in some facilities, based on when facility's contract with ICE was renewed

b. Additional changes and error corrections made to PBNDS 2011 issued in 2013

Instructor's Note: Refer students to copies of PBNDS 2011 in classroom and online at https://www.ice.gov/detention-standards/2011.

3. Organized in 7 parts, with various subsections:

a. Part 1 – Safety

b. Part 2 – Security

c. Part 3 – Order

d. Part 4 – Care

e. Part 5 – Activities

f. Part 6 – Justice

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g. Part 7 - Administration and Management

3. Performance-based standards focus on the results the standard is intended to produce. To a certain extent, this allows facilities to adapt their procedures to their particular conditions, as long as the procedures produce the required outcomes.

Instructor Note: Direct students to Part 1: Safety, section 1.3, Transportation by Land.

a. Example: ICE Detention Standard for Transportation by Land states that the expected outcomes of this detention standard are:

1) The general public, detainees, and staff will be protected from harm when detainees are transported.

2) Vehicles used for transporting detainees will be properly equipped, maintained, and operated.

3) Detainees will be transported in a safe and humane manner, under the supervision of trained and experienced staff.

4) To the extent practicable, reasonable accommodations (such as wheelchairs, canes) will be made for detainees with physical disabilities and impairments in accordance with security and safety needs.

b. To accomplish this outcome, the standards specify certain "expected practices," such as a pre-departure vehicle check, limits on driving hours, and procedures for meals.

c. The intent is to have practices that achieve the expected outcomes without applying a one-size-fits-all approach.

d. However, some procedures are mandatory and *clearly identified in the standards:*

1) *Procedures in italics are specifically required for SPCs, CDFs, and Dedicated IGSA facilities.* Non-dedicated IGSA facilities must conform to these procedures or adopt, adapt or establish alternatives, provided they meet or exceed the intent represented by these procedures.

5. ICE conducts periodic inspections and evaluations of facilities to ensure conformance to standards.

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6. Specific procedures may differ between facilities.

   a. Example:

      1) Some facilities may have "direct supervision," in which an officer/ contractor will always be physically present within the pod, open common room, or cell block to respond immediately to detainees' needs.

      2) In other facilities, the officers manage the units from a secure observation/control room and do not have a continual physical presence.

      3) In each situation, the expected outcome is order and effective supervision.

   b. Example:

      1) In some facilities, the phones for detainees' use will be accessible within the pod or cell area.

      2) In other facilities, phones are in a designated area, and the requesting detainee will need to be moved to use the phone.

      3) In all cases, detainees must have access to working phones and to certain free calls, based on the standards.

   c. Example:

      1) ICE-run facilities have medical staff from the ICE Health Service Corp; some contract facilities use local doctors and medical staff.

      2) Whether through IHSC or local medical care, detainees must receive adequate and appropriate health services.

D. EPO 2: Process a detainee for admission by complying with required tasks, documentation, and timeframes.

Instructor Note: Refer students to Part 2: Security, sections 2.1 Admissions and Release, and 2.2 Custody Classification.

1. Intake procedures apply to adult detainees at SPCs, CDFs, and over-72-hour IGSAs

   a. Order of the steps and exact processes are specific to a facility

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2. Intake processing and housing are separate for male and female detainees, even when they are in the same facility.

3. Each individual must be listed on Order to Detain, I-203

4. Detainee confinement in the facility's hold room cannot exceed 12 hours – all required intake processing must be completed in that time.

5. Newly arrived detainees are kept separate from the general population until the required screenings and classification are completed.

6. All facilities must have written policies and procedures related to the admissions process

7. Detainees are screened and searched.

Instructor Note: Refer students to Section 2.10 Searches of Detainees.

a. "Searches should be conducted in the least-intrusive manner possible. Absent reasonable suspicion that a detainee is concealing contraband, detainees shall not be strip searched when entering ICE detention facilities."

1) Strip search only when properly authorized by a supervisor

2) Body cavity search only by health personnel and only when authorized by facility administrator based on reasonable suspicion of contraband

b. Detainee's baggage and property is inventoried, recorded, and stored

8. Detainee is allowed to shower and is issued clean clothing, bedding, towels, and personal hygiene items.

9. A staff member of the detainee's gender remains present immediately outside the room when the detainee showers and changes; the door remains open to hear what takes place inside.

10. Separate detention file created to record property tags, detainee classification, housing, meals, and all information related to the detainee's stay at the facility.

11. Detainee receives medical screening by a facility medical professional or specially trained officer.

a. Detainee's medical records and/or book-in packet should accompany him.

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12. Ensure that all detainee information is accurately recorded in the appropriate electronic and paper files.

    a. Update EADM

    b. Place documents in detention file.

13. Detainee allowed one 3-minute, free telephone call.

E. EPO 3: Answer a detainee's questions regarding the general rules of the facility and the detainee's rights and responsibilities in accordance with the National Detainee Handbook.

Instructor Note: Refer students to Part 6: Justice, section 6.1 Detainee Handbook. National Detainee Handbook is included in the Student Guide.

1. Each detainee must receive the National Detainee Handbook and a local supplement describing facility-specific rules and information.

    a. Offered in English and Spanish and in translation for other significant segments of the facility population with limited English proficiency.

    b. Facility must provide translation for detainees who are unable to understand language of handbook and supplement.

    c. Detainee must acknowledge that he has received the materials by signing back of I-385 or comparable form.

    d. Form is filed in alien's detention file.

2. Required content for orientation at SPCs, CDFs, and dedicated IGSAs includes:

    a. Facility operations, in general

    b. Typical detainee case chronology

    c. Authority, responsibilities, and duties of security officers

    d. Procedures for detainee to contact the ERO Officer handling his docket

    e. Availability of free legal services and how to pursue those services

    f. Standards of conduct, acceptable and unacceptable behavior, and other rules and requirements

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g. Disciplinary procedures, grievance procedures, and appeals procedures

h. Facility's sexual abuse and assault prevention and intervention program

i. Facility services – recreation, food service (and availability of diets to satisfy religious requirements), various housing units

j. Schedule of programs and daily activities – visitation, law library, religious programs, mail service, telephone use, sick call procedures, and daily count

k. Voluntary work programs

l. Information on how to file formal complaints with DHS Office of Inspector General

3. Video provides overview of handbook content. Use interpreter if detainee does not understand language of the video.

4. Staff demonstrates how to use telephone system, including free calls to consulates and to free legal service providers.

Instructor Note: Also refer students to Part 5: Activities, section 5.6 Telephone Access.

5. Staff must answer detainee questions without giving advice about a legal matter or recommending a professional service.

Instructor Note: Note what ERO Officers can and cannot disclose on the phone to interested parties – see Privacy Guidance on Responding to Phone Calls about Detainees.

F. EPO 4: Determine what actions, if any, are required for food service situations, including common fare and prohibitions related to food service in disciplinary situations.

Instructor Note: Refer students to section 4.1 Food Services in PBNDS 2011.

1. Detention facilities must provide detainees a nutritionally balanced diet that is prepared and served in a sanitary and hygienic food operation:

2. Special diets and ceremonial meals are provided without charge to detainees whose religious beliefs require adherence to religious dietary laws.

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a. The facility provides information about the availability of religious and special diets in a language or manner that detainees can understand.

b. "Common fare" refers to a no-flesh protein option provided whenever an entrée containing flesh is offered as part of a meal. This diet is designed as the foundation from which modifications can be made to accommodate the religious diets of various faiths.

c. Detainees can participate in the common fare program by initiating an "Authorization for Common Fare Participation"

Instructor Note: Refer students to Authorization for Common Fare Participation form in the Student Guide.

d. With the exception of fresh fruits and vegetables, the facility's kosher food frozen entrees are purchased precooked in a sealed container, heated, and served hot.

e. If a prescribed medical diet conflicts with the common fare diet, the medical diet takes precedence.

3. Food is never used for reward or punishment.

4. The facility administrator's written authorization is required if detainees in segregation units are to receive sack meals.

G. EPO 5: Determine what actions, if any, are required for health screening, testing, and treatment in the detention facility.

Instructor Note: Refer students to section 4.3 Medical Care and remind students of the discussion of health screening that was part of the admissions process.

1. General detention facility requirements

a. A designated health services administrator (HSA), or the equivalent in non-IHSC staffed detention facilities, has overall responsibility for health care services.

b. Detainees in Special Management Units have access to the same or equivalent health care services.

c. Information about each detainee's health status is treated as confidential, and medical records must be kept separate from other detainee detention files.

d. Each facility provides interpretation and language services related to medical and mental health care.

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1) Only in emergency medical situations should other detainees provide interpretation or translation.

f. A transportation system provides timely access to health care services that are not available at the facility. Procedures for using this system include:

1) Prioritize based on medical needs and urgency (such as using an ambulance instead of standard transportation)

2) Transfer medical information and medications

3) Provide two officer escorts

a) If ambulance is used, one escort rides in ambulance, the second follows in another vehicle.

b) If ICE vehicle is used, two officers escort the detainee.

4) Secure and control the detainee in medical facility using:

a) Tactical communication

b) Command presence

c) Two officer escorts

d) Leg restraints to the hospital bed or chair in doctor's office if detainee is noncompliant. For juveniles and pregnant females, restrain only as required for safety and security concerns of all persons.

e) Straps are used if detainee is combative.

f) Any metal utensils are replaced with plastic.

2. Requirements for health screening

Instructor's Note: Refer students to Part 4: Care, sections 4.3 Medical Care and 4.4 Medical Care for Women.

Note that the Public Health Service also lesson addresses health screening, medical records, vulnerable populations, suicide prevention, and other issues related to detainee health and safety.

a. Detainees receive initial medical, dental, and mental health intake screenings within 12 hours of arrival at the detention facility by a

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health care provider or a specially trained detention officer.

1) Screening includes asking detainee about any known acute or emergent medical conditions.

2) Any detainee identifying such a condition must be referred for evaluation by a qualified, licensed health care provider as quickly as possible, and no later than two working days.

b. All new arrivals receive TB screening within 12 hours of intake and in accordance with CDC guidelines.

c. Each facility's health care provider conducts a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival (unless more immediate attention is required due to an acute or identifiable chronic condition).

d. Health care professionals evaluate detainees on the basis of medical and mental health needs and then refer them for evaluation, diagnosis, treatment, and stabilization as medically indicated.

e. A detainee may be referred for mental health treatment based on screening, medical evaluation, or observation by detention staff.

1) Evaluation must be conducted by a qualified mental health professional within 72 hours of referral.

2) Detainees at high risk for violent behavior because of mental health condition may be placed in medical isolation if authorized by clinical medical authority.

3) Before placing a mentally ill detainee in medical housing, a medical or mental health professional must determine that placement in medical housing is medically necessary.

f. If a detainee discloses a history of sexual victimization or abuse during a medical or mental health intake screening, an immediate referral must be made to a qualified, licensed health care provider.

g. Detainees who report substance abuse are evaluated for their degree of reliance on, and potential for withdrawal from, the substance.

3. Requirements for treatment

a. Detainees with chronic conditions (such as active TB or infectious diseases) receive care and treatment, which includes medication

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monitoring, diagnostic testing, and admission to chronic care clinics.

1) Detainees with TB symptoms and/or laboratory findings are placed in an airborne-infection isolation room with negative pressure ventilation and are promptly evaluated for TB.

2) Medical personnel provide medical care that is consistent with national recommendations and guidelines for all detainees who are diagnosed with HIV/AIDS.

3) Detainees with HIV are not separated from the general population, either pending a test result or after a test report, unless clinical evaluation reveals a medical need for isolation.

b. Detainees receive continuity of care from time of admission to time of transfer, release, or removal. They also receive:

1) Discharge plan

2) Summary of medical records

3) Any medically necessary medication and referrals to community-based providers as medically appropriate.

4) ERO Officers are responsible for ensuring all medications are available for pick up when detainee is being removed from the United States

H. EPO 6: Determine what actions, if any, are required for providing medical care specifically for women, including monitoring pregnancy and treatment of women during their pregnancy.

1. General requirements for female detainees

a. Female detainees receive routine, age-appropriate gynecological and obstetrical health care.

b. All medical care shall be conducted in private with only the patient and medical personnel present.

1) Chaperones shall be provided if requested or if care is provided by a male health care provider.

2) When possible, the request of a detainee for a health care provider of a particular gender is honored.

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c. Female victims of sexual abuse have immediate access to emergency medical treatment and crisis intervention services.

2. Pregnant female detainees are considered "special needs" aliens. FOD must ensure that they are constantly monitored and receive appropriate pre-natal care while in ICE custody.

a. A pregnant woman or a woman in post-delivery recuperation shall not be restrained except in truly extraordinary circumstances that render restraints absolutely necessary.

1) Restraints are never permitted on women who are in active labor or delivery.

b. A pregnant detainee has access to pregnancy services, including routine or specialized prenatal care, pregnancy testing, comprehensive counseling and assistance, post-partum follow up, lactation services, and abortion services.

I. EPO 7: Determine the action required to prevent or intervene in sexual abuse and assault.

Instructor Note: Refer students to Part 2: Security, section 2.11 Sexual Abuse and Assault Prevention and Intervention.

Explain that ICE Directive 11062.2: Sexual Abuse and Assault Prevention and Intervention (May 22, 2014) mandates training on this subject. The summary that follows addresses some of the issues but does not replace the specific training requirement.

1. ICE has zero tolerance policy for all forms of sexual abuse or assault.

2. ICE policy to provide effective safeguards against sexual abuse and assault of all individuals in ICE custody,

a. Detention Standards 2.11: Sexual Abuse and Assault Prevention and Intervention

b. ICE Directive 11062.2: Sexual Abuse and Assault Prevention and Intervention (May 22, 2014)

1) Policy based on Prison Rape Elimination Act (PREA), which applies to all federal confinement facilities, including ICE detention and holding facilities

3. Covers sexual abuse and assault of a detainee by another detainee or by staff member, contractor, or volunteer

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4. Prevention of sexual abuse and assault at admission

   a. Detainees are screened to identify those likely to be sexual aggressors or sexual victims, and these detainees shall be housed to prevent sexual abuse or assault.

   b. Detainees who are considered likely to become victims are placed in the least restrictive housing that is available and appropriate.

5. Policy defines sexual assault and abuse – in addition to overt sexual contact, it includes:

   a) Threats, intimidation, harassment, indecent language or communications aimed at pressuring a detainee to engage in a sexual act

   b) Repeated verbal statements or comments of a sexual nature to a detainee

   c) Voyeurism – the inappropriate visual surveillance of a detainee for reasons unrelated to official duties

6. Detainees are encouraged to report harassment of a sexual nature or observed abuse or signs of abuse

7. Allegations or suspicion regarding sexual abuse or assault or retaliation for reporting incident, or staff neglect that could have contributed to incident or retaliation:

   a. Must be immediately reported to supervisor or designated official, and then to FOD

   b. Allegation is reported as a significant incident and referred for investigation.

   c. FOD ensures that law enforcement agency having jurisdiction is notified

8. Limit disclosure of information regarding allegation to individuals with a need to know.

9. Ensure that reporting allegation does not result in any sort of retaliation

10. Staff suspected of perpetrating sexual abuse or assault are removed from all duties requiring detainee contact pending outcome of the investigation.

11. Intervention in sexual abuse and assault

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a. If sexual abuse or assault of any detainee occurs, medical, psychological, safety, and legal needs of the detainee must be promptly and effectively addressed

1) Offer victim immediate protection from alleged abuser

2) Avoid punishment of victim for reporting abuse or for participating in sexual activity as a result of force or coercion

b. External independent, qualified health care personnel gather clinical forensic evidence.

c. Assailants are disciplined and may be subject to criminal prosecution.

d. Medical staff documents medical and mental health evaluations and treatment, crisis intervention counseling, recommendations for post-release follow-up treatment and/or counseling.

e. Ensure accommodations made to provide protection and support for detainees with disabilities or limited English proficiency

12. Resources:

a. Facility designates qualified staff member from a community-based organization, or a qualified agency staff member, to provide emotional support, crisis intervention, information, and referrals for detainees in ERO custody who report sexual abuse or assault.

b. FOD is responsible for ensuring that facility attempts to make available to the victim a victim advocate from a rape crisis center, or if unavailable, another community victim service provider.

c. Every facility designates a Sexual Abuse and Assault Prevention and Intervention Program coordinator

d. ERO Sexual Abuse and Assault Prevention and Intervention Resource Center (SAAPI RC) – central repository for field to locate and research applicable policies, guidance, and training.

J. EPO 8: Determine the actions required to prevent self-harm or suicides.

Instructor Note: Refer students to Part 4: Care, section 4.6 Significant Self-harm and Suicide Prevention and Intervention.

This topic is also addressed in the Public Health Service lesson.

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1. Initial screening: Within 24 hours of admission, all detainees receive an initial mental health screening by a qualified health care professional or health-care-trained correctional officer.

    a. Results of the screening contain observation and interview items related to potential, significant self-harm/suicide risk.

    b. When assuming custody from federal, state, or local LEA, ERO staff or designee shall ask about any known prior suicidal behaviors or actions.

2. Ongoing identification: At any time while in ICE custody, detainees may be identified as being at risk for significant self-harm/suicide.

    a. This identification occurs from self-referral or daily observation and/or interaction with medical staff, contract security staff, or an ICE officer.

    b. Medical staff may recommend hospitalizing the detainee for evaluation and/or treatment.

    c. If the detainee is mentally incompetent or is mentally competent and refuses, it may be necessary to petition the appropriate federal court to intervene against the detainee's refusal for purposes of his or her hospitalization and treatment.

3. Housing and monitoring at-risk detainees: Detainees identified as being "at risk" for significant self-harm or suicide shall be referred within 24 hours to the mental health provider.

    a. Until this evaluation takes place, security staff places the detainee in a secure environment on a constant one-to-one visual observation.

    b. Deprivations and restrictions placed on a suicidal detainee need to be kept at a minimum.

    c. The detainee is provided a suicide smock to wear when medically indicated. Under no circumstance is the detainee held without clothing.

    d. Re-assess the detainee discharged from suicide watch at regular intervals.

4. Transferring: Any detainee believed to be in need of seclusion, and/or restraint due to self-harming or suicidal behavior is transferred to a psychiatric facility.

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5. Reporting: If a detainee attempts suicide, notify all appropriate ICE and ICE Health Service Corps officials, the detainee's family, and any appropriate outside authorities.

   a. Medical staff completes an Incident Report Form within 24 hours.

   b. All staff who came into contact with the detainee before the attempted suicide or before the detainee died as a result of suicide submit a statement with their knowledge of the detainee and the incident.

   c. If a detainee dies as a result of a suicide, follow the Notification and Reporting of Detainee Deaths Directive.

K. EPO 9: Take preventive measures to avoid disciplinary issues in the detention facility.

1. Communicate expectations with detainees. A detainee having a complete understanding of what is expected, and the consequences when expectations are not met, helps maintain order in the facility.

   a. National Detainee Handbook and local supplement contain rules of conduct and prohibited acts and sanctions imposed for violations.

   b. Ongoing sources of information are the detention facility staff and posted rules, rights, and disciplinary sanctions and local policy.

   c. Facility staff can solve a detainee's problem by being visible and interacting often with detainees while performing staff duties.

2. Regularly communicate with detainees in a manner that builds trust.

3. Prevention is crucial for maintaining calm and order in the detention facility. Requirements in the PBNDS are designed to ensure that detainees' needs are met. ERO Officers can be the first line of defense to make sure the standards are being met.

   a. One way to determine this is to have regular conversations and ask the detainees about issues such as:

      1) Food: Is it good? Is it provided three times a day at the appropriate time? (PBNDS 2011 - 4.1)

      2) Recreation: Are you getting the required amount of recreation? Are you able to socialize when it is safe and appropriate? (PBNDS 2011 - 5.4)

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3) Health: Are your medical issues addressed and in a timely manner? (PBNDS 2011 - 4.3 and 4.4)

4) Hygiene: Do you have the proper amount and type of clothing and access to personal hygiene facilities and tools (showers, toothpaste, soap, etc.)? (PBNDS 2011 – 4.5)

b. Typically, the most important issues for detainees – the ones that cause the most unrest when not up to standard – are food, recreation, health, and hygiene.

4. Maintain situational awareness.

a. Always know what is going on around you.

b. Talk and communicate with the detainees.

Instructor Note: Be polite and respectful and always maintain strict professionalism. Detainees are not your friends.

L. EPO 10: Apply steps within the disciplinary system in response to detainee actions.

Instructor Note: Refer students to Part 3: Order, section 3.1 Disciplinary System.

1. Every facility has a formal system for dealing with infractions to the rules of the facility. If the detainee's breaking of the rules cannot or should not be resolved informally, follow these steps:

a. Report the incident to your supervisor.

b. Complete an incident report. Report must also be provided to the detainee within 24 hours.

c. Facility staff conduct an investigation based on the report within 24 hours of its submittal.

1) Unit disciplinary committee and institution disciplinary panel investigate and conduct hearings if warranted.

2) Serious incidents may be dealt with as a criminal offense.

3) A detainee found guilty of an infraction is subject to disciplinary action commensurate to the prohibited act sanction recommended in the disciplinary process.

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a) Detainee can be placed into disciplinary segregation (Special Management Unit or SMU) or other applicable sanctions as provided in the standard.

4) Copy of incident report goes into detainee's detention file

5) If detainee is found not guilty, do not include incident record in detention file

d. Uphold detainee rights.

e. Inform the detainees about the formal grievance system (found in the National Detainee Handbook).

M. EPO 11: Execute appropriate and articulable use of force.

Instructor Note: Students have been practicing the articulation and application of force since the second week in class. The following information should be a review of use of force in the context of a detention facility.

1. Officers may use force when other reasonable attempts to otherwise resolve the situation fail. Officer should use only the necessary and reasonable force to:

   a. Gain control of a detainee

   b. Protect the safety of detainees, staff, and others

   c. Prevent serious property damage

   d. Ensure the security and ordering operation of the facility.

2. Officers may not use physical force or restraints as punishment.

3. All use of force actions must be articulated well enough to be justified in accordance with Graham v. Connor.

4. Detainees subject to use of force must be seen by medical staff as soon as possible.

5. Detainees must be restrained until they are no longer a danger. Continued use of restraints requires approval.

6. Document use of force actions and use of restraints no later than the end of the shift.

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a. Use required form for Use of Force Incident Reporting (not for restraints)

b. Incident Report is not required for use of restraints.

7. If detainee is in a location where there is no immediate threat to the detainee or others – such as a locked cell – take time to assess the possibility of resolving the situation without resorting to force.

a. On-site ranking detention official, health professional, and others assess situation taking into account detainee's medical and mental health history, other information on detainee's state of mind

b. Calculated use of force preferred over immediate use of force in most cases

c. Calculated use of force must be authorized in advance by facility administrator

d. Medical staff review detainee's file to determine any condition that intermediate force weapon could seriously exacerbate

e. Entire calculated use of force incident must be audio visually recorded and fully documented

N. EPO 12: Adhere to the grievance procedure, required response, and reporting.

Instructor Note: Refer students to Part 6: Justice, section 6.2 Grievance System.

1. Each facility has an informal and formal grievance system. Detainees receive written responses to a grievance in a timely manner.

2. Responses based on types of grievance:

a. Informal: Staff members who receive a detainee's informal grievance will:

1) Attempt to resolve the issue informally, if the issue is within his/her scope of responsibility

2) Notify the appropriate supervisor of the grievance as soon as practical

3) Log the grievance/resolution in the detention file and facility's grievance log.

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4) Staff shall make every effort to resolve the cause for complaint at the lowest level possible in an orderly and timely manner.

b. Formal written: Staff members provide the number of forms and envelopes requested by the detainee.

1) To prepare a grievance, a detainee can ask for help from another detainee, the housing officer or other facility staff, family members, or legal representatives

2) Staff shall take reasonable steps to expedite requests for assistance from these other parties

c. Emergency: Grievances involving an immediate threat to health, safety, or welfare of the detainee and are brought by a detainee to a designated grievance officer or directly to the facility administrator.

d. Medical: Use the same procedures for "Formal written" and submit the form directly to medical personnel. Submit medical grievances in a sealed envelope clearly marked "medically sensitive."

3. Direct detainees to learn about the grievance procedure from National Detainee Handbook.

4. Provide assistance if detainees cannot properly communicate their concern.

5. Each facility maintains a detainee grievance log that the FOD and ICE headquarters staff can inspect regularly. Enter into the log the following:

a. Date grievance filed

b. Name of detainee that filed grievance

c. Nature of the grievance

d. Date decision provided to detainee

e. Outcome of the adjudication

O. EPO 13: Follow the process for transferring a detainee to another detention facility.

Instructor Note: Refer students to PBNDS Part 7: Administration and Management, section 7.4 Detainee Transfers.

1. FOD decides detainee transfers on the basis of case information.

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2. Notification of transfer

   a. Detainee's legal representative-of-record notified as soon as practicable, no later than 24 hours after the detainee is transferred.

   a. Notification to detainee is done orally and in writing in a language the detainee understands immediately before transport.

   b. Specific plans and time schedules are not discussed with the detainee. Following notification, the detainee:

      1) Is not permitted to make or receive any telephone calls until the detainee reaches the destination facility

      2) Has no contact with any detainees in the general population until he reaches the destination facility

   c. At transfer, sending facility provides detainee with name, address, phone number of receiving facility on Transfer Notification Form

      1) Detainee signs to acknowledge receipt

3. Health care provider prepares health care arrangements.

Instructor Note: Stress that the ERO Officer does not prepare the health care arrangements or paperwork.

   a. Copy of the detainee's full medical record and any medical/psychiatric alerts or holds that have been assigned to the detainee – all contained in a sealed envelope

   b. Indicates if detainee's medical or psychiatric condition requires medical escort during transit

   c. Arranges for a minimum 7 days' worth of prescription medications (for TB medications, up to 15 days' supply)

   d. Provides instructions and/or medications for the detainee's care in transit

      1) Recorded on Medical Transfer Summary, IHSC 849

4. Post-transfer

   a. Sending facility updates EARM.

   b. Receiving facility:

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1) Creates a new G-589 and I-77 during admissions in-processing

2) Offers detainee one domestic, 3-minute phone call at no cost

II. Demonstration

Instructor Note: The demonstration scenarios may be assigned to small groups.

Note that not all the questions here are directly addressed in the lesson – students are to refer to the National Detainee Handbook and PBNDS 2011 to locate the required information and then cite the reference in their answer.

1. Refer to the National Detainee Handbook and provide an answer to a detainee who asks each of the following questions:

a. How do I contact the consul from my country?

Detainees are entitled to make free telephone calls to their consulate. If you have a problem making the calls, you can talk with an ICE staff member or submit a written request to ICE.

b. When can I see my attorney?

The facility has times, seven days a week, for detainees to meet with legal representatives or paralegals.

c. How can my family and friends contact me?

They can write to you at this facility. You will need to provide them with your A-Number, and that number must appear on the envelope. Your incoming mail will be opened and checked for contraband and for inappropriate content such as sexually explicit material or information regarding illegal activities.

2. A new arrival at your facility tells you that his religion forbids eating pork. How do you respond?

- *Refer the detainee to the chaplain who provide an "Authorization for Common Fare Participation."*
- *The detainee needs to explain his religious reason for participating in the common fare program.*
- *The detainee can get help with the form if he has limited English or cannot read.*
- *The form foes into the detainee's detention file*

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- *The chaplain or food service administrator verifies the information so that the detainee receives the diet as soon as practicable and within 10 days of verification. (PBNDS section: 4.1.G)*

3. Jaime, a new detainee, arrived today at your facility.

a. How soon must Jaime receive a medical, dental, and mental health intake screening?
Within 12 hours upon arrival at each detention facility. (PBNDS section 4.3, II, 14)

b. How soon must Jaime receive a comprehensive health assessment?
No later than 14 days after entering into ICE custody or arrival at facility. (PBNDS section 4.3, II, 15)

c. For the purposes of the comprehensive medical examination, who is a qualified licensed health provider?

Physicians, physician assistants, nurses, nurse practitioners, or others who by virtue of their education, credentials and experience are permitted by law to evaluate and care for patients. (PBNDS section 4.3, II, 15)

4. Ramona, a recent arrival to your facility, is 16 weeks pregnant, as verified by a medical exam.

a. What additional medical services are provided for pregnant females?
Access to prenatal and specialized care Comprehensive counseling including, but not limited to, nutrition, exercise, complications of pregnancy, prenatal vitamins, labor and delivery, postpartum care, lactation, family planning, abortion services, and parental skills education. (PBNDS section: 4.4, E)

b. Ramona is experiencing complications with her pregnancy and must be taken to a local hospital for test. Should she be put in restraints for this trip? Why or why not?
No, except in the rare event that one of the following applies:
- *A medical officer has directed the use of restraints for medical reasons.*
- *Credible, reasonable grounds exist to believe the detainee presents an immediate and serious threat of hurting herself, staff, or others.*
- *Reasonable grounds exist to believe the detainee presents an immediate and credible risk of escape that cannot be reasonably minimized through any other method. (PBNDS section: 4.4, E, 1)*

5. Alejandro, a detainee, reports to you that he has just been cornered in the restroom by another male detainee, was physically restrained, and touched inappropriately. Alejandro was able to get away and went immediately to the first staff member he saw – you. What should you do?

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- *Refer Alejandro to the health care unit for treatment, under appropriate security provisions*
- *Immediately report the allegation of sexual abuse or assault to your immediate supervisor.*
- *ICE/ERO reports the allegation as a significant incident and refers the allegation for investigation. (PBNDS section: 2.11, II, 10, 5)*

6. A detainee tells you that her friend, Sofia, is despairing. Sophia's family hasn't been in contact for months. When Sophia phones they hang up on her, and all her letters to them have been returned marked "refused." Now Sophia hardly eats, hasn't showered for days, just sits on her bunk and says she has nothing to live for. What should you do?

- *If you suspect that Sophia is at risk for significant self-harm or suicide, immediately refer her situation to your supervisor who will notify the medical unit or mental health provider.*
- *She must receive an evaluation within 24 hours.*
- *In the meantime, security staff need to place her in a secure environment where she will receive constant one-to-one visual observation. (PBNDS section: 4.6, B, C)*

7. *Refer to PBNDS 2.12, Special Management Units, to answer this question.*
A fight erupts in the common room between two detainees from rival gangs. One of the detainees pulls a knife. Guards disrupt the incident before any injuries occur. A third detainee confides to a staff member that he saw the fight and knows who supplied the knife. What steps can be taken immediately to address this situation?
According to the standard, all three detainees are placed in administrative segregation – the two gang members until a hearing has been conducted, and the witness to afford protection from other gang members.

8. Yacob Berman is to be transferred to another ICE detention facility.

a. When should he be informed of the pending transfer?
Immediately before transfer

b. When informed of the transfer, Berman says he would like to say goodbye to friends in his housing unit and wants to know how he can tell his attorney and his family about the transfer.
Berman's attorney will be informed no later than 24 hours after transfer. He will be able to make a phone call to his family when he arrives. He will not be able to have contact with any other detainees at the present facility

c. Berman is concerned about how he will get his blood pressure medication and wants to know if the medical staff at the new facility will know about his medical condition.
Berman's medical records will be in a sealed envelope, taken to the new facility. A seven-day supply of his medication will also be part of the transfer.

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III. Student Practice

Instructions: Identify and locate the standard or standards that may apply to the situation. Outline a course of action based on the standards.

1. "He's Reading My Mail"

When an ERO Officer comes on for her shift, a contract employee hands her a crumbled paper that he said came from a detainee drop-box. The employee said he was going to get rid of it because it was "stupid" but figured he'd pass it on to show you what a troublemaker the detainee was.

The paper turns out to be a request from a detainee who said that whenever he received mail from his lawyer, the envelope was always open when it was passed along to him, and he didn't know if it had been read. The detainee was sure that the envelopes were always properly labeled.

Answers:

- *2.13 Staff-Detainee Communication – Only ICE staff should have access to detainee requests*
- *5.1 Correspondence and Other Mail – Special correspondence or legal mail (properly labeled) should be inspected for contraband only. It must be opened in the detainee's presence.*

ERO Officer should report the situation to a supervisor and ensure that the contract employee is aware of the applicable standards.

2. Anonymous Tip

An ERO receives an anonymous tip (via the detainee drop-box) that a detainee housed in the same housing unit has made a weapon. The anonymous source includes information on how the material to make the weapon was acquired and when and how the detainee conceals it on his person.

Answers:

- *2.10 Searches of Detainees – Reasonable suspicion for a strip search if pat-down does not find weapon. Must receive supervisor permission for strip search and document it.*
- *2.3 Contraband – This is hard contraband that may need to be preserved as evidence.*

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- *3.1 Disciplinary System – Disciplinary action to be taken against detainee.*
- *7.1 Detention Files – Strip search form and disciplinary information goes in detainee's detention file*

ERO Officer should attempt to resolve suspicions through less intrusive means before conducting a strip search. All actions must be documented.

3. Hard Time

A detainee who was just brought into the detention center hold room appears very fearful and agitated. He is young and slightly built. You see that his arms are bruised, and he determinedly separates himself from all the other detainees. You also notice that he has scarring on his wrists.

Answers:

- *4.6 Significant Self-Harm and Suicide Prevention and Intervention – Ensure the detainee's safety pending an evaluation by a medical provider and check detainee's medical summary report for prior suicidal actions.*
- *2.6 Hold Room in Detention Facilities – Move the detainee to a separate hold room or to an area outside a hold room under direct supervision and control.*
- *4.3 Medical Care – Ensure that the detainee receives his medical screening and call on the emergency medical and mental health services that are available 24/7 if necessary.*
- *2.11 Sexual Abuse and Assault Prevention and Intervention – If you have any reason to suspect the detainee has been sexually assaulted, follow the facility policy providing medical care and reporting.*

ERO Officer must ensure the detainee's safety and see that necessary medical and mental health care is provided. The facility must have a zero-tolerance policy for all forms of sexual abuse and assault.

4. Detainee Transfer

Two ERO Officers have been directed to transport six detainees from one detention facility to another because their cases have been approved for a change of venue. The trip is expected to take about six-and-a-half hours.

Answers:

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- *1.3 Transportation (by Land) – Provides basic procedures and then references other standards for performing specific tasks.*
- *2.1 Admission and Release – Procedures for ensuring that all detainee documentation is included to ensure detainees will be received in custody at new CDF.*
- *2.5 Funds and Personal Property – Detainee's property must accompany him to new facility.*
- *2.13 Search of Detainee – Required for all officer-to-officer transfer of custody.*
- *2.15 Use of Force and Restraints – Restraints are used as a precaution to prevent escape and injury to others and are used for the least amount of time necessary.*
- *4.1 Food Service – For trips of more than six hours.*
- *7.5 Detainee Transfers – Responsibilities of sending and receiving facilities.*

IV. Feedback and Remediation

The instructor will review the students' responses to each scenario. Through group discussion, correct answers will be provided and explained.

In the Practical Exercise that involves particular detention standards, students will be given the opportunity to redo that portion of the exercise, with guidance as to why they are being required to redo it.

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CONCLUSION

I. Summary of Main Ideas

ICE National Detention Standards have evolved over several years. They support the ICE charge of detaining aliens to secure their presence and, if warranted, initiate immigration proceedings and removal or mandatory detention.

Performance-based standards provide for expected outcomes and expected practices, but they also provide some flexibility, given the varied nature of both the facilities and the detainees housed.

The standards and the examples provided illustrate the situations you will encounter in detention facilities and the ICE expectations for how those situations are to be handled.

II. Integration

The ICE Detention Standards are the foundation for many of the processes and procedures associated with detainee transport, reporting, hold room conduct, and other situations in which you will interact with detained aliens.

III. Objectives

You are now able to:

- Relate the ICE Detention Standards to the performance of tasks in an ICE detention facility.
- Process a detainee for admission by complying with required tasks, documentation, and timeframes.
- Answer a detainee's questions regarding the general rules of the facility and the detainee's rights and responsibilities in accordance with information in the National Detainee Handbook.
- Determine what actions, if any, are required for food service, including common fare and prohibitions related to food service in disciplinary situations.
- Determine what actions, if any, are required for health screening, testing, and treatment in the detention facility.
- Determine what actions, if any, are required providing medical care specifically for women, including monitoring pregnancy and treatment of women during their pregnancy.
- Determine the actions required to prevent or intervene in sexual abuse and assault.
- Determine the actions required to prevent self-harm or suicide.
- Take preventive measures to avoid disciplinary issues in the detention facility.
- Apply steps within the disciplinary system in response to detainee actions.
- Execute appropriate and articulable use of force.
- Adhere to the grievance procedure, required response, and reporting.
- Follow the process for transferring a detainee to another detention facility.

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National Detainee Handbook



nat-detainee-handbook_apr2016.pdf

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Privacy Guidance on Responding to Phone Calls about Detainees



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Authorization for Common Fare



Common_Fare_form.pdf

DHS-19-0195-A, 19-0494-A, 19-0495-A-000195

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Directive 11062.2 Sexual Abuse and Assault Prevention and Intervention, May 22, 2014



11062.2-sexual-abuse-assault-prevention

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U.S. Immigration and Customs Enforcement

ERO

Common TERMINOLOGY

TRANSGENDER DEFINITIONS

ENGLISH

TRANSGENDER:

A person whose assigned sex at birth does not match their internal sense of gender.

TRANSGENDER MAN:

A person whose birth sex is female but understands himself to be, and desires to live his life as a man.

TRANSGENDER WOMAN:

A person whose birth sex is male but understands herself to be, and desires to live her life as a woman.

ESPAÑOL

TRANSGÉNERO :

Una persona cuyo sexo al nacer no coincide con su sentido interno de género.

HOMBRE TRANSGÉNERO:

Una persona cuyo sexo de nacimiento es femenino pero se siente y quiere vivir su vida como hombre.

MUJER TRANSGÉNERO:

Una persona cuyo sexo de nacimiento es masculino pero se siente y quiere vivir su vida como mujer.

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U.S. Immigration and Customs Enforcement

Best Practices for

Cross-Gender, Transgender, and Intersex Searches

This guidance complements ICE Performance Based National Detention Standards (PBNDS), ICE policy 11087.1: *Operations of ERO Holding Facilities,* and the U.S. Department of Homeland Security *Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities* (DHS PREA).

Physical Searches in Detention Facilities, Holdrooms, and Staging Facilities

- **All** searches shall be performed in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and agency policy, including consideration of officer safety. PBNDS 2011 2.10 *Searches of Detainees*, ICE policy 11087.1: *Operations of ERO Holding Facilities* and DHS PREA §115.15 and §115.115
- **ALL strip and body cavity searches shall be documented**. PBNDS 2011 2.10 *Searches of Detainees,* ICE policy 11087.1: Operations of ERO Holding Facilities and DHS PREA §115.15 and §115.115
- **Juvenile body cavity searches** will only be done by medical practitioners. PBNDS 2011 2.10 *Searches of Detainees,* ICE policy 11087.1: *Operations of ERO Holding Facilities* and DHS PREA §115.15 and §115.115
- **Cross-gender strip searches and body cavity** searches shall not be conducted except in exigent circumstances, including consideration of officer safety, or when performed by medical personnel. ICE policy 11087.1: *Operations of ERO Holding Facilities* and DHS PREA §115.15 and §115.115
- Communicate each step of the search and any instructions in a clear manner.
- During searches, carefully observe for non-verbal cues which may indicate physical resistance.
- If a detainee begins to act erratically or appears upset, this could be the result of past trauma. If possible, consider halting the search and attempting to deescalate the situation.

Transgender and Intersex Searches

- At no time shall any search be conducted solely for the purpose of determining a detainee's genital characteristics or gender. PBNDS 2011 2.10 *Searches of Detainees*, ICE policy 11087.1: *Operations of ERO Holding Facilities* and DHS PREA §115.15 and §115.115
- If the detainee's gender is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, learning that information as part of a medical examination at intake or other processing procedure conducted in private, by a medical practitioner. PBNDS 2011 2.10 *Searches of Detainees*, ICE policy 11087.1: *Operations of ERO Holding Facilities* and DHS PREA §115.15 and §115.115
- Requests for transgender detainees to remove appearance-related items such as prosthetics, clothing that conveys gender identity, wigs, and cosmetics should be consistent with requirements for the removal of similar items for non-transgender detainees. ICE Memo dated June 19, 2015 *Further Guidance Regarding the Care of Transgender Detainees*
- Do not conduct "dual gender" searches, where two different gendered staff search different parts of a detainee's body.
- Whenever operationally feasible, officers conducting a search must be of the same gender, gender identity, or declared gender as the detainee being searched.

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DEFINITIONS

Cross-Gender Search:
Opposite gender; i.e. male to female, and female to male.

Transgender:
A person whose assigned sex at birth does not match their internal sense of gender.

Transgender Man:
A person whose assigned sex at birth is female, but understands himself to be, and desires to and/or lives his life as a man.

Transgender Woman:
A person whose assigned sex at birth is male, but understands herself to be, and desires to and/or lives her life as a woman.

Intersex:
Having sexual or reproductive anatomy or chromosomal pattern that does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

Exigent Circumstances:
Temporary and unforeseen circumstances that require immediate action.

Pat Search:
Sliding or patting of the hands over the clothed body of a detainee by staff to determine whether the individual possesses contraband. A pat search does not require the detainee to remove clothing, although the inspection includes a search of the detainee's clothing and personal effects.

ICE Detention Facilities

Cross-Gender Search Requirements

- Cross-gender pat searches of male detainees shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat search is required or in exigent circumstances. PBNDS 2011 2.10 *Searches of Detainees* and DHS PREA §115.15
- Cross-gender pat searches of female detainees shall not be conducted unless in exigent circumstances. PBNDS 2011 2.10 *Searches of Detainees* and DHS PREA § 115.15
- All cross-gender pat searches shall be documented (including details regarding exigent circumstances (if any)). PBNDS 2011 2.10 *Searches of Detainees* and DHS PREA §115.15

Strip and Body Cavity Search Requirements

- **All** strip searches shall be conducted in a manner designed to ensure as much privacy for the detainee as practicable. PBNDS 2011 2.10 *Searches of Detainees*
- An officer of the same gender as the detainee shall perform **strip searches**. In the case of an emergency, a staff member of the same gender as the detainee shall be present to observe a strip search performed by an officer of the opposite gender. When an officer of the opposite gender conducts a strip search which is observed by a staff member of the same gender as the detainee, staff shall document the reasons for the opposite gender search in any logs used to record searches and in the detainee's detention file. PBNDS 2011 2.10 *Searches of Detainees*
- **Cross-gender and Transgender strip searches** will be done in a private area. PBNDS 2011 2.10 *Searches of Detainees*
- **Body Cavity searches** shall only be conducted by a medical professional and take place in an area that affords privacy from other detainees and from facility staff who are not involved in the search. PBNDS 2011 2.10 *Searches of Detainees*
- Staff, other than the designated qualified health personnel, of the **opposite gender** as the detainee shall not observe **a body cavity search**. PBNDS 2011 2.10 *Searches of Detainees*
- Whenever possible, **transgender** detainees shall be permitted to choose the gender of the medical professional conducting **a body-cavity search**. PBNDS 2011 2.10 *Searches of Detainees*

ICE Holdrooms and Staging Facilities

Cross-Gender Pat Search Requirements

- **Cross-gender pat searches** are allowed, but where operationally feasible, an officer of the same gender as the detainee will perform the pat search. ICE policy 11087.1: *Operations of ERO Holding Facilities*

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Best Practices for

Cross-Gender, Transgender, and Intersex Searches

Training Certification

By signing and dating below I certify I have received training on detention facility, holdroom and staging facility physical search requirements found in PBNDS, ICE policy 11087.1: Operations of ERO Holding Facilities and DHS PREA related to general, cross-gender, transgender, and intersex searches including:

- Search documentation
- Search parameters
- Search procedures
- Authorized search personnel
- Search personnel gender requirements

Name and Title	Date

AMERICAN OVERSIGHT

ICE Health Service Corps

Clinical Guidelines for the Treatment of Gender Dysphoria (formerly Gender Identity Disorder, GID)

Introduction

Gender, that is the essence of male and female, is not a clear cut distinction, but rather a spectrum on which an individual perceives themselves and is perceived by others. Transgender individuals identify with a gender which is different than their sex assignment at birth. This gender identity often manifests early in childhood but may emerge in adolescence or even adulthood. Transgender individuals may identify with the opposite sex (e.g. male to female or transwoman/girl, female to male or transman/boy) or somewhere along the gender spectrum identifying with characteristics of both genders (gender non-conforming).

Discordance between self-perception, perception of and treatment by others, and gender assignment at birth lead to conflict regarding gender identity, the most extreme of which is Gender Dysphoria (GD). Gender dysphoric individuals do not identify with their birth-assigned gender which in turn generates distress from internal discord as well as external (family and social) misunderstanding and rejection which may culminate in neglect and/or abuse.

Many patients with GD have a strong desire to modify their appearance to match the gender they identify with, and this may be achieved through hormonal supplementation as well as a vast array of surgical procedures. Both hormone treatment, as well as gender affirming (reassignment) surgery (most conservatively referring to genital reconstruction only), are covered as necessary medical treatment by major health plans as long as appropriate medical evaluation has occurred and been documented.

Basic Tenets of Managing Patients with Gender Dysphoria

1. Evaluation and treatment of detainees with GD should involve a multidisciplinary team including medical, mental health, pharmacy, nursing and administrative staff.
2. Treatment of GD is not cosmetic; denial of treatment may lead to worsening mental health and self-harm by distressed detainees.
3. Use of the pronoun corresponding to the desired gender should be utilized; slang terms ("tranny", "he-she", etc.) are derogatory and are not permissible.
4. Instituting treatment for ICE detainees with GD does **not** require previous hormone treatment. Newly diagnosed and/or previously untreated GD will be managed with the same liberality as newly diagnosed and/or previously untreated hypertension or diabetes – if treatment is clinically indicated, is desired by the patient and no medical/mental health contraindications exist, it will be initiated. Initiation of treatment does, however, require 1) evaluation by a mental health provider to officially establish the diagnosis of GD as well as evaluation for comorbid mental health illness and 2) counseling by a trained medical provider regarding the risks and benefits of treatment as well as reasonable expectations of hormone treatment. Gender affirming surgery will be considered, on a case-by-case basis, consistent with applicable medical standards.
5. Laboratory values are utilized to guide your treatment plan; corresponding physiologic

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changes are slow and variable amongst individuals and "failure to see changes" should not prompt an increase in dosage without supportive laboratory data. In addition, laboratory monitoring, pertinent review of systems, extensive counseling and physical examinations are all necessary to optimize patient safety. See **Appendix A and B** for the current treatment protocols and **Appendix E and F** for the informed consent documents which will be utilized as a counseling tool as well as documentation of the patient's understanding of the risks and benefits of hormone treatment.

6. Screening for concomitant medical conditions
    - Mental Health (MH) conditions (mood disorders, anxiety disorders, PTSD etc.) are more common in transgender individuals than the general population. All transgender individuals will be referred to a MH professional for the initial evaluation of GD as well as other concomitant MH conditions; the care plan including frequency of MH appointments will follow as deemed clinically appropriate by the MH provider. In addition, the patient should be assessed for readiness to start/continue treatment: consolidation of gender identity (if time in custody allows), progress in stabilizing mental health, and is deemed likely to take hormone treatment responsibly.
    - Blood borne pathogens and sexually transmitted infections (STIs) – HIV, syphilis, hepatitis B and C, chlamydia and gonorrhea - are common infections among transgender patients and should be actively screened for at the initial provider evaluation. Failure to diagnose may lead to untoward clinical outcomes and/or spread of infection both within and outside of the correctional environment.
7. For additional staff training and resources, see Appendix B.

Special Issues for Transgender Individuals in Custody

1. *Housing determination*

    Segregation is not required nor encouraged unless the detainee self-identifies as feeling vulnerable or at risk of harm because of their gender identity. Such concerns will be addressed during custody processing and should also be queried at the time of intake, as well as during periodic medical and mental health evaluations. Automatic assignment to administrative segregation for simple disclosure of gender dysphoria without perceived risk of harm/vulnerability may lead to the well-recognized risk of prolonged isolation, including significant self-harm and suicide.

    In facilities which have adopted or implemented best practices found in the "ICE Detention Facility Contract Modification for Transgender Care," transgender detainees may initially be placed in administrative segregation for a maximum of 72 hours (not counting weekends and holidays) to allow for the Transgender Classification and Care Committee to convene and determine a detention plan which includes housing. Housing options include: 1) general population male or female, 2) special unit housing (e.g., Gay-Bisexual-Transgender (GBT) or transgender only), or
    3) in rare cases, administrative segregation.

    Housing of transgender detainees in facilities which have not adopted or implemented this contract's best practices will be left to the discretion of the medical and custody staff. Several factors should be considered including the degree of gender expression of the

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detainee, comfort and safety of the detainee and the layout of individual units including privacy factors. Medical staff are encouraged to assist custody staff in establishing housing assignment.

2. *Gender Specific Undergarments*

   Undergarments which reflect the gender identity of the individual should be provided. Special needs forms should suffice as medical orders which custody staff shall honor.

3. *Additional support and resources*

   A correctional setting poses many challenges for a transgender person given the lack of privacy, targeted discrimination and abuse which may be amplified in close quarters and the risk of sexual assault. Resources are available to help these detainees share common experiences for support and encouragement. See **Appendix C**.

Continuity of Care Referrals

If a transgender detainee is released to the U.S., there are many regional centers of excellence as well as independent practitioners where the detainee may continue their care. See **Appendix D**. In the case of deportation, in country resources for transgender care may be limited and IHSC-directed referrals won't usually be possible. However, transgender detainees will be provided with two weeks of medication (in line with standard IHSC guidelines) to provide them with a chance to establish care once they have repatriated.

References

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2. Tom Waddell Health Center. (2006, revised May 2013). *Protocols for Hormonal Reassignment of Gender*. Accessed online January 28, 2014 from: http://www.sfdph.org/dph/comupg/oservices/medSvs/hlthCtrs/TransGendprotocols122006.pdf
3. Hembree et al. Endocrine treatment of transsexual persons: an Endocrine Society clinical practice guideline. J Clin Endocrinol Metab. 2009; 94(9):3132-54
4. VA Pharmacy Benefits Management Services, Medical Advisory Panel and VISN Pharmacist Executives. Transgender Cross-Sex Hormone Therapy Use. February 2012
5. Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. Retrieved from http://www.apa.org/practice/guidelines/transgender.pdf

Disclaimer – Clinical guidelines have been established to provide medical providers at IHSC facilities with general information regarding the management of patients. Guidelines are not statements of policy. Medical providers should consider each case individually, in the context of good clinical judgment and within the provider's experience and comfort level. This guidance is not intended to, does not, and may not be relied upon to create any right or benefit, substantive or procedural, enforceable at law by any party in any administrative, civil, or criminal matter.

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Appendix A – Male to Female (MTF) Transgender Treatment Protocol

***Initiating MTF transgender treatment*:**

Visit 1 – assessment, referral to BH if not already done, order blood work (HIV serology, RPR, GC/chlamydia nucleic acid test, hepatitis B surface antigen, hepatitis C serology, testosterone, estradiol, lipids, cmp prolactin*), general counseling including completion of eCW informed consent document.

Visit 2 (1 week later)– if baseline lab work is normal and confirmed GD by BHP then start estradiol 2 mg / spironolactone 50 mg / aspirin 81 mg daily. Order bmp for the next visit.

Visit 3 (1 month later) – if bmp (potassium and creatinine) is normal, increase spironolactone to 100 mg daily. Order lab work (testosterone, estradiol, prolactin, cmp, lipids) for next visit.

Visit 4 (2 months later) – review lab work, PE assessment; if testosterone is not fully suppressed (<50) would increase spironolactone to 150 mg daily**; if estradiol is not at female pre-menopausal (100-200) level, increase estradiol by 2 mg daily.

Visit 5 (2-3 months later) and every 2-3 months thereafter for the first year until at goal; if 1 year of steady follow up, can reduce full blood work panel to every 6 months if hormone levels are at steady, physiologic level and no signs of end organ effects (LFTs, renal function, electrolytes).
If the patient is 60 yrs or older, please order a baseline bone mineral density scan. Perform age appropriate breast cancer screening if the patient has been on 10 years or more of hormone therapy (HT) (cumulatively).

***Continuing MTF transgender treatment*:**

Visit 1 – assessment, referral to BH if not already done, order blood work (HIV serology, RPR, GC/chlamydia nucleic acid test, hepatitis B surface antigen, hepatitis C serology, testosterone, estradiol, lipids, cmp, prolactin), general counseling including completion of eCW informed consent document.
Continue outpatient oral dose (maximum of estradiol 8 mg daily, maximum spironolactone 150 mg daily) add aspirin 81 mg daily (if not already receiving), add spironolactone if not yet receiving, start at 50 mg daily

Visit 2 (2 weeks later)– confirm GD diagnosis as per by BHP, review laboratories with patient. If was not previously on spironolactone, can increase from 50 mg to 100 mg daily if potassium and creatinine are normal. Otherwise, no need to modify treatment at this point assuming labs are within normal limits. Order lab work (testosterone, estradiol, prolactin, cmp, lipids) for next visit.

Visit 3 (2 months later) – review lab work, PE assessment; if testosterone is not fully suppressed

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(<50) would increase spironolactone to 150 mg daily; if estradiol is not at female pre-menopausal (100-200) level, increase the estradiol by 2 mg daily. Order lab work (testosterone, estradiol, prolactin, cmp, lipids) for next visit.

Visit 4 (2-3 months later) and every 2-3 months thereafter for the first year following labs above and making adjustments based on estradiol and testosterone levels (assuming monitoring labs are normal); after 1 year of steady follow up, can reduce full blood work panel to every 6 months if hormone levels are physiologic and no signs of end organ effects (LFTs, renal function, electrolytes).
If the patient is 60 yrs or older, please order a baseline bone mineral density scan. Perform age appropriate breast cancer screening if the patient has been on 10 years or more of HT (cumulatively).

*Prolactin levels are often mildly elevated and this is normal; prolactin levels should ideally be obtained in the early AM and fasting. If levels are above 50, consider decreasing the estrogen supplementation to see if prolactin declines as well as inquire about the symptoms of prolactinoma which may include galactorrhea, headaches and diplopia. If the level does not decline or rises regardless of the medication adjustment OR review of systems is positive, consider an MRI of the sella (pituitary gland) to exclude a prolactinoma.

**spironolactone can be increased to 200 mg daily if indicated, but please split dose as 100 mg 2x/day

Estrogen conversion¥

Estradiol (P.O.) daily	Premarin (P.O.) daily
2 mg	1.8 mg
4 mg	2.7 mg
6 mg	3.75 mg
8 mg	5 mg

¥ Estimated values, please use serum estradiol to adjust accordingly

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Appendix B – Female to Male (FTM) Transgender Treatment Protocol

***Initiating FTM transgender treatment*:**

Visit 1 – assessment, referral to MH if not already done, to confirm GD diagnosis and to assess for readiness to start treatment. Order blood work (HIV serology, RPR, GC/chlamydia nucleic acid test, hepatitis B surface antigen, hepatitis C serology, testosterone, estradiol, lipids, lfts, and cbc), general counseling including completion of eCW informed consent document.

Visit 2 (1 week later)– if baseline lab work and confirmed GD and demonstrates readiness to start treatment by BHP, then start testosterone cypionate 100 mg IM every 2 weeks. Order lfts, lipids, testosterone, estradiol, and cbc for 8-12 weeks after treatment has begun (to be timed 1 week after an injection; e.g., injections are day 1 and 15 of each month, the lab draw should fall on ~ day 7 or 21 of the calendar month). If a family history of osteoporosis exists or the patient is 60 yrs or older, please order a baseline bone mineral density scan.

Visit 3 (2-3 months later) – review labs, if estradiol is not suppressed and testosterone is not above 350 ng/dL, increase testosterone dose to 200 mg every 2 weeks. The serum testosterone level should not exceed 700 ng/dL.

Visit 4 etc. (2-3 months later) and every 2-3 months thereafter for the first year until at goal; if 1 year of steady follow up, can reduce full blood work panel to every 6 months if hormone levels are at steady, physiologic level and no signs of end organ effects (LFTs, renal function, electrolytes). Note, once uterine bleeding stops, estradiol levels are not necessary to obtain.

If the uterus has not been removed, pap smears should be conducted per usual preventive guidelines; likewise if mastectomy has not been performed, mammogram cancer screening is per usual guidelines.

***Continuing FTM transgender treatment*:**

Visit 1 – assessment, referral to BH if not already done to confirm GD diagnosis and to assess for readiness to continue treatment. Continue outpatient testosterone (maximum of testosterone cypionate 200 mg IM every 2 weeks), order blood work (HIV serology, RPR, GC/chlamydia nucleic acid test, hepatitis B surface antigen, hepatitis C serology, testosterone, estradiol, lipids, lfts and cbc), (to be timed 1 week after an injection; e.g. injections are day 1 and 15 of each month, the lab draw should fall on ~ day 7 or 21 of the calendar month). Provide general counseling including completion of eCW informed consent document.

Visit 2 (2 weeks later)– confirm GD diagnosis/readiness as per by BHP, review laboratories with patient. If testosterone is not above 350 ng/dL, increase testosterone dose to 200 mg every 2 weeks. The serum testosterone level should not exceed 700 ng/dL.

Visit 3 etc. (2-3 months later) and every 2-3 months for the first year until at goal; if 1 year of steady follow up, can reduce blood work to every 6 months if hormone levels are at steady,

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physiologic level and no signs of end organ effects. Note, once uterine bleeding stops, estradiol levels are not necessary to obtain.

If the uterus has not been removed, pap smears should be conducted per usual preventive guidelines; likewise if mastectomy has not been performed, mammogram cancer screening is per usual guidelines.

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Appendix C - Additional Provider and Patient Resources

1. Trans in Prison Journal, produced by the Gender Identity Center of Colorado; you can download a copy and give to your detainees; they can mail in the request form on the issue and they will receive the future publications gratis as long as they are in a correctional setting.
   https://www.gic-colorado.org/programs/trans-in-prison/

2. "Cruel and Unusual", documentary by Janet Baus and Dan Hunt, about transgender persons and the challenges they face in and out of the correctional System. ~ 1 hour long
   https://www.youtube.com/watch?v=5Yzy8oh5Fw0
   www.fandor.com/films/cruel_and_unusual

3. Resources on children diagnosed with GD, Most of our detainees will receive their hormone treatment during adolescence or adulthood but to benefit the most from this treatment, diagnosis of GD and treatment should occur during childhood.
   www.youtube.com/watch?v=YfqmEYC_rMI
   http://www.huffingtonpost.com/2014/05/30/whittington-family-ryland-___transgender-son_n_5414718.html

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Appendix D – Transgender Care Regional Centers of Excellence for Continuity of Care or Referring Challenging Cases

AOR	Facility name	Phone number	Website
Washington DC	Transgender Health Empowerment	202-636-1646	http://theincdc.org/
Boston	Fenway Health	617-267-0900	http://www.fenwayhealth.org
New York	The Center Transgender Resources	212-620-7310	https://gaycenter.org/wellness/gender-identity http://transgendercny.org/
Newark	Callen Lorde	212-271-7200	http://callen-lorde.org/our-services/sexual-health-clinic/transgender-health-services/
	City of Newark Dept of Child and Family Well Being	973-733-7635	
Philadelphia	Mazzoni Center	215-563-0658	http://mazzonicenter.org/content/transgender-services
Buffalo	Endocrinology center of Western New York	716-887-4069	
Detroit	UMHS-CGCP	734-736-0465	http://www.med.umich.edu/transgender/index.htm
Chicago	Howard Brown Health Center	773-388-1600	www.howardbrown.org
Atlanta	In-town Primary Care	404-541-0944	http://www.intownprimarycare.com/glbt-health/transgender-health.html
Miami	Care Resource	305-576-1234	http://www.careresource.org/programs/transgender-services/
New Orleans	Louisiana Trans Advocates	337-580-4615	http://www.latransadvocates.org/resources.html

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AOR	Facility name	Phone number	Website
Houston	Dr. Hammill Transgender Health Clinic	713-799-8994	http://drhammill.transhouston.com/
	Transgender Center	713-520-8586	http://www.transgenderctr.org/
San Antonio	SAGA	sagacal09@gmail.com	http://www.sagender.com/local-resources/
	Pride Center	210-370-7743	http://pridecentersa.org/resources/
Dallas	Transgender Health Clinic	214-528-2336	
	Resource Center of Dalllas	214-528-0144	http://www.rcdallas.org/family/transgender
El Paso	Trans Health Referral Line	915-532-7000	2301 N Oregon St, El Paso, TX 79902
Saint Paul	Transgender Health Services University of MN	612-625-1500	http://www.med.umn.edu/fm/phs/clinic/transgender.html
Denver	Gender Identity Center of Colorado	303-202-6466	http://www.gicofcolo.org
Salt Lake City	Susan Chasson	801-357-7930	
	D. S. Burton	385-282-2750	
	LeAnne Swenson	385-282-2000	
Phoenix	Prime Medical Clinic	602-840-3584	http://www.myprimeclinic.com/
Seattle	Gay City Health Project	206-323-5428	https://www.gaycity.org/resources/
San Francisco	The San Francisco Center	(415) 865-5555	http://www.sfcenter.org/

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AOR	Facility name	Phone number	Website
San Francisco	UCSF Center of Excellence	415-597-8198	http://www.transhealth.ucsf.edu/
Los Angeles	Western Medical Center Anaheim	714-533-6220	
	UCLA LGBT Resource Center	310-206-3628	http://www.lgbt.ucla.edu
San Diego	The Center	619-692-2077	http://www.thecentersd.org
General Resources			http://www.transgenderlynnsplace.com/transgender-medical-resources.htm

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Appendix E: Informed Consent Document for Hormone Therapy (male to female)

Estrogen/Antiandrogen Therapy Consent Form
For Male to Female Transition

Informed Consent: Information about this form.

This form refers to the use of estrogen and antiandrogens by detainees who wish to become more feminized as part of a gender transitioning process.

Your agreement or disagreement of the various statements on this form indicate that the risks as well as the changes which may occur as a result of the use of estrogen and antiandrogens have been explained and that you understand them.

If you have any questions or concerns about this information, you are encouraged to take the time you need to ask for clarification, read, research, talk with staff and think about the potential effects of this treatment before signing.

IF YOU DO NOT UNDERSTAND THIS INFORMATION STOP AND ASK FOR CLARIFICATION

---

1. I understand that estrogen may cause or contribute to depression. If I have a history of depression I will discuss this with my provider to explore treatment/therapy options that are available to me.

○ AGREE ○ DISAGREE

Some of these changes will be permanent including:

Breast development: Breast development may take years to reach full size.

There are natural variations in the size of breasts, and one person's breast development will not correlate with that of another person's.

If estrogen therapy is discontinued, there may be some breast shrinkage, but breast development will not completely disappear.

Brain structures are affected by testosterone and estrogen.

The long term effects of changing the levels of ones hormones through the use of estrogen therapy and testosterone suppressants have not been scientifically studied & are impossible to predict.

These effects may be beneficial, damaging, or both. Changes in fertility and sperm production (see information below in # 5).

These additional changes will not be permanent if I stop taking estrogen:

Decreased acne

Male pattern balding stops or slows (no hair loss will be reversed once it occurs)

Skin may become softer

Facial and body hair growth may decrease (not stop) in thickness or quantity to a greater or lesser extent.

Redistribution of body fat to a more female pattern (i.e., abdominal fat may decrease while fat on the buttocks and thighs may increase)

○ AGREE ○ DISAGREE

2. I understand the effects of estrogen will not protect me from sexually transmitted diseases or HIV and that condoms or barrier methods should be used.

○ AGREE ○ DISAGREE

3. Due to breast development with estrogen therapy, I understand that I will need to do monthly breast self-examinations, have an annual medical exam, and, once I am 40 or older, I will need to have an annual mammogram.

○ AGREE ○ DISAGREE

4. I understand that estrogen therapy will decrease hormones that support the size and function of my testicles, which may then effect overall sexual functioning and fertility.

The changes that may occur include:

a. Up to 40% shrinkage in size of the testicles.

b. Decrease in testosterone production from the testicles

c. The amount and quality of erections and ejaculation may decrease or stop entirely.

d. Sperm will still be present in the testicles, but may stop maturing which may cause infertility.

e. If estrogen therapy is stopped, the ability to make sperm healthy, mature sperm may or may not ever come back.

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f. Erections may no longer be firm enough for penetrative intercourse.

g. There may be a decrease or loss of morning and spontaneous erections. Sex drive or libido may decrease.

AGREE DISAGREE

5. I understand that taking estrogen can significantly increase the risk of blood clots (thrombosis)

This risk of blood clots can result in:

a. death

b. deep vein thrombosis (clots in large veins)

c. chronic leg vein problems

d. pulmonary embolism (blood clot in the lung, which can cause permanent lung damage or death)

e. cerebral vascular accident (stroke) which may result in permanent brain damage, blindness, paralysis, difficulty talking or death.

AGREE DISAGREE

6. I understand that the risk of blood clots, heart attack, and stroke on estrogen therapy is increased further if I smoke tobacco, especially if I am over the age of 35.

AGREE DISAGREE

7. I understand that estrogen can cause increased blood pressure. If I have existing high blood pressure it may not be controlled on my current regimen of medication and/or diet and exercise.

AGREE DISAGREE

7a. I understand that I may be able to take estrogen safely with close medical monitoring.

AGREE DISAGREE

8. I understand that estrogen use may lead to liver inflammation or liver disease. I agree that while I am on estrogen therapy I will be monitored for liver problems before and periodically during therapy.

AGREE DISAGREE

8a. I understand that there is a slight risk of long-term estrogen use causing liver cancer.

AGREE DISAGREE

9. I understand that estrogen may increase migraine headaches and that this may be a reason for me to choose to stop taking estrogen or may be a reason for estrogen to be discontinued by my provider.

AGREE DISAGREE

9a. I also understand there is a very small risk of developing a tumor at the base of the brain (pituitary gland), but that my blood tests will be monitored regularly to detect this problem early.

AGREE DISAGREE

9b. If I develop new headaches, double vision and/or breast milk production, I should inform my health care provider immediately.

AGREE DISAGREE

10. I understand that estrogen may cause nausea and vomiting, similar to morning sickness in a pregnant woman. If I experience nausea and vomiting that are severe and/or prolonged.

AGREE DISAGREE

11. I understand that the most dangerous side effects from estrogen therapy occur in connection with smoking cigarettes, being overweight, being over 40 years old & having a history of blood clots, high blood pressure, or prior estrogen dependent cancer.

AGREE DISAGREE

12. I understand that estrogen therapy may be discontinued or adjusted at any time if concerns or complications arise which are threatening to my continued physical and/or psychological well-being.

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AGREE DISAGREE

13. I understand that estrogen may cause changes in my cholesterol. My HDL (good cholesterol) may go up and my LDL (bad cholesterol) may go down.

AGREE DISAGREE

14. I understand that estrogen may prevent prostate problems. I have been informed that there is a slight chance that taking estrogen will cause overgrowth of the prostrate.

AGREE DISAGREE

14a. Prostate cancer screening is recommended for people 50 years of age and older as well as in younger people if otherwise medically indicated.

AGREE DISAGREE

15. I understand that antiandrogen side effects include dehydration, high potassium levels, breast enlargement, low blood pressure and kidney problems. My labs and blood pressure will be routinely monitored to detect changes.

AGREE DISAGREE

16. I understand that everyone's bodies will respond differently to estrogen and that there is no way to predict what will be my response to hormones.

AGREE DISAGREE

16a. I understand that the correct dosage for me may not be the same as for another person. I understand I must follow my prescribed regimen of estrogen treatment to continue to receive hormone therapy at this clinic.

AGREE DISAGREE

17. I agree to take estrogen and all other transition related medications as prescribed and to inform my provider of any problems or dissatisfactions I may have with my treatment.

AGREE DISAGREE

18. I will have a complete physical examination annually and lab tests periodically as required to make sure I am not having an adverse reaction to hormone treatment and to continue good health care.

AGREE DISAGREE

19. I understand that there are medical conditions that could make taking estrogen either dangerous or physically damaging.

AGREE DISAGREE

19a. I agree that if my provider suspects I may have any condition that could be dangerous to me, I will be evaluated for it before the decision to start or continue my hormones is made.

AGREE DISAGREE

19b. I understand that if I do not agree to be evaluated, my prescription for estrogen may be cancelled or refused.

AGREE DISAGREE

20. I understand that I can choose to stop taking estrogen at any time. I also understand that my provider can discontinue treatment for clinical reasons.

AGREE DISAGREE

20a. I agree to follow a prescribed reduction plan if either of these situations occurs to reduce negative and potentially harmful side effects that may occur if I suddenly stop my hormone therapy.

AGREE DISAGREE

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CONSENT:

Having considered all of the above counseling I would like to:

○ Begin Estrogen / Antiandrogen Therapy ○ Defer Estrogen / Antiandrogen Therapy at this time

Patient Signature:

Patient Printed Name:

Date:

Provider Information:

Provider Signature:

Provider Printed Name:

Date:

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Appendix F: Informed Consent Document for Hormone Therapy (female to male)

Androgen Therapy Consent Form

For Female to Male Transition

Informed Consent: Information about this form.

This form refers to the use of androgens by detainees who wish to become more masculinized as part of a gender transitioning process.

Your agreement or disagreement of the various statements on this form indicate that the risks as well as the changes which may occur as a result of the use of androgens have been explained and that you understand them.

If you have any questions or concerns about this information, you are encouraged to take the time you need to ask for clarification, read, research, talk with staff and think about the potential effects of this treatment before signing.

IF YOU DO NOT UNDERSTAND THIS INFORMATION STOP AND ASK FOR CLARIFICATION

1. Some changes will be permanent including:
   - Brain structures are affected by testosterone and estrogen
     - The long term effects of changing the levels of one's hormones through the use of androgen therapy have not been scientifically studied and are impossible to predict
     - These effects may be beneficial, damaging, or both
   - Deepening of the voice, which occurs after 6 to 10 weeks of androgen administration, is irreversible
   - Breast changes similar to menopausal women including loss of firmness, changed shape, smaller size, etc.
     - There are natural variations in the size and changes of breasts, and one person's breast changes will not correlate with that of another person's

   These additional changes will not be permanent if I stop taking androgen:
   - Development of sexual hair which follows the pattern of boys in puberty
     - First upper lip, then chin, then cheeks
     - The predicted pattern and degree of this hair growth can be predicted by the pattern and degree in male members of the same family.
     - Hair loss, "male pattern baldness" occurrence can also be predicted from the degree and pattern of male members of the same family
   - Menses (monthly period) will usually stop within a few months of treatment; however, sometimes bleeding may continue
   - Increase in lean body mass (average of 4kg (~9 pounds)) and an even greater increase in body weight
   - Reduction of subcutaneous fat overall but focally increased abdominal fat
   - Occurrence of acne (occurs in ~40% of patients)
   - Clitoral enlargement will occur, but the degree varies from patient to patient
   - Increased libido in most patients
   - Polycystic-like changes in ovaries

2. I understand the effects of androgen will not protect me from sexually transmitted diseases or HIV and that condoms or barrier methods should be used.
3. I understand that I will need to continue to do monthly breast self-examinations, have an annual medical exam, and, once I am 40 and older, I will need to have an annual mammogram
4. I understand that androgen therapy will decrease hormones that support the functioning of my reproductive organs which may then effect overall sexual functioning and fertility.
5. I understand that androgen use may lead to major adverse cardiovascular events. I agree that I will be monitored for cardiovascular risk factors and cardiovascular events before and periodically during therapy. These adverse events include:
   a. death
   b. myocardial infarction (heart attack)
   c. cerebral vascular accident (stroke) which may result in permanent brain damage, blindness, paralysis, difficulty talking or death
6. I understand that the most dangerous side effects from androgen therapy occur in patients with a history of cardiovascular events or cardiovascular risk factors including high blood pressure, tobacco use, elevated blood glucose (including diabetes), physical inactivity, unhealthy diet, elevated cholesterol, being over 55 years old and overweight/obesity.

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6a. I understand that androgen therapy may be discontinued or adjusted at any time if concerns or complications arise which are threatening to my current physical and/or psychological wellbeing.

7. I understand that androgen therapy can cause increased blood pressure. If I have existing high blood pressure and it is controlled with medication and/or diet and exercise:
   7a. I understand that I may be able to take androgen safely with close medical monitoring
8. I understand that androgen therapy may cause changes in my cholesterol. I agree that while I am on androgen therapy I will be monitored for changes in my cholesterol
9. I understand that androgen therapy use may lead to liver inflammation or liver disease. I agree that while I am on androgen therapy I will be monitored for liver problems before and periodically during therapy.
10. I understand that there is a risk of androgen therapy causing an abnormal increase in circulating red blood cells and an increased number of red blood cells may be a reason to stop therapy.
11. I understand that there is a slight risk of long-term androgen causing breast cancer.
12. I understand that there is a slight risk of androgen causing ovarian cancer.
13. I understand that everyone's bodies will respond differently to androgen therapy and that there is no way to predict what will be my response to hormones.
    13a. I understand that the correct dosage for me may not be the same as for another person. I understand I must follow my prescribed regimen of androgen treatment to continue o receive hormone therapy at this clinic.
14. I agree to take androgen therapy and all other transition related medications as prescribed and to inform my provider of any problems or dissatisfaction I may have with my treatment.
15. I will have a complete physical examination annually and lab tests periodically as required to make sure I am not having an adverse reaction to hormone treatment and to continue good health care.
16. I understand that there are medical conditions that could make taking androgen either dangerous or physically damaging.
    16a I agree that if my provider suspects I may have any condition that could be dangerous to me, I will be evaluated for it before the decision to start or continue my hormones is made.
    16b I understand that if I do not agree to be evaluated, my prescription for androgen may be cancelled or refused.
17. I understand that I can choose to stop taking androgen at any time. I also understand that my provider can discontinue treatment for clinical reasons.
    17a. I agree to follow a prescribed reduction plan if either of these situations occurs to reduce negative and potentially harmful side effects that may occur if I suddenly stop my hormone therapy

CONSENT:

Having considered all of the above counseling I would like to:

○ Begin Androgen Therapy ○ Defer Androgen Therapy at this time

Patient Signature:

Patient Printed Name:

Date:

Provider Information:

Provider Signature:

Provider Printed Name:

Date:

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Best Practices for Transgender Hormone Treatment

To aid facility partners in their care of transgender detainees, ICE ERO has identified a few best practices in the provision of gender affirming hormone treatments.

Health Management Tips

- All detainees, including those who are transgender, must be treated with fairness, dignity, and respect.

Screening

- Inquire into a transgender detainee's gender self-identification and history of transition-related care during medical/mental health screenings. See ICE Performance-Based National Detention Standard 2011, 4.3 Medical Care.
- Determine transgender-related treatment on a case-by-case basis.

Gender Affirming Hormone Treatments

- Because transgender detainees may be under different stages of care prior to custody, there should be no blanket administrative or other policies that restrict specific medical treatments.
- Discuss with the detainee risks associated with gender affirming hormone therapy.
- Before starting treatment, evaluate and ensure the detainee understands the reversible and potentially irreversible effects of the gender affirming hormone therapy.
- Whether gender affirming hormone therapy is initiated or continued, written informed consent must be obtained.

Definitions

Gender Dysphoria (GD):
Clinically significant distress associated with the conflict between a person's expressed/identified gender and sex assigned at birth. See Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) p. 451-459.

Transgender:
Individuals whose assigned sex at birth does not match their internal feelings of gender.

1. Continued Access

- Transgender detainees who were already receiving gender affirming hormone therapy when taken into ICE custody should be provided continued access. See ICE Performance-Based National Detention Standard 2011, 4.3 Medical Care.
- Make a concerted effort to expeditiously obtain the detainee's prior medical and mental health records from outside providers who diagnosed and/or treated the detainee.

2. Initiated Access

- All transgender detainees shall have access to mental health care, and other transgender-related health care and medication based on medical need. See *ICE Performance-Based National Detention Standard 2011, 4.3 Medical Care.*
- Instituting treatment for ICE detainees with Gender Dysphoria (GD) **does not require** previous hormone treatment. Initiate gender affirming hormone therapy if clinically indicated, desired by the patient, and no medical/mental health contradictions exist. See *ICE Health Service Corps (IHSC) Clinical Guidelines for the Treatment of Gender Dysphoria*, November 2016.

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U.S. Immigration and Customs Enforcement
ENFORCEMENT AND REMOVAL OPERATIONS

ERO Academy

MANAGE SUBJECTS IN A FIELD OFFICE HOLD ROOM
(12120)

Lesson Plan

Basic Immigration Enforcement Training Program

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Control Page

Key Contributors:

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Instructional Management Unit Review: — **JUN 2018**

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ERO Academy Approval: — **JUN 2018**

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Record of Changes

Date of Change	A=Add. M=Mod. D=Del.	Description of Change	Reason for Change	Approved By (FN, LN, Operational Unit Chief, or IMU Representative)
5/8/2015	Modify	Added information regarding sexual abuse prevention, updated all other Field Office Hold Room guidance as needed	Policy update on 9/22/2104 (attached)	(b)(6); (b)(7)(C)
7/26/2016	Modify	Adjust format of lesson plan to allow it to be adapted for Student Guide Remake Student Guide based on text of lesson plan instead of PowerPoints. Change IEA to ERO Officer in lesson and PowerPoint Formatting corrections	Facilitate student reference and study Title change Format consistency	
6/22/2018	Modify	Retain explanation/demo but remove 2-hour breakout/lab portion. Add practice questions on EPO 1 (tasks performed in 12-hour timeframe) and EPO 2 (monitoring and recordkeeping)	Logistically difficult to conduct. Not needed because tasks performed elsewhere. Reporting practiced in Report Writing lesson. Provide practice questions on EPOs to be tested in Comp Exam. Sexual assault prevention questions included in Public Health lesson and tested in Comp Exam	
10/4/2018	Modify	Revise practice question 1 for clarity	Pod review	

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LESSON DESCRIPTION

I. Lesson Title

Manage Subjects in a Field Office Hold Room

II. Program/Course Title

Basic Immigration Enforcement Training Program

III. Description

This lesson focuses on the activities that occur in the field office or sub office hold room after ICE/ERO arrests the subject. It describes tasks that must be accomplished within the 12-hour window and the need to follow procedures that will help to curtail risk to detainees and staff.

IV. Terminal Performance Objective (TPO)

Given a situation in a field office hold room, manage subjects and their property and report any incidents in accordance with the latest policy directive for Operations of ERO Holding Facilities.

V. Enabling Performance Objectives (EPOs)

1. Comply with guidelines on tasks that must be performed within the 12-hour hold-room window.
2. Follow recordkeeping procedures for the hold room.
3. Prevent, detect, and respond to sexual abuse, assault, and incidents in a field office hold room.
4. Report an incident that occurs in a field office hold room.

VI. Length of Lesson

EXPLANATION/ DEMONSTRATION	PRACTICE	ASSESSMENT	TOTAL
90 minutes	30 minutes	Detention to Removal PE; Comprehensive Exam	2 hours

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LESSON ADMINISTRATION

I. Lesson Title

Manage Subjects in a Field Office Hold Room

II. Risk Management

None

III. Facility Requirements

Standard classroom with instructor station including computer, projector, and screen

IV. Transportation Requirements

None

V. Required Staff

One ERO Academy qualified instructor

VI. Academy-Provided Training Aids and Equipment

- Hold Room Fight video
- Video clip from VU course DRO Officer Safety Awareness Refresher Training, Lesson 10: The Controlled Environment – on Academy Shared Drive

VII. Student-Provided Equipment

None

VIII. Student Handouts and Materials

Student Guide including:

- Policy Directive for Operations of ERO Holding Facilities – 9/22/2014
- Property forms: I-77 and G-589
- Sample detention log
- Sample hold-room inspection log
- Official Detail Sheet – G391
- Record of Persons Transferred – I216
- Incident report form – Report of Investigation/Memo (G-166)
- Order to Detain or Release Alien (I-203)

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IX. References

- 11087.1: Policy Directive for Operations of ERO Holding Facilities – 9/22/2014
- Video clip from VU course DRO Officer Safety Awareness Refresher Training, Lesson 10: The Controlled Environment.
  - Video demonstrates correct position, grip, and focus when escorting a compliant detainee in a controlled environment.
  - It also shows the characteristics of a sterile and functional interviewing room.
- Interview with (b)(6); (b)(7)(C) Deportation Officer, ERO Detention Management Division

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Lesson Plan

Manage Subjects in a Field Office Hold Room

INTRODUCTION

I. Motivation

When aliens are brought from a law enforcement agency (LEA) to the ICE/ERO office, there is a lot of activity. Each person must be individually interviewed, have his/her case processed, and then detained, released, or removed – all within 12 hours.

Instructor Note: Ask participants, What risks might be associated with this? Look for answers such as:

- *Mix of subjects – violent offenders and those with only misdemeanors*
- *Pressure of time – 12-hour time limit*
- *Variety of dispositions – need to arrange transportation to multiple facilities*
- *Constant movement – several detainees may be out of cell confines at the same time*
- *Control of property and contraband*

Show the picture of the subject jumping over the desk at the LEA. Ask the class

- *What do they think happened?*
- *How was the subject able to get across the desk?*
- *What does the officer need to do?*

The guidelines discussed here are designed to help ensure the safety of staff and detainees while accomplishing the processing tasks in the available time.

II. Objectives

A. Terminal Performance Objective (TPO)

Given a situation in a field office hold room, manage subjects and their property and report any incidents in accordance with the latest Policy Directive for Operations of ERO Holding Facilities.

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B. Enabling Performance Objectives (EPOs)

EPO 1: Comply with guidelines on tasks that must be performed within the 12-hour hold-room window.
EPO 2: Follow recordkeeping procedures for the hold room.
EPO 3: Prevent, detect, and respond to sexual abuse, assault, and incidents in a field office hold room.
EPO 4: Report an incident that occurs in a field office hold room.

III. Review of the Past

Ask students to briefly recap the process of encountering an individual in LEA custody through the point of ICE assuming custody and transporting the individual to an ICE field office or staging area.

IV. Agenda

- Overview of tasks that are accomplished in the field office hold room within the 12-hour timeframe.
- Example of the process.
- Possible areas of risk associated with hold-room activities – risk to detainees and staff and any associated liability risks.
- Responsibilities associated with each task linked to identified areas of risk.
- Responsibilities and procedures for the prevention of and/or reaction to incidents in a hold room, such as detainee sexual abuse or assault.
- Procedure required to a report a hold room incident
- Practice questions

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INSTRUCTION

I. Explanation and Demonstration

A. EPO 1: Comply with guidelines on tasks that must be performed within the 12-hour hold-room window.

1. 10 primary responsibilities to be completed within 12 hours:

   a. Search / view detainee

   b. Inspect and inventory property

   c. Perform mental and physical health observations

   d. Assign detainee to appropriate hold room

   e. Supervise detainees in hold room

   f. Escort detainee from hold room to interview room

   g. Provide food to detainee

   h. Case disposition, charging documents, and system updates

   i. Arrange necessary bed space

   j. Prepare detainee for transport

Instructor Note These guidelines outline a general process, which can be expanded with examples.

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Demonstration 1 Use the example of the hold-room process as it would apply to Michael Olson, the case, introduced in lesson on Encounter Subjects in LEA Custody.

Have the students walk them through the process below to visualize the situation. Note that each stage / task will be broken down into more detail during this lesson.

Olson is citizen of the UK, who entered the U.S. with a student visa and then was convicted of aggravated battery (an aggravated felony) and sentenced to serve one year and one day.

In compliance with a detainer, ICE has been informed that Olson is due to be released. ICE has requested that Olson be transferred to ICE for processing. Sheriff department deputies transported Olsen to the ICE field office and transferred custody of the subject to the supervisory ERO Officer overseeing the staging/holding detention operations. The CAP unit was notified to report to staging for case processing. Based on Olsen's aggravated battery conviction, an aggravated felony, Olsen was now deportable pursuant to INA § 237(a)(2)(A)(iii).

What does ICE need to do to manage Olson in a hold room?

1. Conduct a pat-down search on Olson. Even though he is coming from LEA custody, policy requires that he undergo a thorough search.

2. His property is inspected, tagged, placed in the property room, and recorded. Money and valuables are listed on a separate receipt.

3. An officer observes Olson's demeanor to determine that he does not seem to be in any obvious physical or mental distress.

4. He is escorted to a holding cell and grouped with other male detainees with a similar criminal record (aggravated battery conviction).

5. In the holding cell, he and the others are closely supervised with monitoring logged every 15 minutes.

6. By the time he has been in custody for six hours, he should have received a meal.

7. At one point, he is escorted from the holding cell to an interview room to be interviewed by a program officer from the CAP program.

8. The charging documents and custody determination are reviewed and signed by the supervisor. Processing is completed in EAGLE.

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9. Olson is served with the necessary processing / charging documents, signed copies are included in his A-File, and the file turned in.

10. Within 12 hours of arriving at the office, he is assigned to a detention facility, and transported to that facility.

2. Once custody is transferred from the LEA to ICE/ERO and aliens are brought into the field office or sub office, the mandate is to review and complete the disposition of each alien's case within 12 hours.

3. Staffing and operations are based on local practice, but this is a common setup:

   a. A desk officer maintains a log of subjects, including their arrival time at the facility, and contacts the program that issued the detainer on the subject (such as CAP or Fug Ops).

Instructor Note: Note that not all field offices have a hold room, especially small sub-offices. And often much of the case processing may have been completed before the individual is arrested by ICE. Regardless of the preparation done, certain paperwork will always need to be served on the alien in custody.

   b. A property officer (or case officer) records the subject's property on receipt forms (I-77 and/or G-589), enters the information in EADM and stores the item(s) in an appropriate property room and/or safe.

   c. A processing officer – or a program/duty officer from the program that lodged the detainer – examines the detainee's file from the LEA and his A-File (or T-File), updates or enters information in EAGLE, and recommends disposition. The officer books the individual into the facility hold room using EADM and will book the subject out when he/she is released or transferred.

   d. A supervisor approves and signs all charging documents and makes the initial custody determination; release on bond or recognizance, held in detention, or redetermination of custody.

   e. A supervisor or coordinator works with detention facilities to procure bed space.

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f. A transport officer coordinates with program officers and supervisor for transportation of detainees before the end of 12-hour hold time.

4. Because there are often a large number of detainees who must go through this process individually, within a limited time period, a number of situations could arise that may present risks to the detainees or to ICE officers.

Instructor Note: Conduct discussion of possible areas of concern – safety risk or risk of liability – at each stage in the process. Ask students what are some actions they can take that might mitigate risk for ERO Officers and/or detainees.

Refer back to some of these suggestions later in the lesson.

5. Guidelines have been put in place to help reduce risk to all involved. (See the Policy Directive for Operations of ERO Holding Facilities – 9/22/2014.) This Policy Directive aligns with the processes that take place in the hold room.

Instructor Note: Refer students to the Policy Directive in Student Guide.

Suggest that as the processes are covered in chronological order, students can note potential problems or security concerns that the guidelines associated with each process can help to avoid.

The techniques of subject search and escort have been introduced and practiced in previous lessons.

Note that ICE policies on extended search will be covered in lessons on managing subjects in the detention facility.

6. The following are the primary tasks to complete within 12 hours of detainees arriving at a field office before being transferred to a detention facility:

Instructor Note: When possible, incorporate examples of hold-room situations relevant to steps in the process.

a. Searches and viewing of detainees.

1) A pat-down search for property and/or contraband is required, if possible by an ERO Officer of the same gender.

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2) A search is required even if the detainee is being transferred from another custody situation.

3) If articulable facts indicate a need for a more extended search, such as a strip search or visual body cavity search, follow ICE policies on search procedures, including proper documentation.

a) Cross-gender extended searches are only conducted in exigent/safety circumstances or when performed by medical practitioners.

b) Visual body cavity searches of minors can only be conducted by a medical practitioner.

4) ERO personnel do not search or physically examine a detainee for the sole purpose of determining the detainee's gender.

a) If gender is unknown, it may be determined through conversations with the detainee or by reviewing medical records (if available).

b) If needed, a private medical examination may be conducted by a medical practitioner.

5) Cross-gender viewing is limited to exigent circumstances or incidental to routine hold room checks.

a) ERO Officers of the opposite gender will announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing.

b. Inspect and inventory detainee property.

1) Search property for contraband.

2) Attach a Property Tag (I-77) to the property (such as luggage, papers, and other non-valuables). All detainee property will be kept outside the hold room, in a safe and secure area out of the reach of detainees.

a) I-77s are perforated into three parts. The top part (commonly with a string) is attached to the property. The middle part is attached to the booking card and / or placed in the

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detention file. The bottom part is issued to the detainee as a receipt.

b) Local policy and procedures vary, but often detainees are only permitted one piece of baggage.

3) Give the alien a property receipt (G-589) for any type of cash or valuables, such as jewelry.

a) G-589s are a color-coded triplicate form. The top, white copy is issued to the detainee as a receipt. The middle, blue copy is attached to the booking card and / or placed in the detention file. The bottom, pink copy is placed with the valuables.

Instructor Note: Detailed Information and instruction regarding property tags and receipts are provided in the lesson on Detainee Property, Funds, and Contraband.

4) A record of the property is entered in EADM along with the recording officer's name.

5) Detainees are allowed to keep inhaled medication on their person and have access to other prescribed medication as necessary.

c. Perform mental and physical health observations.

1) Detainees will be monitored for any indications of mental or physical distress and/or signs of hostility.

2) Any unusual detainee behavior or complaints will be immediately addressed and reported to a supervisor.

d. Assign the detainee to an appropriate hold room.

Instructor Note: Booking an alien into a hold room using Risk Classification Assessment in EADM is tested in the Encounter to Detention PE.

Provide additional examples while explaining content below.

1) Assignment of detainees to hold rooms should relate to their record and nature of offense; that is, violent felons should not be placed in the same cell with nonviolent offenders.

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a) Refer to detainee manifest, LEA files, and the Record of Deportable/Inadmissible Alien (I-213) for any alerts and criminal history record.

2) Males and females will be detained in separate hold rooms. There is an exception for family units.

3) Pregnant woman will be held in the least restrictive setting.

a) They will not be held with other detainees, whenever possible.

b) Nursing mothers will not be separated from their child (absent a serious safety risk).

4) Some detainees brought into the field office should not be placed into cells, but should be detained in an area outside the cells that is under direct supervision and control, unless they have demonstrated or threatened violent behavior, have a history of criminal activity or pose an escape risk.

a) Unaccompanied minors

b) Elderly detainees

c) Family units

5) Hold rooms should be equipped with proper restroom facilities.

a) If there are no restrooms, ERO Officers will provide the detainee with regular access to suitable facilities and closely monitor these visits.

6) Appropriate steps will be taken to accommodate detainees with disabilities and ensure they have equal opportunities.

e. Supervision of detainees in hold rooms.

1) Visual monitoring of all hold rooms will be conducted at least every 15 minutes. Each office will maintain a monitoring log to document the time of the check and any important observations.

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2) Frequent visual and continuous auditory monitoring will take place to protect and prevent incidents from occurring within the hold rooms.

3) Hold rooms will be safe, clean and clear of objects that could be used as weapons.

4) Detainee religious beliefs and practices shall be accommodated whenever safe to do so.

5) All detainees will be accounted for and hold rooms emptied at the conclusion of daily operations (for offices operating on an administrative schedule).

Demonstration 2

Use "The Controlled Environment" video clip from VU course DRO Officer Safety Awareness Refresher Training, Lesson 10 (on Academy Shared Drive). Three scenarios are presented for entering a room a detainee is in, escorting a detainee, and interviewing a detainee.

The teaching points of the video are:

1. Proper ways to interact with the detainee while being processed in a hold-room setting are demonstrated.

2. Escort tactics: position of advantage/disadvantage, reactionary gap, tactical hold, and interactions with detainee

3. Officer safety issues (no handcuffs on subject when removed from cell).

4. Always put the subject in a position of disadvantage (give preparatory commands in detainee's language and have them facing away from you).

5. Always have your hand(s) on subject.

6. Remove items from desktop (keys, pens, stapler).

f. Escort the detainee from a hold room to an interview room.

1) Follow ICE tactics for escorting a detainee in a controlled environment

2) Ensure that interview room is sterile and functional.

g. Provide food to the detainee.

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1) Detainees are provided a meal at least every 6 hours.

a) Minors and pregnant woman shall have regular access to meals, snacks, milk, and juice.

b) Meal time is documented on the detention log.

h. Complete case disposition; serve charging documents and update systems.

1) The case or processing officer will complete the Risk Classification Assessment which will recommend a custody disposition for each detainee.

2) A supervisor must review each RCA or custody worksheet and approve initial custody determination for each detainee.

a) Released on bond, order of recognizance, or order of supervision

b) Detained

3) A supervisor reviews/signs charging documents and are served upon the detainee.

4) Necessary documents are placed in the A-File and system updates are made.

i. Arrange necessary bed space.

1) Arrangements will be made to assign detainees to a specific detention facility based on bed space availability.

2) Detainees will be housed in accordance with their custody classification.

3) Detainees may be transferred to a facility in another AOR if necessary.

a) In compliance with Orantes, individuals from El Salvador must remain in the district where they were apprehended for seven days.

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4) Multiple factors must be considered, including:

a) Type of detainee – criminal/noncriminal, violent/nonviolent – based on RCA

b) Nationality – A group of detainees from one country may be housed together to facilitate removal to that country.

c) Special needs – Juveniles are housed in separate facilities from adults.

j. Prepare detainees for transport.

Instructor Note: The I-216 Detainee Manifest was introduced in the EADM lesson. The PowerPoint shows a blank I-216 to remind the students of the data captured on the form.

1) Based on the arrangements for bed space, a transport or case officer begins compiling a detainee manifest(s) (form I-216 within EADM) for transporting each group of detainees to the designated location where the detainees will be housed.

a) I-216, Record of **Persons** Transferred, will be completed for all detainee transfers.

b) If applicable, the I-216, Record of **Property** Transferred, will be completed for all detainee property transfers.

c) An Order to Detain Alien, I-203, may also be required depending on your location

2) Before detainees are taken from the field office, checkout procedures, similar to the procedures at check-in, must be followed.

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B. EPO 2: Follow recordkeeping procedures for the hold room.

Instructor Note: Emphasize that following basic recordkeeping procedures can play an important role in reducing risk and liability. Current policy dictates that all hold rooms are inspected every 12 hours or at the start and end of daily operations.

Recall that it is not unheard of for someone to be locked in a holding cell and forgotten. This occurred in a March 2012 DEA arrest. The prisoner – whom agents intended to release without charges – was left handcuffed in a holding cell and forgotten without food or water for four days. When finally discovered, he had to be hospitalized for kidney failure, among other injuries. This resulted in a significant lawsuit against the agency.

1. Maintain a detention log.

   a. A daily spreadsheet to track each detainee brought into custody and placed in a hold room.

   b. Format and content of the detention log is specific to the operation of the particular office; it may be electronic, such as an Excel file, or a handwritten log. It may be maintained by one officer or a posted list updated by officers as they move detainees.

   c. The detention log will record, at a minimum:

      1) Detainee's name
      2) Gender
      3) Age
      4) A-Number
      5) Nationality
      6) Language spoken, and if a detainee is not proficient in English
      7) Known or reported disability
      8) Other special vulnerability (e.g., nursing mother)
      9) Reason for placement (e.g., court run, removal, and interview)
      10) Time in
      11) Meal time
      12) Time out
      13) Final Disposition (e.g., removed, released, transported to ----------)
      14) Badge number of logging officer

   d. Daily log must be reviewed, dated, and signed by a supervisor.

2. Maintain hold-room monitoring and inspection log.

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Instructor Note: Similar to the detention log, there is no nationwide standardized form(s). Policy dictates what data needs to be recorded on the log, but each form may be unique to the field office. The example used combines the monitoring and inspection log on one form.

a. All hold rooms require continuous monitoring throughout daily operations.

1) Physical hold room checks will be done at least every 15 minutes.

2) All checks will be logged, to include the time of the check and any important observations.

b. All hold rooms will be inspected at least every 12 hours and/or at the beginning and end of daily operations.

1) Inspections will be documented on a daily log.

2) The log will include the date, time, name, and signature of the officer conducting each inspection.

3) Beginning of shift inspection will ensure that the hold rooms are operational and free from contraband.

4) End of shift inspections will ensure that no detainees are left behind and that the hold rooms are operational and free from contraband.

a) Any evidence of tampering with doors, locks, windows, grills, telephones, plumbing or electrical fixtures will immediately be reported to a supervisor.

Demonstration 3
To illustrate the importance of the hold-room inspection log, show a photo of a situation that involves contraband. Ask students to compare the two photos.

- Photo 1 – Officer and subject are sitting at a desk.
- Photo 2 – Subject has a pencil and scissors in his hands.

The example shown (two photos) is from an interview room, not a hold room. However, it still illustrates the importance of visual monitoring and inspections.

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C. EPO 3: Prevent, detect, and respond to sexual abuse, assault, and incidents in a field office hold room.

Instructor Note: Sexual abuse and assault definitions, as it pertains to detainees and ERO holding facilities, can be found in section 2 of the Policy Directive for Operations of ERO Holding Facilities – 09/22/2014.

1. Sexual abuse and assault prevention.

   a. All detainees need to be aware of ICE's zero-tolerance policy. This information needs to be readily available through such things as posters, the detainee handbook, or other written formats.

   b. All detainees will be screened to determine whether or not they are at high risk of being sexually abused or assaulted. The following are examples of criteria to be considered when assessing the risk for victimization:

      1) Mental, physical, or developmental disability

      2) The age of the detainee

      3) The detainee's physical build or appearance

      4) The detainee's criminal history or prior incarceration

      5) Is the detainee self-identified as lesbian, gay, bisexual, transgender, or intersex (LGBTI)

      6) Prior victimization (documented or self-identified)

      7) The detainee's own concerns for his/her safety

   c. Any detainee identified as being high risk for victimization will have heightened protection.

2. Sexual abuse, assault, and incident response.

   a. All allegations of sexual abuse and assault occurring in holding facilities will be immediately reported to a supervisor.

   b. First responder duties of an ERO Officer may include the following:

      1) Separate the alleged victim and abuser

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DHS-19-0195-A, 19-0494-A, 19-0495-A-000240
2019-ICLI-00054 240

2) Preserve and protect, to the greatest extent possible, any crime scene

3) Request that the alleged victim does not take any actions that could destroy physical evidence

4) Ensure that the alleged abuser does not take any actions that could destroy physical evidence

c. Ensure that detainee victims have timely access to emergency medical and mental health treatment and crisis intervention services.

d. ERO field office personnel do not carry firearms, OC spray, batons, or other non-deadly force devices into a hold room, except when necessary and appropriate in responding to a security incident.

e. Never enter a hold room unless there is another officer(s) outside the door and prepared to respond.

Demonstration 4
Explain the proper steps to take when responding to an incident in a hold room using the following scenario:

Two male detainees with minor criminal history are placed in the same holding room. Per policy, visual monitoring is conducted every 15 minutes. Three hours into the checks, the ERO Officer monitoring the hold room observes an active sexual assault taking place. What actions should the ERO Officer take?

Suggested responses:

1. *Call for assistance from other officers, do not enter alone.*
2. *Separate the victim and abuser.*
3. *Render first aid and/or activate emergency medical services.*
4. *Report the incident to a supervisor.*
5. *Preserve and protect the crime scene.*
6. *Take necessary actions to prevent the destruction of evidence.*

D. EPO 4: Report an incident that occurs in a field office hold room.

1. After the incident is managed, it will need to be reported.

a. Typically, the supervisor requests a memo regarding the situation from anyone with relevant information – in this example, the officer who was attacked and officers who responded.

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DHS-19-0195-A, 19-0494-A, 19-0495-A-000241
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b. Officers' accounts should provide the facts of *who, what, when, where,* and *how.*

c. Duty supervisor must sign off on memo. If an investigation into the incident is called for, the supervisor completes a Report of Investigation/Memo (G-166).

Demonstration 5

Show "The Hold Room Fight" video clip. This video is an example of an incident in a field office hold room showing a detainee attack.

1. How might complying with the guidelines have avoided this incident or could the incident occur even when guidelines are followed?

2. A significant incident such as this is going to result in an investigation. Who will be responsible for the final report and who will contribute to the facts gathered?
   - *The supervisor will be responsible for the final report.*
   - *The officer that was attacked will have the most detailed information to report.*
   - *Every responding officer will need to provide a memo/incident report to document what they saw and what they did.*
   - *The questions to be answered: Who, what, when, where and how.*

2. Sexual abuse and assault reporting.

   a. ERO Officers will accept any detainee allegations made verbally, in writing, anonymously, or from third parties and immediately document the allegation and report the information to a supervisor.

II. Student Practice

1. What is the maximum amount of time a detainee can be held in a field office hold room?

   a. 6 hours
   b. 8 hours
   c. 12 hours
   d. 14 hours

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2. Visual monitoring of detainees in a field office hold room must be performed:

   a. Every 15 minutes if no auditory monitoring is available
   b. Every 15 minutes and documented
   c. Every 30 minutes and documented
   d. Every 12 hours or at beginning and end of shift

III. Feedback and Remediation

Review students' practice questions and provide feedback.

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CONCLUSION

I. Summary of Main Ideas

The amount of activity that takes place in a field office hold room creates situations that may pose a risk to detainees and staff – physical danger as well as the possibility of legal liability. This lesson provides guidelines that can help to control this.

This lesson also addresses procedures for reporting an incident.

II. Integration

In a previous lesson, you learned about the process of taking custody of a subject from another LEA. This lesson continued that process with the steps required to hold the subject in ICE custody for up to 12 hours while his/her case is being processed by a case officer.

III. Objectives

You are now able to:

- Comply with guidelines on tasks that must be performed within the 12-hour hold-room window.
- Follow recordkeeping procedures for the hold room.
- Prevent, detect, and respond to sexual abuse, assault, and incidents.
- Report an incident that occurs in a field office hold room.

IV. Test or Final Activity

Students will be assessed in the Manage Detainee Transport and Detention to Removal PEs and on the Comprehensive Exam

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2019-ICLI-00054 244

Attachments

- Guidelines for Use of Hold Rooms at Field Office Locations – 2/29/2008
- Property forms: I-77 and G-589
- Sample detention log
- Sample hold-room inspection log
- ICE Memorandum – G2
- Incident report form – Report of Investigation/Memo (G-166)
- Official Detail Sheet – G-391
- Record of Persons Transported – I-216
- Order to Detain Alien – I-203

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DHS-19-0195-A, 19-0494-A, 19-0495-A-000245
2019-ICLI-00054 245

Attachments

Guidelines for Use of Hold Rooms at Field Office Locations – 2/29/2008



11087.1_policy_Operations of ERO Holdin

Property forms: I-77 and G-589



I-77.pdf



G-589.pdf

Sample detention log



Detention Log.xls.xlsx

Sample hold-room inspection log



ERO Holding Facility; Monitoring and Inspe

ICE Memorandum – G2



G2 Memo.docx

Incident report form – Report of Investigation/Memo (G-166)



G-166.pdf

Official Detail Sheet – G-391



G-391.pdf

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Record of Persons Transported – I-216



I-216.pdf

Order to Detain Alien – I-203



I-203.pdf

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U.S. Immigration and Customs Enforcement

ERO | CPD

ERO Transgender Care Memorandum

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U.S. Immigration and Customs Enforcement

Contents

- LGBTI 101
- Transitioning
- Best Practices
- Memo Overview
- Data Systems
- Additional Resources

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Definitions and Concepts

- **Lesbian:** Women who are romantically and/or sexually attracted to other women.
- **Gay:** Men and females who are romantically and/or sexually attracted to other men, but can also be used for women who are romantically and/or sexually attracted to other women.
- **Bisexual:** Women and men who are romantically and/or sexually attracted to both women and men.
- **Transgender:** Individuals whose assigned sex at birth does not match their internal feelings of gender.
- **Intersex:** A person born with the sexual anatomy that does not fit typical definitions of male or female.

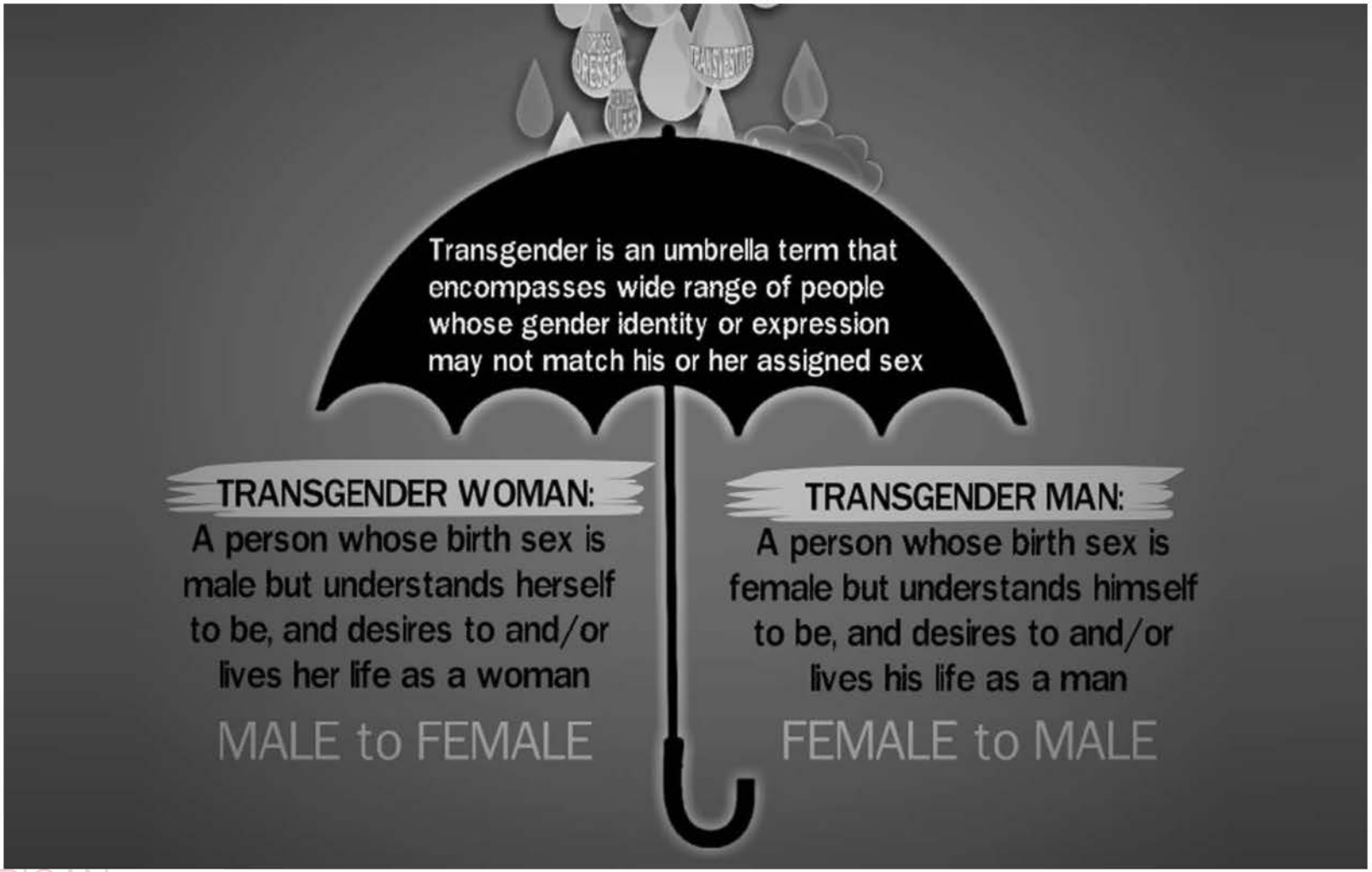
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Definitions and Concepts

- **Biological Sex:** Gender assigned at birth based on physical markers (i.e., a medical term that refers to genetic and chromosomal makeup).
- **Gender:** One's social and cultural roles and expectations.
- **Sexual Orientation:** A pattern of physical, emotional and/or romantic sexual attraction towards another person.
- **Gender Identity:** An individual's internal sense of being a man, woman, or another gender.
  - **Gender expression:** The ways in which individuals display their gender identity to others.
  - **Gender non-conforming:** A person who doesn't conform to society's expectations of gender.

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Transgender 101



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Transitioning

- The process of beginning to live in the gender that feels appropriate to the transgender person is called "transition."
- The transitioning process does not occur overnight.
- Transition typically involves dressing in the chosen gender.
  - This may or may not involve medical interventions.
  - This may or may not involve changing legal documents and legal name.

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LGBTI Best Practices

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Acceptable Terms

- Transgender (some use transgendered or transsexual; these are acceptable but "transgender" is preferred)
- Trans woman (also Male to Female or M to F)
- Trans man (also Female to Male or F to M)
- Gender non-conforming

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Unacceptable Terms

English

- Faggot
- Dyke
- "It"
- "Pre-op"
- "Post-op"
- Tranny
- Transvestite
- She-male
- He-she

Spanish

- Joto
- Maricon, Marica, Mariquita
- Culero
- Puto/puta
- Pato/pata
- Machona
- Machorra
- Marimacha

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LGBTI Do's

- Resist the urge to label LGBTI people before you know how they identify.
- When a person identifies as transgender, respect the expressed gender by using the pronouns and terminology the detainee prefers.
  - Address the individual by their chosen name
  - If you're not sure what name or pronoun to use, ask the detainee
  - In addition, detainees can be addressed by their last name
- A transgender person's body may have elements that do not conform to their gender identity: for trans people (and everyone else too!), anatomy does not define them and trans people are likely very sensitive about differences between their gender identity and biology.
- Respect the confidentiality of LGBTI detainees.

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LGBTI Don'ts

- Do not use unacceptable terms to describe LGBTI detainees.
- Do not make "jokes" about detainees' sexual orientation or gender identity.
  - Do not make gay jokes with other staff or non-LGBTI detainees either; these "jokes" lead to an environment that tolerates mistreatment of LGBTI people.
- Do not judge a person's gender identity by his or her biological anatomy.
- Do not make assumptions based on stereotypes.
- Do not assume that an LGBTI detainee is "flaunting their sexuality" because they are gender non-conforming.
- Do not assume a transgender detainee is gay.

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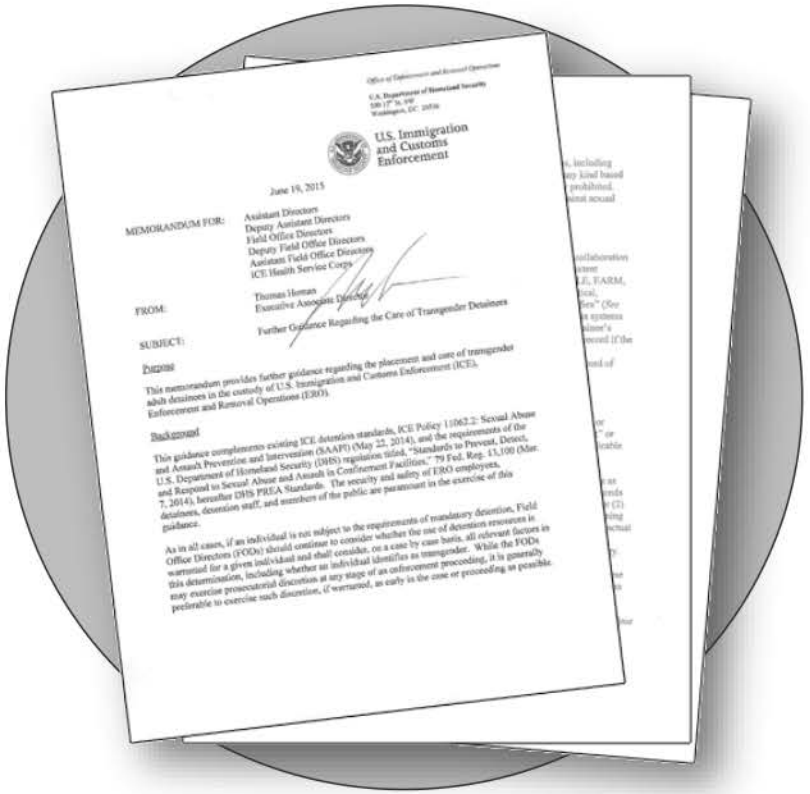
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Memorandum Overview

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Applicability

- The memorandum was signed by ERO Executive Associate Director (EAD) Thomas Homan on June 19, 2015.
- The memorandum governs intake, identifying, processing, housing, and continuing care of transgender detainees by ERO personnel.
- The memorandum establishes a National ERO LGBTI Coordinator and requires each ERO Field Office Director (FOD) to designate a local ERO LGBTI Field Liaison.


U.S. Immigration and Customs Enforcement

June 19, 2015

MEMORANDUM FOR: Assistant Directors
Deputy Assistant Directors
Field Office Directors
Deputy Field Office Directors
Assistant Field Office Directors
ICE Health Service Corps

FROM: Thomas Homan
Executive Associate Director

SUBJECT: Further Guidance Regarding the Care of Transgender Detainees

Purpose

This memorandum provides further guidance regarding the placement and care of transgender adult detainees in the custody of U.S. Immigration and Customs Enforcement (ICE), Enforcement and Removal Operations (ERO).

Background

This guidance complements existing ICE detention standards, ICE Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention (SAAPI) (May 22, 2014), and the requirements of the U.S. Department of Homeland Security (DHS) regulation titled, "Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities," 79 Fed. Reg. 13,100 (Mar. 7, 2014), hereafter DHS PREA Standards. The security and safety of ERO employees, detainees, detention staff, and members of the public are paramount in the exercise of this guidance.

As in all cases, if an individual is not subject to the requirements of mandatory detention, Field Office Directors (FODs) should continue to consider whether the use of detention resources is warranted for a given individual and shall consider, on a case by case basis, all relevant factors in this determination, including whether an individual identifies as transgender. While the FODs may exercise prosecutorial discretion at any stage of an enforcement proceeding, it is generally preferable to exercise such discretion, if warranted, as early in the case or proceeding as possible.

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Policy

- The memorandum both complements and helps implement existing agency policies:
  - ICE policy 11062.2: Sexual Abuse and Assault Prevention and Intervention (SAAPI) (May 22, 2014); and
  - The requirements of the U.S. Department of Homeland Security (DHS) regulation titled "Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities," 79 Fed. Reg. 13,100 (Mar.7, 2014), hereafter DHS PREA standards.
- The guidance incorporates the goals of the Prison Rape Elimination Act (PREA) of 2003, and incorporates the 2014 DHS PREA Standards to Prevent, Detect and Respond to Sexual Abuse and Assault in Confinement Facilities for ICE detention facilities.

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ERO Data Systems

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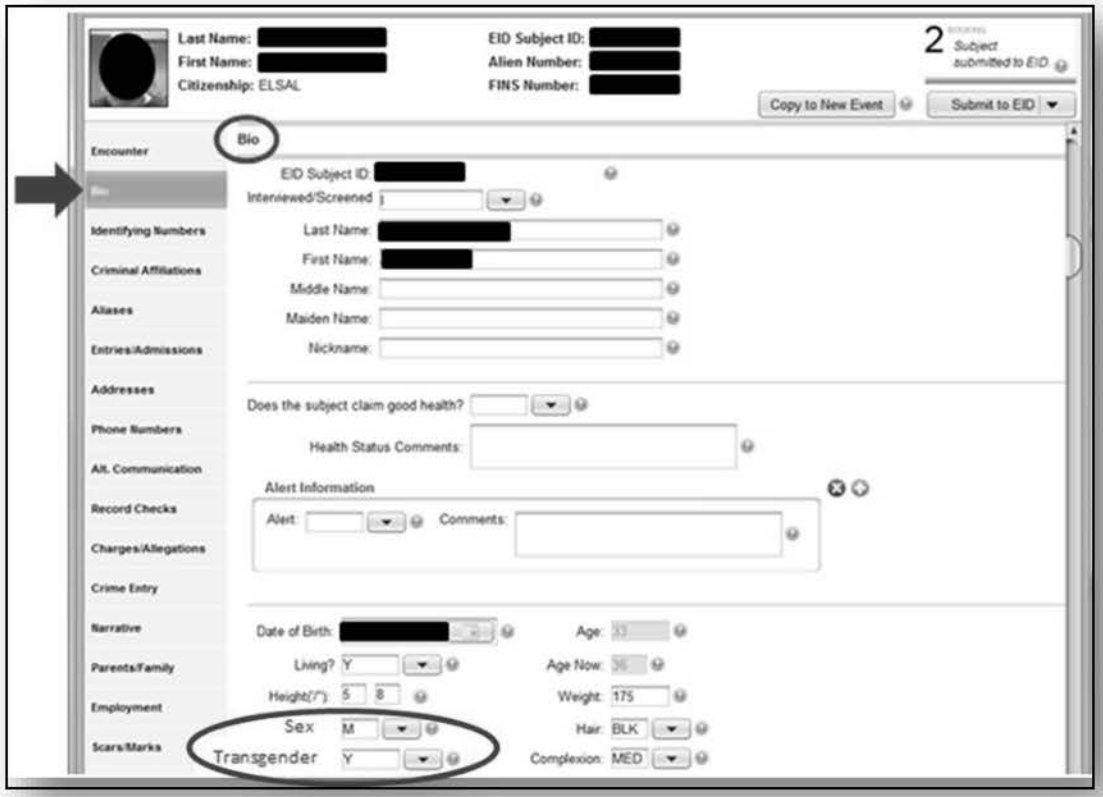
Overview

- The Transgender Care Memorandum stipulates that ERO Law Enforcement Systems and Analysis (LESA) will update appropriate ERO used data systems to allow officers to record a detainee's transgender status.

- Updates were implemented in November 2015:
  - EAGLE- Added Transgender field
  - EARM- Added Transgender field
  - Form I-213- Automatic Transgender statement populates when Transgender field marked
  - The RCA Tool- Added gender identity-specific questions to special vulnerabilities tab

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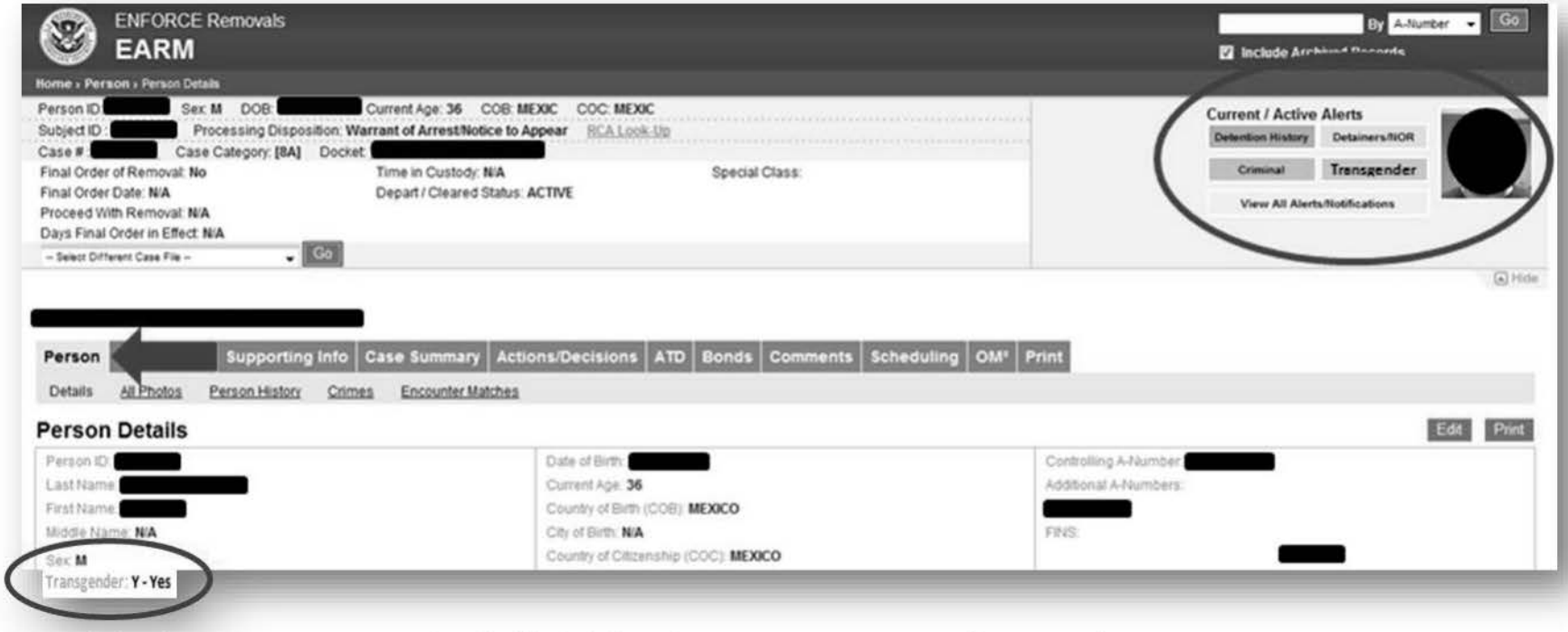
EAGLE: EID Arrest screen for Law Enforcement



- Added a field for "Transgender" in the Bio section.
- Value choices area either Y - Yes or N – No (with option to leave blank).

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EARM: Enforcement and Removal Module

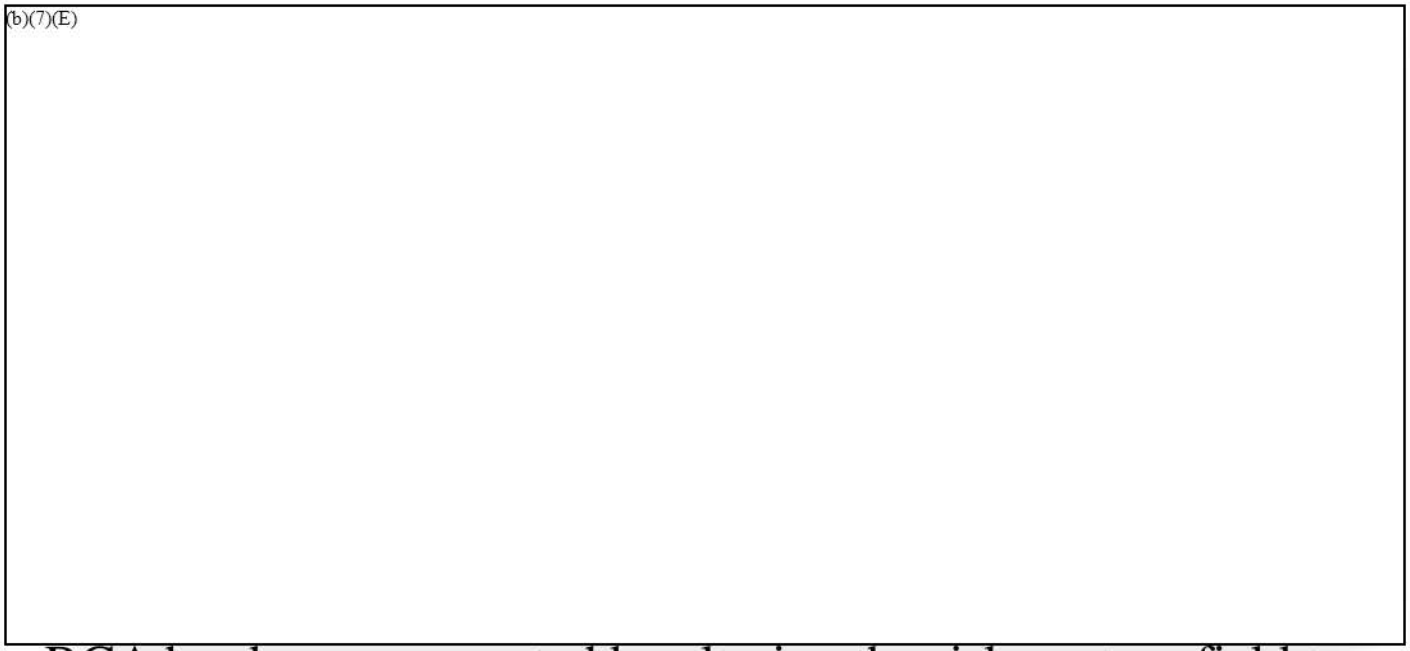


- Added a "Transgender" field in the Person Details section.
  - Value choices are either Y - Yes or N – No (with option to leave blank).
  - Field auto-populates if Transgender = "Y – Yes."
  - There is an option to change this value in the Person Details section if necessary.

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RCA: Risk Classification Assessment

(b)(7)(E)



- The RCA has been augmented by altering the risk capture field to say "Sexual Orientation / Gender Identity" and add two scripts for officer use.
  - Sexual Orientation: "Do you fear being harmed in detention based on your sexual orientation?"
  - Gender Identity: "Do you wish to disclose your gender identity?" If yes, "Do you identify as a man, a woman, or as transgender?"

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Form I213 Narrative

I-213 Narrative

This individual identifies as transgender; please process the individual consistent with ERO policy and procedures related to the care of transgender individuals. Subject encountered at Los Angeles County Jail as part of routine assigned duties. Pending Appeals/Applications: Claims None Subject's Health: Appears Good Property/Monies in U.S.: Claims None Prior U.S. Military Service: Claims None Facility Name: REDACTED Booking #: REDACTED CII #: REDACTED Case No: REDACTED PC/HS: REDACTED Conviction Date: 07/22/2004 Crime: Sentence: 365 DAYS DACS Code(s):16A

- Added an automatic populated sentence to the beginning of Form I-213 where Transgender = "Y – Yes." If Transgender = "N – No," nothing is added to the Form I-213. The automatic sentence appears below for reference.

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Contacts

- LGBTI Email Contact Box for ERO staff and stakeholders
  - LGBTI.Care@ice.dhs.gov

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Questions

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Questions and Comments



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Please Circle one:

PRE-TEST OR POST TEST

Enforcement and Removal Operations

ICE Transgender Training Quiz

Individual Information	
Name:	**Date**:
Position:	**Office**:

1) Being Transgender relates to one's:

☐Gender Identity and sex assigned at birth
☐Gender
☐Sexual Orientation
☐Gender Expression
☐All of the above

2) A transwoman is a common acceptable term for someone whose sex assigned at birth is male and gender identity is female.

☐True ☐False

3) Research shows that transgender women in jails, prisons, detention facilities and other type of lock-up facilities are especially vulnerable to sexual assault.

☐ True ☐ False

4) Gender affirming surgery; hormone therapy; dressing in clothing consistent with one's gender identity; and changing legal documents are part of the transition process for every transgender individual.

☐ True ☐ False

5) There are no restrictions on sharing the gender identity of a detainee with others.

☐ True ☐ False

6) If a detainee refuses to answer questions related to his or her gender identity during initial processing, how should the officer respond?

☐ Discipline the detainee
☐ Remove the detained from the location and temporarily house the detainee in segregation
☐ Respect the detainee's right not to answer the question and continue with the initial processing interview
☐ Forcefully tell the detainee that they must answer the question
☐ Immediately suspend the initial processing interview

7) Pursuant to the Transgender Care Memorandum, an individual who does not self-identify as transgender can still be classified as such in data systems.

☐ True ☐ False

8) An officer needs to search a transgender detainee. How should the officer proceed?

☐ The officer should ensure that the detainee is thoroughly restrained during the search.
☐ The officer should conduct the search in a manner consistent with established DHS PREA Standards.
☐ The officer should not conduct the search, because transgender detainees are at an increased risk for abuse in a custodial environment.
☐ The officer should conduct the search in a manner that will identify the detainee's biological sex.
☐ The officer should conduct an informal interview during the search to gather any other pertinent information for the detainee's file.

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9) **Knowing someone's sex assigned at birth also tells you the person's:**

- ☐ Gender Identity
- ☐ Sexual Orientation
- ☐ Gender Expression
- ☐ Preferred Pronoun
- ☐ None of the Above

10) **Which designated ERO staff member serves as a local point of contact for the care and treatment of LGBTI detainees?**

- ☐ The Facility warden.
- ☐ The ERO Director.
- ☐ The National ERO LGBTI Coordinator.
- ☐ The ERO LGBTI Field Liaison for the Area of Responsibility.
- ☐ The Field Office Director

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U.S. Immigration and Customs Enforcement

Field Training Unit, Enforcement Division

Operational Leadership Training (OLT)

Custody Management for Supervisors

Lesson Plan

Module 15

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- Terminal Performance Objective 8
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- EPO 2: Explain key components of the of the Custody Management Division that define pertinent areas in the Detention Management Control Program that would help clarify roles and area of responsibilities of first line supervisors. 11
- EPO 3: Review the three detention standards that govern confinement conditions in detention facilities, and clearly delineate performance based standards as they relate to custody management. 17
- EPO 4: List supervisory responsibilities and their roles as they relate to reporting, enforcement, compliance, documentation and implementation of detention standards and directives pertaining to custody management, in accordance with ICE policy. 23
- EPO 5: Reference the special populations and the supervisory responsibility of processing and detention coordination in accordance with ICE policy. 29
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LESSON CONTROL PAGE

The enclosed lesson content has been developed by the Field Training Unit (FTU) in accordance with national policies and procedures and has been approved by ICE ERO Headquarters (ERO HQ). Training facilitators are not authorized by FTU or any ERO HQ entity to make alterations to this training without specific written approval from the Field Office Director and the Office of Chief Council for their area of operations and notification being made to the FTU.

Developed By: **Mar 2018**

(b)(6); (b)(7)(C)

Signature

Signature

Signature

Signature

Content Approved By:

(b)(6); (b)(7)(C)

Unit Chief

Signature

Instructional Design by or Approved by:

(b)(6); (b)(7)(C)

Section Chief

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Signature

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RECORD OF CHANGES

Change Date	A=Add M=Mod D=Delete	Description of Change	Reason for Change	Approved by:
12/12/17-2/15/18	A/M/D	Content additions and revisions	More conducive to 1st line SDDO's	

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SYLLABUS

Module Title: **Custody Management for Supervisors**

Course Title: **Operational Leadership Training (OLT)**

Description:

This module presents informational guidance to first line supervisors the fundamentals aspects involving Detention Management. It informs the supervisor what resources are available to him or her for references in detention management, and it exposes supervisors to difficulties or issues in meeting operational standards when managing detention facilities day to day. In addition, it exposes supervisor to their responsibilities of enforcing rules and regulations to ensure all detentions standards are adhered to.

Terminal Performance Objective (TPO):

Given custody and detention management guides, and accessible resources, the student will have a fundamental understanding and the ability to supervise and manage the custody of detained aliens, in accordance with ICE policy and procedures of the ERO Custody Management Division (CMD) under the auspices of the Detention Management Control Program (DMCP).

Enabling Performance Objectives (EPO):

EPO 1: Identify the laws, regulations, instructions or policies as they relate to the use of custody management.

EPO 2: Explain key components of the Custody Management Division that define pertinent areas in the Detention Management Control Program that would help clarify roles and area of responsibilities of first line supervisors.

EPO 3: Review the three detention standards that govern confinement conditions in detention facilities, and clearly delineate performance based standards as they relate to custody management

EPO 4: List supervisory responsibilities and their roles as they relate to reporting, enforcement, compliance, documentation and implementation of detention standards and directives pertaining to custody management, in accordance with ICE policy.

EPO 5: Reference the special populations and the supervisory responsibility of processing and detention coordination in accordance with ICE policy.

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EPO 6: Review compliance directives concerning Sexual Abuse and Assault Prevention/Intervention, and LGBTI processing and conduct a problem solving student activity, of an assigned scenario.

Length of Presentation:

Lecture/Discussion	Demonstration	Practice	Assessment	Total Lesson Time
1 hour	15 minutes	1 hour	15 minutes	2 ½ hours

Student Special Requirements:

None.

Method of Evaluation:

None.

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INSTRUCTOR GUIDE

Methodologies:

- Lecture, instruction with questions
- Discussion
- Student activity

Staff Requirements:

This module will be presented by one trainer.

Facility Requirements:

- Group classroom
- Instructor station
- Computer
- Projector / Screen

Training Aids/Equipment:

Instructor:

- Lesson Plan
- PowerPoint presentation
- Student Handbook
- Video

Attachments

- Policy Number 11003.3: Notification and Reporting of Detainee Deaths
- Checklist for Responding to Allegations of Sexual Abuse for Assault at ICE Detention and Holding Facilities.
- Sexual Abuse/Assault Definitions Chart, What Happens After an Incident of SAA is Observed or Reported.
- Red Flags, That May Signal SAAA job aid.
- LGBTI Issues in Detention: Facts to Facilitate Effective Communications job aid.
- LGBTI Detainee Checklist

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- Change Notice NDS Staff/Detainee Communication Model Protocol Memorandum, June 15, 2007
- ERO Language Services Resource Flyer
- RCA Special Vulnerabilities Quick Reference Guide
- Unscheduled Supervisory Jail Visit Log

References

- Fourth Amendment to the United States Constitution

  Use of Force is a "seizure" under the Fourth Amendment
- 8 U.S.C. 1357 (Section 287 of the INA)
- Interim ICE Use of Force Policy (2004)
- Policy # 14011.1. Reporting Guidelines for SIRs and SPEARs
- Quick Reference Guide Reporting Uses of Force or Unintentional Discharges, May 14, 2012
- Memorandum: Reporting Use of Force Incidents, May 23, 2012
- Memorandum: New Use of Force, Assaults and Discharges Reporting Process, October 15, 2015
- Quick Reference Guide for Reporting Use of Force Incidents, November 06, 2015
- Information Notice: Guide for Reporting Use of Force Incidents, April 20, 2017.

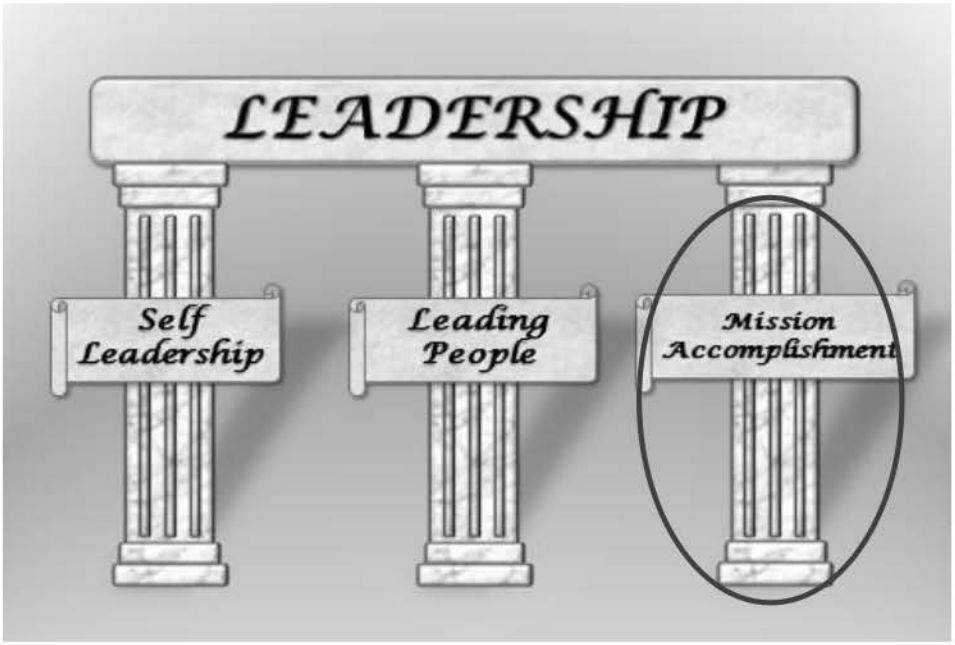
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OUTLINE OF INSTRUCTION

(SLIDE 1)

Introduction

Consistent with the 3 pillars of Leadership, custody management incorporates all three to a certain degree; however "Mission Accomplishment" is the more prevalent one.



Rapport and Opening Statement

The office of Enforcement and Removal Operations (ERO) Custody Management, Custody Programs Division (CPD), enhances ICE's civil immigration detention system through the creation and coordination of innovative custody policies and programs.

ERO maintains custody of one of the most highly transient and diverse populations of any correctional or detention system in the world. ICE detainees represent virtually every country of the world, every security classification, genders, transgenders, and medical conditions. It's important that we identify the intricate detention policies and standards in ICE ERO, to ensure compliance and limit liability.

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Lesson Plan Overview

First we are going to address some laws and regulations as they pertain to detention management. We will examine and clarify pertinent functions within the Detention Management Control Program, critical to custody management within ICE. We will identify the different ICE detention facilities and examine the extensive role an SDDO plays in management and reporting of detention issues at the first line level. We will define and discuss the detention standards and identify the intricate detention policies in ICE ERO, to ensure compliance and limit liability. You as a supervisor should be aware of the standards, or at the very least, where to find them. Why? Detention is an Important and necessary part of enforcement. ICE exercises significant authority when it detains people. We must ensure our practices in custody management, be humane, providing sound conditions and care for detained individuals.

Student Engagement:

Ask:

1. At what point does detention management start?
2. Is detention management only the concern and duty of detain docket and detention supervisors and their deportation officers?
3. With people in a detention setting who all have a different way of living, religious practices, customs and lifestyles, how do we reasonably answer to the needs of so many varieties of people?

(SLIDE 2)

Terminal Performance Objective

Given custody and detention management guides, and accessible resources, the student will have a fundamental understanding and the ability to supervise and manage the custody of detained aliens, in accordance with ICE policy and procedures of the ERO Custody Management Division (CMD) under the auspices of the Detention Management Control Program (DMCP).

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(SLIDE 3)

Enabling Performance Objectives

EPO # 1: Identify the laws, regulations, instructions or policies as they relate to the use of custody management.

EPO# 2: Explain key components of the Custody Management Division that define pertinent areas in the Detention Management Control Program that would help clarify roles and area of responsibilities of first line supervisors.

EPO# 3: Review the three detention standards that govern confinement conditions in detention facilities, and clearly delineate performance based standards as they relate to custody management.

(SLIDE 4)

EPO# 4: List supervisory responsibilities and their roles as they relate to reporting, enforcement, compliance, documentation and implementation of detention standards and directives pertaining to custody management, in accordance with ICE policy.

EPO # 5: Reference the special populations and the supervisory responsibility of processing and detention coordination in accordance with ICE policy.

EPO # 6: Review compliance directives concerning Sexual Abuse and Assault Prevention/Intervention, and LGBTI processing and conduct a problem solving student activity, of an assigned scenario.

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(SLIDE 5)

PRESENTATION

EPO 1: Identify the laws, regulations, instructions or policies as they relate to the use of custody management.

Custody Management Overview

Detention management is a huge plate with a lot on it. Before an SDDO for detention makes any detention management decisions, there are several factors they need to consider.

Examples:

How much bed space is available? ERO bed space is a finite resource.

What type of aliens do you have occupying your bed space? Efficient use demands good decision making.

Supervisors in all units need to pay attention and know the standards. Detention begins with the alien's arrest.

Supervisors need to direct their detained docket DO's to monitor detained aliens case actions and decision closely. Detention may continue throughout the case lifecycle and is impacted by many variables, but is also subject to change at any moment.

Say: Although priorities no longer exist, there still needs to be a balance in the way we use detention space. We no longer arrest by priorities, however we do prioritize our bed space to detain criminal and high risk aliens.

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(SLIDES 6)

Custody Management Overview cont.

An SDDO can refer to several resources listed below to reference and consider before making detention management decisions.

- Mandatory Detention-Section 236 of the INA
- Detention Standards (NDS, PBNDS 2008, PBNDS 2011)
- Juvenile and Family Residential Management
- ATD
- Bond Management
- Special Populations
- Prosecutorial Discretion
- Special Vulnerabilities

Instructor Note: *Mention the Thomas Homan memorandum titled "Delegation of Detention and Removal Authority, dated 08/18/2016. Discuss the delegation of Supervisory Detention and Deportation Officers, Authority under 8 C.F.R. §103.6 to breach bonds, and Authority under INA§240B, U.S.C.§1229c and 8 C.F. R. Part 240 to adjudicate request for voluntary departure, including under INA§244(e)as in effect prior to April 1, 1997*

(SLIDE 7)

Custody Management Resources

Insight links to the Custody Management Website and the ERO Policy Library.

(SLIDE 8)

EPO 2: Explain key components of the of the Custody Management Division that define pertinent areas in the Detention Management Control Program that would help clarify roles and area of responsibilities of first line supervisors.

Custody Management Division Components

- The CMD accomplishes this mission by inspecting all major authorized facilities supported by the Detention Management Control Program (DMCP).

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- The CMD also has in place the Operational Review Self-Assessment (ORSA) program to facilitate review of smaller locations via field office oversight. First line supervisors may play a pivotal role and be a key overseer of an ORSA.
- In addition to the DMCP, the CMD has in place a continuous monitoring program via the Detention Monitoring Unit and the ICE Detention Services Managers and or Detention Standards Compliance Officer.

Mention: The Detention Planning and Acquisition Unit (DPAU) Oversees planning and acquisition activities to provide civil detention space at strategically located sites in support of efficient enforcement and removal operations.

- Coordinates detention related requirements at the national level with input from ERO field offices, the Office of Detention Policy and Planning, CAP, Fugitive Operations, HSI, OSLTC, CBP Filed Operations, Border Patrol, and the Office of Acquisition Management to develop requirements aligned with the overarching goals of immigration detention reform.
- These collaborative efforts result in the acquisition of safe and secure detention facilities that can be in compliance with applicable detention standards at fair and reasonable cost to the government.

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Detention Management Control Program

DMCP: Consists of standards, policies, and procedures mandated by DHS/ICE/ERO/CMD to ensure detention facilities are operated in a safe, secure and humane condition for both detainees and staff.

The program oversees that all facilities authorized to hold ICE Detainees will have an annual detention facility inspections review scheduled by the Detention Standard Compliance Unit (DSCU) in consultation with the field office's facility(ies).

When new facilities are acquired, the facility will have a review within ninety days after activation.

Facilities who do not meet adapted standards will have a review every six months.

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Detention Management Control Program cont.

ORSA: Operational Review Self-Assessment:

The ORSA process is coordinated by ERO field offices. It is self-inspection conducted annually by the facility with oversight and approval of the FOD or designee of the FOD, enabling ICE staff to closely evaluate the strengths and weaknesses of a facility detention operation.

An ORSA is applicable to certain IGSAs and contract detention facilities. Most likely, these facilities would be our smaller IGSAs we use for temporary holding of detainees following arrest and prior to processing. SDDO's for detention units would be in contact with these types of facilities most often and have a close working relationship.

Facilities may be eligible for the ORSA process if either of the following criteria apply:

a) The facility is designated for Under 72 hour use.
b) The facility is designated for Over 72 hour use and maintains an
c) ICE average daily population of less than 10 detainees.

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Detention Management Control Program cont.

ORSA's are conducted by qualified supervisory staff located at these detention facilities with consultation, oversight, and training materials provided by ERO field offices.

It is likely that first line supervisors and or jail liaison assigned officers would be the participating staff.

Reviewing staff focuses on the key components of the ICE detention standards. Key components could be a mixture or Priority components and optimal provisions.

For consistency, the same monitoring instruments are used by annual detention inspectors, Contracting Officer Representatives (CORs), and on-site compliance reviewers, consistent with contractual agreements.

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ORSA Inspections Overview

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Here is a basic overview of the ORSA Procedures for the applicable detention facilities.

First, a MOU will be developed between the FOD and eligible detention facility to memorialize the ORSA agreement managed by DMD/DSCU.

The FOD designates ICE Detention Compliance Coordinator (DCC) who serves as POC and liaison to facility within field office's AOR.

The facility in turn designates a Facility Compliance Coordinator (FCC) to work with the field office during the ORSA process.

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Field Office also provides training to the facility staff on the ORSA process, and filling out of essential forms, with key components of the ICE Detention Standards.

FCC conducts ORSA review independently or in conjunction with ERO SME at the request of the facility and with FOD approval.

There are three types form for self-assessment to be used. Forms G-324-A, B and O. The breakdowns are:

a) G-324-A: Detention Facility Inspection Form (Facilities Used Over 72 hours)
b) G-324-B: Detention Facility Inspection Form (Facilities Used Under 72 hours)
c) G-324-O: Detention Facility Inspection Form (Facilities Used Over 72 hours, with Alien Detention Population (ADP) of less than 10 detainees

In an ORSA review, for the type of facilities that are applicable Forms G-324-B, and G-324-O, would be used.

Instructor Note: *Use this information as talking points. When a detention facility is found to be deficient after an annual inspection is conducted for compliance to the standards, five priority components discovered to be deficient in the worksheet (G-324) or three components discovered to be deficient within a particular standard shall result in a failure of the inspection by the facility.*

A Technical Assistance Review (TAR) is an additional detention facility review that occurs 120 days after receiving a failed rating on a regular or biennial inspection. A TAR is scheduled to provide technical assistance to facilities that are in jeopardy of receiving a failed rating on the upcoming 180 day Follow-up Inspection. A subsequent failure would require the removal of ICE detainees.

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A follow-up detention facility inspection that occurs at 180 days after a failure of a regular or biennial inspection is to ensure that the facility has corrected the deficiencies indicated in the previously failed inspection.

Immediate corrective action is required to address priority component deficiencies. If they have not met compliance after the extension or correction period, and now have failed two inspections, then the detainees should be removed from the facility as soon as humanly possible. The contract would then be terminated and the FO should make accommodations to house those displaced detainees at other facilities within their AOR.

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ORSA Overview cont.

In addition to Forms G-324-B, and O, additional paperwork of the ORSA Packet might contain applicable detention certification inspections such as certifications from the American Correctional Association (ACA), National Commission on Correctional Health Care, (NCCHC) or the United States Marshal Service (USMS) or other county/state certification forms submitted with corrective action plan (if required).

If a facility has standard related violation, and a corrective action is needed, a plan will developed by the facility in consultation with the ERO field office.

FOD reviews the results of the ORSA and corrective action plan for accuracy and completeness then forwards the packet Detention Management with recommendation to accept the CAP, close the ORSA, or reject the CAP.

FOD and DM will provide feedback to the facility regarding any areas requiring improvement, corrective action plans, or note any recognized exemplary performance.

Instructor Note: *The vast majority of IGA facilities are ORSA (Own Risk and Solvency Assessment) which is self-inspection by the field office, because of the average daily population. Some are inspected under the Nakamoto contract. Also, ORSA inspections are under DSCU.*

If the ORSA reveals areas of deficiency that pose significant risk to detainees, patterns of non-compliance with ICE expectations, and/or a facility's inability or unwillingness to correct deficiencies, Detention Management will work with the field office to discontinue use of the facility.

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Custody Management Division cont.

The Detention Monitoring Unit was established in response to the Assistant Secretary's initiative on Immigration Detention Reform, and is the best source that an SDDO for detention could use as contact for all issues related to custody management.

Key contacts for the field include the DMU Group Supervisors and the Detention Services Manager and the Detention Standards Compliance officer.

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Key Functions:

- Ensure conditions within the detention facility are safe, secure and humane.
- Works closely with facility staff, Field Office staff and interacts with ICE detainees on a daily basis.
- Knows the detention center operation.
- Understand and interpret ICE detention standards.
- Conducts irregular and unscheduled inspection checks and monitors conditions of confinement through daily-on-site compliance reviews

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- Collaborate with contract providers, and provides on the spot resolutions of facility issues and concerns.
- Prepare weekly reports of facility assessments
- Maintains close collaboration with field offices and facility staff to facilitate corrective actions
- Prepare weekly reports of facility assessments
- During and annual inspection of an ICE authorized detention facility, the DMU serves an HQ liaison, analyst and/or advisor, and keeps ICE headquarters and field offices advised of findings.
- The DMU also liaise with government and non-government entities, and prepares and monitors plans of action requests for non-compliant findings.

Instructor Note: *Currently, DSM positions are announced in both the 1801 (law enforcement) and 0343 (non-law enforcement) series.*

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Custody Management Division cont.

The Detention Standards Compliance Unit (DSCU) ensures detention facilities used to detain aliens in immigration proceedings, or awaiting removal to their countries, do so in accordance with ICE national detention standards.

The DSCU provides firm assurance to ICE and the public that detainees in ICE are housed in the least restrictive environment consistent with the safety and security of the detainee population and facility operations.

The DSCU oversees the facility inspection contract and the Detention Management Compliance Program (DMCP) for all ICE-authorized detention facilities.

The DSCU also works on a daily basis with ERO Field offices, Office of Detention Policy and Planning and Civil Rights Liberties, to ensure facilities comply with ICE detention standards or take necessary corrective action to address problems and concerns.

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EPO 3: Review the three detention standards that govern confinement conditions in detention facilities, and clearly delineate performance based standards as they relate to custody management.

Detention Statistics Overview

(Slide contains the latest FY2017 Statistics Dashboard of the ICE Detention Facility Report Enforcement and Removals Operations FY 2018 as of 10/2/2017 provided from the Custody Management Division of ERO).

ICE Facilities

Although it may be common knowledge let's review what type of facilities are utilized by ICE to house detainees.

- Service Processing Centers (SPC) are owned and operated by the DHS/ICE.
- Contract Detention Facilities (CDF) are contractor owned and jointly operated by ICE and houses mostly ICE Detainees.

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- Intergovernmental Service Agreement facilities (IGSA) have a contract between ICE, state, county or municipal government obligating stakeholders to reimburse the facility for the cost of housing detainees.
- Dedicated Intergovernmental Service Agreement (DIGSA) have an contract with ICE who reimburses the facility for the cost of housing ICE Detainees, and are dedicated to house only ICE detainees.
- Unites States Marshal Service Intergovernmental Agreement (USMS IGA) is a contract agreement where the USMS serves as the primary contract holder and ICE rides the contact in a secondary capacity.

Instructor Note: *Make sure the class knows all the names of the SPCs and where they are located. Review the statistics with the class and note comparisons to FY 16*

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Detention Standards

Let's now address the American Correctional Association (ACA)& Performance Based National Detention Standards (PBNDS).

The PBNDS track the ACA's Adult Local Detention Facilities (ALDF) standards 4th Edition. In the PBNDS standards, the Purpose & Scope is expressed first. Then the Expected Outcomes are listed, followed by Expected Practices, laid out in detail.

In addition to the Detention Monitoring Unit (DMU), Detention Service Managers (DSM), and the Detention Standards Compliance Unit (DSCU), field officers are responsible for the assessment and monitoring to determine if the expected practices are taking place

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Ask the class: Define Purpose and Scope, Expected Outcomes, and Expected practices?

Purpose & Scope: States the completed objective and what purpose the standard was created to serve.

Expected Outcomes: Describes everything that will be accomplished by adhering to all components of the standards.

Expected Practices: Provides a detailed description of specific functions and practices in a standard to perform, which will achieve the Expected Outcomes.

- SAFETY – Provide a safe work environment for staff and detainees.
- SECURITY – Protect the community, staff, and detainees from harm.
- ORDER – Maintain an orderly environment with clear expectations of behavior and systems of accountability.
- CARE – Provide for the basic needs and personal care of detainees.
- PROGRAM AND ACTIVITY – Reduce the negative effects of confinement.
- JUSTICE – Treat detainees fairly and respect their legal rights.
- ADMINISTRATION & MANAGEMENT – Administer and manage the facility in a professional and responsible manner.

(SLIDE 22)

Detention Standards cont.

Within the PBNDS, there are Priority Components that ICE deems of critical importance for ensuring adequate conditions of confinement, safety and security of detainees and staff at all authorized detention facilities.

For example, under “Protection from Injury and Illness” is a priority component in Environmental Health and Safety. “Vehicle Safety” is a priority under Transportation (By Land) and “Emergency Preparedness & Response” is a priority under Emergency Plans.

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Optimal Components

PBNDS 2011 includes a number of optimal provisions, with which all facilities will be encouraged (though not mandated) to comply. Among other things, these requirements provide for:

- Increased minimum weekly access to law libraries
- Availability of outdoor recreation outside the confines of facility structures
- Increased minimum indoor and outdoor recreation time
- Increased ratio of available telephones to detainees

Facility compliance with National Commission on Correctional Health Care (NCCHC) standards in the provision of medical care and management of detainees at risk for suicide or significant self-harm.

(SLIDE 23)

Detention Standards cont.

Let's review the first created detention standards, NDS 2000. ICE did not have a specific set of standards. Facilities that housed ICE detainees were doing different things across the U.S. Nationwide ICE detainee population increased and standards were needed. These standards however did not measure performance or outcome indicators.

ICE's initial National Detention Standards were promulgated in September 2000 to meet ICE detainee's basic needs. There were 38 standards created subject to basic compliance. These standards facilitated consistent conditions of confinement, conditions for access to legal representation, program operations and management expectations and established accountability and rating system for facility non-compliance.

Say: In some AOR's you who are Detention Supervisors may have jails under your jurisdiction that are still under the NDS 2000 standards. It is something you would need to know and pay attention to when providing housing for detainees in the most appropriate setting possible when it comes to aliens with specific needs and conditions.

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Detention Standards Cont.

PBNDS 2008 are revised and modernized standards and were built upon NDS 2000, following the path of the American Correctional Association (ACA) and other industry leaders.

Unlike "policy and procedures" that focus solely on what is to be done, performance based policy starts with a focus on the results or outcomes that the required procedures are expected to accomplish. The reports generated from these standards allowed ICE facilities to evaluate performance over time and in comparison to similar ice facilities.

They contained 42 standards, four of which were new.

1) News Media Interviews and Tours
2) Searches of Detainees
3) Sexual Abuse and Assault Prevention and Intervention (Reaction to PREA, The Prison Rape Elimination Act of 2003)
4) Staff Training

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Detention Standards Cont.

PBNDS 2011

Released in 2012, PBNDS 2011 introduced the concept of non-mandatory, optimal compliance. They were created by the collaboration of a very diverse NGO and ICE stakeholder working group, whose goal was to represent an important step in detention reform.

Ask Students: Why would it be beneficial for an ICE detention IGSA, or DIGSA facility managers to provide optimal provision to adapt the PBNDS 2011? Desired Answers: ICE is always renewing and/or updating contracts with facilities. The probability is higher that a facility manager who chooses to upgrade a facility to compliance conditions of PBNDS 2011 might have their contract renewed. Also facility receives more money per detainee 's daily housing for upgrade to PBNDS 2011.)

Ask Students: What in it for you as supervisors to know the fundamentals of detention standards? Desired Answers: Fewer violations mean less SIRs in SEN system. Preventive actions help reduce reactive actions. Less complaints and allegations from detainees help balance custody management, reduce transfers, prevents disruptions of time management.

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PBNDS 2011 reflects ICE's ongoing effort to tailor the conditions of immigration detention to its unique administrative purpose and is crafted to improve:

- Medical and mental health services
- Increase recreation and visitation
- Increase access to legal services and religious opportunities
- Improve communication with detainees with limited English proficiency
- Improve the process for reporting and responding to complaints and SAAPI allegations.

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In 2016, ICE revised a number of the detention standards to ensure consistency with federal legal and regulatory requirements as well as prior ICE policies and policy statements to include 1 new standard for a total of 43.

In FY 2017, all dedicated ICE detention facilities will have contractually adopted the DHS PREA standards, and the PBNDS 2011 revisions will ensure that detention standards are consistent with the DHS PREA requirements).

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Detention Standards cont.

The topics of revision in 2016 include:

- Detention facility compliance with DHS PREA regulations

Instructor note: *In FY 2017, all dedicated ICE detention facilities will have contractually adopted the DHS PREA standards and the PBNDS 2011 revisions will ensure that detention standards are consistent with the DHS PREA requirements).*

- Disability Accommodation and Section 504 of the Rehabilitation Act
- Communication Assistance
- Special Management Units (SMUs)
- Disciplinary System Timelines and Processes
- Incorporation of Other ICE and ERO Directives, Memoranda and Policy Statements
- Changes to medical standards and requirements
- Eliminating requirement to provide a complete copy of the medical record with each transfer, release and removal

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- Suicide Prevention and Intervention
- Appendices and forms

Say: Multiple references to these topics can be found mostly in the topics of Safety, Security, Order, Care, and Administrative & Management.

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EPO 4: List supervisory responsibilities and their roles as they relate to reporting, enforcement, compliance, documentation and implementation of detention standards and directives pertaining to custody management, in accordance with ICE policy.

ERO Holding Facility Responsibilities

The purpose of this portion of the lesson is not to review the holding facility policy in its entirety that would take up way too much time. This portion to identify predominately what duties and responsibilities most commonly would have to be addressed by an SDDOs for detained and detention issues in an AOR setting.

Under the ICE Policy 11087.1: Operations of ERO Holding Facilities, the FOD or the FOD's designated official (most likely the SDDO) has the responsibility of several topics within the policy:

- Holding Facility Supervision and Monitoring
- Hold Room Conditions
- Placement of Detainees with Specialized Needs
- Detainees with Disabilities and Detainees Who are Limited English
- Searches of Detainees
- Limits to Cross-Gender Viewing
- Property Searches
- Written Logs
- Holding Facility Plans for Evacuations and Medical Emergencies
- Sexual Abuse and Assault Prevention
- Responding to Sexual Abuse and Assault Incidents
- Upgrades to Facilities and Technologies and Annual Review

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Class participation exercise:

Explain background – A facility, including ERO holding facilities, shall have in place contingency plans for responding to emergencies, including a locally approved and annually updated evacuation plan.

Questions: Do you have a Continuation of Operations (COP) contingency plan and is it known by all detention personnel? Is it posted in your holding room area?

(1) Write down on a piece of paper the emergency evacuation plan for your Field Office holding facility.

Question: Do you know the evacuation or COP contingency plan for your IGSA/DIGSAs under your jurisdiction in your AOR?

(2) Now write down the COP for at least one detention facility that your AOR uses.

Instructor Note: *Mention, these areas of responsibility may be just the tip of the iceberg in some AOR's who do not have contract personnel assisting or in charge of the detention area. Some AOR's (specifically the ones without SPC's for CDFs,) may still have DO's in charge of all things detention, and SDDO may have dual roles as SIEA and SDDO now combined.*

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Supervisory Holding Facility Responsibilities

When as SDDO needs guidance, he can just look up policy for the information. We want to focus on the day to day operations of ERO Holding Facilities and the intricate directives that may most often be overlooked and in risk of violation.

Physical hold room checks at least every 15 minutes and logged, including the time of each check and any important observations. **(Section 4.1)** ***Is this presently being done in your AOR by DOs or contractors in detention?***

Any unusual detainee behavior or ensuring detainee complaints are immediately addressed and appropriately reported to a supervisor. Separating a detainee from other detainees when necessary. **(Section 4.1)** ***In most cases, we are proactive to this type of scenario. Has this been the practice in your AOR?***

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A pat down search shall be performed even if another agency or other ERO personnel report completing one prior to the detainee's arrival at the ERO facility or transfer of custody. **(Section 4.5)** ***Do we trust that the transporting officers conducted another pat down from vehicle to holding room? Do we trust that officer/agents that arrest and transport individuals to detention are conducting follow up searches before putting them in a holding room?***

Maintenance of a written detention log for every detainee brought into custody, regardless of purpose (e.g., new arrival, awaiting legal visitation, awaiting interviews). At the conclusion of each day, the FOD shall ensure that an ERO supervisor reviews, dates, and signs the detention log. **(Section 4.8).** ***It goes without saying that every detention setting should be keeping an electronic log of detainee movement; however are we maintain written logs as well? Who here as an SDDO for detention in their AOR receives a written log book of detention movement for review and signature?***

(SLIDE 30)

Supervisory Holding Facility Responsibilities Cont.

The FOD shall ensure that all hold rooms are inspected every twelve hours, and that each ERO field office maintains a "Hold Room Inspection Log" to document the results of those inspections**. (Section 4.8).** ***Do you know if the holding rooms are inspected before and after they have been occupied by detainees? Does your AOR have a Hold Room Inspection Log and have you reviewed it for compliance?***

Develop medical emergency procedures and response plans for medical emergencies to include appropriate supervisory notification, and awareness of the location of emergency medical supplies and equipment. **(Section 4.9).** ***If there is a medical emergency in your detention setting, have you or your contractors developed a procedure plan? Have you addressed issues like, who would remove the other detainee from the room and where they would go, who would dispense CRP/First Aid, assigned officers to accompany the detainee in an ambulance, etc.?***

Shall develop and maintain a written evacuation plan for holding facilities in a location accessible only to employees. **(Section 4.9)** ***Do you have a Continuation of Operations (COP) contingency plan and is it known by all detention personnel? Is it posted in your holding room area? Do you know the evacuation or COP contingency plan for your IGSA/DIGSAs under your jurisdiction in your AOR?***

Ensure that before placing detainees together in a hold room, there shall be consideration of whether a detainee may be at a high risk of being sexually abused or assaulted, and,

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when appropriate, shall take necessary steps to mitigate any such danger to the detainee. **(Section 4.10)** ***Have you advised your DOs to ask the proper questions during screening before processing to determine if a detainee may fall into this category? Have you instructed your DO to pay attention to behavior and body language and physical signs a detainee may fall into this category?***

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Supervisory Holding Facility Responsibilities Cont.

As a preventative measure, supervisors should be aware and provide guidance to processing deportation officers that during the screening stage of a detainee who is going to be held in ICE custody, certain factors need to be ruled out to ensure that the following criteria are considered in assessing detainees for risk of sexual victimization, to the extent that the information is available. Here are the factors to consider:

- Whether the detainee has a mental, physical, or developmental disability;
- The age of the detainee
- The physical build and appearance of the detainee
- Whether the detainee has previously been incarcerated or detained
- The nature of the detainee's criminal history
- Whether the detainee has any convictions for sex offenses
- Whether the detainee has self-identified as Lesbian, Gay, Bisexual, Transgender, Intersex, or non-gender conforming.
- Whether the detainee has self-identified as previously experiencing sexual victimization
- The detainee's own concerns about his or her physical safety.

Ask: Do you know if these types of questions and evaluations are conducted during the screening and processing of an arrest individual who will be held in ICE custody?

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Other Supervisory Responsibilities

During daily duties of an SDDO for Detention or the Detained unit, they may experience multiple and frequent inquiries from non-governmental sources such as, community leaders, detention facility personnel, advocate groups, detainee family members, other law enforcement entities, stakeholders, and those individuals in ICE detention.

For balancing duties and time management, SDDOs should be familiar with the Detention Reporting and Information Line (DRIL). The purpose of the DRIL is to maintain commitment to transparency and ensuring the public is fully informed of the agencies immigration enforcement efforts. The DRIL answers to public outreach, answers questions and makes all attempts at resolving concerns of stakeholders. Communications are directly with ERO personnel who are live trained operators and are available to respond to inquiries from the sources mentioned above.

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Here are some of the subjects the DRIL can assist with for resolution:

- Incidents of sexual or physical assault or abuse,
- Serious or unresolved problems in detention,
- Reports of victims of human trafficking and other crimes,
- Reports on individuals with serious mental disorders or conditions,
- Separation of minor child or other dependent and other parental related issues,
- Inquiries from the general public, law enforcement officials and others
- Requests for basic case information.
- Reports that someone in detention has a serious mental disorder or condition.

It will be helpful for supervisors to know where to direct the public if they have inquires, questions, and concerns, in support of the ERO's mission, of commitment to transparency, collaboration and resolving concerns with our stakeholders.

DRIL Custody Assistance and Inquiry Resolution System (CAIRS) –
htt(b)(7)(E)

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Other Supervisory Responsibilities Cont.

Let's address some other supervisor concerns in detention. Staff and detainee communication is a key factor in maintaining an ICE detention setting running smoothly. I encourage SDDOs for the Detention Unit to if they haven't already, appoint on a volunteer bases, a Facility Liaison. Facility Liaison visits; scheduled and unscheduled jail visits are highly encouraged.

Instructor Note: *For Facility Liaison Visit guidance; mention the Model Protocol. (Guidance to Field Office Directors and their staff regarding expectations for detention facility liaison visits and compliance required by ICE NDS on Staff Detainee Communication (NDSDC).*

With the inclusion of Task Force operations and joint collaboration with other law enforcement agencies, Third Agency Visits (TAV) can be beneficial to all parties involved. Supervisors should ensure that FOD approval has been granted before hosting a TAV. After FOD approval for TAV, input of the TAV should be submitted in the SEN system. ICE Personnel are to remain with detainees during TAV. (Refer to 7.2., 4. Personal Interviews of the 2011 PBNDS for guidance). If other agency prefers to speak with detainee without ICE presence, the requesting agencies may writ the detainee to their custody and return them when they are done.

Detainees in ICE custody are ERO's responsibility; ICE officer presence maintains compliance with our detention standards, thus reducing liability. There are 2 exceptions, Lawyers and Consular officials.

Another detention management concern is hunger strikes. In most cases an ICE detention facility will notify an SDDO for detention or the detained docket unit that a detainee is on a hunger strike watch. This notification be should receive within or after 72 hours of no food. It is suggested that a supervisor assign a jail liaison or detained docket officer to interview the detainee, identify the issue, present compromises and or solutions to prevent a declared hunger strike and contact the Field Medical Coordinator (FMC).

After 72 hours, if a hunger strike is declared by a clinical medical authority, notifications shall be made to the FOD, AFOD, and Health Services Corps. Your Field Medical Coordinator (FMC) may be the POC for the notifications and confirmations. Documentation of a Significant Incident Report in Significant Event Notifications data base would be a supervisory duty, and data base updates (EARM, EAGLE, PLANET), documentation in Alien File should be done by the detained docket case officer.

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Thereafter, required documentation, medical requirements and detainee refusal of treatment, may all be factors to be aware of and monitor during the hunger strike. (Refer to 4.2 of the 2011 PBNDS Detention Standards for guidance.

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Other Supervisory Responsibilities cont.

In the unfortunate event of detainee deaths, as a first line supervisor, you may be assigned as a designated official, to perform certain duties pertaining to the updated policy on notifying and reporting detainee deaths.

The new policy: ICE Directive, Policy Number 11003.3: Notification and Reporting of Detainee Deaths. September 30, 2016, addresses updated directives from the superseded policy of 2011.

First Line supervisors should review items numbered, 4.3, 5.1, and 5.2. Noted in the new policy as FOD requirements in the jurisdiction where the death occurred; a first line supervisor may be assigned to execute some or all these requirements as a designated official by your FOD. As a convenience, a copy of the policy is included in your student work books.

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EPO 5: Reference the special populations and the supervisory responsibility of processing and detention coordination in accordance with ICE policy.

Special Populations

Our detained Juveniles/Unaccompanied Alien Children (UAC) is special population detainees and must be dealt with in accordance with applicable law, regulation, and policy. In most AORs, there is a DO, assigned as a Juvenile Coordinator that ensures case management and detention standards are adhered to for ERO Juveniles and family matters. Field office Juvenile Coordinators are trained by the Juvenile and Family Residential Management unit, and are your go for guidance and information, as they serve as a subject matter expert, and advice colleagues who encounter minors during enforcement activities. In a detained setting, detention supervisors are to enforce and ensure ICE contractors and ICE officials to adhere to the following in detention conditions.

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- Juveniles must be detained in the least restrictive setting appropriate to his or her age and special needs
- Juveniles must be separated from unrelated adults whenever possible
- Juveniles may only be released to a parent, legal guardian, or to Office of Refugee and Resettlement (ORR)
- Parents and legal guardians must provide certain documents before a juvenile may be released
- Unaccompanied Juveniles who cannot be reunited with a parent or legal guardian must be turned over to the ORR within 72 hours

Instructor Note: *Here are some documents to reference for applicable law, regulation and policy. Jenny Lissette FLORES v. RENO 1993, William Wilberforce Trafficking Victims Protection Act 2008, ICE Policy Directive No. 11087.1 "Operations of ERO Holding Facilities, and updated 2016 Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA) Standard Operating Procedures (SOP) when apprehending and processing Unaccompanied Alien Children.*

(SLIDE 37)

Special Populations Cont.

Family Units

For the non-violent, non-criminal families ERO takes into custody, JFRMU manages the ICE Family Residential Program. Supervisors should note that a Family Unit is narrowly defined and must include a non-USC minor child accompanied by their parent(s) or legal guardian(s). In a detention setting, parents and children move about without restriction. They also receive medical and mental-health care as well as other developmentally and culturally supportive services. State-certified educators teach the school-age children in on-site classrooms.

ICE operates 3 Family Residential Centers in the United States.

- Berks Family Residential Center
- Karnes Family Residential Center
- South Texas Residential Center at Dilley

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(SLIDE 38)

Disposition of FCMP

SDDOs should be aware, effective June 20, 2017; the Family Case Management Program (FCMP) cancelled the contract with GEO Care for contracted case management. Cases have been transferred to "FCMP Stage II" with ICE only reporting in Los Angeles, New York, Miami and Chicago. FCMP Stage II will continue to ensure families via the heads of household understand their immigration obligations and are compliant with immigration regulations up to and including removal if a final order is issued.

(SLIDE 39)

EPO 6: Review compliance directives concerning Sexual Abuse and Assault Prevention/Intervention, and LGBTI processing and conduct a problem solving student activity, of an assigned scenario.

Sexual Abuse and Assault Prevention (SAAPI)

SAAPI investigation resulting from SAAPI allegations can be time consuming to an SDDO. It is important for you as supervisors to know your role involvement when comes to responding to a SAAPI incident or allegation. Supervisors are first responders, fact takers and information gatherers they are not participants in the investigation.

During your tenure as SDDO's you may have to respond and report complaints or accusations of Sexual Abuse and Assault pursuant to the notification requirements of the ICE Directive on Sexual Abuse and Assault Prevention and Intervention, this Directive ensures an integrated and comprehensive system of preventing and responding to sexual abuse or assault of individuals in ICE custody.

The FOD shall ensure a coordinated, multidisciplinary team approach to responding to allegations of sexual abuse and assault occurring in holding facilities, or in the course of transit to or from holding facilities, as well as to allegations made by a detainee at a holding facility of sexual abuse or assault that occurred elsewhere in ICE custody.

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Ice has a Zero Tolerance Policy on all forms of sexual abuse and assault. In you student handbook, there is guidance materials provided for your convenience. Please review them and save for your reference.

(SLIDE 40)

SAAPI Cont.

Regardless of who is a first responder to SAAPI allegations, it is important that supervisors know immediate actions that should be taken. It is mutely important that supervisors are to ensure that detention staffs, contractors, officers and special agents understand the important first responder duties. Here are some important first steps.

- Separates the alleged victim and abuser.
- Preserves and protects, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence.

(SLIDE 41)

If the sexual abuse or assault occurred within a time period that still allows for the collection of physical evidence, requests the alleged victim not to take any actions that could destroy physical evidence and ensures that the alleged abuser does not take any actions that could destroy physical evidence, including:

Washing	**Brushing teeth**
Changing cloths	**Urinating/defecating**
Smoking	**Drinking or eating**

Staff may want to ensure that there is some type of evidence bags or sterile container for the purpose of evidence storage.

Instructor Note: *Remind the class that by now they all should have completed the PALMS Training course labeled "Sexual Abuse and Assault Prevention and Intervention" mandatorily due for completion in January 2018. Inform the class that any and all in depth information on SAAPI, and be reviewed and obtained in the PALMS course and should be referenced for further guidance and instruction.*

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(SLIDE 42)

SAAPI Cont.

The FOD (or FOD's designated official) shall appoint a Prevention of Sexual Assault (PSA) Coordinator for their respective AOR's at a Supervisory level to ensure compliance.

Role and responsibilities of PSA:

- SME on the revised SAAPI Directive and play a key role in facilitating effective implementation in their AOR.
- Respond to requests for more detailed information on cases of sexual abuse and assault by the HQ PSA Coordinators
- Input and update sexual assault and abuse case information in the new SAAPI Case Management System
- Assist in furnishing information as requested in the preparation of monthly, quarterly and annual reports that summarize all the information received about allegations of sexual abuse or assault occurring over those periods.
- Complete the required annual training on sexual abuse/assault.

Say: Become familiar with who has been appointed as the Prevention of Sexual Assault (PSA) Coordinator. If detention facilities in your AOR operate under PBNDS 2011, inquire with the facility administrator as to whom they have designated as a Prevention of Sexual Assault Compliance Manager (PSACM). This designee serves as the facility point of contact for the ICE PSA, and who as sufficient time and authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures.

Here are some procedures supervisors should know, and ensure all ERO employees in are aware of for SAAPI related matters.

- Employees have an obligation to immediately report knowledge, suspicion, or information of sexual abuse or assault to supervisors, who will then report to the FOD. Supervisors shall be responsible for the submission of a SIR in the SEN system.
- All formal definitions of sexual abuse/assault as defined and listed in PBNDS 2011, and on the Sexual Abuse/Assault Definitions Chart, identifying detainee-on-detainee and staff-on Detainee assaults
- Notifications to ERO's Assistant Director for Field Operations, (within 2 hours), Joint Intake Center, (within 2 hours), documentation and notify Joint intelligence Operations Center (with 24 hours), the administrator at the facility where the alleged

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assault occurred (ASAP but no later than 72 hours, ICE Office of Chief Counsel and designated state or local services agency (ASAP).

(SLIDE 43)

Reference for Supervisors Regarding (LGBTI) Detainees

As a part of the efforts to implement the contents of the Transgender Care Memorandum, ERO Headquarters has developed an Intranet site regarding LGBTI detainees.

Slide 43 shows a screen shot of the web page on the ICE inSight web site.

You will now ask the class: Are you supervisor confident that the deportation officers in your unit know how to process a LGBTI (specifically transgender) individual that has been arrested and in ICE Custody according to ERO Policy?

Depending on the answers, you will inform the class that you have a video that goes through the processing procedure step by step. The video is approximately 10 to 15 minutes long. You can choose to show the video or you can explain the pertinent points that need to be addressed by lecture.

(SLIDE 44)

Knowledge Check

Slide 44 shows the Scenario Learning page introduction to Victor Rodriguez, aka “Carla” a transgender woman who we will be processing.

Instructor Note: The video states the detainee is from El Salvador, for The Orantes Injunction we will refer to this subject being a national of Honduras.

(SLIDE 45)

This slide contains the video.

(SLIDE 46)

Supervisory Responsibility

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Slide 46 shows unacceptable terms that supervisors should ensure employees do not use under any circumstances in a working environment.

(SLIDE 47)

PRACTICAL EXERCISE

Instructor Note: Informs students they will now be given a practical exercise. Start to hand out the paper work for this exercise while explaining the fundamentals.

1. You will be divided into 2 groups.
2. Each group will be given 2 detention management scenarios challenge.
3. Each group will divide in two smaller groups. (Example: Group 1a and 1b, etc.)
4. Groups "a" will represent Deportation Officers, and groups "b" will represent Supervisors.
5. In this order you will solve 1 scenario. DOs and Supervisors will be prepared to explain each step taken and explain what their part was in solving the challenge. They should also be able to identify the 2011 PBNDS Standard referenced, or any other standing policy.
6. All groups of "a" and "b" will then switch roles for the second scenario challenge.
7. The class as whole will have a discussion on the outcomes.

(SLIDE 48)

Authorities/References

- Title 8 USC, Immigration & Nationality Act and 8 CFR
- National Detention Standards 2000, PBNDS 2008, & 2011
- American Correctional Association 4th Edition, Standards for Adult Detention Facilities
- Detention Management Control Program Policy
- Family Detention and Intake Guidance, Policy 11018.1
- Family Residential Standards

Sexual Abuse and Assault Prevention and Intervention 11062.2: May 22, 2014, (Superseded: ICE Policy No. 11062.1

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LGBTI Care Memorandum (June 19, 2015)

Operations of ERO Holding Facilities Policy 11087.1, September 22, 2014

Summary of Revisions to ICE PBNDS, December 2016

(SLIDE 49)

Detention Management Review (Re-stating the Terminal Performance Objective)

Ask: Did we accomplish the goal of the TPO?

(SLIDE 50)

Summary

In conclusion;

From the time of arrest… (photo) While in transit… (photo)

(SLIDE 51)

Summary cont.

To any detention facility… (photo) During processing… (photo)

(SLIDE 52)

Summary cont.

While in proceedings… (photo) When detained at any ICE authorized facility… (photo)

(SLIDE 53)

Summary Conclusion

Until removal; the alien is considered an ICE Detainee in custody, and ICE Detention Standards should be adhered to at all times… (photo)

Does anyone have any questions?

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U.S. Immigration and Customs Enforcement

Field Training Unit, Enforcement Division

Operational Leadership Training (OLT)

Custody Management for Supervisors

Lesson Plan

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U.S. Immigration and Customs Enforcement

LESSON CONTROL PAGE

The enclosed lesson content has been developed by the Field Training Unit (FTU) in accordance with national policies and procedures and has been approved by ICE ERO Headquarters (ERO HQ). Training facilitators are not authorized by FTU or any ERO HQ entity to make alterations to this training without specific written approval from the Field Office Director and the Office of Chief Council for their area of operations and notification being made to the FTU.

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RECORD OF CHANGES

Change Date	A=Add M=Mod D=Delete	Description of Change	Reason for Change	Approved by:
12/12/17-2/15/18	A/M/D	Content additions and revisions	More conducive to 1st line SDDO's	(b)(6); (b)(7)(C)
5/8/2018	A/M	Content additions and revisions	Improved flow and minimized word content	
6/12/2018	A	New process for Ensuring Regular Commination and Removal of Separated Parents and Children (Slide 47)	Updated Custody Management function for Supervisory awareness	
9/13/2018	D, M	Re-arrangement of content	reduce slides and presentation time	
2/12/2019	A/M/D	Content additions and revisions and deleted outdated information	HQ SME suggestions and updates	

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SYLLABUS

Module Title: Custody Management for Supervisors

Course Title: Operational Leadership Training (OLT)

Description:

This module presents informational guidance to first line supervisors addressing the fundamentals aspects of custody and detention Management. It informs the supervisor what resources are available to him or her for references in custody/detention management, and it exposes supervisors to difficulties or issues in meeting operational standards when managing detention facilities day to day. In addition, it exposes supervisor to their responsibilities of enforcing rules and regulations to ensure all detentions standards are adhered to.

Terminal Performance Objective (TPO):

Given custody and detention management guides, accessible resources and policy references, the student will have a fundamental understanding and the ability to supervise and manage the custody of detained aliens, in accordance with ICE policy and procedures of ERO Custody Management's divisions, under the auspices of the Detention Monitoring Unit (DMU) and the Detention Standards Compliance Unit (DSCU).

Enabling Performance Objectives (EPO):

EPO 1: Identify the laws, regulations, instructions or policies as they relate to the use of custody management.

EPO 2: Explain key components of Custody Management's divisions that define pertinent areas in detention management, that helps clarify roles and areas of responsibility of first line supervisors.

EPO 3: Review the three detention standards that govern confinement conditions and treatment in detention facilities, and clearly delineate performance based standards as they relate to custody management.

EPO 4: List supervisory responsibilities and their roles as they relate to reporting, enforcement, compliance, documentation and implementation of detention standards and directives pertaining to custody management, in accordance with ICE policy.

EPO 5: Reference the special populations and the supervisory responsibility of processing and detention coordination in accordance with ICE policy.

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EPO 6: Review compliance directives concerning Sexual Abuse and Assault Prevention/Intervention, and LGBTI (Q) processing and conduct a problem-solving student activity after given an assigned scenario.

Length of Presentation:

Lecture/Discussion	Demonstration	Practice	Assessment	Total Lesson Time
1 ½ hours		1 hour		2 ½ hours

Student Special Requirements:

None.

Method of Evaluation:

None.

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INSTRUCTOR GUIDE

Methodologies:

- Lecture, instruction with questions
- Discussion
- Student activity

Staff Requirements:

This module will be presented by one trainer.

Facility Requirements:

- Group classroom
- Instructor station
- Computer
- Projector / Screen

Training Aids/Equipment:

Instructor:

- Lesson Plan
- PowerPoint presentation
- Student Handbook
- Video

Attachments

- Policy Number 11003.3: Notification and Reporting of Detainee Deaths
- Checklist for Responding to Allegations of Sexual Abuse for Assault at ICE Detention and Holding Facilities.
- Sexual Abuse/Assault Definitions Chart, What Happens After an Incident of SAA is Observed or Reported.
- Red Flags, That May Signal SAAA job aid.
- LGBTI Issues in Detention: Facts to Facilitate Effective Communications job aid.
- LGBTI Detainee Checklist

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- Change Notice NDS Staff/Detainee Communication Model Protocol Memorandum, June 15, 2007
- ERO Language Services Resource Flyer
- RCA Special Vulnerabilities Quick Reference Guide
- Unscheduled Supervisory Jail Visit Log
- ERO Holding Facilities Poster

References

- Fourth Amendment to the United States Constitution

  Use of Force is a "seizure" under the Fourth Amendment
- 8 U.S.C. 1357 (Section 287 of the INA)
- Interim ICE Use of Force Policy (2004)
- Policy # 14011.1. Reporting Guidelines for SIRs and SPEARs
- Quick Reference Guide Reporting Uses of Force or Unintentional Discharges, May 14, 2012
- Memorandum: Reporting Use of Force Incidents, May 23, 2012
- Memorandum: New Use of Force, Assaults and Discharges Reporting Process, October 15, 2015
- Quick Reference Guide for Reporting Use of Force Incidents, November 06, 2015
- Information Notice: Guide for Reporting Use of Force Incidents, April 20, 2017.
- Policy 11087.1: Operations of ERO Holding Facilities, Issued and effective 9/22/2014.

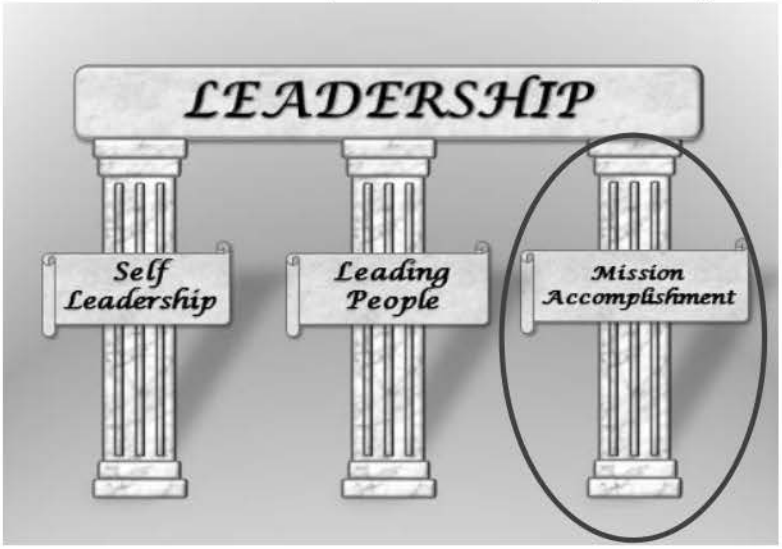
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OUTLINE OF INSTRUCTION

(SLIDES 2)

Introduction

Consistent with the 3 pillars of Leadership, custody management incorporates all three to a certain degree; however, "Mission Accomplishment" is the more prevalent one. The instructor will relate on the job experience to the class on how they exercised the 1st pillar "Self-Leadership", and how it progressed to "Leading People" inevitably resulting progression to "Mission Accomplishment". The instructor will tie in how this progression relates to an SDDO's responsibilities when supervising a custody/detention unit.



Rapport and Opening Statement

The office of Enforcement and Removal Operations (ERO) Custody Management's (CM) divisions, units and programs, enhances ICE's civil immigration detention system through the creation and coordination of innovative custody policies and programs.

ERO maintains custody of one of the most highly transient and diverse populations of any correctional or detention system in the world. ICE detainees represent virtually every country of the world, every security classification, genders, transgenders, and medical conditions. It's important that we identify the intricate detention policies and standards in ICE ERO, to ensure compliance and limit liability.

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LESSON PLAN OVERVIEW

First, we are going to address some laws and regulations as they pertain to detention management. We will examine and clarify pertinent functions within the Detention Management Control Program, critical to custody management within ICE. We will identify the different ICE detention facilities and examine the extensive role an SDDO plays in management and reporting of detention issues at the first line level. We will define and discuss the detention standards and identify the intricate detention policies in ICE ERO, to ensure compliance and limit liability. You as a supervisor should be aware of the standards, or at the very least, where to find them. Why? Detention is an Important and necessary part of enforcement. ICE exercises significant authority when it detains people. We must ensure our practices in custody management, be humane, providing sound conditions and care for detained individuals.

Student Engagement:

Ask:

1. At what point does detention management start?
2. Is detention management only the concern and duty of detain docket and detention supervisors and their deportation officers?

(SLIDE 3)

Terminal Performance Objective

"Given custody and detention management guides, accessible resources and policy references, the student will have a fundamental understanding and the ability to supervise and manage the custody of detained aliens, in accordance with ICE policy and procedures of ERO Custody Management's divisions, under the auspices of the Detention Monitoring Unit (DMU) and the Detention Standards Compliance Unit (DSCU)."

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(SLIDE 4)

Enabling Performance Objectives

EPO # 1: Identify the laws, regulations, instructions or policies as they relate to the use of custody management.

EPO# 2: Explain key components of Custody Management's divisions that define pertinent areas in detention management that helps clarify roles and areas of responsibility of first line supervisors.

EPO# 3: Review the three detention standards that govern confinement conditions and treatment in detention facilities, and clearly delineate performance based standards as they relate to custody management.

(SLIDE 5)

EPO# 4: List supervisory responsibilities and their roles as they relate to reporting, enforcement, compliance, documentation and implementation of detention standards and directives pertaining to custody management, in accordance with ICE policy.

EPO # 5: Reference the special populations and the supervisory responsibility of processing and detention coordination in accordance with ICE policy.

EPO # 6: Review compliance directives concerning Sexual Abuse and Assault Prevention/Intervention, LBGTI (Q) processing and conduct a problem-solving student activity after given an assigned scenario.

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(SLIDE 6)

PRESENTATION

EPO 1: Identify the laws, regulations, instructions or policies as they relate to the use of custody management.

Custody Management Overview

Custody management is a daunting task with lots of moving parts. Before an SDDO for a detention unit makes any detention management decisions, there are several factors and situations they may need to consider. Examples:

ERO bed space is a finite resource. How much bed space is available?

Efficient use demands good decision making. What type of aliens do you have occupying your bed space?

Detention begins with the alien's arrest. Supervisors in all units become familiar, pay attention and get to know the detention standards from the time the alien is taken into custody. Supervisors should instruct arresting officers to ask pointed questions during an arrest to recognize when they should use prosecutorial discretion with supervisory concurrence.

Detention may continue throughout the case lifecycle and is impacted by many variables but is also subject to change at any moment. Supervisors need to direct their detained docket DO's to monitor detained aliens case actions and decisions closely.

Say: Although priorities no longer exist, there is a need to balance the way we use detention bed space. Our arrest priorities no longer exist. However, we do prioritize our arrest in the interest of bed space usage, to detain criminal and high-risk aliens.

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(SLIDES 7)

Custody Management Overview cont.

An SDDO can refer to several resources listed below to reference and consider before making detention management decisions.

- Mandatory Detention-Section 236 of the INA
- Detention Standards (NDS, PBNDS 2008, PBNDS 2011)
- Juvenile and Family Residential Management
- ATD
- Bond Management
- Special Populations
- Prosecutorial Discretion
- Special Vulnerabilities

Instructor Note: *Mention the Thomas Homan memorandum titled "Delegation of Detention and Removal Authority, dated 08/18/2016. Discuss the delegation of Supervisory Detention and Deportation Officers, Authority under 8 C.F.R. §103.6 to breach bonds, and Authority under INA§240B, U.S.C.§1229c and 8 C.F. R. Part 240 to adjudicate request for voluntary departure, including under INA§244(e)as in effect prior to April 1, 1997*

(SLIDE 8)

Custody Management Resources

Insight links to the Custody Management Website and the ERO Policy Library.

(SLIDE 9)

Detention Space Overview

Featured on this slide is a copy of the latest ICE/ERO Facility Report reflecting an overview of the number of detention facilities presently utilized by ICE/ERO to house ICE detainees.

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Say: 74 facilities are subject to ORSA inspection. Not all facilities utilized to house ICE detainees are included on the DMCP Authorized List, because some facilities are either not routinely inspected for compliance with ICE detention standards or are subject to different inspections regimes. Facilities may not be subject to the DMCP inspections and ratings process due to the nature of the facility, their limited use by ICE with intermittent or short-term detention requirements, or the applicability of comparable detention standards. ICE detains roughly from 42,000-44,000 detainees at an average cost of 133.00 per day. That's about 48,000 per year for a detainee in custody. Times that by 51,000 detainees, and the government spends roughly between 2.1 and 2.2 billion dollars per year on detention bed space.

Instructor Note: *Make sure the class knows all the definitions of the 7 types of authorized detention facilities ICE uses to house/detain aliens.*

(SLIDE 10)

EPO 2: Explain key components of Custody Management's divisions that define pertinent areas in detention management, that helps clarify roles and areas responsibility of first line supervisors.

Custody Management Components

Featured on this slide is a graph of the names of units, programs and oversight entities within Custody Management's components, that is most pertinent to first line supervisors who can reference these components when engaging, managing and supervising in a detention setting.

Say: ERO Custody Management has a huge responsibility. It provides oversight for the administrative custody of most diverse populations of any correctional or detention system in the world.

When you have the daunting task of oversight in caring for individuals lives, after taking custody of their freedom, a correctional system's functions and standards must be the most humane in the world. To manage custody of such a large transient, diverse population, with different cultures, customs, beliefs, religions, habits and behaviors is the challenge Custody Management and its divisions, Detention Management Division (DMD) and the Custody Programs Division (CPD) are faced with day to day.

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Within the CM, is the Detention Management Division (DMD) and the Custody Programs Division (CPD), Alternative to Detention Division (ATD) and the Detention Evaluation and Analysis Division (DEA)

(SLIDE 11)

Detention Management Division

Featured on this slide is a graph that introduces the Detention Management Division, and its units that are pertinent to first line supervisors. It also identifies the respective programs that an SDDO may be involved with in his or her tenure or acting capacity as an SDDO for detention.

The Detention Management Division (DMD) ensures that all ICE detention facilities comply with the National Detention Standards indicative of that facility.

Within the DMD is the Detention Monitoring Unit (DMU), and the Detention Standards Compliance Unit (DSCU).

Mention: The Detention Planning and Acquisition Unit (DPAU) Oversees planning and acquisition activities to provide civil detention space at strategically located sites in support of efficient enforcement and removal operations. It coordinates detention related requirements at the national level with input from ERO field offices, the Office of Detention Policy and Planning, CAP, Fugitive Operations, HSI, OSLTC, CBP Filed Operations, Border Patrol, and the Office of Acquisition Management to develop requirements aligned with the overarching goals of immigration detention reform. These collaborative efforts result in the acquisition of safe and secure detention facilities that can follow applicable detention standards at fair and reasonable cost to the government.

This unit is not identified in the graph or featured due very limited involvement of an SDDO's detention duties, unless detailed to this unit at headquarters.

(SLIDE 12)

Repeat of slide #11 for animations

This slide features a re-address of the Custody Management's components transition to the Custody Programs Division (CPD).

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(SLIDE 13)

Custody Programs Division

Featured on this slide is a graph introducing the Custody Program Division, and several of the programs, resource centers, and policies that operate under the umbrella of the CPD. These specific components introduced will be identified during this lesson, as policy, guidance, and resources that an SDDO, or first line supervisor can and will refer to in the course of their tenure as a supervisor in a custody or detention setting.

Say: The Custody Programs Division operates numerous resource centers, management systems, and information and guidance services within the Custody Reporting and Strategy, and Special Populations Program units.

(SLIDE 14)

Repeat of slide #11 for animations

This slide features a re-address of the Custody Management's components transition to the Alternative to Detention Division (ATD)

(SLIDE 15)

Custody Management Components

Featured on this slide is the Alternative to Detention Division and it unit components. We will not be focusing on the Division. Even though it is a component of Custody Management, it does have to do with aliens being detained in custody

(SLIDE 16)

Repeat of slide #11 for animations

This slide features a re-address of the Custody Management's components transition to the Detention Evaluation and Analysis Division (DEA)

(SLIDE 17)

Custody Management Components

This slide features the Detention Evaluation and Analysis (DEA) Division its unit components.

It was created in May 2018 as a result of an operational move from the ICE, Office of Detention Policy and Planning (ODPP). Creation of the DEA Division maximized effectiveness, streamlined ICE and ERO operations, enabled consolidation of detention expertise within ERO and allowed for the elimination of overlapping functions.

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The Detention Evaluation and Analysis (DEA) Division was created in May 2018 as a result of an operational move from the ICE, Office of Detention Policy and Planning (ODPP). Creation of the DEA Division maximized effectiveness, streamlined ICE and ERO operations, enabled consolidation of detention expertise within ERO and allowed for the elimination of overlapping functions.

DEA contains two units The Sexual Abuse and Assault Prevention and Intervention (SAAPI) unit and the Program Evaluation, Analysis and Policy (PEAP) unit. (*SAAPI defined on slide 55*)

Newley created the PEAP unit is responsible for the development and review of detention policy & standards, monitoring program implementation, examines the effectiveness of detention policy and programs and provides analysis to ERO and ICE leadership in order to make evidence-based decisions. PEAP takes on special projects and initiatives as directed by leadership and assists in the review of critical incidents and serious deficiencies impacting detention conditions.

(SLIDE 18)

This slide features the HQ developed slide introduction to the Custody Programs Division (CPD) its mission and functions.

(SLIDE 19)

This slide features the two main units within CPD.

The Custody Reporting and Strategy Unit (CRSU):

- Collects, analyzes, and evaluates data using advanced analytical systems.
- Promotes and improves compliance with ERO policy, processes, and standards.

Special Populations and Programs Unit (SPPU).

- Prioritizes the health, safety, and welfare of vulnerable populations.
- Educates, supports, and assists with ERO policy compliance and obligations regarding:

Language Access
Legal Access
Reasonable Accommodations/ Disability
Parental Interests
Mental Health Programming
ERO CRCL Coordination
Religious Accommodation
LGBTI Detainee Care

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(SLIDE 20)

This slide shows the CRSU's inquire telephone numbers, email addresses of their areas of responsibilities and the services they provide.

(SLIDE 21)

This slide shows the SPPU's inquire telephone numbers, email addresses of their areas of responsibility, programs and the services they provide.

(SLIDE 22)

This slide continues showing the SPPU's inquire telephone numbers, email addresses of their areas of responsibility, programs and the services they provide.

(SLIDE 23)

Detention Monitoring Unit/Detention Services Managers Defined

The DMU monitors conditions of confinement through daily on-site compliance reviews which is called the **Detention Compliance Oversight Program (DCOP)** and has **Detention Services Managers** that provide permanent or roving monitoring and coverage of detainees at facilities that house approximately 80 of ICE's Alien Detention Population (ADP). The focus is ensuring the detention standards are being adhered to pertaining to the individual.

The DSMs operating within the DMU has additional duties to include

- Ensure conditions in detention facility are safe, secure and humane.
- Maintains close collaboration and works with facility staff and field office staff to facilitate corrective actions and has daily interactions with ICE detainees.

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Detention Monitoring Unit/Detention Services Managers Defined cont.

- Knows the detention center operation and understands and interprets ICE detention standards.
- Conducts irregular/unscheduled inspection checks and monitors conditions of confinement through daily-on-site compliance reviews.
- Collaborate with contract providers, and provides on the spot resolutions of facility issues and concerns
- Prepare weekly reports of facility assessments

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In addition, during annual inspections, duties may include:

- Serve as an HQ liaison, analyst and/or advisor, and advises HQ and field offices of findings.
- Liaise with government and non-government entities.
- Prepare and monitor plan of action request for non-compliant findings.

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The Detention Standards Compliance Unit Defined (DSCU)

- DSCU ensures detention facilities house ICE detainees in accordance with ICE national detention standards. The focus is more related to the actual facilities, ensuring they are kept and managed consistent with detention standards and provide accommodations adhering to the detention standards and contract stipulations.
- The DSCU assures ICE and the public that detainees are housed in the least restrictive environment, consistent with the safety and security of the detainee population and facility operations.
- Oversees the facility inspection contract and the Detention Management Compliance Program (DMCP) for all ICE-authorized detention facilities and manages the Operational Review Self Assessments (ORSA) program to facilitate review of smaller locations via field office oversight.
- By working daily with ERO Field offices, and other stakeholders, the DSCU ensures facilities comply with ICE detention standards or take necessary corrective action to address problems and concerns.

Inform: COTR are no longer called that title. They are now called Contract Officer Representatives (COR) who examine contract compliance, in relation to standards, based on information provided by the DMSs and the DSCOs. They oversee and do the leg work on contact issues for all our types of detention facilities.

Collateral Duty COR's certified through training are on a much smaller scale that a COR IPN as a job title.

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The Detention Standards Compliance Unit cont.

- Works daily with ERO Field offices, and the **Office of Detention Oversight (ODO)** a component of OPR, who oversees the inspections and ORSA programs and procedures for all jails and holding facilities to ensure facilities comply with ICE detention standards
- ODO has two main units, **Management Inspections Unit,(MIU),** and **External Review & Analysis Unit (ERAU).** MIU has 4 sections, for detention purposes, the **Self-Inspection Program (SIP)** Section oversees each ICE program's annual completion of a self-assessment to review their compliance with DHS, ICE, and program-specific policies and procedures.
- ERAU is responsible for managing the ICE PREA (Prison Rape Elimination Act) audit contract and ensuring that each ICE detention and overnight holding facility that has adopted the DHS PREA Standards, responsible for conducting independent, objective examinations of the facts and circumstances surrounding the detention and death of an individual while in ICE custody.

(SLIDE 28)

The Detention Standards Compliance cont.

- All facilities authorized to hold ICE Detainees will have an annual detention facility inspections review scheduled by the Detention Standards Compliance Unit in consultation with the field office and facility(ies).
- New facilities will have a review within 90 days of acquisition.
- Facilities who do not meet adapted standards will be reviewed every six months.
- Newly formed unit called the Uniform Corrective Actions Plan Unit (UCAP) has deficiency oversight. Creates corrective action plans for jails and holding facilities who receive a deficiency notice and ensures that a fix or compliance directive is not only addressed but that proof of the deficiency has been corrected.

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Operational Review Self-Assessment Defined

ORSA: Operational Review Self-Assessment:

The ORSA process is coordinated by ERO field offices. It is self-inspection conducted annually by the facility with oversight and approval of the FOD or designee of the FOD, enabling ICE staff to closely evaluate the strengths and weaknesses of a facility detention operation.

An ORSA is applicable to certain IGSAs and contract detention facilities. Most likely, these facilities would be our smaller IGSAs we use for temporary holding of detainees following arrest and prior to processing. SDDO's for detention units would be in contact with these types of facilities most often and have a close working relationship.

Facilities may be eligible for the ORSA process if either of the following criteria apply:

a) The facility is designated for Under 72 hours use

b) The facility is designated for Over 72 hours use and maintains an ICE average daily population of less than 10 detainees.

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ORSA Defined cont.

ORSA's are conducted by qualified supervisory staff located at these detention facilities with consultation, oversight, and training materials provided by ERO field offices.

It is likely that first line supervisors and or jail liaison assigned officers would be the participating staff.

Reviewing staff focuses on the key components of the ICE detention standards. Key components could be a mixture or Priority components and optimal provisions.

For consistency, the same monitoring instruments are used by annual detention inspectors, Contracting Officer Representatives (CORs), and on-site compliance reviewers, consistent with contractual agreements.

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ORSA Procedures Defined cont.

Here is a basic overview of the ORSA Procedures for the applicable detention facilities.

First, a MOU will be developed between the FOD and eligible detention facility to memorialize the ORSA agreement managed by DMD/DSCU.

The FOD designates ICE Detention Compliance Coordinator (DCC) who serves as POC and liaison to facility within field office's AOR.

The facility in turn designates a Facility Compliance Coordinator (FCC) to work with the field office during the ORSA process.

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ORSA Procedures Defined cont.

The field office provides training to the facility staff on the ORSA process, and filling out of essential forms, with key components of the ICE Detention Standards.

FCC conducts ORSA review independently or in conjunction with the DCC, at the request of the facility and with FOD approval.

There are three types of forms for self-assessment to be used. Forms G-324-A, B and O. The breakdowns are:

a) *G-324-A: Detention Facility Inspection Form (Facilities Used Over 72 hours)*
b) G-324-B: Detention Facility Inspection Form (Facilities Used Under 72 hours)
c) G-324-O: Detention Facility Inspection Form (Facilities Used Over 72 hours, with Alien Detention Population (ADP) of less than 10 detainees

In an ORSA review, for the type of facilities that are applicable Forms G-324-B, and G-324-O, would be used.

Instructor Note: *Use this information as talking points. When a detention facility is found to be deficient after an annual inspection is conducted for compliance to the standards, five priority components discovered to be deficient in the worksheet (G-324) or three components discovered to be deficient within a standard shall result in a failure of the inspection by the facility.*

A Technical Assistance Review (TAR) is an additional detention facility review that occurs 120 days after receiving a failed rating on a regular or biennial inspection. A TAR is

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scheduled to provide technical assistance to facilities that are in jeopardy of receiving a failed rating on the upcoming 180-day Follow-up Inspection. A subsequent failure would require the removal of ICE detainees.

A follow-up detention facility inspection that occurs at 180 days after a failure of a regular or biennial inspection is to ensure that the facility has corrected the deficiencies indicated in the previously failed inspection.

Immediate corrective action is required to address priority component deficiencies. If they have not met compliance after the extension or correction period, and now have failed two inspections, then the detainees should be removed from the facility as soon as humanly possible. The contract would then be terminated, and the FO should make accommodations to house those displaced detainees at other facilities within their AOR.

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ORSA Procedures Defined cont.

In addition to Forms G-324-B, and O, additional paperwork of the ORSA Packet might contain applicable detention certification inspections such as certifications from the American Correctional Association (ACA), National Commission on Correctional Health Care, (NCCHC) or the United States Marshal Service (USMS) or other county/state certification forms submitted with corrective action plan (if required).

If a facility has standard related violations, and a corrective action is needed, a plan will be developed by the facility in consultation with the ERO field office.

A FOD reviews the results of the ORSA and corrective action plan for accuracy and completeness then forwards the packet the DSCU and facilitators of the DMCP, with recommendation to accept the CAP, close the ORSA, or reject the CAP.

FOD and DM will provide feedback to the facility regarding any areas requiring improvement, corrective action plans, or note any recognized exemplary performance.

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Instructor Note: *The clear majority of IGA facilities are own risk and solvency assessment facilities, which is self-inspection by the field office, because of the average daily population. ORSA inspections are under DSCU. Some are inspected under the Nakamoto contract. (Nakamoto's Federal Detention Division facilitates the ONLY on-site monitoring contract for the 300-plus Immigration and Customs Enforcement detention facilities. Nakamoto is rich in compliance monitoring and technical assistance experience. They have proven capabilities and expertise in evaluating Standards as they are intended to apply to a given setting; and provide the technical assistance to achieve compliance).*

If the ORSA reveals areas of deficiency that pose significant risk to detainees, patterns of non-compliance with ICE expectations, and/or a facility's inability or unwillingness to correct deficiencies, DSCU will work with the field office to discontinue use of the facility.

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EPO 3: Review the three detention standards that govern confinement conditions and treatment in detention facilities, and clearly delineate performance-based standards as they relate to custody management.

Detention Standards

Let's review the first detention standards created. NDS 2000. ICE did not have a specific set of standards. Facilities that housed ICE detainees were doing different things across the U.S. nationwide. ICE detainee population increased, and standards were needed. These standards however did not measure performance or outcome indicators.

ICE's initial National Detention Standards were promulgated in September 2000 to meet ICE detainee's basic needs. There were 38 standards created subject to basic compliance. These standards facilitated consistent conditions of confinement, conditions for access to legal representation, program operations and management expectations and established accountability and rating system for facility non-compliance.

Say: In some AOR's you who are Detention Supervisors may have jails under your jurisdiction that are still under the NDS 2000 standards. It is something you would need to know and pay attention to when providing housing for detainees in the most appropriate setting possible when it comes to aliens with specific needs and conditions.

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Detention Standards cont.

PBNDS 2008 are revised and modernized standards and were built upon NDS 2000, following the path of the American Correctional Association (ACA) and other industry leaders.

Unlike "policy and procedures" that focus solely on what is to be done, performance based policy starts with a focus on the results or outcomes that the required procedures are expected to accomplish. The reports generated from these standards allowed ICE facilities to evaluate performance over time and in comparison, to similar ICE facilities.

They contained 42 standards, four of which were new.

1) News Media Interviews and Tours
2) Searches of Detainees
3) Sexual Abuse and Assault Prevention and Intervention (Reaction to PREA, The Prison Rape Elimination Act of 2003)
4) Staff Training

(SLIDE 36)

Detention Standards Cont.

PBNDS 2011

Released in 2012, PBNDS 2011 introduced the concept of non-mandatory, optimal compliance. They were created by the collaboration of a very diverse Non-Government organizations (NGO), and ICE stakeholder working groups, whose goal was to represent an important step in detention reform.

Ask Students: What's in it for you as supervisors to know the fundamentals of detention standards? Desired Answers: Fewer violations mean less SIRs in SEN system. Preventive actions help reduce reactive actions. Less complaints and allegations from detainees help balance custody management, reduce transfers, prevents disruptions of time management.

PBNDS 2011 reflects ICE's ongoing effort to tailor the conditions of immigration detention to its unique administrative purpose and is crafted to improve:

- Medical and mental health services

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- Increase recreation and visitation
- Increase access to legal services and religious opportunities
- Improve communication with detainees with limited English proficiency
- Improve the process for reporting and responding to complaints and SAAPI allegations.

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Detention Standards Cont.

Let's address the American Correctional Association (ACA)& Performance Based National Detention Standards (PBNDS).

The PBNDS track the ACA's Adult Local Detention Facilities (ALDF) standards 4th Edition. In the PBNDS standards, the Purpose & Scope is expressed first. Then, Expected Outcomes are listed, followed by Expected Practices, laid out in detail.

Within the PBNDS, there are Priority Components that ICE deems of critical importance for ensuring adequate conditions of confinement, safety and security of detainees and staff at all authorized detention facilities.

For example, under "Protection from Injury and Illness" is a priority component in Environmental Health and Safety. "Vehicle Safety" is a priority under Transportation (By Land) and "Emergency Preparedness & Response" is a priority under Emergency Plans.

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Detention Standards Cont.

Optimal Components

PBNDS 2011 includes several optimal provisions, with which all facilities will be encouraged (though not mandated) to comply. Among other things, these requirements provide for:

- Increased minimum weekly access to law libraries
- Availability of outdoor recreation outside the confines of facility structures
- Increased minimum indoor and outdoor recreation time
- Increased ratio of available telephones to detainees

Facility compliance with National Commission on Correctional Health Care (NCCHC) standards in the provision of medical care and management of detainees at risk for suicide or significant self-harm.

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Ask Students: Why would it be beneficial for an ICE detention IGSA, or DIGSA facility managers to provide optimal provision to adapt the PBNDS 2011? Desired Answers: ICE is always renewing and/or updating contracts with facilities. The probability is higher that a facility manager who chooses to upgrade a facility to compliance conditions of PBNDS 2011 might have their contract renewed. Facilities receive more money per detainee for daily housing when choosing to upgrade to PBNDS 2011.)

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This slide features an animated version of the Performance – Based National Detention Standards 2011 book.

Mention: These standards apply to detention in SPCs, CDFs, and state or local government facilities used by ERO through IGSAs to hold detainees for more than 72 hours.

Ask the class: Define Purpose and Scope, Expected Outcomes, and Expected practices?

Purpose & Scope: States the completed objective and what purpose the standard was created to serve.

Expected Outcomes: Describes everything that will be accomplished by adhering to all components of the standards.

Expected Practices: Provides a detailed description of specific functions and practices in a standard to perform, which will achieve the Expected Outcomes.

- SAFETY – Provide a safe work environment for staff and detainees.
- SECURITY – Protect the community, staff, and detainees from harm.
- ORDER – Maintain an orderly environment with clear expectations of behavior and systems of accountability.
- CARE – Provide for the basic needs and personal care of detainees.
- PROGRAM AND ACTIVITY – Reduce the negative effects of confinement.
- JUSTICE – Treat detainees fairly and respect their legal rights.
- ADMINISTRATION & MANAGEMENT – Administer and manage the facility in a professional and responsible manner.

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Detention Standards Cont.

In 2016, ICE revised several the detention standards to ensure consistency with federal legal and regulatory requirements as well as prior ICE policies and policy statements to include 1 new standard for a total of 43.

In FY 2017, all dedicated ICE detention facilities will have contractually adopted the DHS PREA standards, and the PBNDS 2011 revisions will ensure that detention standards are consistent with the DHS PREA requirements).

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Detention Standards cont.

The topics of revision in 2016 include:

- Detention facility compliance with DHS PREA regulations

Instructor note: *In FY 2017, all dedicated ICE detention facilities will have contractually adopted the DHS PREA standards and the PBNDS 2011 revisions will ensure that detention standards are consistent with the DHS PREA requirements).*

- Disability Accommodation and Section 504 of the Rehabilitation Act
- Communication Assistance
- Special Management Units (SMUs)
- Disciplinary System Timelines and Processes
- Incorporation of Other ICE and ERO Directives, Memoranda and Policy Statements
- Changes to medical standards and requirements
- Eliminating requirement to provide a complete copy of the medical record with each transfer, release and removal
- Suicide Prevention and Intervention
- Appendices and forms

Say: Multiple references to these topics can be found mostly in the topics of Safety, Security, Order, Care, and Administrative & Management

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EPO 4: List supervisory responsibilities and their roles as they relate to reporting, enforcement, compliance, documentation and implementation of detention standards and directives pertaining to custody management, in accordance with ICE policy.

ERO Holding Facility Responsibilities

This portion of the lesson is to identify predominately what duties and responsibilities most commonly would have to be addressed by an SDDOs for detained and detention issues in an AOR/ Field Office setting. The Operations of ERO Holding Facilities policy will not be reviewed in its entirety, that would take up way too much time.

Under the ICE Policy 11087.1: Operations of ERO Holding Facilities, the FOD or the FOD's designated official (most likely the SDDO) has the responsibility of several topics within the policy:

- Holding Facility Supervision and Monitoring
- Hold Room Conditions
- Placement of Detainees with Specialized Needs
- Detainees with Disabilities and Detainees Who are Limited English
- Searches of Detainees
- Limits to Cross-Gender Viewing
- Property Searches
- Written Logs
- Holding Facility Plans for Evacuations and Medical Emergencies
- Responding to sexual abuse and assault incidents
- Upgrades to Facilities and Technologies and Annual Review

***Instructor Note**: Mention, these areas of responsibility may be just the tip of the iceberg in some AOR's who contract personnel do not have assisting or in charge of the detention area. Some AOR's (specifically the ones without SPC's for CDFs,) may still have DO's in charge of all things detention, and SDDO may have dual roles as SIEA and SDDO now combined.*

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Supervisory Holding Facility Responsibilities Cont.

As a preventative measure, supervisors should be aware and provide guidance to processing deportation officers that during the screening stage of a detainee who is going to be held in ICE custody, certain factors need to be ruled out to ensure that the following

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criteria are considered in assessing detainees for risk of sexual victimization, to the extent that the information is available. Here are the factors to consider:

- Whether the detainee has a mental, physical, or developmental disability;
- The age of the detainee
- The physical build and appearance of the detainee
- Whether the detainee has previously been incarcerated or detained
- The nature of the detainee's criminal history
- Whether the detainee has any convictions for sex offenses
- Whether the detainee has self-identified as Lesbian, Gay, Bisexual, Transgender, Intersex, or non-gender conforming.
- Whether the detainee has self-identified as previously experiencing sexual victimization
- The detainee's own concerns about his or her physical safety.

Ask: Do you know if these types of questions and evaluations are conducted during the screening and processing of an arrest individual who will be held in ICE custody?

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Supervisory Holding Facility Responsibilities cont.

When as SDDO needs guidance, he can just look up policy for the information. We want to focus on the day to day operations of ERO Holding Facilities and the intricate directives that may most often be overlooked and in risk of violation.

Physical hold room checks at least every 15 minutes and logged, including the time of each check and any important observations. **(Section 4.1)** ***Is this presently being done in your AOR by DOs or contractors in detention?***

Any unusual detainee behavior i.e., (signs of hostility, mental or physical conditions) or ensuring detainee complaints are immediately addressed and appropriately reported to a supervisor. Separating a detainee from other detainees when necessary. **(Section 4.1)** ***In most cases, we are proactive to this type of scenario. Has this been the practice in your AOR?***

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A pat down search shall be performed (in the least intrusive manner as possible) even if another agency or other ERO personnel report completing one prior to the detainee's arrival at the ERO facility or transfer of custody. Any strip and visual body cavity searches are conducted in accordance with ICE policies and procedures; **(Section 4.5)** ***Do we trust***

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that the transporting officers conducted another pat down from vehicle to holding room? Do we trust that officer/agents that arrest and transport individuals to detention are conducting follow up searches before putting them in a holding room?

Maintenance of detention logs and holding facility inspections logs (written or otherwise) for every detainee brought into custody, regardless of purpose (e.g., new arrival, awaiting legal visitation, awaiting interviews). After the day has concluded, the FOD shall ensure that an ERO supervisor reviews, dates, and signs the detention log. **(Section 4.8).** ***It goes without saying that every detention setting should be keeping an electronic log of detainee movement; however, are we maintaining written logs as well? Who here as an SDDO for detention in their AOR receives a written log book of detention movement for review and signature?***

The FOD shall ensure that all hold rooms are inspected every twelve hours, and that each ERO field office maintains a "Hold Room Inspection Log" to document the results of those inspections**. (Section 4.8).** ***Do you know if the holding rooms are inspected before and after they have been occupied by detainees? Does your AOR have a Hold Room Inspection Log and have you reviewed it for compliance?***

Develop medical emergency procedures and response plans for medical emergencies to include appropriate supervisory notification, and awareness of the location of emergency medical supplies and equipment. **(Section 4.9).** ***If there is a medical emergency in your detention setting, have you or your contractors developed a procedure plan? Have you addressed issues like, who would remove the other detainee from the room and where they would go, who would dispense CRP/First Aid, assigned officers to accompany the detainee in an ambulance, etc.?***

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Supervisory Holding Facility Responsibilities Cont.

Ensure that before placing detainees together in a hold room, there shall be consideration of whether a detainee may be at a high risk of being sexually abused or assaulted and must be screened for risk of sexual abusiveness or victimization. When appropriate, facility staff, shall take necessary steps to mitigate any such danger to the detainee **(Section 4.10)** ***Have you advised your DOs to ask the proper questions during screening before processing to determine if a detainee may fall into this category? Have you instructed your DO to pay attention to behavior and body language and physical signs a detainee may fall into this category?***

Shall develop and maintain a written evacuation plan for holding facilities in a location accessible only to employees. **(Section 4.9)** ***Do you have a Continuation of Operations (COP) contingency plan and is it known by all detention personnel? Is it posted in***

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your holding room area? Do you know the evacuation or COP contingency plan for your IGSA/DIGSAs under your jurisdiction in your AOR?

Class participation exercise:

Explain background – A facility, including ERO holding facilities, shall have in place Contingency Operational Plans (COP) for responding to emergencies, including a locally approved and annually updated evacuation plan.

Picture your field office in your mind, (exits, layout, staffing equipment, holding rooms, etc. Write down at least 10 thing you will need and need to consider formulating and emergency evacuation plan of the ICE detainees in you field office.

Now for the big question. Do you know the evacuation or COPs for your IGSA/DIGSAs under your jurisdiction in your AOR? If not, would it behoove you to know?

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Other Supervisory Responsibilities Cont.

Let's address some other supervisor responsibilities in detention. ICE Officer and detainee communication is a key factor in maintaining an ICE detention setting running smoothly. SDDOs for detention units are encouraged to appoint on a volunteer bases (collateral duty) a Facility Liaison, if they haven't already done so. For SDDOs and Facility Liaisons, scheduled and unscheduled jail visits are a responsibility and highly encouraged to conduct often.

Instructor Note: *For Facility Liaison Visit guidance; mention the Model Protocol. (Guidance to Field Office Directors and their staff regarding expectations for detention facility liaison visits and compliance required by ICE NDS on Staff Detainee Communication (NDSDC).*

With the inclusion of Task Force operations and collaboration with other law enforcement agencies, ICE Officer, management and third agency communication will likely be part of an SDDO's occurring duties. An SDDO would assist in coordination and monitor third agency visits. Third Agency Visits (TAV) can be beneficial to all parties involved. Supervisors should ensure that FOD approval has been granted before hosting a TAV. After FOD approval for TAV, input of the TAV should be submitted in the SEN system. ICE Personnel are to remain with detainees during TAV. (Refer to 7.2., 4. Personal Interviews of the 2011 PBNDS for guidance). If other agency prefers to speak with detainee without ICE presence, the requesting agencies may writ the detainee to their custody and return them when they are done.

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Detainees in ICE custody are ERO's responsibility; ICE officer presence maintains compliance with our detention standards, thus reducing liability. There are 2 exceptions, Lawyers and Consular officials.

An SDDO will assist in wedding staging and will coordinate medical appoints to that need to be attended outside of a detention facility setting.

Another detention management concern for an SDDO for detention is hunger strikes. In most cases an ICE detention facility will notify an SDDO for detention and or, the detained docket officer, that a detainee is on a hunger strike watch. This notification be should receive within or after 72 hours of no food. It is suggested that a supervisor assign a jail liaison or detained docket officer to interview the detainee, identify the issue, present compromises and or solutions to prevent a declared hunger strike and contact the Field Medical Coordinator (FMC).

After 72 hours, if a hunger strike is declared by a clinical medical authority, notifications shall be made to the FOD, AFOD, and Health Services Corps. Your Field Medical Coordinator (FMC) may be the POC for the notifications and confirmations. Documentation of a Significant Incident Report in Significant Event Notifications data base would be a supervisory duty, and data base updates (EARM, EAGLE, PLANET), documentation in Alien File should be done by the detained docket case officer.

Thereafter, required documentation, medical requirements and detainee refusal of treatment, may all be factors to be aware of and monitor during the hunger strike. (Refer to 4.2 of the 2011 PBNDS Detention Standards for guidance.

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Supervisory Awareness

In the unfortunate event of detainee deaths, as a first line supervisor, you may be assigned as a designated official, to perform certain duties pertaining to the updated policy on notifying and reporting detainee deaths.

The new policy: ICE Directive, Policy Number 11003.3: Notification and Reporting of Detainee Deaths. September 30, 2016, addresses updated directives from the superseded policy of 2011.

First Line supervisors should review items numbered, 4.3, 5.1, and 5.2. Noted in the new policy as FOD requirements in the jurisdiction where the death occurred; a first line supervisor may be assigned to execute some or all these requirements as a designated

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official by your FOD. As a convenience, a copy of the policy is included in your student work books.

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Supervisory Awareness cont.

As a first line supervisor, you know changes in policy concerning arrest and detention of pregnant females

Policy Number 11032.3: Identification and Monitoring of Pregnant Detainees issued December. Supersedes 11032.2 issued August 15, 2016.

New Directive: Revisions were made for consistency with Executive Order 13768, Enhancing Public Safety in the Interior of the issued January 25, 2017.

Under the previous policy, absent extraordinary circumstances or a mandatory detention requirement, ICE officers and agents were generally instructed not to detain a pregnant individual. The current policy allows for the exercise of *discretion* to be made on a *case-by-case basis* and in a manner, that *no longer exempts* a category of aliens from enforcement of the Nation's immigration laws.

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EPO 5: Reference the special populations and the supervisory responsibility of processing and detention coordination in accordance with ICE policy.

Special Awareness/Special Populations

Our detained Juveniles/Unaccompanied Alien Children (UAC) are special population detainees and must be dealt with in accordance with applicable law, regulation, and policy. In most AORs, there is a DO, assigned as a Juvenile Coordinator that ensures case management and detention standards are adhered to for ERO Juveniles and family matters. Field office Juvenile Coordinators are trained by the Juvenile and Family Residential Management unit, and are your go to for guidance and information, as they serve as a subject matter expert, and advice colleagues who encounter minors during enforcement activities.

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Mention: The Juvenile and Family Residential Management Unit (JFRMU) address issues confronting unaccompanied alien children (UAC) and alien family groups who come into ERO custody. JFRMU develops polices sensitive to the various vulnerabilities and needs of these populations. JFRMU trains, monitors, and advises Field Office Juvenile Coordinators (FOJCs). These officers serve as their field offices' subject matter experts on juvenile and family matters. As JFRMU advises FOJCs, they in turn, advise colleagues who encounter minors during enforcement activities. As an SDDO for a detention unit or setting, it would behoove you to know who the FOJC in you AOR is and maintain a close working relationship.

Instructor Note: *Here are some documents to reference for applicable law, regulation and policy. Jenny Lissette FLORES v. RENO 1993, William Wilberforce Trafficking Victims Protection Act 2008, ICE Policy Directive No. 11087.1 "Operations of ERO Holding Facilities, and updated 2016 Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA) Standard Operating Procedures (SOP) when apprehending and processing Unaccompanied Alien Children.*

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Juveniles (Unaccompanied Alien Children-UAC):

With the passage of the Homeland Security Act of 2002 (HSA), responsibility for the care and custody of unaccompanied alien children (UAC) was transferred to the Office of Refugee Resettlement (ORR), Department of Health and Human Services, from the former Immigration and Naturalization Service.

With this transfer, ORR became responsible for the following functions:

- Coordinating and implementing the care and placement of all UAC in federal custody, including determining their placement.
- Identifying and overseeing qualified individuals, entities and facilities to house UAC.
- Conducting inspections of facilities in which UAC reside.

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- The HSA also transferred to ORR, all authority, assets, and appropriations that are associated with the care custody and placement of UAC. In most cases, ICE officers are responsible for transporting these UAC to an ORR Facility.
- While the HSA stipulates that the UAC be transferred to an ORR Facility within 72 hours, (who cannot be reunited with a parent or legal guardian) in some instances, in the event ORR cannot locate adequate placement for UAC, within six hours after the initial request is made, to ORR, ICE procedure stipulates that suitable accommodations

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will be secured to ensure his or her safety and wellbeing in the interim period pending the ORR-approved placement.

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In a detained setting, detention supervisors are to enforce and ensure ICE contractors and ICE officials to adhere to the following in detention conditions.

- Juveniles must be detained in the least restrictive setting appropriate to his or her age and special needs. (Younger minors shall be held apart from older minors).
- Juveniles must be separated from unrelated adults whenever possible.
- Unaccompanied minors should not be placed in hold rooms unless they have demonstrated a safety risk, have a criminal history or pose an escape risk. ***If the physical layout of the holding facility precludes holding such individuals outside the hold room, they may be held in a separate hold room.***
- Juveniles may only be released to a parent, legal guardian, or to Office of Refugee and Resettlement (ORR).
- Parents and legal guardians must provide certain documents before a juvenile may be released.
- Juveniles shall have regular access to meals, snacks, milk and juice.

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Special Populations Cont. Separated Parents and Children

The initiated practice of increased prosecutions for illegal entry has led to a rise in the in the separation of parents traveling to the United States with their minor children. ICE is committed to facilitating communication for these family members as quickly as possible after separation so that parents know the location of their children and can have regular communication with them in line with ICE policies and detention standards.

Under the Directive "Detention and Removal of Alien Parents or Legal Guardians" dated August 29, 2017, Sections 5.4 and 5.5 of the directive states that ICE should strive to accommodate parents' intentions to be removed jointly with their minor children and is required to facilitate a means of regular visitation between detained parents and their minor children. The time determined is to be at least weekly for bi-weekly.

All versions of ICE detentions standards allow for detainees to make direct or free phone calls to immediate family members where there is a compelling need, which should be interpreted liberally.

Due to ICE's obligations in these efforts, a new process for ensuring regular communications and removal coordination of separated parents and children has commenced. Facility supervisors are to ensure Detained Parents Flyers, and Non-

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Detained Parents Flyers in both Spanish and English are placed in all detention facilities including under 72-hour facilities, over 72-hour facilities and all hold rooms.

(SLIDE 55)

Separated Parents and Children Special Populations Cont.

- ❖ Familiarize yourselves with *ERO Tasking labeled "Further Guidance Regarding Ms. Lv. ICE dated 7/26/2018.*
- ➢ Directive:
- ❖ Review: *ERO Tasking labeled Notice of Preliminary Injunction Related to Family Reunification – Ms. Lv. I.C.E. dated 6/29/2018*
- ❖ Review: *ERO Tasking labeled Further Guidance Regarding Ms. Lv. I.C.E. – Class Notice and Notice for Final Order Class Members dated 7/11/2018*

(SLIDE 56)

Family Units

For the non-violent, non-criminal families ERO takes into custody, JFRMU manages the ICE Family Residential Program. Supervisors should note that a Family Unit is narrowly defined and must include a non-USC minor child accompanied by their parent(s) or legal guardian(s). In a detention setting, parents and children move about without restriction. They also receive medical and mental-health care as well as other developmentally and culturally supportive services. State-certified educators teach the school-age children in on-site classrooms.

ICE operates 3 Family Residential Centers in the United States.

- Berks County Residential Center
- T Don Hutto Residential Center
- Karnes County Residential Center
- Karnes County Civil Detention Center
- South Texas Family Residential Center

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(SLIDE 57)

EPO 6: Review compliance directives concerning Sexual Abuse and Assault Prevention/Intervention, and LGBTI processing and conduct a problem-solving student activity, of an assigned scenario.

SAAPI Unit Responsibilities

- ERO implementation of the DHS PREA regulation and the ICE SAAPI Directive 11062.2.
- PREA/SAAPI afford protections for ICE detainees housed in various types of facilities nationwide. The SAAPI unit is also
- SAAPI is responsible for administrative investigations at ICE holding facilities.
- Serves as the agency focal point for PREA and SAAPI expertise and provides technical assistance and guidance to programs offices.
- SAAPI unit has two ERO Prevention of Sexual Assault Coordinators (PSAC) divided by an East PSAC and West PSAC.

(SLIDE 58)

Supervisory Awareness Concerning Sexual Abuse and Assault Prevention (SAAPI)

SAAPI investigation resulting from SAAPI allegations can be time consuming to an SDDO. It is important for you as supervisors to know your role and involvement when comes to responding to a SAAPI incident or allegation. Supervisors are first responders, fact takers, information gatherers and updaters. They are not participants of an investigation.

During your tenure as SDDO's you may have to respond and report complaints or accusations of Sexual Abuse and Assault pursuant to the notification requirements of the ICE Directive on Sexual Abuse and Assault Prevention and Intervention. This Directive ensures an integrated and comprehensive system of preventing and responding to sexual abuse or assault of individuals in ICE custody.

The FOD shall ensure a coordinated, multidisciplinary team approach to responding to allegations of sexual abuse and assault occurring in AOR/field office holding rooms, during transit to or from holding facilities, as well as to allegations of sexual abuse or assault made by a detainee at a detention facility or allegations that occurred elsewhere in ICE custody.

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Supervisory Awareness Concerning SAAPI Cont.

Ice has a Zero Tolerance Policy on all forms of sexual abuse and assault. In you student handbook, there is guidance materials provided for your convenience. Please review them and save for your reference.

Regardless of who is a first responder to SAAPI allegations, it is important that supervisors know immediate actions that should be taken. It is mutely important that supervisors are to ensure that detention staffs, contractors, officers and special agents understand the important first responder duties. Here are some important first steps.

- Separates the alleged victim and abuser.
- Preserves and protects, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence.

(SLIDE 60)

If the sexual abuse or assault occurred within a time period that still allows for the collection of physical evidence, requests the alleged victim not to take any actions that could destroy physical evidence and ensures that the alleged abuser does not take any actions that could destroy physical evidence, including:

Washing	**Brushing teeth**
Changing cloths	**Urinating/defecating**
Smoking	**Drinking or eating**

Staff may want to ensure that there is some type of evidence bags or sterile container for evidence storage.

Instructor Note: *Remind the class that by now they all should have completed the PALMS Training course labeled "Sexual Abuse and Assault Prevention and Intervention" mandatorily due for completion in January 2018. Inform the class that all in depth information on SAAPI, and be reviewed and obtained in the PALMS course and should be referenced for further guidance and instruction.*

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(SLIDE 61)

SAAPI Cont.

The FOD (or FOD's designated official) shall appoint a Prevention of Sexual Assault (PSA) Coordinator for their respective AOR's at a Supervisory level to ensure compliance.

Role and responsibilities of PSA:

- SME on the revised SAAPI Directive and play a key role in facilitating effective implementation in their AOR.
- Respond to requests for more detailed information on cases of sexual abuse and assault by the HQ PSA Coordinators
- Input and update sexual assault and abuse case information in the new SAAPI Case Management System
- Assist in furnishing information as requested in the preparation of monthly, quarterly and annual reports that summarize all the information received about allegations of sexual abuse or assault occurring over those periods.
- Complete the required annual training on sexual abuse/assault.

Say: Become familiar with who has been appointed as the Prevention of Sexual Assault (PSA) Coordinator. If detention facilities in your AOR operate under PBNDS 2011, inquire with the facility administrator as to whom they have designated as a Prevention of Sexual Assault Compliance Manager (PSACM). This designee serves as the facility point of contact for the ICE PSA, and who as sufficient time and authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures.

Here are some procedures supervisors should know and ensure all ERO employees in are aware of for SAAPI related matters.

- Employees have an obligation to immediately report knowledge, suspicion, or information of sexual abuse or assault to supervisors, who will then report to the FOD. Supervisors shall be responsible for the submission of a SIR in the SEN system.
- All formal definitions of sexual abuse/assault as defined and listed in PBNDS 2011, and on the Sexual Abuse/Assault Definitions Chart, identifying detainee-on-detainee and staff-on Detainee assaults
- Notifications to ERO's Assistant Director for Field Operations, (within 2 hours), Joint Intake Center, (within 2 hours), documentation and notify Joint Intelligence Operations Center (with 24 hours), the administrator at the facility where the alleged

AMERICAN OVERSIGHT

assault occurred (ASAP but no later than 72 hours, ICE Office of Chief Counsel and designated state or local services agency (ASAP).

(SLIDE 62)

Reference for Supervisors Regarding (LGBTI (Q)) Detainees

As a part of the efforts to implement the contents of the Transgender Care Memorandum, ERO Headquarters has developed an Intranet site regarding LGBTI detainees.

Slide 43 shows a screen shot of the web page on the ICE inSight web site.

Explain the differences between Gender Expression/Sexual Expression: How a person presents him or herself in terms of gender. (Not necessarily in appearance) and Gender Identity/Sexual Identity: How a person identifies regarding his or her sex, and how this relates to processing and custody.

Care and Custody of LGBTI Detainees, Contact: LGBTI.Care@ice.dhs.gov

Provides on-going education, assistance, best practices, tools, and consultation to facilities and ERO Field Offices where transgender detainees are detained.

(SLIDE 63)

Knowledge Check

You will now ask the class: Are you supervisor confident that the deportation officers in your unit know how to process a LGBTI(Q) (specifically transgender) individual that has been arrested and in ICE Custody according to ERO Policy?

Depending on the answers, have the call write down the following questions.

1. *Do you fear you will be harmed in Detention based on your sexual orientation?*
2. *Do you fear you will be harmed in detention based on you gender identity?*
3. *Do you wish to disclose your gender identity? You do not have to disclose your gender identity if you are not comfortable sharing.*
4. *Do you identify as a man, woman or transgender?*

When refusal or trepidation to self-identify occurs, a DO may document on the I-213, and or the electronic file:: *The detainee exhibits a gender expression that indicates a gender different from the sex listed on the detainee's identity documentation.*

Some Definitions: ***Gender Expression/Sexual Expression- How a person presents him or herself in terms of gender. (Not necessarily in appearance)***

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Gender Identity/ Sexual Identity- How a person identifies as far as regarding sex. (Male or Female)

Gender Fluid- A person may present or identify as male or female depending on their preference during that time.

(SLIDE 64)

Featured on this slide is several terms and phrases that are unacceptable when addressing anyone who identifies as LGBTI(Q). Inform supervisors that they are to ensure these terms are not used by any staff member, at any time, in a business environment or in public during business hours.

(SLIDE 65)

PRACTICAL EXERCISE

Instructor Note: Informs students they will now be given a practical exercise. Start to hand out the paper work for this exercise while explaining the fundamentals.

1. You will be divided into 4 groups.
2. Each group will be given 1 custody management scenarios challenge.
3. Each group will be assigned a group letter corresponding with the scenario letter.
4. From the order of A-D, each group will read their scenarios, then refer to the PBNDS 2011 book (bible) or any other related policy, and identify all topics referenced to advise on the proper procedures and actions to take to address this situation. Also, they will identify any procedures they would have taken as the arresting or detention officer before a supervisor was informed of the situation.
5. Supervisors will be prepared to explain what they referenced and why? They should also be able to identify the 2011 PBNDS Standard referenced, or any other standing policy.
6. The class as whole will have a discussion on the outcomes.

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Instructor Note: *For Scenario A, the students should recognize that they will only be referring to Policy 11087.1 Operations of ERO holding facilities, and for Scenario D, the scenario does not qualify as a SAAPI, and may be evaluated on Special Management Units, and Transgender placement.*

(SLIDE 66)

Authorities/References

- Title 8 USC, Immigration & Nationality Act and 8 CFR
- National Detention Standards 2000, PBNDS 2008, & 2011
- American Correctional Association 4th Edition, Standards for Adult Detention Facilities
- Detention Management Control Program Policy
- Family Detention and Intake Guidance, Policy 11018.1
- Family Residential Standards
- Sexual Abuse and Assault Prevention and Intervention 11062.2: May 22, 2014, (Superseded: ICE Policy No. 11062.1
- LGBTI Care Memorandum (June 19, 2015)
- Operations of ERO Holding Facilities Policy 11087.1, September 22, 2014
- Summary of Revisions to ICE PBNDS, December 2016

(SLIDE 67-68)

Custody Management Review (Re-stating Enabling Performance Objectives)

(SLIDE 69)

Custody Management Review (Re-stating the Terminal Performance Objective

Ask: Did we accomplish the goal of the TPO?

(SLIDE 70)

SUMMARY

In conclusion;

From the time of arrest… (photo) while in transit… (photo)

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(SLIDE 71)

Summary cont.

To any detention facility… (photo) during processing… (photo)

(SLIDE 72)

Summary cont.

While in proceedings… (photo) when detained at any ICE authorized facility… (photo)

(SLIDE 73)

Summary Conclusion

Until removal; a detained alien is considered an ICE Detainee in custody, and ICE Detention Standards should be adhered to always… (photo)

(SLIDE 74)

Does anyone have any questions?

AMERICAN OVERSIGHT

U.S. Immigration and Customs Enforcement

Providing treatment to adult transgender patients in ICE custody:
update on IHSC clinical guidelines

IHSC LGBT Working Group

2016

U.S. Immigration and Customs Enforcement

Objectives

1) Define Gender Dysphoria (GD)
   Emphasis on at risk population
2) Describe medical treatment strategies in a primary care setting for transgender patients
   – Emphasis on access to care
3) Identify risks of hormone treatment and strategies to mitigate this risk
4) Review of available tools to assist clinicians
5) Review agency policy as it relates to GD

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U.S. Immigration and Customs Enforcement

Goals

- Providers feel comfortable with the diagnosis of and the multidisciplinary approach to treatment of Gender Dysphoria.
- Providers are aware of common comorbidities and test and/or refer accordingly
  - Emphasis on health disparities
- Providers are familiar with agency policy, treatment guidelines, basic goals of treatment and common side effects/adverse events
- Providers have additional resources to share with patients and other colleagues to further their understanding/supplement their knowledge

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U.S. Immigration and Customs Enforcement

Background

- Definition
  - Gender identity – A person's internal sense of being a man, a woman, or another gender.
  - Gender Dysphoria – DSM 5
    - "the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender"
      - Distress due to social acceptance and stigma is distinct from this



Gender is distinct from sexual orientation.

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AMERICAN OVERSIGHT

U.S. Immigration and Customs Enforcement

ICE System of Care

- Some transgender individuals are booked into custody and then released into the community to continue their immigration proceedings.
- Many are held in staging facilities or contract jails prior to release or transfer to a facility that will best suit their medical and/or psychosocial needs.
- ICE Transgender Care Memorandum
  - Includes a contract modification with additional measures, including to protect privacy and assign housing in a more customized fashion, by sex assigned at birth or gender identity, or a dedicated or other housing unit

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U.S. Immigration and Customs Enforcement

ICE System of Care

**Data from 11/28/2016*

Count of Individuals Documented in ENFORCE as Transgender

Status	Count
Currently Detained	40
Book In With Release	325
Total	365

Transgender Currently Detained

Book In AOR	Detention Facility	Count	Percent	FY17 ADP
DAL	JOHNSON COUNTY JAIL	1	3%	259.3
	ROLLING PLAINS DETENTION CENTER	1	3%	499.3
HOU	HOUSTON CONTRACT DET.FAC.	1	3%	986.9
LOS	SANTA ANA CITY JAIL	26	65%	175.5
NEW	ELIZABETH CONTRACT D.F.	2	5%	291.5
	HUDSON COUNTY JAIL	1	3%	608.9
NOL	JENA/LASALLE DETENTION FACILITY	1	3%	1097.4
PHI	YORK COUNTY JAIL, PA	1	3%	697.00
PHO	FLORENCE SPC	1	3%	389.2
SEA	NORTHWEST DET. CENTER	1	3%	1,508.20
SND	OTAY MESA DETENTION CENTER	4	10%	963.80
	Total	40	100%	

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AMERICAN OVERSIGHT

U.S. Immigration and Customs Enforcement

ICE System of Care, Continued

IHSC & Non-IHSC Facilities

Transgender population primarily from Mexico, El Salvador, Honduras and Guatemala

Individuals Documented in ENFORCE as Transgender

Citizenship Country	Currently Detained		Release in FY2016 or FY2017		Release Prior to FY2016		Total	
MEXICO	20	5%	131	36%	44	12%	195	53%
EL SALVADOR	4	1%	54	15%	7	2%	65	18%
HONDURAS	5	1%	30	8%	7	2%	42	12%
GUATEMALA	3	1%	12	3%	7	2%	22	6%
PHILIPPINES	2	1%	2	1%	2	1%	6	2%
VIETNAM			4	1%	1	0%	5	1%
JAMAICA			5	1%			5	1%
RUSSIA			3	1%			3	1%
PERU	2	1%	1	0%			3	1%
UKRAINE	1	0%			1	0%	2	1%
CUBA					2	1%	2	1%
CHILE	1	0%	1	0%			2	1%
NICARAGUA			2	1%			2	1%
FRANCE			1	0%			1	0%
PAKISTAN					1	0%	1	0%
CHINA, PEOPLES REPUBLIC OF			1	0%			1	0%
MICRONESIA, FEDERATED STATES OF			1	0%			1	0%
ECUADOR			1	0%			1	0%
INDIA			1	0%			1	0%
CANADA			1	0%			1	0%
VENEZUELA			1	0%			1	0%
COLOMBIA			1	0%			1	0%
SOUTH KOREA	1	0%					1	0%
COSTA RICA	1	0%					1	0%
Total	40	11%	253	69%	72	20%	365	100%

*IIDS as of 11/28/2016

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U.S. Immigration and Customs Enforcement

Background (1)

- Generally manifests in early childhood
  - a repeatedly stated desire to be, or insistence that he or she is, the opposite sex
  - a preference for cross-dressing
  - a strong and lasting preference to play make-believe/role-playing games as a member of the opposite sex or persistent fantasies that he or she is the opposite sex
  - a strong desire to participate in the stereotypical games of the opposite sex
  - a strong preference for friends/playmates of the opposite sex

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U.S. Immigration and Customs Enforcement

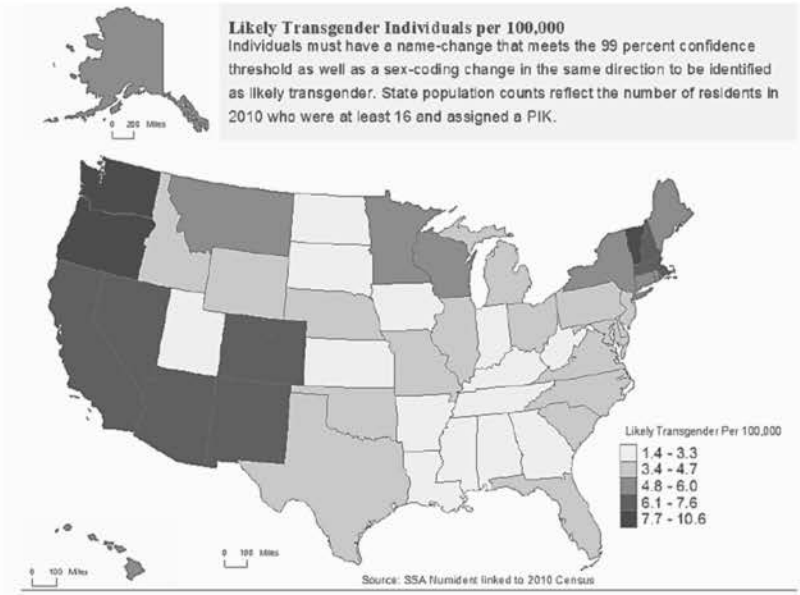
Background (2)

- Interventions to alleviate GD:
  - Change the way they dress or go by a different name
  - Hormone treatment
  - Plastic surgery
    - Breast augmentation
    - Facial feminization
    - Voice surgery
  - Gender affirming surgery
- US: 44-90K transgender individuals living in the U.S. in 2010
  - 2.5 transwomen : 1 transman

2010 US Census,
https://www.census.gov/srd/carra/15_03_Likely_Transgender_Individuals_in_ARs_and_2010Census.pdf

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U.S. Immigration and Customs Enforcement



2010 US Census,
https://www.census.gov/srd/carra/15_03_Likely_Transgender_Individuals_in_ARs_and_2010Census.pdf

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AMERICAN OVERSIGHT

U.S. Immigration and Customs Enforcement

At Risk Population – *HCP Demeanor*

- GD is not a choice, treatment is not cosmetic or optional
- Compassion and professionalism is quintessential to successful care and treatment
  - Perception of dismissal/rejection by HCPs will be a definite barrier to seeking/accepting care
- Health disparities common among transgender individuals
  - In all health care systems including correctional environments
  - Our goal should be to minimize this disparity

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Curr Opin Endocrinol Diabetes Obes. 2016 Apr;23(2):168-71

U.S. Immigration and Customs Enforcement

At Risk Population – *Lack of Formal Medical Care*

- Quality of and access to healthcare prior to correctional setting
  - Little or no provider involvement
  - Anti-LGBT attitude; discomfort or bias
  - Hormone treatment purchased via pharmacy or underground markets
  - Not accustomed to lab surveillance, testosterone antagonism, risk reduction strategies
    - Getting past – "just give me my pills"

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U.S. Immigration and Customs Enforcement

At Risk Population - *Comorbidities*

- Concomitant medical and psychosocial issues
  - Mood and anxiety disorders
  - Substance abuse
  - Suicide risk
  - Eating disorders/Body image disorders
  - PTSD
  - Homelessness
  - Intimate partner violence
  - Occupations predisposing to STI/BBP exposures
    - Commercial sex work
    - Entertainment industry

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J Correct Health Care. 2009 Oct;15(4):280-91

U.S. Immigration and Customs Enforcement

At Risk Population - *Comorbidities*

- STI-BBP prevalence in US Transgendered people
  - Otay Mesa facility's transgender population in 2012
    - HIV ~20% prevalence
  - Outside corrections, HIV seroprevalence varies, from 18% to >70%, depending on country and ethnicity
    - 23% in Latinas in San Francisco
    - 26% of Latinas in LA County

Nemoto et al Am J Public Health. 2004 July; 94(7): 1193–1199
Simon et al. AIDS: 22 December 2000 - 14(18): 2953-2955

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AMERICAN OVERSIGHT

U.S. Immigration and Customs Enforcement

Unique Aspects Within the Correctional Environment

- Housing assignment
- Safety, Security and Privacy
- Hygiene
- Clothing
- Commissary
- Searches
- Medical Care
  - Single source

See IHSC Directive 03-25 for details

Transgender Classification and Care Committee (TCCC)

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U.S. Immigration and Customs Enforcement

Housing & Special Equipment

- Segregation is not required or encouraged as a solution for specific transgender issues
  - Dedicated housing is available in few facilities
- Medical staff may assist custody with housing assignment
  - TCCC members if facility adopted Transgender Care Memorandum contract
- General population placement should be on a case by case basis
- Undergarments reflecting their expressed gender should be issued
  - Special needs options are available in eCW

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IHSC Clinical Guidelines for Transgender Detainees

- Involves a multidisciplinary team approach
  - Medical
  - Behavorial Health
  - Pharmacy
  - Nursing
  - Administration



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U.S. Immigration and Customs Enforcement

Behavioral Health Diagnosis

Gender Dysphoria – DSM 5

- "the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender"
- Behavioral Health evaluation needed to establish a diagnosis of Gender Dysphoria and any other diagnosis that may suggest increased risks with medication treatment (e.g. depressive d/o)
- Transgender patients must exhibit evidence of "distress" related to their gender in order for this diagnosis to be given.

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Behavioral Health Treatment

- Clarify/explore what gender they identify with
- Educate patient on availability of treatments
  - talk therapy, cognitive therapy, psychotropics
- Assist with overcoming fears especially re: changes in gender expression
- Address stigma and discrimination
- Treat co-existing behavioral health diagnoses, including use of psychotropic medications.

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U.S. Immigration and Customs Enforcement

IHSC Medical Provider Guidance

- Counseling/Education on risks/benefits of hormone treatment
- Laboratory values should be utilized to guide your treatment plan
- Screening for other medical issues
- Informed Consent emphasized---
  - (see eCW smart forms)
- Continuity of Care
  - Resources locally available
- Gender affirmation surgery is not considered due to generally short length of stay

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U.S. Immigration and Customs Enforcement

MTF Hormone Treatment – *Expectations*

****changes in the soft tissue****

TABLE 14. Feminizing effects in MTF transsexual persons

Effect	Onset[a]	Maximum[a]
Redistribution of body fat	3–6 months	2–3 yr
Decrease in muscle mass and strength	3–6 months	1–2 yr
Softening of skin/decreased oiliness	3–6 months	Unknown
Decreased libido	1–3 months	3–6 months
Decreased spontaneous erections	1–3 months	3–6 months
Male sexual dysfunction	Variable	Variable
Breast growth	3–6 months	2–3 yr
Decreased testicular volume	3–6 months	2–3 yr
Decreased sperm production	Unknown	>3 yr
Decreased terminal hair growth	6–12 months	>3 yr[b]
Scalp hair	No regrowth	[c]
Voice changes	None	[d]

****serum levels as treatment goal, response to treatment is variable****

J Clin Endocrinol Metab. 2009 Sep;94(9):3132-54

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U.S. Immigration and Customs Enforcement

FTM Hormone Treatment – *Expectations*

****changes in the soft tissue****

TABLE 13. Masculinizing effects in FTM transsexual persons

Effect	Onset (months)[a]	Maximum (yr)[a]
Skin oiliness/acne	1–6	1–2
Facial/body hair growth	6–12	4–5
Scalp hair loss	6–12	[b]
Increased muscle mass/strength	6–12	2–5
Fat redistribution	1–6	2–5
Cessation of menses	2–6	[c]
Clitoral enlargement	3–6	1–2
Vaginal atrophy	3–6	1–2
Deepening of voice	6–12	1–2

[a] Estimates represent clinical observations. See Refs. 81, 92, and 93.

[b] Prevention and treatment as recommended for biological men.

[c] Menorrhagia requires diagnosis and treatment by a gynecologist.

****serum levels as treatment goal, response to treatment is variable****

J Clin Endocrinol Metab. 2009 Sep;94(9):3132-54

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U.S. Immigration and Customs Enforcement

Hormone Treatment – IHSC formulary agents



- MTF
  - Estradiol valerate
  - Spironolactone
  - ASA
- FTM
  - Testosterone cypionate

IHSC FY 2015 -FY 2016 National Formulary

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U.S. Immigration and Customs Enforcement

MTF Hormone Treatment – *monitoring*

TABLE 15. Monitoring of MTF transsexual persons on cross-hormone therapy

1. Evaluate patient every 2–3 months in the first year and then 1–2 times per year afterward to monitor for appropriate signs of feminization and for development of adverse reactions.
2. Measure serum testosterone and estradiol every 3 months.
   a. Serum testosterone levels should be <55 ng/dl.
   b. Serum estradiol should not exceed the peak physiological range for young healthy females, with ideal levels <200 pg/ml.
   c. Doses of estrogen should be adjusted according to the serum levels of estradiol.
3. For individuals on spironolactone, serum electrolytes (particularly potassium) should be monitored every 2–3 months initially in the first year.
4. Routine cancer screening is recommended in nontranssexual individuals (breasts, colon, prostate).
5. Consider BMD testing at baseline if risk factors for osteoporotic fracture are present (*e.g.* previous fracture, family history, glucocorticoid use, prolonged hypogonadism). In individuals at low risk, screening for osteoporosis should be conducted at age 60 and in those who are not compliant with hormone therapy.

****periodic clinical and laboratory follow up – every 2-3 months****

J Clin Endocrinol Metab. 2009 Sep;94(9):3132-54

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U.S. Immigration and Customs Enforcement

FTM Hormone Treatment – *monitoring*

TABLE 16. Monitoring of FTM transsexual persons on cross-hormone therapy

1. Evaluate patient every 2–3 months in the first year and then 1–2 times per year to monitor for appropriate signs of virilization and for development of adverse reactions.
2. Measure serum testosterone every 2–3 months until levels are in the normal physiological male range:[a]
   a. For testosterone enanthate/cypionate injections, the testosterone level should be measured midway between injections. If the level is >700 ng/dl or <350 ng/dl, adjust dose accordingly.
   b. For parenteral testosterone undecanoate, testosterone should be measured just before the next injection.
   c. For transdermal testosterone, the testosterone level can be measured at any time after 1 wk.
   d. For oral testosterone undecanoate, the testosterone level should be measured 3–5 h after ingestion.
   e. Note: During the first 3–9 months of testosterone treatment, total testosterone levels may be high, although free testosterone levels are normal, due to high SHBG levels in some biological women.
3. Measure estradiol levels during the first 6 months of testosterone treatment or until there has been no uterine bleeding for 6 months. Estradiol levels should be <50 pg/ml.
4. Measure complete blood count and liver function tests at baseline and every 3 months for the first year and then 1–2 times a year. Monitor weight, blood pressure, lipids, fasting blood sugar (if family history of diabetes), and hemoglobin A1c (if diabetic) at regular visits.
5. Consider BMD testing at baseline if risk factors for osteoporotic fracture are present (*e.g.* previous fracture, family history, glucocorticoid use, prolonged hypogonadism). In individuals at low risk, screening for osteoporosis should be conducted at age 60 and in those who are not compliant with hormone therapy.
6. If cervical tissue is present, an annual pap smear is recommended by the American College of Obstetricians and Gynecologists.
7. If mastectomy is not performed, then consider mammograms as recommended by the American Cancer Society.

[a] Adapted from Refs. 83 and 85.

****periodic clinical and laboratory follow up – every 2-3 months****

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J Clin Endocrinol Metab. 2009 Sep;94(9):3132-54

U.S. Immigration and Customs Enforcement

Hormone Treatment – *known risks*

TABLE 11. Medical conditions that can be exacerbated by cross-sex hormone therapy

Transsexual female (MTF): estrogen
- Very high risk of serious adverse outcomes
  - Thromboembolic disease
- Moderate to high risk of adverse outcomes
  - Macroprolactinoma
  - Severe liver dysfunction (transaminases >3 × upper limit of normal)
  - Breast cancer
  - Coronary artery disease
  - Cerebrovascular disease
  - Severe migraine headaches

Transsexual male (FTM): testosterone
- Very high risk of serious adverse outcomes
  - Breast or uterine cancer
  - Erythrocytosis (hematocrit >50%)
- Moderate to high risk of adverse outcomes
  - Severe liver dysfunction (transaminases >3 × upper limit of normal)

Also, sterility - which may be irreversible

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J Clin Endocrinol Metab. 2009 Sep;94(9):3132-54

AMERICAN OVERSIGHT

U.S. Immigration and Customs Enforcement

Hormone Treatment – *Risk Reduction*

- Start low, go slow
  - More is less
- Aspirin (MTF)
  - To prevent thromboembolic events
    - No clinical trials
    - Hypercoagulable state, h/o thrombosis, cardiac risk factors
    - HIV = CRF



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U.S. Immigration and Customs Enforcement

Hormone Treatment – *Risk Reduction*

- Tobacco cessation
- Maintain healthy BMI
- Oral hydration
- Follow recommended labs, act on results
  - Note on prolactin
    - Trend is important, day to day variability is great
    - Stopping/decreasing hormone therapy to assess for appropriate decline
- Age appropriate cancer screening
  - Breast cancer screening, prostate ca screening

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Arch Intern Med. 2008 Aug 11;168(15):1678-83

AMERICAN OVERSIGHT

U.S. Immigration and Customs Enforcement

Hormone Treatment Protocol

Visit 1 (week 1)

- Assessment of Gender Dysphoria history
  - When manifested
  - Experience with treatment, if any
    - Licensed provider vs. underground
  - Referral to BH provider for confirmation of diagnosis and eval for concomitant BH dx
  - General counseling re: hormone therapy treatment
    - Expectations of treatment
    - Risks of treatment
- Baseline labs including STI/BBP screen

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U.S. Immigration and Customs Enforcement

Hormone Treatment Protocol

Visit 2 (week 2)

- Review baseline lab results
- Initiation of hormone therapy per protocols if BH and patient agree to proceed
- Review/sign ICD
- Order follow up labs
- Schedule visit in 2-3 months



See clinical guidelines for details

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U.S. Immigration and Customs Enforcement

Hormone Treatment Protocol

Visit 3 (2 – 3 months)

- Review labs
- Review for side effects and evidence of transition, any compliance issues, questions
- Adjust hormone therapy in support of therapeutic goals
- Order next labs for next appointment (2-3 months)

See clinical guidelines for details

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U.S. Immigration and Customs Enforcement

Basics for MTF Hormone Treatment

- Estradiol start 2 - 4 mg, escalate accordingly up to 8 mg daily (premarin max 5 mg/day)
  - Lower end for s/p orchiectomy

  AND
- Spironolactone, start at 50 mg until renal function/K+ rechecked then can increase accordingly up to 200 mg daily (usually 150 mg is the highest necessary)
  - Can divide into 2x/day for higher doses
  - None needed for s/p orchiectomy

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U.S. Immigration and Customs Enforcement

MTF laboratory goals of treatment

- Suppressed testosterone (<55 ng/dL)
- Serum estradiol 100-200 pg/mL
- Prolactin stability
  - Mild elevation (20-30) is very common
  - Consider screening for prolactinoma >50 and failure to decrease once estrogen is lowered and/or HA, double vision, galactorrhea

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U.S. Immigration and Customs Enforcement

Basics for FTM Hormone Treatment

- Testosterone cyp, 10-20 mg IM every 2 weeks
  - Frequency can be adjusted if necessary

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U.S. Immigration and Customs Enforcement

FTM laboratory goals of treatment

- Serum testosterone between 350 and 700 ng/dL
- Serum estradiol <50 pg/mL, eventual absence of menstruation

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Future Considerations

- Gender affirmation surgery
  - Current policy defers given usually short detention stays
  - Precedence in DOC

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AMERICAN OVERSIGHT

U.S. Immigration and Customs Enforcement

And some cases to try…

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U.S. Immigration and Customs Enforcement

Case 1

43 year old post-operative transwoman

- Admission medications:
  - Estradiol 6 mg daily, last dose >1 month ago
  - Currently on estradiol 4 mg daily
  - Current labs: estradiol 60, testosterone <50, prolactin 15
- Recommendations for modification of regimen?

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U.S. Immigration and Customs Enforcement

Case 1, Continued

Ultimate regimen

- Estradiol 6 mg daily
- Teaching points:
  - Follow your lab parameters to modify treatment
  - Sometimes the patient was on appropriate treatment in the first place ☺
    - Can't always know, best to be safe and adjust based on protocols in the absence of records

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U.S. Immigration and Customs Enforcement

Case 2

30 year old pre-operative transwoman

- Admission medications
  - On estrogen only prior to detention
  - Initial labs:
    - Testosterone 7, estradiol 66, prolactin 60, cmp wnl, lipids wnl
- Other clinical info you would want to know?
- Suggested regimen?

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U.S. Immigration and Customs Enforcement

Case 2, Continued

Initial regimen

- Estradiol 2 mg, spiro 50 mg, ASA
- Repeat labs in 8 weeks: estradiol 50, testosterone 40, prolactin 35
- Teaching points:
  - Elevated prolactin is common and can be striking when doses of estrogens are high, especially injectibles
  - Screen for s/s of prolactinoma
  - Start low and recheck labs early to ensure labs are trending appropriately

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U.S. Immigration and Customs Enforcement

References

- *IHSC Directive 03-25: Gender Dysphoria and Transgender Detainees Effective: 24 MAR 2016*
- *ICE Memorandum dated June 19, 2015; From Thomas Homan, Executive Associate Director: Further Guidance Regarding the Care of Transgender Detainees*
- *World Professional Association of Transgender Health. (2012). Standards of Care (Version 7). Minneapolis, MN*
- *Endocrine Society Clinical Practice Guidelines. J Clin Endocrinol Metab. 2009 Sep;94(9):3132-54*
- *Curr Opin Endocrinol Diabetes Obes. 2016 Apr;23(2):168-71*
- *Tuerk, Catherine (20015, May). Proceedings from the LGBTQ Pediatrics Conference. Washington, D.C. : Children's National Health System*

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U.S. Immigration and Customs Enforcement

Questions?



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U.S. Immigration and Customs Enforcement
ENFORCEMENT AND REMOVAL OPERATIONS

Field Training Unit



Custody Management Overview
(Module 11)

Lesson Plan

Case Management Training

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2019-ICLI-00054 379

LESSON CONTROL PAGE

The enclosed lesson content has been developed by the Advanced and Field Training Unit (AFTU) in accordance with national policies and procedures and has been approved by ICE ERO Headquarters (ERO HQ). Training facilitators are not authorized by AFTU or any ERO HQ entity to make alterations to this training without specific written approval from the Field Office Director and the Office of Chief Council for their area of operations and notification being made to the AFTU.

Developed By: **APR 2016**

(b)(6); (b)(7)(C)

Signature

(b)(6); (b)(7)(C)

Signature

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Content Approved By: **APR 2016**

(b)(6); (b)(7)(C)

Instructional Design Lead Approved by: **APR 2016**

(b)(6); (b)(7)(C)

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2019-ICLI-00054 380

RECORD OF CHANGES

Change Date	A=Add M=Mod D=Delete	Description of Change	Reason for Change	Approved by:
07/13/2017	A/M	Added PBNDS 2011 information, FCMP disposition, Policy reference to LGBTI, Identified DSCO positions in DMU information, removed reference to enforcement priorities.	Policy and procedure updates	(b)(6); (b)(7)(C)

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SYLLABUS

Module Title: **Custody Management Overview**

Course Title: **Case Management Training (CMT)**

Description:

This module provides an overview of custody management. Students will be exposed to all available custody management options and will learn how and when to apply them, along with how to complete and serve or file the appropriate forms.

Terminal Performance Objective (TPO):

Given a detained alien, demonstrate the appropriate use of custody management tools, either individually or in combination, in accordance with policy and guidance.

Enabling Performance Objectives (EPO):

EPO 1:	Identify the laws, regulations, instructions, or policies as they relate to the use of custody management tools.
EPO 2:	Differentiate between the various Detention Standards.
EPO 3:	Describe the various special populations.
EPO 4:	Identify the components of custody management.
EPO 5:	Discuss the purpose and use of the Alternatives to Detention program.
EPO 6:	Describe the release options, required forms, and when to apply them.

Length of Presentation:

Lecture/Discussion	Demonstration	Practice	Assessment	Total Lesson Time
2.0 hr	N/A	1.0 hr	N/A	3.0 hrs

Student Special Requirements:

None.

Method of Evaluation:

None.

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INSTRUCTOR GUIDE

Methodologies:

- Lecture with questions
- Discussion

Staff Requirements:

This module will be presented by one trainer certified for Case Management Training by the Advanced and Field Training Unit (AFTU).

Facility Requirements:

- Group classroom
- Instructor station
- Computer
- Projector/Screen

Training Aids/Equipment:

Instructor:

- Instructor Guide
- PowerPoint presentation
- ICE Style Guide
- Class roster and sign-in sheet

Student:

- Student Guide

Attachments:

- Form I-863, Notice of Referral to Immigration Judge
- Form I-220A, Order of Release on Recognizance
- Form I-220B, Order of Supervision
- Form I-229(a), Warning for Failure to Depart

References:

- 8 USC 1182 (212(d)(5)(A)) Immigration and Nationality Act
- 8 CFR 212.5
- ERO Bond Management Handbook
- ATD Case Management Policy
- ATD Program Participant Enrollment Guide

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- DROPPM Chapter 11
- DROPPM Chapter 15
- Guidance Re: Release of Alien on Order of Recognizance

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OUTLINE OF INSTRUCTION

INTRODUCTION

(SLIDE 1)

Rapport and Opening Statement

ICE/ERO detains non-U.S. citizens for immigration violations to secure their presence at immigration proceedings and for removal. ERO's detainee population is one of the most highly transient and diverse populations of any correctional or detention system in the world. The focus is on detaining those who are subject to mandatory detention and on those who represent a risk to public safety.

Custody Management is a critical function of day to day Enforcement and Removal Operations. ERO detainee bed space is a finite resource and must, therefore, be carefully managed. The efficient use of this resource demands solid Custody Management decision making.

Custody Management begins the moment an alien is arrested by ICE. Sound custody decisions must be made at the time of processing and continually evaluated throughout the entire removal process. Several factors contribute to these decisions and supervisors and managers are aided by tools, such as the Risk Classification Assessment (RCA), which is now available as part of ENFORCE.

Lesson Plan Overview

(SLIDE 2)

Advance Organizer:
You have already learned about Detained Docket Management. In this module, you will be given an overview of Custody Management, the detention standards which govern our detention facilities, special populations within those facilities, and the various options available that allow an alien's release from custody. This overview will be followed by more in depth modules on Setting Conditions and Release from Custody, Non-Detained Docket Management, and Alternatives to Detention. After completing this lesson, you will be able to identify the different Custody Management tools and properly apply them using the correct forms.

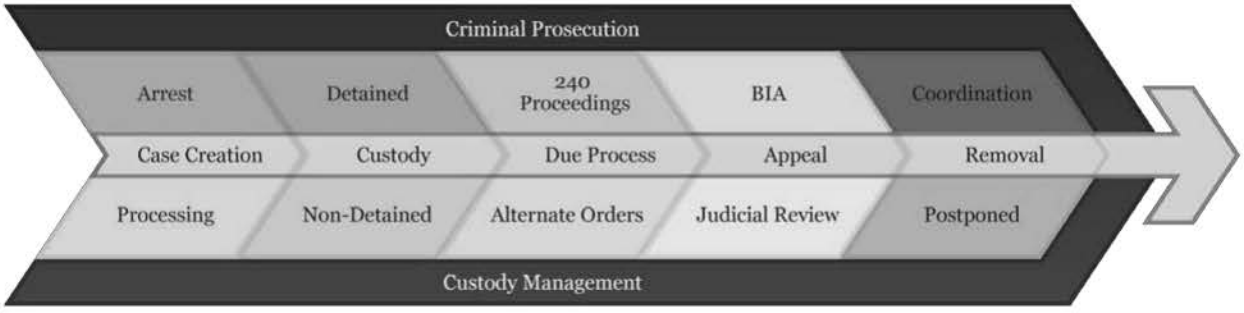


Figure 1 – Case Management Lifecycle

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(SLIDE 3)

Terminal Performance Objective

Given a detained alien, demonstrate the appropriate use of custody management tools, either individually or in combination, in accordance with policy and guidance.

(SLIDES 4 - 5)

Enabling Performance Objectives

EPO 1: Identify the laws, regulations, instructions, or policies as they relate to the use of custody management tools.

EPO 2: Differentiate between the various Detention Standards.

EPO 3: Describe the various special populations.

EPO 4: Identify the components of custody management.

EPO 5: Discuss the purpose and use of the Alternatives to Detention program.

EPO 6: Describe the release options, required forms, and when to apply them.

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PRESENTATION

(SLIDES 6 – 7)

Custody Management Overview

- ICE/ERO detains non-U.S. citizens for immigration violations in order to secure their presence at immigration proceedings and for removal.
- ERO's detainee population is one of the most highly transient and diverse populations of any correctional or detention system in the world.
- The focus is on detaining those who are subject to mandatory detention and on those who represent a risk to public safety.
- ERO bed space is a finite resource.
- Efficient use demands good decision making.
- Custody management begins with the alien's arrest.
- It continues throughout the case lifecycle and is impacted by many variables

EPO 1: Identify the laws, regulations, instructions, or policies as they relate to the use of custody management tools.

(SLIDE 8)

There are many laws, regulations, policies, and instructions that pertain to Custody Management. Although deportation officers are generally not responsible for making custody decisions as a part of their normal duties, it is important to be familiar with them in order to perform case management and to make informed recommendations when called upon to do so.

These laws, regulations, policies and instructions can be found on the Custody Management website on the ICE intranet and in the ERO Policy library.

Trainer Note

***Refer** students to the Custody Management website located at:*

https://insight.ice.dhs.gov/ero/custody/Pages/index.aspx and the ERO Policy Library at https://insight.ice.dhs.gov/ero/policy/Pages/default.aspx

These are the major areas.

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(SLIDE 9)

Deportation officers should be knowledgeable about laws, regulations policies and instructions as they pertain to the following areas of Custody Management:

- Mandatory Detention-Section 236 of the INA
- Voluntary Departure-Section 240
- Detention Standards (NDS, PBNDS 2008, PBNDS 2011)
- ATD
- Bond Management
- Juvenile and Family Residential Management
- Special Population Management
- Orders of Release on Own Recognizance
- Orders of Release on Supervision

EPO 2: Differentiate between the various detention standards.

(SLIDE 10)

National Detention Standards

ICE's initial 38 National Detention Standards (NDS) were promulgated in September 2000 to facilitate consistent conditions of confinement and ensure detainee access to legal representation throughout the immigration detention system.

The NDS established consistency of program operations, provided written agency expectations, and established accountability and a rating system for facility non- compliance.

(SLIDE 11 - 12)

Performance-based National Detention Standards

On September 12, 2008, ICE released its first performance-based national detention standards (PBNDS), following in the path of the American Correctional Association (ACA) and other industry leaders.

The PBNDS standards were developed in coordination with DHS Civil Rights Civil Liberties, NGOs, and other agency stakeholders to more clearly delineate expected practices and expected outcomes.

A total of 41 standards were issued, four of which were new:
- News Media Interviews and Tours (formerly part of Visitation)
- Searches of Detainees (reserved under NDS),
- Sexual Abuse and Assault Prevention and Intervention
- Staff Training

On February 27, 2012, ICE released the new PBNDS 2011 standards, which have been rolled out to ICE detention facilities. Revised version containing corrections and clarifications issued

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February 2013. Revisions made in December 2016 ensure that PBNDS 2011 remains consistent with federal legal and regulatory requirements, prior ICE ERO policies and policy statements.

These standards, which are the collaboration of a very diverse NGO and ICE stakeholder working group, represent an important step in detention reform.
PBNDS 2011 reflects ICE's ongoing effort to tailor the conditions of immigration detention to its unique administrative purpose and is crafted to improve medical and mental health services, increase recreation and visitation, increase access to legal services and religious opportunities, improve communication with detainees with limited English proficiency, and improve the process for reporting and responding to complaints.

EPO 3: Describe the various special populations.

(SLIDE 13)

Juveniles (Unaccompanied Alien Children – UAC)

Juveniles are a special population and must be dealt with in accordance with applicable law, regulation, and policy.

- Jenny Lissette FLORES v. RENO 1993
- William Wilberforce Trafficking Victims Protection Act 2008
- ICE Policy Directive No. 11087.1 "Operations of ERO Holding Facilities" (9/22/2014)

i) Juveniles must be detained in the least restrictive setting appropriate to his or her age and special needs.

ii) Juveniles must be separated from unrelated adults whenever possible.

(SLIDE 14)

iii) Juveniles may only be released to a parent, legal guardian, or to the Office of Refugee and Resettlement (ORR).
iv) Parents and legal guardians must provide certain documents before a juvenile may be released.

v) Unaccompanied Juveniles who cannot be reunited with a parent or legal guardian must be turned over to the ORR within 72 hours.

vi) Snacks should be available to juveniles at all times.

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(SLIDE 15)

Age Determinations

Policy 11301.4 Age Determination Procedures for Custody Management

Acceptable documentation:

- Official government-issued documents, including birth certificates. If you question a document's authenticity or the alien possesses no documentation, verify the validity of the alien's claim by contacting government officials of the alien's home country.
- Other objective documentation (e.g. baptismal certificates, school records, medical records) that indicate the alien's date of birth.
- Statements by individuals (including the one whose age is in question) asserting personal knowledge of the alien's age, and who ERO concludes can credibly attest to the person's age.
- Statements provided by the individual regarding his/her age or birth date. Generally, an alien's uncorroborated declaration regarding age is not used as the sole basis for an age determination.
- Statements from the alien's parent(s) or legal guardian(s), if such persons can be identified and contacted.
- Statements from other persons.
- Information from another government agency (Federal, State, local, or foreign).
- State/local arrest records
- Child welfare agency records
- Consular records
- Age assessment procedures (e.g., dental and skeletal [bone] maturity assessments using x-rays or other medical techniques identified by the medical community as appropriate) may be used as a last resort, when no conclusive information is available.
    i. The examination will be performed by a medical professional experienced in age assessment method(s), taking into account the individual's ethnic and genetic background.
    ii. As no medical assessment method can determine an exact age, best practice relies on the estimated probability that an individual is 18 years or older.

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(SLIDE 16)

Family Units

ICE operates Family Residential Centers in the United States.

Trainer Note

ERO currently operates:

- Berks Family Residential Center

- Karnes Family Residential Center

- South Texas Residential Center at Dilley

A Family Unit is narrowly defined and must include a non-USC minor child accompanied by their parent(s) or legal guardian(s).

Family Unit placement is governed by Policy 11018.1 Family Detention and Intake Guidance.

Family Case Management Program (FCMP)

Effective June 20, 2017, the Family Case Management Program (FCMP) cancelled the contract with GEO Care for contracted case management. Cases have been transferred to "FCMP Stage II" with ICE only reporting in Los Angeles, New York, Miami and Chicago. FCMP Stage II will continue to ensure families via the heads of household understand their immigration obligations and are compliant with immigration regulations up to and including removal if a final order is issued.

LGBTI

ICE is committed to ensuring the safety, health, and welfare of all those cared for in our immigration detention facilities, including those that identify as gay, bi- sexual, lesbian, transgender, or intersex (LGBTI).

Discrimination or harassment of any kind based on a detainee's sexual orientation or gender identity is strictly prohibited.

On June 19, 2015, ERO Executive Associate Director Thomas Homan issued a memorandum entitled Further Guidance Regarding the Care of Transgender Detainees (Transgender Care Memorandum). Refer to this policy for screening, initial processing, placement, and transfer.

The Transgender Care Memorandum represents the recommendations of an agency working group established in October 2014 to evaluate ICE practices related to the identification, classification, and housing of transgender individuals in our custody.

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EPO 4: Identify the components of Custody Management.

(SLIDE 18)

Custody Management Unit (insight)



(SLIDE 19)

Custody Management (CM) provides policy and oversight for the administrative custody of one of the most highly transient and diverse populations of any correctional or detention system in the world. CM manages ICE detention operations efficiently and effectively to provide for the safety, security, and care of aliens in ERO custody.
Custody Management is divided into the following divisions:

1) Alternatives to Detention Division

a. (Oversees the ATD Program which will be discussed more in EPO: 5.)

(SLIDE 20)

b. Bond Management Unit
   i. The Bond Management Unit (BMU) supports field operations by providing guidance related to immigration bond management in an effort to develop uniformity to the bond processes.
   ii. BMU ensures field compliance with bond laws, regulations, policies, and procedures through training, site visits, and technical oversight.
   iii. BMU also coordinates with other ICE programs to facilitate the timely resolution of bond litigation issues as well as financial reporting to ICE leadership.

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(SLIDE 21)

c. Juvenile and Family Residential Unit
   i. The Juvenile and Family Residential Management Unit (JFRMU) address issues confronting unaccompanied alien children (UAC) and alien family groups who come into ERO custody.
   ii. JFRMU develops polices sensitive to the various vulnerabilities and needs of these populations.
   iii. JFRMU trains, monitors, and advises Field Office Juvenile Coordinators (FOJC).
   iv. For the non-violent, non-criminal families ERO takes into custody, JFRMU manages the ICE Family Residential Program.
   v. In a family-friendly, group-homelike environment, parents and children move about without restriction.
   vi. They receive medical and mental-health care as well as other developmentally and culturally supportive services.
   vii. State-certified educators teach the school-age children in on-site classrooms.
   viii. JFRMU regularly revises the Family Residential Standards that govern the program, consistent with best practices.

2) Detention Management Division

(SLIDE 22)

a. Detention Monitoring Unit (DMU)

   i. The DMU monitors conditions of confinement through daily on-site compliance reviews, "on the spot" resolution of facility issues and concerns, irregular and unscheduled inspection checks, and close collaboration with field offices and facility staff to facilitate corrective action.
   ii. Currently, DMU has 40 federal Detention Service Managers (DSM) that provide monitoring and coverage at facilities that house approximately 80 percent of ICE's detention population. DSM positions at the 1801 law enforcement level, are referred to as Detention Standards Compliance Officers, (DSCO)
   iii. ERO relies on the daily detention oversight of DSMs and the annual inspections program to ensure the safe, secure, and humane housing of all detainees.
   iv. DMU's On-Site Detention Compliance Oversight Program was established in 2010 in response to the Director's initiative on immigration detention reform to enhance oversight and care of detainees in ICE custody.
   v. This program improves conditions of confinement in detention facilities by monitoring for the appropriate and timely resolution of problems and concerns that may arise daily during facility operations.

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vi. Having federal managers on-site at facilities provides senior leadership a unique tool to quickly identify and address issues that occur between visits as well as issues that are not identified during annual inspections, ODO reviews, or CRCL visits.
vii. DSMs provide permanent and/or roving monitoring at 52 detention facilities, to include six service processing centers (SPCs), seven contract detention facilities (CDF), and 39 inter-governmental service agreement (IGSA) facilities. Although these are the numbers documented in the comments on the Detention Monitoring Unit's web page, the numbers may be more. ICE presently has 82 IGSA facilities and 8 DIGSA facilities.

(SLIDE 23)

b. Detention Planning and Acquisition Unit (DPAU)
   i. The DPAU oversees planning and acquisition activities to provide civil detention space at strategically located sites in support of efficient immigration enforcement and removal operations.
   ii. DPAU coordinates detention-related requirements at the national level with input from ERO field offices, the Office of Detention Policy and Planning, CAP, Fugitive Operations, HSI, OSLTC, CBP Field Operations, Border Patrol, and the Office of Acquisition Management to develop requirements aligned with the overarching goals of immigration detention reform.
   iii. These collaborative efforts result in the acquisition of safe and secure detention facilities that can be in compliance with applicable detention standards at fair and reasonable cost to the government.

(SLIDE 24)

c. Detention Standards Compliance Unit (DSCU)
   i. Through a robust inspections program, the Detention Standards Compliance Unit (DSCU) ensures detention facilities used to detain aliens in immigration proceedings or awaiting removal to their countries do so in accordance with ICE national detention standard.
   ii. DSCU provides firm assurance to ICE and the public that detainees in ICE custody are housed in the least restrictive environment consistent with the safety and security of the detainee population and facility operations.
   iii. The DSCU oversees the facility inspection contract and the Detention Management Compliance Program (DMCP) for all ICE authorized detention facilities.
   iv. The DSCU works on a daily basis with ERO field offices, the Office of Detention Policy and Planning (ODPP), and CRCL to ensure that facilities comply with ICE detention standards or take the necessary corrective action to address problems and concerns.

(SLIDE 25)

3) Custody Programs Division

a. Detention Reporting and Information Line (DRIL)

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i. The Detention Reporting and Information Line (DRIL) is a toll-free service that provides a direct channel for agency stakeholders to communicate directly with ERO to answer questions and resolve concerns.
ii. Stakeholders may contact DRIL by dialing 1-888-351-4024. Live trained operators are available Monday through Friday (excluding holidays) from 8:00 a.m. to 8:00 p.m. (Eastern Time) to respond to inquiries from those in ICE detention and from community members.
iii. Language assistance, including Spanish operators, is available.
iv. DRIL Custody Assistance and Inquiry Resolution System (CAIRS)

(SLIDE 26)

b. ERO Holding Facilities Guidance
i. On September 22, 2014, the Office of Enforcement and Removal Operations (ERO) issued the revised ERO Directive, ICE Policy No. 11087.1: Operations of ERO Holding Facilities.
ii. This directive revises and supersedes the Memorandum from John P. Torres, Detention and Removal Operations Acting Director, "Guidelines for the Use of Hold Rooms at all Field Office Locations" (February 29, 2008), which established ERO policy and procedures for the use of holding rooms at all field office locations.
iii. The revised directive incorporates additional requirements contained in new Department of Homeland Security (DHS) regulations implementing the Prison Rape Elimination Act (PREA) at DHS confinement facilities, including ICE holding facilities.

(SLIDE 27)

c. ERO Lesbian, Gay, Bi-Sexual, Transgender, Intersex (LGBTI) Resource Center

Trainer Note

This is covered in Special Populations, above.

(SLIDE 28)

d. ERO Sexual Assault and Abuse Prevention and Intervention (SAAPI) Resource Center
i. ICE has a zero tolerance policy for all forms of sexual abuse or assault.
ii. It is ICE policy to provide effective safeguards against sexual abuse and assault of all individuals in ICE custody, including with respect to screening, staff training, detainee education, response and intervention, medical and mental health care, reporting, investigation, and monitoring and oversight, as outlined in ICE Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention (May 22, 2014), in the requirements of PBNDS 2011 Standard 2.11, and in related ICE policies and detention standards.

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(SLIDE 29)

e. ICE Online Detainee Locator System (ODLS) Resource Center
   i. The Online Detainee Locator System (ODLS) is a public system available on the agency's internet site that allows family members, friends, and attorneys to locate immigration detainees who are currently in U.S. Immigration and Customs Enforcement (ICE) custody, or have been in the past 60 days.

(SLIDE 30)

f. Parental Interests Resource Center
   i. Facilitating Parental Interests in the Course of Civil Immigration Enforcement Activities (Parental Interests Directive), was issued on August 23, 2013, and provides a policy framework to ensure that U.S. Immigration and Customs Enforcement's (ICE) immigration enforcement activities do not unnecessarily disrupt the parental rights of alien parents or legal guardians of minor children.
   ii. Intended to complement ICE's existing policy by better management of tracking cases including, detained alien parents, legal guardians, or primary care takers who have minor children who are USCs or LPRs without regard to the dependents citizenship.

(SLIDE 31)

g. Segregation Review Management System (SRMS)
   iii. U.S. Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO) are dedicated to ensuring the safety, health and welfare of detainees in segregated housing in its immigration detention facilities.
   iv. ICE issued the Review of the Use of Segregation for ICE Detainees Directive on September 4, 2013 that establishes the policy and procedures for ICE review of ICE detainees placed in segregated housing.
   v. The Directive is intended to complement the requirements of the PBNDS 2011, the PBNDS 2008, the 2000 NDS, and other applicable ICE policies.
   vi. The Directive requires ICE to ensure appropriate review and oversight of decisions to retain detainees in segregated housing for over 14 days, or placements in segregation for any length of time in the case of detainees for whom heighted concerns exist based on known special vulnerabilities and other factors related to the detainee's health or risk of victimization.
   vii. The Segregation Directive requires the following notifications from the Field Office to ICE Headquarters:
      a. Whenever a detainee has been held in segregation continuously for 14 days or for 14 days out of any 21 day period, continuously for 30 days, and at 30 days intervals thereafter.
      b. Within 72 hours of the initial placement in segregation of any detainee with a special considerations as defined by the directive.
      c. Whenever a detainee has been the subject of a prior notification is released from segregation.
   viii. Pursuant to the requirements of the ICE Segregation Directive, ICE has developed the Segregation Review Management System to store, track, review, and manage data associated with ICE detainees in segregation. For any questions about individual cases, common users, or to request access, please contact the Segregation Review Coordinator at *Segregation.Review@ice.dhs.gov*.

AMERICAN OVERSIGHT

(SLIDE 32)

h. Family Case Management Program

Trainer Note

This is covered in Special Populations, above.

EPO 5: Discuss the purpose and use of the Alternatives to Detention program.

(SLIDE 33)

a. ATD is a flight-mitigation tool that uses technology and case management to increase compliance with release conditions, court hearings and final orders of removal. It allows aliens to remain in their community – contributing to their families and community organizations and, if necessary, wrapping-up their affairs in the U.S. – as they move through immigration proceedings.

(SLIDE 34)

b. The ATD Program supervises participants, with contractor support, utilizing a combination of home visits, office visits, alert response, court tracking, and technology. Technology includes:
   i. Telephonic Reporting
   ii. Global Positioning Satellite Technology in the form of an ankle bracelet
   iii. ATD is currently available in over 75 locations nationwide for eligible participants residing within all 24 AORs.

(SLIDE 35)

c. The level of supervision and technology to which a participant is assigned is based upon criteria that includes, but is not limited to:
   i. current immigration status
   ii. criminal history
   iii. compliance history
   iv. community or family ties
   v. being a caregiver or provider
   vi. other humanitarian or medical conditions

Trainer Note

***Inform** students that ATD will be covered in more depth in Module 20.*

AMERICAN OVERSIGHT

EPO 6: Describe the release options, required forms, and when to apply them.

(SLIDE 36)

a. Pre-Custody Determination Releases

vii. Prosecutorial Discretion
   a. Medical reasons
   b. Humanitarian reasons
   c. Prioritization

viii. Voluntary Departure
   a. VD granted by ICE
   b. Use Form I-210

(SLIDE 37-38)

b. Release on Parole

ix. Parole authority derives from section 212(d)(5)(A) of the INA.

x. The Field Office Director (FOD) may grant an arriving alien parole from ERO custody for urgent humanitarian reasons or significant public interest, if the alien demonstrates that he/she does not pose a security risk, is not likely to abscond, and complies with any special conditions, such as posting a bond. (See 8 CFR 212.5.) You must issue any parolee a Form I-94, Arrival Departure Record.

xi. It must be for an arriving alien who remains an applicant for admission when the purpose for the parole is completed.

xii. It is frequently used in Expedited Removal cases under Section 235(b)(1) INA where there has been a credible fear or reasonable fear claim.

(SLIDE 39)

xiii. Form I-863, Notice of Referral to Immigration Judge is used in credible fear, reasonable fear, claimed status review, asylum-only, and withholding only proceedings. An immigration officer will sign and deliver a Form I-863 to an alien in the following cases:
   a. If an asylum officer determines that an alien does not have a credible fear of persecution or torture, and the alien requests a review of that determination by an immigration judge; or
   b. If, in accordance with section 235(b)(1)(C) of the Act, an immigration officer refers an expedited removal order entered on an alien claiming to be a lawfulpermanent resident, refugee, asylee, or U.S. citizen for whom the officer could not verify such status to an immigration judge for review of the order.
   c. If an immigration officer refers an applicant described in § 208.2 of 8 CFR to an immigration judge for an asylum only hearing or a withholding only hearing.
   d. If other than these cases, an I-862 will be issued to get the case in front of an IJ.

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(SLIDE 40)

c. Release on Bond

i. The immigration bond program allows ICE to avoid detention costs for aliens who are released from custody on bond.
ii. Money collected on breached bonds go to the Breached Bond Detention Fund (BBDF) and may be used to pay for detention bed space.
iii. Bonds are taken in the various ERO Field Offices under guidance provided by the Bond Management Unit. FINOPS-Burlington oversees the financial aspects of the bond.

Trainer Note

Inform *students that while 8 CFR 103.6 is titled "Surety Bonds," it encompasses both bonds secured by cash and bonds issued by surety companies. Because this regulation was issued by the former Immigration and Naturalization Service (INS), it includes bonds that are not currently issued by ICE, such as public charge bonds and maintenance of status bonds.*

(SLIDE 41)

iv. Pursuant to 8 C.F.R. § 103.6, FODs are authorized to approve bonds and to take appropriate action to protect the interests of the United States with respect to such bonds. Enforcement Delegation Number 001 also enables FODs to re- delegate this authority to appropriate subordinate ICE officials.
   a. I-265 Notice To Appear, Bond and Custody Processing Sheet
   b. I-286 Notice of Custody Determination
   c. I-352 Immigration Bond

(SLIDE 42)

v. Immigration bonds are posted on Form I-352, Immigration Bond. The bond form contains instructions as well as the bond's general terms and conditions, which explain the parties' obligations under the bond agreement and identifies events that automatically cancel the bond.
   a. Paragraph G.(1) applies when the bond is conditioned upon the delivery of the alien (a "delivery bond"), meaning that the bond is breached when the obligor fails to deliver the alien to ICE in response to a demand notice.
   b. Paragraph G.(2) applies when the bond is conditioned upon the alien not becoming a public charge (a "public charge" bond). ICE does not issue bonds with this condition.

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(SLIDE 43)

c. G.(3) applies when the bond is conditioned upon the voluntary departure of the alien (a "voluntary departure" bond), meaning the bond is breached when the obligor fails to provide valid proof that the alien left the United States on or before the voluntary departure date set by court order. This proof must be submitted within 30 days of the voluntary departure date.
d. Paragraph G.(4) applies when the bond is conditioned upon the alien complying with an order of supervision (an "order of supervision" bond), meaning the bond is breached when the alien violates one or more of the terms set forth in his or her order of supervision.

vi. Bond Issuance

(SLIDE 44)

a. Cash Bonds
Roughly 90% of the bonds issued by ICE are secured by cash, money orders, cashier's checks, or U.S. bonds/notes (hereinafter collectively referred to as "cash").

(SLIDE 45)

b. Surety Bonds

Trainer Note

Only spend about 5 minutes on this section.

i. By statute, the Department of the Treasury is responsible for certifying surety companies as authorized to post bonds, including immigration bonds, on behalf of the United States.

ii. Surety companies typically post bonds using an agent. An agent is a company acting on behalf of the surety company and is a "co-obligor" on the bond. As co-obligor, the agent (as well as the surety) may be liable for any amount due when the bond is breached.

iii. Because the agent is acting on behalf of the surety company, a "Power of Attorney" form must be submitted with each surety bond establishing that the surety has authorized the agent to post a bond of a certain amount on the surety's behalf.

iv. Surety companies do not deposit cash when posting an immigration bond. Rather, they agree to pay the face amount of the bond after the bond is breached. FINOPSBURLINGTON issues an invoice to collect the amount due on the bond from the surety company or its agent after it receives a copy of the breach notice from the Field Office.

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v. Almost all surety companies are currently using the eBONDS system. When surety companies and their agents use eBONDS, the Field Office receives electronically a draft of a completed, unsigned Form I-352.

Trainer Note

Cover briefly – Form # and title only. Don't read all the text in class. Refer students to the Case Management Reference Library.

(SLIDE 46)

Forms used when taking a Cash Bond in addition to the I-352:

vi. Form I-305, Receipt of Immigration Officer – United States Bonds or Notes, or Cash, Accepted as Security on Immigration Bond.
This document serves as a receipt for payment of the cash securing the bond and the original is given to the obligor once the bond has been approved. It must be sent to FINOPSBURLINGTON by the obligor for the cash deposit to be refunded.

vii. Form I-312, Designation of Attorney in Fact.
This form allows an individual (the "attorney in fact") to accept on the obligor's behalf the funds deposited to secure the cash bond upon cancelation of the bond.

viii. Form I-395, Affidavit in Lieu of Lost Receipt.
If Form I-305 is lost or destroyed, the bond obligor may complete this form to seek refund of the cash deposit. Form I-395 must be notarized.

ix. Form I-352A, Notice to Cash Bond Obligors IRS 'Backup Withholding' Rules.
This document notifies cash bond obligors that some of the interest earned on cash bond deposits may be subject to withholding based on IRS rules.

This form should be provided to cash bond obligors when the cash bond is posted and also when the cancelation or breach notice is sent to the obligor.

This form does not apply to surety bonds because surety bonds are not secured by cash deposits. Thus, no interest is earned on surety bonds.

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(SLIDE 47)

d. Release on Order of Own Recognizance

An alien described in section 236(a) of the Act, may be released from custody on an Order of Release on Recognizance (Form I-220A) under such conditions as the FOD or the FOD's designated representative may establish.

(SLIDE 48)

Reporting Requirements for Aliens Released on Orders of Recognizance.

i. Adults

a. If a condition of the release is that the alien is to report to ERO on a regular schedule, the Deportation Officer shall make the EARM Case Call-up date coincide with the reporting date on the Form I220A.
b. This will serve as a compliance reminder to the officer of the alien's duty to report as ordered.
c. Compliance with the reporting requirements of the Order must be noted on the continuation page/addendum of Form I-220A and in the Custody Actions and Decisions tab in EARM each time the alien reports.
d. If at any time you determine that the alien has failed to report as required or violated any other condition set, the field office must take appropriate corrective action, including detention.
e. If the alien has failed to appear, refer the case to the Fugitive Operations team, if one exists in your area.
f. The Fugitive Operations Team will prioritize the case based on the National Fugitive Operations policy unless otherwise directed by the Field Office Director In the absence of a Fugitive Operations team, the Field Office Director should utilize available resources within the field office's enforcement divisions to locate the alien consistent with pertinent local and national priorities.
g. In addition, the Field Office Director shall refer the case to the Law Enforcement Support Center (LESC) for immediate entry into the National Crime Information Center (NCIC). The LESC shall give the case priority consideration. For cases in which the alien has been located and detained, the Field Office Director should re-determine conditions, if any, under which the alien will be released, including the setting of an appropriate bond.

ii. Juveniles

a. If a juvenile is to be released from detention pursuant to 8 CFR 236.3 on an Order of Recognizance to the custody of an accompanying alien relative or authorized legal guardian who is placed into immigration proceedings, or to an alien relative or authorized legal guardian already in

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the United States and in immigration proceedings, the juvenile should have the same reporting requirements as the relative or authorized legal guardian.

b. If the relative or authorized legal guardian is released on a bond or is currently on a bond and is not required to regularly report, the juvenile should not be required to regularly report.
c. If unusual circumstances present themselves, and it is determined that the juvenile should be required to regularly report, a bond demand must be made on the obligor of the relative's or authorized legal guardian's bond to have the relative or authorized legal guardian appear on the same date and at the same office as the juvenile.

Additionally, if at any time an individual required to report fails to appear, the case officer must notify Office of Chief Counsel. This will provide the attorney needed information for the ongoing immigration proceedings.

(SLIDE 49)

Explain the conditions of release to the alien and ensure the alien acknowledges these conditions.

Prior to releasing the alien, ensure that all of the items contained in the Out-processing Checklist are completed.

Trainer Note

Inform *students that these conditions will be covered more in depth during Module18 Custody Management-Settings conditions and release from custody.*

Trainer Note

Refer *students to the attached memorandum titled Guidance Regarding the Release of an Alien on an Order of Release on Recognizance, Detention and Deportation Officer's Field Manual (DDFM) Chapter 11.1 and Interim Guidance Regarding Release of an Accompanied Juvenile Alien from Immigration and Naturalization Service Detention, on Orders of*

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(SLIDE 50)

e. Release on Order of Supervision

i. All detained cases must be reviewed during the 90-day removal period to determine whether to release or detain the alien.

ii. For those whose repatriation is not practicable or immediate, such review must be conducted prior to the expiration of the 90-day removal period.

iii. When the 90-day removal period has expired and a warrant of removal is outstanding, the case must be evaluated and considered for the possibility of release on an Order of Supervision (OSUP).

iv. The initial custody determination and any further custody determination concluded in the three month period immediately following the expiration of the 90-day removal period will be made by the Field Office Director (FOD) having jurisdiction over the alien. See 8 CFR 241.4(c)(1).

v. For any alien the FOD refers for further review after the removal period, or any alien who has not been released or removed by the expiration of the three-month period after the review, all further custody determinations will be made by the Headquarters Post-Order Detention Unit (HQPDU). See 8 CFR 241.4(c)(2).

vi. If the alien demonstrates to the satisfaction of an officer authorized by 8 CFR 241.5, that he or she Is not a threat to property or person; and is likely to comply with the order of removal, an Order of Supervision will be served.

vii. The criteria for release for a post-order detention case can be found in 8 CFR 241.4.

(SLIDE 51)

viii. Release on an Order of Supervision is accomplished on Form I-220B

a. When completing the I-220B, it is imperative that you provide the complete and correct name for the alien, including all known names and correct A-file number.
b. Indicate all of the conditions that pertain to the alien for release, including those listed on the addendum. In some cases, not all of the conditions will be practical or feasible.
c. One condition of the release is that the alien is to report to ERO on a regular schedule. The deportation officer shall make the EARM Case Call-up date coincide with the reporting date on the Form I-220B. This will serve as a compliance reminder to the officer of the alien's duty to report as ordered.
d. Compliance with the reporting requirements of the Order must be noted on the continuation page/addendum of Form I-220B and in the Custody Actions and Decisions tab of EARM each time the alien reports.

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	e.	If, at any time, it is determined that the alien has failed to report as required or violated any other condition set, the Field Office must take appropriate corrective action, which may include detention.
	f.	If the alien has failed to appear, the case should be immediately referred to the Fugitive Operations team, if one exists within that jurisdiction. The Fugitive Operations Team shall prioritize the case based on the National Fugitive Operations policy unless otherwise directed by the Field Office Director.
	g.	In the absence of a Fugitive Operations team, the Field Office Director should utilize available resources within the AOR enforcement divisions to locate the alien consistent with pertinent local and national priorities.
	h.	In addition, the Field Office Director shall refer the case to the Law Enforcement Support Center (LESC) for immediate entry into NCIC. The LESC shall give the case priority consideration. In cases in which the alien has been located and detained, the Field Office Director should re-determine conditions, if any, under which the alien will be released, including the setting of an appropriate bond.
	i.	Explain the conditions of release to the alien and ensure the alien acknowledges these conditions. The conditions may include the posting of bond to ensure that he or she reports as required as required under section 8 CFR 241.5(a).
(SLIDE 52)		
	j.	Prior to releasing the alien, ensure that all of the items contained in the Out-Processing Checklist are completed.
	k.	An alien under an Order of Supervision may apply for employment authorization pursuant to the criteria set forth in 8 CFR 274a.12(c)(18), or may be granted employment authorization pursuant to 8 CFR 241.5(c)
	l.	If evidence of a willful violation of the conditions of supervision is obtained, then present the case for prosecution in accordance with section 243(b) of the Act.
(SLIDE 53)		

ix. Form I-830 Notice to EOIR: Alien Address

a. The I-830 is used to notify EOIR when there has been a change in an alien's address, typically due to a new custody determination.
b. The I-830 should always be executed and included in the A-file when an alien is released from detention.
c. The presence of the I-830 in the file also helps to solidify a case where the alien is claiming they did not get notice.

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SUMMARY

Review of Performance Objectives

EPO 1: Identify the laws, regulations, instructions, or policies as they relate to the use of custody management tools.
EPO 2: Differentiate between the various Detention Standards.
EPO 3: Describe the various special populations.
EPO 4: Identify the components of custody management.
EPO 5: Discuss the purpose and use of the Alternatives to Detention program.
EPO 6: Describe the release options, required forms, and when to apply them.

APPLICATION

Student Exercise
Alien Release from Custody Activity

ACRONYMS

AOR	Area of Responsibility
ATD	Alternatives to Detention
BBDF	Breached Bond Detention Fund
CAIRS	Custody Assistance and Inquiry Resolution System
CAP	Criminal Alien Program
CAT	Convention Against Torture
CDF	Contract Detention Facility
DMCP	Detention Management Compliance Program
DMU	Detention Monitoring Unit
DO	Deportation Officer
DPAU	Detention Planning and Acquisition Unit
DRIL	Detention Reporting and Information Line
DSCU	Detention Standards Compliance Unit
DSM	Detention Service Manager
ERO	Enforcement and Removal Operations
eTD	electronic Travel Document

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FCMP	Family Case Management Program
FOD	Field Office Director
FOJC	Field Office Juvenile Coordinators
HoH	Head of Household
IGSA	Inter-Governmental Service Agreement
IJ	Immigration Judge
INA	Immigration and Nationality Act
JFRMU	Juvenile and Family Residential Management Unit
LGBTI	Lesbian, Gay, Bi-Sexual, Transgender, or Intersex
NDS	National Detention Standards
ODPP	Office of Detention Policy and Planning
PBNDS	Performance-Based National Detention Standards
PREA	Prison Rape Elimination Act
RCA	Risk Classification Assessment
RIO	Removal and International Operations
SDDO	Supervisory Detention and Deportation Officer
SPC	Service Processing Center
SRMS	Segregation Review Management System
TDR	Travel Document Request
UAC	Unaccompanied Alien Children

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REFERENCES

1) 8 USC 1182 (212(d)(5)(A)) Immigration and Nationality Act
2) 8 CFR 212.5
3) ERO Bond Management Handbook
4) ATD Case Management Policy
5) ATD Program Participant Enrollment Guide
6) DROPPM Chapter 11
7) DROPPM Chapter 15
8) Guidance Re: Release of Alien on Order of Recognizance

ATTACHMENTS

None

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U.S. Immigration and Customs Enforcement

Enforcement and Removal Operations

Field Training Unit

Case Management Training (CMT)

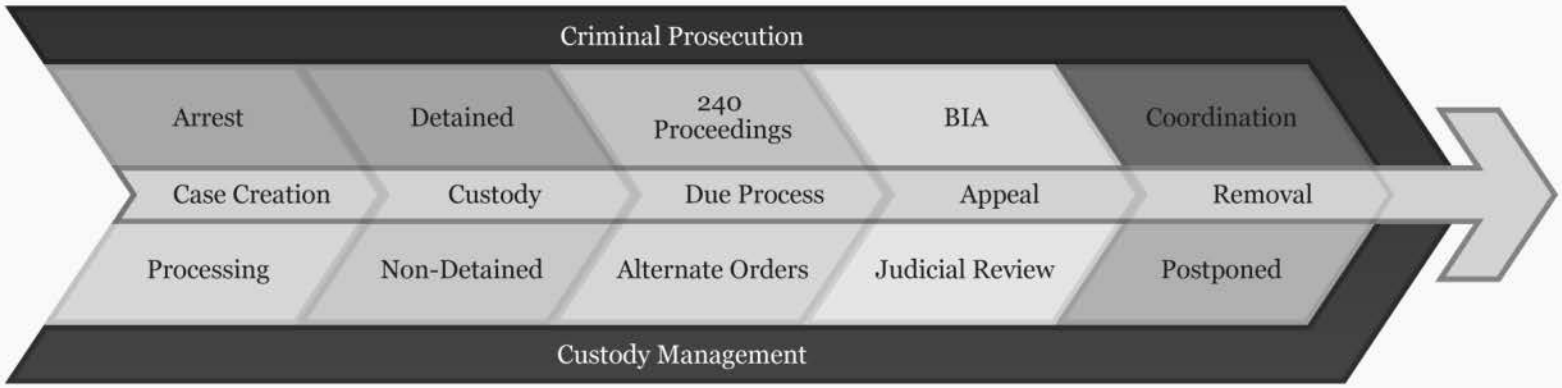
Module 11

Custody Management Overview

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Case Management Lifecycle

Custody Management



Custody Management – Apprehension through Removal

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Terminal Performance Objective

Given a detained alien, demonstrate the appropriate use of custody management tools, either individually or in combination, in accordance with policy and guidance.

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Enabling Performance Objectives

1. Identify the laws, regulations, instructions, or policies as they relate to the use of custody management tools.
2. Differentiate between the various Detention Standards.
3. Describe the various special populations.
4. Identify the components of custody management.

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Enabling Performance Objectives

5. Discuss the purpose and use of the Alternatives to Detention program.
6. Describe the release options, required forms, and when to apply them.

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Custody Management Overview

- ICE/ERO detains non-U.S. citizens for immigration violations to secure their presence at immigration proceedings and for removal.
- ERO's detainee population is one of the most highly transient and diverse populations of any correctional or detention system in the world.
- The focus is on detaining those who are subject to mandatory detention and on those who represent a risk to public safety.

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Custody Management Overview

- ERO bed space is a finite resource
- Efficient use demands good decision making
- Begins with the alien's arrest
- Continues throughout the case lifecycle and is impacted by many variables

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Custody Management Resources

Custody Management Website

(b)(7)(E)

ERO Policy Library

(b)(7)(E)

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Custody Management Guidance
Deportation Officer's Knowledge Base

- Mandatory Detention- Section 236 of the INA
- Voluntary Departure- Section 240
- Detention Standards (NDS, PBNDS 2008, PBNDS 2011)
- ATD
- Bond Management
- Juvenile and Family Residential Management
- Special Populations
- Orders of Release on Recognizance
- Orders of Release on Supervision
- Enforcement Prioritization

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National Detention Standards (NDS)

- First instituted in 2000
- 38 National Detention Standards
- Facilitate consistent conditions of confinement
- Ensure detainee access to legal representation
- Establish consistency of program operations
- Provided written agency expectations
- Established accountability and rating system for facility non-compliance

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Performance-Based National Standards (PBNDS)

- 2008 ICE's first PBNDS
- Added new standards for
  - News Media Interviews and Tours (formerly part of Visitation)
  - Searches of Detainees (reserved under NDS),
  - Sexual Abuse and Assault Prevention and Intervention
  - Staff Training
- Described the expected practices and expected outcomes

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Performance-Based National Standards (PBNDS)

- Contained several revisions to PBNDS 2008 in view of detention reform,
  - Improved medical and health services
  - Increased access to legal services and religious opportunities
  - Improved communication for detainees with limited English proficiency
  - Improved the process for reporting and responding to complaints
  - Increased recreation and visitation
- PBNDS 2011 was issued in 2012,
  - Revised version containing corrections and clarifications issued February 2013.
  - Revisions made in December 2016 ensures that PBNDS 2011 remains consistent with federal legal and regulatory requirements, prior ICE ERO policies and policy statements.

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Juveniles
Unaccompanied Alien Children (UAC)

- Special population - applicable law, regulation, policy
  - Jenny Lissette FLORES v. RENO 1993
  - William Wilberforce Trafficking Victims Protection Re-Authorization Act 2008 (TVPRA)
  - ICE Policy Directive No. 11087.1 "Operations of ERO Holding Facilities" (9/22/2014)
- Detained in least restrictive setting appropriate
- Separated from unrelated adults, when possible
- Only release to parent, legal guardian, or to ORR
- Snacks should be available to juveniles at all times

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Juveniles
Unaccompanied Alien Children (UAC)

Unaccompanied children who cannot be reunited with a parent or legal guardian within 72 hours must be turned over to the Office of Refugee Resettlement (ORR) for placement at an approved facility.

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Juveniles
Unaccompanied Alien Children (UAC)

- If there is question as to a juvenile's true age, refer to Policy 11301.4 Age Determination Procedures for Custody Determination 12/11/2015
  - Acceptable documentation
    - Official government-issued documents (birth certificates, baptismal certificates, school records etc.)
  - Statements by Individuals
  - Information from another government agency
  - Medical age determination procedures
    - Dental and skeletal maturity assessments

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Family Units

- ICE operates Family Residential Centers
- Family Unit – narrowly defined
  - Include a non-USC minor child
  - Accompanied by parent(s) or legal guardian(s)
- Placement governed by Policy 11018.1, Family Detention and Intake Guidance
- Family Case Management Program (FCMP)

Effective June 20, 2017, the Family Case Management Program (FCMP) cancelled the contract with GEO Care for contracted case management. Cases have been transferred to "FCMP Stage II" with ICE only reporting in Los Angeles, New York, Miami and Chicago. FCMP Stage II will continue to ensure families via the heads of household understand their immigration obligations and are compliant with immigration regulations up to and including removal if a final order is issued.*

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LGBTI

- Includes detainees who identify as Gay, Bi-sexual, Lesbian, Transgender, or Intersex
- ICE committed to ensuring safety, health, and welfare while in immigration detention facilities
- Discrimination or harassment based on sexual orientation is strictly prohibited.
- Transgender Care Memorandum issued June 19, 2015. Refer to this policy for screening, initial processing, placement and transfer.

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Warning : Sensitive PII NOT authorized on this site!

Sign In

U.S. Immigration and Customs Enforcement | inSight

All Content

inSight | ICE Offices | Employee Services | News and Events | Resources and Tools

- Enforcement and Removal Operations
- Field Operations
- Enforcement
- **Custody Management**
  - Alternatives to Detention Division
  - Detention Management Division
  - Custody Programs
- Removal
- ICE Health Service Corps
- Operations Support
- Organization Chart

inSight > Enforcement and Removal Operations > Custody Management



Tae D. Johnson, Assistant Director, Custody Management
(read bio)

Assistant Director: Tae D. Johnson

Operation Officer: (b)(6); (b)(7)(C)

Custody Management (CM) provides policy and oversight for the administrative custody of one of the most highly transient and diverse populations of any correctional or detention system in the world. CM manages ICE detention operations efficiently and effectively to provide for the safety, security, and care of aliens in ERO custody.

Alternatives to Detention Division, Deputy Assistant Director: (b)(6); (b)(7)(C)

- Alternatives to Detention
- Bond Management
- Juvenile and Family Residential Management Unit

Detention Management Division, Deputy Assistant Director: (b)(6);

- Detention Monitoring Unit
- Detention Planning and Acquisition Unit
- Detention Standards Compliance Unit

Custody Programs Division, Deputy Assistant Director: (b)(6); (b)(7)(C)

- Detention Reporting and Information Line (DRIL)
- ERO Family Case Management Program Resource Center (FCMP RC)
- ERO Holding Facilities Guidance
- ERO Lesbian, Gay, Bi-Sexual, Transgender, Intersex Resource Center (LGBTI RC)
- ERO Sexual Assault and Abuse Prevention and Intervention Resource Center (SAAPI RC)
- ICE Online Detainee Locator System (ODLS) Resource Center
- Parental Interests Resource Center
- Segregation Review Management System (SRMS)

Policy & Guidance

- ERO Policy Library
- Jul. 24, 2013 - TSA Policy on Guidance of Foreign Escorts (Note: This document is password protected. Please work through your chain of command to access document.)
- Employee Temporary Duty (TDY) Travel Handbook
- Union Contract 2000
- ERO System Information Center

Detention Standards

- ICE Detention Facilities
- 2011 Performance-Based National Detention Standards
- 2008 Performance-Based National Detention Standards
- 2000 National Detention Standards

Removal Operations

- ICE Charter Schedule (Updated Daily)

Warning : Sensitive PII NOT authorized on this site!

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ATD Division

Alternatives to Detention Unit (ATD)

- Oversees the ATD Program

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ATD Division

Bond Management Unit (BMU)

- Supports field operations related to immigration bond management
- Ensures field compliance with bond laws, regulations, policies, and procedures
- Coordinates with other ICE programs to facilitate timely resolution of bond litigation issues
- Provides financial reporting to ICE leadership
- Supports Local Bond Control Specialists

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ATD Division

Juvenile and Family Residential Unit (JFRMU)

- Addresses issues confronting unaccompanied alien children (UAC) and alien family groups
- Develops polices sensitive to the various vulnerabilities and needs of these populations
- Trains, monitors, and advises FOJC
- Manages ICE Family Residential Program
- Provides a National Juvenile Coordinator and Family Residential Unit Coordinator

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Detention Management Division

Detention Monitoring Unit (DMU)

- Monitors conditions of confinement daily through onsite compliance reviews and inspections
- 40 federal Detention Service Managers (DSM) that provide monitoring and coverage at facilities housing 80% of ICE's detention population
- DSM Positions at the 1801 law enforcement level, are referred to as Detention Standards Compliance Officers, (DSCO)

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Detention Management Division

Detention Planning and Acquisition Unit (DPAU)

- Oversees planning and acquisition activities to provide detention space
- Coordinates detention-related requirements at the national level

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Detention Management Division

Detention Standards Compliance Unit (DSCU)

- Ensures detention facilities are in accordance with ICE national detention standards
- Provides assurance to ICE and public that detainees in ICE custody are housed in least restrictive and safe/secure environment
- Oversees the facility inspection contract

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Custody Programs Division

Detention Reporting and Information Line (DRIL)

- Toll-free service that provides a direct channel for agency stakeholders to communicate directly with ERO to answer questions and resolve concerns
- Inquiries may also come through local outreach officer, AFOD email boxes, those in ICE detention and community members.
- Must make timely responses

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Custody Programs Division

ERO Holding Facilities Guidance

- ERO Directive, ICE Policy No. 11087.1: Operations of ERO Holding Facilities issued Sep. 22, 2014
- Outlines the requirements for operating Hold Rooms located in field office locations

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Custody Programs Division

ERO Lesbian, Gay, Bi-Sexual, Transgender, Intersex (LGBTI) Resource Center

- LGBTI Resource Center is a useful source of guidance and materials for field personnel who are responsible for implementation of the Transgender Care Memorandum

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Custody Programs Division

ERO Sexual Assault and Abuse Prevention and Intervention (SAAPI) Resource Center

- Oversees the implementation of the Prison Rape Elimination Act and related DHS and ICE policies
- ICE policy to provide effective safeguards against sexual abuse and assault of all individuals in ICE custody
- Provides training through PALMS and Webinars
- Provides reporting posters and literature to the field

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DHS-19-0494-A, 19-0494-A, 19-0494-A-000436

Custody Programs Division

ICE Online Detainee Locator System (ODLS) Resource Center

- Public system available on the agency's internet site that allows family members, friends, and attorneys to locate immigration detainees who are currently in ICE custody, or have been in the past 60 days

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Custody Programs Division

Parental Interests Resource Center

- *Facilitating Parental Interests in the Course of Civil Immigration Enforcement Activities* (Parental Interests Directive)
- Intended to complement ICE's existing policy by better management of tracking cases including, detained alien parents, legal guardians, or primary care takers who have minor children who are USCs or LRR's without regard to the dependents citizenship.

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Custody Programs Division

Segregation Review Management System (SRMS)

- *Review of the Use of Segregation for ICE Detainees Directive*
- Requires notification to HQ under certain conditions when a detainee has been segregated
- The Segregation Review Management System is used to store, track, review and manage detainee segregations

The facility administrator must notify the appropriate Field Office Director in writing as soon as possible, but no later than 72 hours after the initial placement of an ICE detainee in segregation if initial placement in segregation falls under of the special considerations as defined by the directive and Performance Standards.

(change only on lesson plan)

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Custody Programs Division

- Previously covered under Special Populations

Family Case Management Program

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ATD Program

- ATD is a flight mitigation tool that uses technology and case management to increase compliance with
  - Release conditions
  - Court hearings
  - Final orders of removal
- Technology includes:
  - Telephonic Reporting
  - Global Positioning Satellite technology
- Currently in over 75 locations in all 24 Field Offices

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ATD Program

- ATD supervises participants with contractor support utilizing a combination of
  - Home visits
  - Office visits
  - Alert responses
  - Court tracking
  - Technology

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ATD Supervision Criteria

Level of supervision and technology used is based on:

- Current immigration status
- Criminal history
- Compliance history
- Community or family ties
- Being a caregiver or provider
- Other humanitarian or medical conditions

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Pre-Custody Determination Releases

- Prosecutorial Discretion
  - Medical reasons
  - Humanitarian reasons
  - Prioritization
- Voluntary Departure
  - VD granted by ICE
  - Use Form I-210, "Voluntary Departure and Verification of Departure"

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Release on Parole

- Arriving aliens may be paroled from custody
  - Section 212(d)(5) INA
  - Granted by FOD for
    - Urgent humanitarian reasons
    - Significant public interest
    - Cannot be a security risk or likely to abscond
    - May have special conditions imposed such as posting of a bond
  - Alien remains an applicant for admission when the purpose of the parole is completed
- Frequently used where Expedited Removal has been ordered but the alien claims fear

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Release on Parole
Credible Fear

- Parole of Arriving Aliens Found to Have a Credible Fear of Persecution or Torture 11002.1
  - Provides for consistent and considered parole determinations for arriving aliens processed for Expedited Removal and that have been found to have a credible fear
- Arriving aliens found to have a credible fear are issued a Notice to Appear and, barring flight risk or danger to the community, paroled from custody

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Release on Parole

- An immigration officer will issue Form I-863 Notice to Immigration Judge is issued when:
  - Asylum officer has determined no credible fear and the alien requests a review
  - An Expedited Removal case alien claims status as a
    - Lawful Permanent Resident
    - Refugee
    - Asylee
    - United States Citizen
  - An alien is referred to the IJ for asylum only hearing or withholding only hearing
    - Generally those aliens who are not entitled to a hearing under section 240 of the INA.

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Release on Bond

- Allows ICE to avoid detention costs for aliens who are released from custody on bond
- Money collected on breached bonds go to the Breached Bond Detention Fund (BBDF) - may be used to pay for detention bed space
- Bonds are authorized by Field Office Directors pursuant to 8 CFR 103.6
  - Enforcement Delegation Number 001 allows FODs to delegate this authority down to Deportation Officers
- Guidance provided by the Bond Management Unit

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Release on Bond
Bond Related Forms

- I-265 Notice To Appear, Bond and Custody Processing Sheet
  - Now also guided by the Risk Classification Assessment
- I-286 Notice of Custody Determination
- I-352 Immigration Bond
  - Explains the bond's general terms and conditions
  - Explains the parties' obligations under the bond agreement
  - Identifies events that automatically cancel the bond

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Release on Bond
Bond Conditions

- Paragraph G(1)
  - Applies when the bond is conditioned upon the delivery of the alien
  - Bond is breached when the obligor fails to deliver the alien to ICE in response to a demand notice
- Paragraph G(2)
  - Applies when the bond is conditioned upon the alien not becoming a public charge
  - ICE does not issue bonds with this condition

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Release on Bond
Bond Related Forms

- Paragraph G(3)
  - Applies when the bond is condition upon the voluntary departure of the alien
  - Bond is breached when the obligor fails to provide valid proof that the alien left the United States on or before the voluntary departure date set by the IJ order
- Paragraph G(4)
  - Applies when the bond is conditioned upon the alien complying with an order of supervision
  - Bond is breached when the alien violates one or more of the terms set forth in the order of supervision

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Release on Bond
Bond Types

- Cash Bonds
  - Roughly 90% of bonds are secured by
    - Cash
    - Money orders
    - Cashier's checks
    - U.S. bonds or notes
  - Obligor is generally the alien, or the friend, relative, or representative of the alien
  - Cash amount of the bond is held by ICE until the conditions of the bond have been met or the bond is breached

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Release on Bond
Bond Types

- Surety Bonds
  - Surety companies do not deposit cash for the bond
    - Agree to pay the face amount of the bond should it be breached
  - Surety companies post bonds, usually through an agent (Co-obligor)
    - Must submit a Power of Attorney form with each bond
  - Surety companies must be certified by the Department of the Treasury
  - Most surety companies now use eBonds

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Release on Bond
Related Cash Bond Forms

- In addition to the I-352, the following forms are used with Cash Bonds
  - Form I-305, *Receipt of Immigration Officer – United States Bonds or Notes, or Cash, Accepted as Security on Immigration Bond*.
  - Form I-312, *Designation of Attorney in Fact*.
  - Form I-395, *Affidavit in Lieu of Lost Receipt*.
  - Form I-352A, *Notice to Cash Bond Obligors IRS 'Backup Withholding' Rules.*

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Release on Order of Own Recognizance

- An alien described in Section 236(a) of the INA may be released on "conditional parole"
  - Cannot be subject to "mandatory detention" under Section 236(c) of the INA
  - May be released from custody using Form I-220A Release on Order of Recognizance
    - FOD or designee may establish conditions for such release

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OREC Reporting Requirements

If the FOD or his designee set a condition of release that requires the alien to report to the local office:

- Document in EARM and set a call-up date to coincide with the report date.
- If alien fails to report or violates any other condition of release, the Field Office should take corrective action up to and including detention.
- Refer case to Fugitive Operations or the local enforcement division.
- FOD forwards case to the LESC for entry into NCIC.
- Notify the Office of Chief Counsel (OCC).

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OREC Procedures

- Process and serve the alien completely.
- Explain the I-220A and any conditions set.
- Ensure that the Out-processing Checklist on the I-220 has been completed.

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Release on Order of Supervision

- All detained cases must be reviewed during the 90-day removal period.
  - If case is determined to be NSLRFF, alien must be considered for an Order of Supervision (OSUP) if the alien:
    - Is not a threat to property or person and
    - Is likely to comply with an Order of Supervision
  - If still detained after 180 days, further custody determinations are made by HQ.
  - Criteria for release is in 8 CFR 241.4.

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OSUP Procedures

- Release on an OSUP using Form I-220B.
- List all conditions that pertain to the alien.
- Serve the I-220B and explain all conditions and reporting requirements.
- Document EARM and set a call-up that coincides with the aliens reporting date.
- Alien may be made to post an Order of Supervision Bond.

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OSUP Procedures

- Ensure the out-processing checklist on the I-220B is completed.
- Aliens released on an OSUP may apply for employment authorization.
- Follow the same procedures as for ORECs if the alien fails to report or violates any other of the conditions of release.
- Aliens may be prosecuted for willful violations of the conditions of an Order of Supervision (8USC1253(b)).

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Form I-830 Notice to EOIR: Alien Address

- Used to notify EOIR when there has been a change in an alien's address
- Should always be executed and included in the A-file when alien is released from detention or taken back into custody
- I-830 in the file helps to solidify a case where the alien is claiming they did not get notice

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Q & A Time



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Module Review

1. Identify the laws, regulations, instructions, or policies as they relate to the use of custody management tools.
2. Differentiate between the various Detention Standards.
3. Describe the various special populations.
4. Identify the components of custody management.

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Module Review

5. Discuss the purpose and use of the Alternatives to Detention program.
6. Describe the release options, required forms, and when to apply them.

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